

THE LIVED EXPERIENCES OF NURSING STUDENTS SPIRITUAL WELL-BEING
DURING THE COVID-19 PANDEMIC:
A PHENOMENOLOGICAL RESEARCH STUDY

by

Pamela Williams-Jones

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy in Nursing Education

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ABSTRACT

The purpose of this hermeneutic phenomenological study was to examine the concept of the spiritual well-being of senior-level nursing students during the COVID-19 pandemic. This research was reinforced by Parse's (1992) human becoming theory which contains the construct of spirituality. Student nurses are "knowing beings" with a sense of purpose, constantly propelling themselves toward possibilities and freely choosing personal meaning in situations in an intersubjective process of relating value priorities. This study will also be reinforced by the conceptual framework of the spiritual framework of coping by Gall et al. (2005). This framework was used to guide the nursing students' understanding of spirituality, health, and coping during the COVID-19 pandemic (Gall et al., 2005). The study was steered by the principal research question: As described by the research participants, what is the lived experience of spiritual well-being during the COVID-19 pandemic? The participants were 13 senior-level nursing students enrolled in a program of study enabling them to sit for the NCLEX examination and were enrolled in nursing clinicals during the COVID-19 pandemic. The study site is situated in the southeastern region of the United States. Data were collected from in-depth interviews that were transcribed, coded, and analyzed for themes. NVivo software assisted with the data organization and analysis to develop five thematic outcomes. The data analysis would reveal that the phenomenon of spiritual well-being during the COVID-19 pandemic was identified by all the study participants.

Keywords: nursing student, spiritual well-being, spirituality, COVID-19, pandemic, spiritual/moral distress

Dedications

I dedicate this dissertation to God who is the head of my life; without his grace this journey would have not been obtainable. Therefore, I give all the glory, honor, and praise to God. I would like to also dedicate this dissertation to my mother, Ruby Lee Gueary West, who left this earth when I was only 11 years old, but not before instilling the value of obtaining an education in me. I remember her saying “Do your homework as soon as you get home, after that you can play, or do as you like.” She may have left me and my siblings when we were young, but her loving nature and her memory live on. She never obtained an education but clearly understood its power. And, I thank her for my life-long drive for learning. I also dedicate this dissertation to Evelina Thomas “Mother,” the lady who assumed the role of Grandmother in my life and who raised me in the church. My earliest memories of her are on her knees praying for me and the family to make it through hard times. This sweet lady understood Proverbs 22:6, which states “Train up a child in the way he should go: and when he is old, he will not depart from it.” I learned so much from both of these two ladies. They never obtained an education but understood its importance. These two people would cultivate within me resilience, that grit to overcome adversities and strive to achieve any goal that I can dream in life. Their faith in God would increase my faith and desire to know him. The lady I am today is a direct result of the foundation that they would lay so many years ago. I am forever thankful and proud to be called daughter, granddaughter, and a child of GOD!

Acknowledgments

There are so many for whom I am eternally grateful for assisting in my life-long dream. The educational journey toward the obtainment of my dissertation has been a vast undertaking. It did take a village. The past four years have been filled with illness, loss, and sacrifice. But through the grace and mercy of God and other significant individuals, belief in me has assisted my dream to fruition. A special thanks to my dissertation committee, Dr. Martha Baker (Chair), Dr. Jerrod Boggs, and Dr. Robert Koch. Dr. Baker your insight, guidance, and constant constructive feedback have been valuable throughout the entire process. You helped me to remain motivated through difficult times. Dr. Boggs your expert experience has guided my methodology to completion and your expressed interest in my research was so encouraging. Dr. Koch thanks for your help, you have always demonstrated kindness and offered words of encouragement from the start. I can't thank each of you enough.

To my family, I am so grateful for all of your continued support. To my husband, Beady, I know there were times you did not quite understand what I was going through, but always offered your love and support. To my daughter, Koya, thank you for all of our daily talks and for being there for me with encouraging words. To Anya, you know just your presence helped to brighten my day. I want you to look back on not only this experience but on the collective educational journey of mine and your mother's for support of your goals. You are so intelligent and beautiful I know you will go far. Keep God present and everything is possible. I am forever thankful, proud, and honored to be called, MaMa and MeMe. To Sandy, Ashley, Wayne, and Tressa thanks for believing in me. Sandy your call to me telling me how you admired me for pursuing my Ph.D. gave me the extra fuel I needed to continue.

To my colleagues and friends Charlene, D'lane, and LaShan your constant calls, visits,

dinner dates, and just your overall support mean so much to me. Your friendship provided the needed support to push me when I needed pushing. To my classmate Laurie, of all the people that I am thanking, you truly understood because we shared so many experiences. It seems like you have always been there for me in the good and bad times. Your encouraging text messages meant so much. Thanks to all of my colleagues that offered kind words, and prayers, they were needed. Lastly, I would like to also thank all of the study participants for taking the time to share with me their spiritual well-being which was the foundation for creating a quality dissertation. This dissertation would not be possible if it were not for your generosity.

Psalm 107:1 "Give thanks to the LORD, for he is good; his love endures forever."

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List of Abbreviations

American Association of Colleges of Nursing (AACN)

American Holistic Nursing Association (AHNA)

American Nurses Association (ANA)

American Psychological Association (APA)

Baptist Christian Ministries (BCM)

Cumulative Index of Nursing and Allied Health Literature (CINAHL)

Human Becoming Theory (HBT)

Intercollegiate Consortium for Master of Science Degree in Nursing (ICMSN)

Institutional Review Board (IRB)

International Nursing Association for Clinical Simulation and Learning (INACSL)

Mental Health Practitioners (MHP)

National Council Licensure Exam (NCLEX)

North American Nursing Diagnosis Association (NANDA)

Registered Nurse (RN)

Society for Simulation in Healthcare (SSH)

Spiritual Care Inventory (SCI)

Spiritual Care Needs Inventory (SCNI)

Spiritual Health and Life-Orientation Measure (SHALOM)

Spiritual Well-Being (SWB)

Spiritual Well-Being Scale (SWBS)

World Health Organization (WHO)

CHAPTER ONE: INTRODUCTION

Overview

The insurgence of the COVID-19 pandemic impacted the delivery of healthcare in every area of nursing and nursing education. The disease first surfaced in December 2019 in Wuhan, China, and by May 2020, there were more than 3.8 million cases and more than 260,000 deaths around the world (Nashwan et al., 2020). In March 2020, the virus forced many higher learning institutions to revamp how education would be delivered. Nursing education abandoned traditional teaching methods to meet the plethora of developing challenges. Students had to return home and prepare for on-line learning. This change would include theory and clinical courses (Mariani et al., 2020). Nursing programs were faced with preparing students to meet program outcomes, course objectives, and clinical requirements. Programs battled with technology, communicating, and interacting with students, staff, and faculty during the pandemic. Many clinical facilities were forced to modify their clinical learning experiences and temporarily suspend clinical placement for students, which for some caused an interruption in academic advancement and postponed graduations. Countless programs would provide clinical hours by using virtual and case-study-based simulation. Besides moving face-to-face classes on-line, conceptualizing, and offering alternative clinical offerings, faculty had the challenge of re-designing the student evaluation process (Morin, 2020). The pandemic added additional challenges to an already stressed nursing educational system and the national nursing shortage.

Furthermore, the growing nursing shortage has impacted every facet of the nursing profession, including academia. The American Association of Colleges of Nursing (AACN, 2020) highlighted findings from the Bureau of Labor Statistics, which projects that over 200,000 new nurses will be needed annually through 2026 to replace retirees to fill new positions. The

registered nurse (RN) shortage is expected to reach 3.4 million in 2026. This increased demand calls for nurses to be adequately and competently prepared for entry into practice. As a result, increased pressure is upon nursing academia to expand enrollment to help meet these demands thereby addressing the shortage (Pittman et al., 2019). Unfortunately, as college enrollment numbers continue to grow, the attrition rate in baccalaureate programs remains high. Many students who enter nursing programs are unable to finish (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Pittman et al., 2019). Consequently, many nursing programs have lost revenue and educational resources and turned away qualified applicants that could potentially become qualified nurses. Therefore, these alarming statistics indicate it is imperative for those students admitted into nursing programs to matriculate, graduate, and enter practice.

Background

Spirituality in nursing practice stems from the concept of holistic nursing, which endeavors to integrate physical, emotional, psychological, and spiritual dimensions in the delivery of healthcare services. Spiritual well-being is considered the same as spiritual health in the Chinese culture, and spiritual health is generally viewed as one of the important dimensions of wellness (Kolander & Chandler, 1990). According to an extensive search by Ghaderi et al. (2018), the participants believed that spiritual health encompasses those features of health or human existence that cannot be explained by physical, mental, and social aspects. Several nursing organizations and national accrediting bodies support spirituality as part of the concept of holistic nursing. The AACN includes spirituality in *The Essentials* in Domain 2 as a critical component of performing an assessment and calls to action a resolution to address nurse well-being [AACN, 2022, Members]. Spirituality is addressed in the American Nurses Association (ANA, 2015) code of ethics and the World Health Organization (WHO) is looking beyond

physical, mental, and social dimensions of health into the fourth dimension (spiritual health), where they proclaim that spiritual well-being should be dynamically considered while assessing health (Dhar et al, 2011). Spiritual well-being requires intentional attention and equal value to other areas of the individual's health. Spiritual distress can negatively affect outlook on life and health; while in contrast, being spiritually healthy can have considerably positive effects of conferring hope and assistance to cope with life's trials and tribulations. Numerous research studies suggest a positive relationship between spirituality and health behavior with well-being, but much is still unknown about the precise character between the constructs of these relationships (Božek et al., 2019). Findings by Božek et al. further determined that the relationship with spirituality is also mediated by health-related behaviors and a stronger relationship with psychological well-being.

While traditional nursing practice requires practitioners to assess and respond to patients' needs using therapeutic techniques, holistic care extends a nurse's role to include the mandate of providing spiritual support and being compassionate to the patient and their significant others. As Veloza-Gomez et al. (2016) said, spiritual support is rendered by providing psychological support, allowing patients to practice religious and cultural beliefs, facilitating communication between patient, family, and healthcare providers, and facilitating the participation of the family in patient care. The idea of incorporating spiritual care in healthcare practice aims to consider a patient's spirituality as a way of unifying science-based practice with the patient's perceptions and awareness of life. The holistic practice cultivates a connection that encompasses physical, socio-emotional, and spiritual well-being and connectedness to a sacred high power. Research has determined that individuals with a close relationship and love for God or some higher power exhibit greater self-esteem, self-efficacy, sense of mastery, greater self-rated health, less

depression, and physical disability (Dhar et al., 2011).

Advocates of spiritual care emphasize that meeting a patient's spiritual needs and their significant others supports the healing process. On the other hand, nursing practitioners are considered to benefit from spiritual care, and holistic care at large, by experiencing lower stress and reduced burnout (Connerton & Moe, 2018). Notably, spiritual care does not necessarily relate to religious practices. Instead, the practice is concerned with addressing spiritual distress that may undermine the quality of life and well-being of a patient or their significant other. According to Connerton and Moe, spiritual distress in a patient may manifest as a loss of hope, belief in being punished, loss of purpose in life, or fear of the future. Such mindsets are likely to translate into emotional turmoil that undermines a patient's mental and social well-being. Similar to the provision of medical treatment, it emerges in spiritual care as a nurse's responsibility to recognize and address a patient's spiritual needs.

To be capable of delivering spiritual care, a demand arises for nursing professionals to be cognizant and aware of their spiritual well-being. While attempting to address spiritual distress facing patients and their loved ones, nursing professionals would rely on a personal sense of spirituality and individual understanding of what gives meaning to life. Understanding how own beliefs differ or coincide with those of a patient can enable a nursing practitioner to be more effective in restoring spiritual aspects that enable a patient to feel peaceful, comfortable, and hopeful. Unfortunately, providing spiritual care comes with demands that amplify the complexity of expectations imposed on nursing professionals. The code of conduct governing how nurses carry themselves when interacting with patients and other stakeholders involved in the delivery of healthcare services requires the practitioners to respect other people's privacy and beliefs. Consequently, nurses may refrain from indulging in spiritual care for fear of interfering with or

intruding on beliefs held by a patient, their family members, or significant others (Connerton & Moe, 2018). In this regard, nurses involved in work settings that have not embraced holistic care, on which spiritual care is underpinned, might be barred from going beyond pharmacological and therapeutic treatment. Nurses also express that they lack the experience of providing adequate spiritual care, but if they received spiritual care education in their undergraduate training they perceive they would be prepared to deliver spiritual care (Green et al., 2020).

Challenges arise from situations where a patient's spiritual distress impedes achieving desired health outcomes. For instance, a patient enduring a terminal illness such as cancer can submerge into spiritual distress to the extent of losing hope and becoming reluctant to follow treatment plans. While the cultural or spiritual beliefs underlying a patient's distress might not be relevant to the treatment plan, it amounts to an issue of concern in hampering the realization of the desired quality of life and health outcomes. Considering that such eventualities elevate the burden imposed on nursing professionals, the necessity of keeping nurses' spiritual well-being in check becomes indispensable. Failure to sustain a high quality of life and work-life balance among nurses can discourage nursing students from developing a firm commitment to the profession.

Philosophical Framework: Hermeneutic Phenomenology

Each paradigm in qualitative research has its principles, and philosophical underpinnings to reach its respective research objective. Phenomenology is the philosophical framework and hermeneutic phenomenology guided the research study. The ontological assumption led to the research choice and is further guided by the interpretive framework. Creswell and Poth (2018) state that phenomenology "turns on the lived experiences of individuals and how they have both subjective experiences of the phenomenon and objective experiences of something in common

with other people” (p. 76). Martin Heidegger (1889-1976), a German, developed interpretive phenomenology by broadening hermeneutics, the philosophy of interpretation (Horrigan-Kelly et al., 2016). Interpretivism and social constructivism associated with phenomenology, aim to understand the various social phenomena through the eyes of the participants. Heidegger focused on the concept of being in the world rather than knowing the world. Thus, moving away from his predecessor Edmund Husserl (1859-1938) often considered the father of phenomenology. Heidegger used hermeneutics to navigate beyond the description or core concepts of the experience and sought meanings that were embedded in everyday occurrences. Heidegger purported that all humans are constantly interpreting and seeking to understand phenomena through language. Furthermore, Heidegger laid the foundation for studying lived experiences through an interpretive lens (Suddick et al., 2020).

One of the areas where Heidegger and Husserl had a fundamental disagreement is in the concept of bracketing. Bracketing requires the researcher to decide how and in what way their personal beliefs will be introduced into the study (Creswell & Poth, 2018). Husserl believed the researcher should bracket and Heidegger found that bracketing was not possible since researchers are a constant presence in the world (Heidegger, 1982). The work of Heidegger was continued by Hans-Georg Gadamer (1900-2002) who focused on the central element of practical wisdom or a practically oriented mode of sight. According to Greg and Nielsen (2022), Gadamer constructed the concept of the hermeneutic circle as a way of viewing interpretation as a process of using various lenses to understand the experience, especially where the search for the truth of art is concerned. Therefore, hermeneutic phenomenology is ideally positioned to comprehend and interpret the lived experiences of nursing students’ spiritual well-being during the COVID-19 pandemic.

Situation to Self

My 30-plus years of experience as an educator have developed a passion for mentoring students who deal with hardship and adversity. This close work with nursing students has provided many firsthand experiences noting the effects of stress, anxiety, and a gamut of personal problems that could affect their spiritual well-being. Many students share their experiences during the pandemic during advising, evaluation, or a passing conversation. I share how the biblical worldview has shaped the attitudes, thoughts, and views regarding spiritual well-being. Working at a non-Christian university has not hindered sharing a Christian worldview. I have always considered the career of nursing and educating a calling from God. My upbringing was surrounded by many personal hardships that were overcome by relying on my faith in God. It was the steadfast Christ-like concepts, values, and spiritual well-being that assisted with the personal challenges of the COVID-19 pandemic.

The pandemic was a time of great uncertainty where a reflection of actions was needed to determine their effectiveness. Reflection also allows for learning and planning for the future. Many students have shared a personal testimony of how they rely heavily on their religious roots to provide the strength they need to succeed and deal with the hardship of a natural disaster. Being raised in Christian beliefs and having faith in Jesus Christ has formed meaning and purpose in my life. My experience was like the millions of Americans who mourned the loss of loved ones. Thus, remaining engaged with student learning was a challenge while dealing with so much death and illness.

A week before the nation was locked down I had just undergone surgery to find out if I would be battling cancer. Thank the Lord, that I was cancer free. But admittedly, I experienced moments of spiritual crisis. I recovered from surgery, remained full-time in the Ph.D. program,

and returned to work full-time while dealing with the lockdown. Nevertheless, I relied on my faith to overcome, adapt, and discover new ways to connect with those I was unable to touch. Moreover, these experiences and the belief that spiritual well-being played an essential role throughout life have developed philosophical assumptions and an interest in researching nursing students' perceptions about their spiritual well-being during the COVID-19 pandemic. Through it all, I relied on Proverbs 3:5-6 "Trust in the LORD with all your heart, and do not lean on your understanding. In all your ways acknowledge him, and he will make straight your paths" (*English Standard Version*, 1971/2016). If nursing students fail to develop and utilize their spiritual health to cope with the challenges of the COVID-19 pandemic the potential for spiritual distress may develop and its adverse effects. I surmised that the findings from this study would examine the student's perceptions of their spiritual health during the pandemic and formulate strategies to better prepare them for future events of natural disasters.

Research Paradigm & Assumptions

A paradigm is defined by Denzin and Lincoln (2000), and human constructions deal with the principles that guide the researcher's point of view to construct meaning embedded in data (Kivunja & Kuyini, 2017). The paradigm thus dictated what is studied, the philosophical orientation, and how data should be interpreted. The study is further built on interpretive ontological perspectives. Kivunja and Kuyini (2017) purport that ontology examines the underlying beliefs of the researcher and is concerned with what makes sense and an understanding of the things that constitute the world. Furthermore, philosophical assumptions about the nature of reality are crucial to understanding how one makes meaning of the data gathered. Ontology is central to Christian philosophy, and one of the ontological assumptions responds to the question about what the nature of reality is, or what can be known. Although

researchers strive for truth, they assume that their study participants have their same thoughts, interpretations, and meanings (Höijer, 2008). Hermeneutic phenomenological research includes using inductive reasoning to analyze the details to make broader generalizations about observations about a phenomenon (Creswell & Poth, 2018). In this study, interviews were used to investigate the lived experiences of student nurses' spiritual health during the COVID-19 pandemic to interpret their feelings, experiences, opinions, and inner thoughts. The paradigm included elements of social constructivism. The intent was to understand the concept of spiritual well-being as a social phenomenon through the eyes of the participants and how they perceive their experience.

The researcher's belief system is founded on a Biblical worldview that is based on God's unchanging word. While my study seeks to understand the participant's truth as related to spiritual well-being, my conviction in God believes that he is all-knowing and the Bible contains the word of God. Therefore, when John writes, "Sanctify them in the truth; your word is truth" (*English Standard Version*, 1971/2016, John 17:17), people can trust in the word of God. While searching for the truth of the nursing students' lived experiences of their spiritual well-being during the pandemic, my Biblical worldview believes that the ultimate truth is only found in the word of God.

The COVID-19 pandemic affected everyone's lives in some way. Many students experienced fear, anxiety, illness, especially in the elderly, and death. Others dealt with job stability, finance, and isolation. Findings by Savitsky et al. (2020) revealed that the high stress and anxiety levels experienced by nursing students led to a lack of motivation, engagement, and planning for the future. God's word provides many verses to decrease fear and worry. One of Koenig's (2020) suggestions to improve mental, physical, and spirituality is to deepen religious

faith. Staying spiritually healthy nurtures a close relationship with God. A vast amount of research documents the benefits of religious faith on the immune system by decreasing the vulnerability to infections. This researcher believes that one of the greatest lessons learned from the pandemic is to love thy neighbor: “Beloved, if God so loved us, we also ought to love one another” (*English Standard Version*, 1971/2016, 1 John 4:11). One of the easiest ways is by praying for others. John’s word means that demonstrating God’s love for others is the most powerful evidence of demonstrating relationship with him and that people are “born again.” The pandemic caused strangers to demonstrate many acts of kindness and compassion. Koenig (2020) suggests demonstrating love and care in practical ways by caring for those with emotional, spiritual, and physical needs.

Problem Statement

As nursing education struggles with the challenges of the nursing shortage, it is necessary to examine the experiences of nursing students during the devastating COVID-19 pandemic. While many studies about COVID-19 have revealed many health complications, adaptations, and coping behaviors, few have focused on the spiritual component. Spiritual well-being is a component of spirituality where an individual describes feelings of being teetered to a higher power and established a purpose and meaning in life. This researcher would like to examine the potential role of spiritual well-being in helping nursing students manage the stress associated with nursing school and coping during the pandemic. Do the students perceive that their spiritual well-being has been supported by their nursing educational training? Moreover, positive coping strategies such as fostering spiritual well-being may counter negative stressors (Beauvais, Stewart, & DeNisco, 2014). The problem is the lack of qualitative research investigating spiritual well-being in nursing students. Furthermore, understanding nursing students’ spiritual well-being during the serious health crises of the COVID-19 pandemic can steer the development of curricular

changes and interventions that can eagerly prevent or overcome the damaging significance of the lack of spiritual well-being.

Purpose Statement

The purpose of this hermeneutic phenomenological study is to examine senior-level nursing students' lived experiences of their spiritual well-being in a baccalaureate nursing school in the southeastern United States (U.S.) during the COVID-19 pandemic. The researcher used open-ended interview questions to obtain the intended information. While taking a patient-centered perspective on the delivery of healthcare services is widely appreciated, the spontaneous surge in workloads borne by nurses during the COVID-19 pandemic may have caused detrimental effects on nurses' spiritual well-being. According to WHO (2020), approximately 163,199 people in the U.S. contracted Coronavirus as of April 1, 2020. Around the same time, at least 2,850 people were reported dead in the 24 hours leading to April 1, with the number of infected patients increasing at alarming rates (WHO, 2020). During this period, enormous roles were imposed on nursing professionals, among them being nursing students in placements, who took up roles in taking care of persons affected by COVID-19. Notably, the responsibility imposed on nursing professionals included dealing with patients in intensive care and patients who suffered from other diseases before and during the pandemic.

Despite enduring the increased pressure in healthcare, it is not clear whether nursing professionals were given sufficient attention and support to ensure their mental and emotional well-being. It is indisputable that a majority of healthcare-providing organizations have established internal systems of providing psychological and mental health support to nursing professionals. However, the circumstances in the healthcare working environment dictated by the impacts of the COVID-19 pandemic may have undermined efforts to monitor and maintain nursing students' psychological and spiritual well-being. Issues to do with anxiety and fear, as

factors that undermined the well-being of nursing students during the COVID-19 pandemic, are echoed by Kuru Alici and Ozturk Copur (2022). Study findings indicated that nursing students in Turkey suffered from high levels of fear and anxiety related to the fears of infection, social isolation, economic instability, uncertainties of transition into a demanding and high-risk working environment, and socioeconomic disruptions experienced by family members.

Additionally, the COVID-19 pandemic affected nursing students' learning, stress and academic burnout levels (Sveinsdottir et al., 2021). The regulative measures on social distancing and isolation led to the loss of connection with other students hindering social interaction and a change of ideas as well as increased expression of loneliness and lack of support. The plethora of negative experiences was aggravated by experiences of social isolation arising from movement restrictions and social distancing requirements put in place as measures for containing the spread of COVID-19. Unfortunately, the futile efforts to cope with the resultant stress led some people, including nursing students, to develop negative psychosocial and obsessive behaviors (Turan et al., 2020).

The study was evaluated within the conceptual framework of Gall et al.'s (2005) spiritual and moral distress. This framework highlights the spiritual constructs of the student nurse that can have a role in coping. Spiritual well-being is defined by Abbasi et al. (2014) as how one feels about an assortment of relationships including those with oneself, the community, the environment, and God. Ultimately, the proposed study is intended to reveal whether, and to what extent, nursing students experienced downgraded spiritual wellness during the period of the COVID-19 pandemic. Taking a glance into the nursing work environment as grievous can influence change of professional path or attrition of nursing students from the healthcare industry.

Significance of the Study

Integrating spiritual care into healthcare practice risks causing emotional exhaustion in nurses. By giving oneself to sharing the worries and spiritual distress of patients and their loved ones, a nursing professional bears an emotional burden that may accumulate over time and undermine the practitioner's psychological, emotional, and spiritual health. Veloza-Gomez et al. (2016) point out that the burden on nurses' spiritual well-being emanating from spiritual care is elevated in high-dependency care settings such as intensive care units and emergency care, where the limited time for interacting with the patient, high sensitivity to health risks, and lack of privacy limit nurses' ability to sufficiently offer spiritual care. In the event of death, complications, or progression of an illness, the involved nurse stands a risk of feeling inadequate. Spiritual distress resulting from the burden of providing spiritual support and losing patients in critical care necessitates monitoring of nurses' spiritual well-being.

The study is significant to the nursing profession since it provides academia with information about nursing students' perceptions of their spiritual well-being during a global pandemic. Understanding the perceptions that these students hold can better assist nursing educators in understanding the impact of spiritual well-being on academic performance. In addition, the researcher believes that the findings of this study will encourage nursing programs and other stakeholders to investigate strategies to invest in interventions that will support spiritual well-being. Thus, these strategies can assist academia in the retention of students, thereby increasing the nursing workforce and lessening the nursing shortage. Finally, the results from this study may likely assist nursing faculty in determining ways to identify and assist students facing personal hardships as they strategize avenues to build their spiritual well-being.

The proposed research will reveal shortcomings in intervention strategies used to

maintain psychological well-being and provide insights on areas of need that relevant stakeholders should focus on when formulating programs for supporting nurses'' psychological and spiritual well-being. The study also sheds light on how disruptions caused by the COVID-19 pandemic in the nursing work environment affected the spiritual well-being of nursing students. Insights from the proposed study will form the basis for enhancing support programs set to cushion nurses' social, emotional, psychological, and spiritual well-being.

Associated with Parse's (1992) human becoming theory (HBT) and Gall et al. (2005) spiritual framework of coping offered theoretical significance demonstrating how the concept of spirituality can be impacted during stress associated with the COVID-19 pandemic. Moreover, determining how the students coped can assess whether they employed spiritual wellness traits or spiritual distress. Research has provided evidence that enhancing the traits of spirituality, spiritual care, and overall well-being, enhances one's perception of job satisfaction, performance, and commitment (Brandstötter et al., 2021). Currently, research from the perspectives of current nursing students detailing their spiritual well-being during COVID-19 is lacking. Moreover, this study is significant to nursing academia, and the entire nursing discipline since the positive impact of an increased number of nurses joining the profession will significantly impact society.

Research Question

This hermeneutic phenomenological study is steered by the following question: What are the lived experiences of senior baccalaureate nursing students' spiritual well-being during the COVID-19 pandemic?

Overall the outcome of the study aims to answer what influenced the participant's spiritual well-being or lack thereof during the COVID-19 pandemic. Information obtained from the data was analyzed to inform faculty regarding measures to assist with student coping while

handling similar challenges. Current studies include those where nurses express an overwhelming acknowledgment of the importance of the spiritual dimension in their lives. Although nurses are expected to provide spiritual care to their patients/clients, and is reflected in the nursing code of ethics, some nurses often express they are lacking in providing spiritual care (Ross, 2006). Ross further suggests that nurses highlight a gap in their educational preparation for fulfilling this role. Student nurses can only become concerned about the spiritual health of others if their spiritual health is a concern (Abbasi et al., 2014). While holistic nursing care includes spirituality and spiritual well-being, research involving the lived experiences of nursing students is limited, especially during the COVID-19 pandemic. These research limitations support the need to explore further the concepts of spiritual well-being during the COVID-19 pandemic.

Definitions of Terms

For this qualitative study, the following terms were used.

1. *COVID-19* – COVID-19 is a highly infectious virus caused by SARS-CoV-2. The potentially fatal virus originated in Wuhan, China in December 2019. Since that time, it has caused widespread devastation to almost every continent and over 90,000 reported deaths. The clinical features were based on the severity from mild to severe. Mild symptoms included but were not limited to a mild fever, sore throat, runny nose, headache, and muscle pain. Critical symptoms included chest pain, shortness of breath, loss of speech, sepsis, and multiple organ dysfunction (Salvamani et al., 2020).
2. *Dasein* – Dasein is used to describe the experience of being that is peculiar to human beings. Also referred to as “being there” in the world and the inability to separate

from it (Heidegger, 1962).

3. *Hermeneutic Circle* – Refers to one's understanding of the text as a whole and is established by referencing each part and one's understanding of each part. The circle was reconceptualized by Gadamer as the hermeneutic circle as a repetitive process through which a new understanding of a whole reality is developed through reconnoitering the detail of existence (Gadamer, 2010).
4. *Hermeneutic Phenomenology* – Is defined by Suddick et al. (2020) as “Means working with part and whole in a cyclical, open, and interrogative way to understand the person/people who produced the text, the person doing the hermeneutic phenomenological work, and ultimately, the phenomenon that is brought to awareness and made to manifest as a result of the work” (p. 12).
5. *Holistic Care* – As defined by Ebrahim et al. (2015), holistic care is a philosophical paradigm in nursing practice that advocates for total patient care by requiring healthcare providers to take into consideration the physical, socio-economic, emotional, and spiritual needs of patients, in addition to the effect of illness on patient's ability to meet self-care needs.
6. *Moral Distress* – Moral distress was initially defined by Andrew Jameson in the 1980s to describe the mental and moral ramifications of nurses being prevented from providing adequate care typically due to institutional control (Jackson-Meyer, 2020).
7. *Pandemic* – A pandemic is an epidemic that spreads globally. Examples include the Bubonic plague in the 14th century, the Spanish flu in 1918, and several influenza pandemics in 1957, 1967, and in 2009 with the H1N1 (Grennan, 2019).
8. *Participants* – This study defines the participants as undergraduate nursing students

who are currently pursuing a Bachelor of Science in Nursing at a state university in the southeastern United States. The students were in their senior year and planning to graduate within one or two semesters. All students would have been enrolled in a clinical nursing course during the height of the pandemic. 13 students participated in the study.

9. *Perception* – Walker and Avant describe perception as a multifaceted concept that becomes operational when it is measured by “an individuals or groups unique way of viewing a phenomenon; involving the processing of stimuli; and incorporating memories and experiences in the process of understanding” (as cited in McDonald, 2012, p. 8). Thus, in this study perception denotes the unique and personal style in which participants interpret their spiritual well-being concerning their personal experiences and coping during the COVID-19 pandemic.
10. *Spirituality* – “Spirituality refers to inherent-inborn-inner motives that give meaning and hope in one’s life; and the essence that gives meaning and purpose to one’s very existence” (Linda et al., 2020, p. 2). Spiritual well-being, subjective well-being, spiritual health, and quality of life are common empirical referents of the term. The terms faith and prayers are other values used to define spirituality (Lalani, 2020). Also defined as a unifying life force that forms the essence of a human being and is experienced and expressed through connection with oneself, other people, nature, and sacred power (Dossey & Keegan, 2016).
11. *Spiritual Care* – “Spiritual care is the practical expression of presence, guidance, and interventions, individual or communal, to support, nurture, or encourage an individual’s or group’s ability to achieve wholeness; health; personal, spiritual, and

social well-being; integration of body, mind, and spirit; and a sense of connection to self, others, and a higher power” (American Nurses Association & Health Ministries Association, 2017, pp. 57-58).

12. *Spiritual Distress* – Spiritual distress is defined as an “impaired ability to experience and integrate meaning and purpose in life through the individuals’ connectedness with self, others, art, music, literature, nature, or a power greater than oneself” (Caldeira et al., 2013, p. 78).
13. *Spiritual Well-being* – Spiritual well-being is defined as the ability to experience a feeling of contentment and integrate meaning and purpose in life through a person’s connectedness with a higher power or something greater than oneself through having a set of values, morals, and beliefs that provide a sense of purpose and meaning to life. On a different account, Ghaderi et al. (2018) term spiritual health as a construct comprising religious, individualistic, and material world-orientation dimensions. Spiritual health in the religious dimension refers to an individual’s closeness to God, or the supreme being, while spiritual well-being individualistic dimension is characterized by the absence of spiritual ailments that manifest as lack of hope, lack of happiness, lack of forgiveness, lack of love, and lack of common sense of social interactions (Ghaderi et al., 2018).
14. *Thrownness* – This is a concept to describe humans’ existence as being “thrown” into the world (Heidegger, 1962).

Summary

Nursing education during the COVID-19 pandemic has met substantial challenges that have manipulated the lives of nursing students. This qualitative research study explores the broad

assumptions outlined about the concept of spiritual well-being during the COVID-19 pandemic. In addition, the utilization of an interpretive lens promotes the exploration of the student's perceptions of spiritual well-being during the COVID-19 pandemic. There have been increased efforts to define and research further into the concept of spiritual well-being. Spiritual care emerges as an instrumental component of a holistic approach to healthcare. It involves a healthcare provider acting as an agent of compassionate practice. Nursing practitioners go beyond offering treatment to empowering the spiritual well-being of patients and their significant others. In the process, unfortunately, nursing practitioners fall into the risk of accumulating emotional burden that has the potential to undermine their spiritual well-being. In the recent past, participants in the healthcare industry were faced with challenging working conditions due to the increased patient burden brought about by the COVID-19 pandemic. Ranging from increased workload to dealing with patients in life-threatening situations, the challenges faced by nursing practitioners may have affected the spiritual well-being of nursing students who looked forward to working in similar circumstances. Nursing students working as interns enlist as among the care providers who are instrumental in providing care services to patients overwhelmed by COVID-19 symptoms (Grande et al., 2021). Therefore, the lack of spiritual well-being during a stressful event caused by the COVID-19 pandemic has the potential to cause spiritual and moral distress.

Current studies that have been done on this topic were primarily done outside the United States. Many were focused on nurses, the value of spirituality, and providing spiritual care. Evidence from the comprehensive literature review emphasizes that coping strategies are crucial for nursing students owing to the challenges and increased demands in clinical practice and academics. Spiritual well-being has been positively linked to academic success. Ultimately, the

more successful students, the more students that are eligible to write for the National Council Licensure Exam (NCLEX), and upon passing can obtain employment, thus reducing the projected nursing shortage. Furthermore, enhancing knowledge about how nursing students learn spiritual care can benefit nursing education and, ultimately, translate into competent delivery of patient care. Spiritually healthy nurses will be better prepared to handle the stressors of the multiplexed healthcare arena and for longevity in the profession. Thus, the proposed research investigates how nursing students perceived their spiritual well-being during the COVID-19 pandemic. By investigating the perceptions, the proposed study is intended to provide insights into how the COVID-19 pandemic affected spiritual well-being and the effectiveness of measures used to safeguard the spiritual well-being of nursing students in the U.S.

CHAPTER TWO: LITERATURE REVIEW

Overview

This chapter explores the literature on spiritual well-being, and how it relates to nurses and nursing students. The chapter attempts to demonstrate how circumstances in the nursing work environment affect the spiritual well-being of nursing students. The section will serve to gather insights on what other researchers have examined in an attempt to enhance understanding of how challenging circumstances in the nursing work environment affect nursing professionals and their consequential impacts on the perception of spiritual well-being by nursing students. This literature review focuses on deriving insights from the existing literature on spiritual well-being and identifying existing gaps. The discussion hinges on the lived experiences of the spiritual well-being of nursing students during the COVID-19 pandemic.

Nursing is a crucial profession contributing to improved health outcomes in different health entities. Amongst the crucial responsibilities of nurses include direct care for the patients in hospitals, meeting the needs of anxious families, and coordinating care. Overall, nurses have led to improvement in the value of healthcare (Sensmeier et al., 2019). Such findings pinpoint that nurses are crucial in health advancement. Despite this understanding, it is still concerning that the nursing workforce is not optimal. It is essential to acknowledge that the nursing profession is also challenging, considering the complexities and uncertainties in the practice and education (Amsrud et al., 2019). Such menaces ought to be appropriately managed to strengthen the nursing workforce. Spiritual well-being helps nursing students achieve improved learning abilities and tactics, which in turn improve the student's academic performance. Thus, it would ensure they have the necessary skills to help them successfully overcome adversities relating to nursing education and nursing practice.

Philosophical Underpinnings and Theoretical Framework

Each paradigm in qualitative research has its principles, and philosophical underpinnings to reach its respective research objective. The ontological assumption led to my research choice and is guided by the interpretive framework. Martin Heidegger a German developed interpretive phenomenology by broadening hermeneutics, the philosophy of interpretation (Horrigan-Kelly et al., 2016). Interpretivism and social constructivism associated with phenomenology, aim to understand the various social phenomenon through the eyes of the participants. Heidegger focused on the concept of being in the world rather than knowing the world. Thus, using hermeneutics to navigate beyond the description or core concepts of the experience and seeks meanings that are embedded in everyday occurrences.

According to Creswell and Poth (2018), the ontological assumption relates to the landscape of reality and focuses on how “different researchers embrace different realities, as do the individuals being studied and the readers of a qualitative study” (p. 20). Interviews provide different perspectives about the participants’ subjective experiences, thus, determining the nature of reality, what counts as knowledge, and how the claims are justified. Creswell and Poth write that the philosophical assumption is the central premise that lays the foundation for the interpretive framework used in qualitative research.

Theoretical Framework: Heideggerian Hermeneutics

Hermeneutics is the study of knowledge that has its foundation in the ancient world in the areas of logic, philosophy, rhetoric, math, and poetry. It is the philosophy of understanding and interpretation. This also includes Biblical and religious interpretations to discover the truths and the value of the Bible. Daniel Friedrich Schleiermacher (1768-1834) was considered the father of hermeneutics; he used hermeneutics to understand biblical texts. Schleiermacher held the view

that hermeneutics should be the *universal* discipline that one applies equally to all subject areas such as the Bible, law, and literature (Zimmerman, 2015). The primary philosophical assumptions that inform hermeneutics are a fusion of horizons, a dialogue of questions and answers, and a hermeneutic circle.

Husserl

Edmund Husserl is a German philosopher that is considered the father of phenomenology. Husserl's philosophy was instrumental in re-establishing the fundamental contribution of the human experience (Suddick et al., 2020). Husserl asserts that meaning can be transcribed through consciousness and can be described in detail as intuited with the assistance of a method; he termed phenomenological attitude and reduction. Husserl used philosophy as a rigorous science to study lived experiences (Suddick et al., 2020). Moustakas (1994) recognized, "In phenomenological science, a relationship always exists between the external perception of natural objects and internal perceptions, memories, and judgments" (p. 47). Thus, creating friction between what is perceived as a phenomenon by different researchers. Husserl recommends that the researcher needs to bracket their personal beliefs and views to allow an unbiased understanding of the phenomena. Bracketing is also done to maintain integrity and truthfulness (Moustakas, 1994).

Heidegger

Heidegger, a student of Husserl, trained in the processes of phenomenological intentionality and reduction. Once he had successfully succeeded in obtaining Husserl's professorship, Heidegger separated from Husserl and focused on his own beliefs. Husserl focused on understanding beings. Indeed, this move away from knowledge and toward being, was Heidegger's most significant contribution to phenomenology and hermeneutics. While

Husserl was concerned about acts of perceiving, attending, and recalling, Heidegger viewed humans as being chiefly concerned creatures with an emphasis on their fate, and that they are inextricably linked by cultural social, and historical contexts (Lavery, 2003). Heidegger viewed phenomenology as a method of interpretation to disclose ontological beings to reveal the basic structure of human understanding and existence (Suddick et al., 2020). The central assumptions of Heidegger's hermeneutical philosophy include Dasein and Thrownness.

Dasein. Heidegger focuses on finding the meaning of being through fundamental discourse that perceives humans as a kind of identity called Dasein. Dasein refers to "being there," or being present in the world. Heidegger also referred to Dasein as a human being situated meaning in a world. Wrathall (2005) states that "There" provides a place by which the being understands how to act, react, and develop relationships with other "Daseins" and objects in the "there" (p. 11). There refers to the place by which a being understands itself and relates to others. It is from this place that a being has the context by which to understand others and their lived experiences.

Thrownness. Heidegger theorized that humans are thrown into the world from birth to death and imply a path will develop that will propel them to a different point from where they started (Heidegger, 1962). Nursing students must learn to navigate the challenges imposed by the COVID-19 pandemic and cope with them to become stronger.

Gadamer

Hans Georg Gadamer (1900-2002) was one of Heidegger's students and was so impacted by the professor's work that he continued the work and developed his philosophical hermeneutics. Gadamer's ontological view was that researchers are deeply influenced by the traditions of their culture and therefore act on that way of being in the world. Moreover,

Gadamer believed that one should respect the multitude of worldviews but remain true to their perspectives (Alsaigh & Coyne, 2021). Gadamer holds that before any reflective finding of meaning, there is the world-disclosing interface of understanding and interpretation expressed through language (Alsaigh & Coyne, 2021).

Fusion of Horizons. Gadamer's (2004) concept of fusion of horizons is based on the idea that different participants in dialogue each bring their perspective or horizon. It is through an open exchange of positions that there can be a meeting of horizons, not necessarily leading to agreement or sameness, but to a shift in thinking through a widening of the available horizon (McCaffrey et al., 2022). The fusion of horizon assumption involves the shared understanding that happens through conversation and language.

Hermeneutic Circle. Heidegger purports that understanding is circular, meaning it always involves presuppositions, which develop as part of the question of being. Gadamer (2010) developed the circle and viewed that the circle ascends because of the inability to understand the whole without its parts. The circle is a format to formalize understanding through the eyes of many. Furthermore, the circle is not merely a technique of hermeneutics but an element of the ontological structure of understanding (Mensch, 2018). In qualitative research, it is important to understand the meaning of participants' experiences.

Literature Search

Driven by the objective of reviewing and deriving insights from existing literature, scholarly articles documenting studies on spiritual well-being concerning nursing practice of nursing practitioners and, more interestingly, nursing students during the COVID-19 pandemic were searched. Relevant scholarly papers were searched using keywords, including spiritual well-being, nursing students, spirituality, and spiritual care. The keywords were combined,

including Boolean terms (and, or), and in association with COVID-19. Articles were sourced from open-source nursing research databases like PubMed, Embase, and Nursing Reference Centre, as well as popular nursing research journals, including the *Journal of Nursing Education*, *International Journal of Nursing Studies*, *American Journal of Nursing*, and *Journal of Advanced Nursing*, among others. Literature published by recognized healthcare agencies and dissertation papers were considered admissible for selection. From the search, a total of 57 sources were obtained. To narrow down on most suitable sources, selection criteria were applied, requiring that chosen articles had been published within the last 5 years. An exception for this criterion was allowed for sources providing definitions to key terms or detailing foundational or theoretical concepts. Further elimination was done upon evaluation of relevance to the current study. Eighteen sources were finally selected for use in consolidating the literature review.

Next, a total of 140 articles were identified from the Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus, Health Source, Nursing/Academic Edition, and MEDLINE using the words “nursing student,” lived experience or perception or perspective, or attitude, “spiritual well-being” or spirituality and COVID-19 pandemic. Following the parameters explained in the previous paragraph a total of 60 sources were obtained. Twenty-five sources were finally selected.

A third search was performed to expand the number of articles on the concept of spirituality and spiritual well-being in nurses and nursing students. COVID-19 was not included. The search yielded a total of 323 articles. Of the 323, 120 were reviewed and 23 were selected.

Finally, a fourth search was performed through Google Scholar using the search words “nursing student,” lived experience or perception or perspective, attitude, “spiritual well-being” spiritual care, spirituality, spiritual or moral distress, and COVID-19 pandemic. Parameters

placed on the search were a five-year timeframe and, the English language. After duplicates were removed a combined total of 1,560 sources were found. The abstracts were reviewed from the 1,560 sources and 850 were removed because they did not meet the inclusion criteria. The remaining full-text versions of 710 articles were reviewed. Of these, 667 were excluded as they did not meet the inclusion criteria, leaving 43 articles to be used in the study. A total of 109 articles from all searches were included in the study.

Related Literature

Spiritual well-being is considered a component of the whole person: the least understood dimension of health (Hjelm & Johnson, 1996). The authors also found that the literature implies that the nursing profession desires to further explore the spiritual dimension of health to answer what is it and how can it be taught. Seaward (1991) stresses that the concept embodies several concepts from several disciplines, including many definitions (Abbasi et al., 2014; Beauvais, Stewart, & DeNisco, 2014; Ghaderi et al., 2018). Spirituality bears an increased level of difficulty to define. Spirituality is often confused with religion. Relevant literature was reviewed to identify a conceptual framework that encompasses the study of nursing students' lived experience of their spiritual well-being during the COVID-19 pandemic. The literature has investigated many aspects and dimensions of spiritual health spirituality and spiritual care as it relates to nurses. The COVID-19 pandemic has also sparked research, but very few apply to spiritual well-being. Moreover, a gap in the literature exists regarding the perceptions of nursing students' spiritual well-being during the pandemic, especially in the U.S.

Conceptual Framework

A conceptual framework is usually identified from theory and identifies the concepts associated with the phenomenon and illustrates their correlations (Joyner et al., 2018). According

to Creswell and Poth (2018), the theories or theoretical orientations are found in the literature and provide a general explanation as to what the researcher desires for the outcomes of the study. The study is guided by Parse's (1992) human becoming theory (HBT), and the spiritual framework of coping by Gall et al. (2005).

Parse's Human Becoming Theory

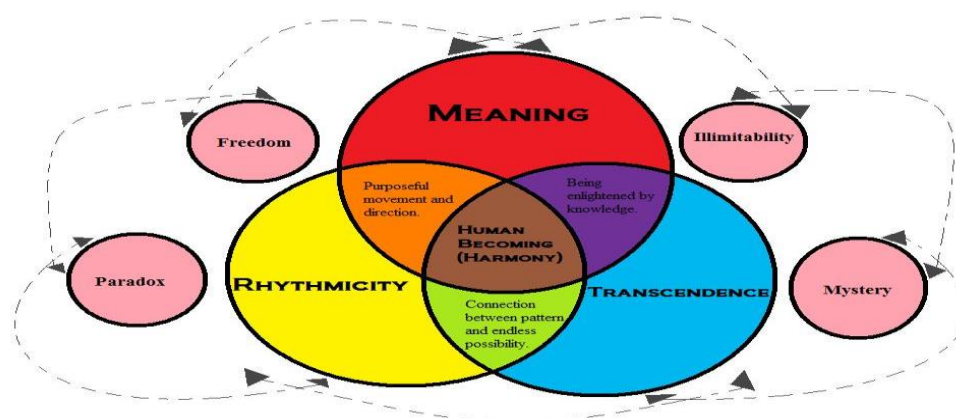
The human becoming theory (HBT) was developed by Rosemarie Parse and was published in 1981 as the man-living-health theory and revised to human becoming, and then to HBT. Philosophical underpinnings originate in the human sciences, which deviates from the traditional natural sciences. The goal is to guide nurses to focus on the quality of life based on the patient's perspective. The two foundational doctrines of the theory were created from existential phenomenology, human subjectivity, and intentionality. Human subjectivity is the foundation of the mutual process of the subject-world changing. Intentionality is the belief that humans are "knowing beings" with a sense of purpose, constantly propelling themselves toward possibilities. Parse views humans as accessible and present with the creation of the universe. The universe goes beyond the physical environment into the infinite possibilities of meaning; it is multidimensional with human reality. Humans participate in shaping their universe to coexist with others and choose situations and ways of being with situations. The theory is structured around three enduring themes: meaning, rhythmicity, and transcendence. Humans freely choose to mean in situations; they are cocreating mutual patterns and constantly transforming (Parse, 1992). Figure 1 depicts the Parse's theory.

HBT is an appropriate framework to endorse spirituality by decisively engaging students within student-faculty dyads to discover personal meanings and philosophies of caring aimed toward creating robust professional characteristics. The concept of spirituality is grounded in the

skills of reflection developed early in the student's educational curriculum to create awareness (Hodges et al., 2005). Parse's theory postulates a framework for teaching and learning, promoting spirituality in nursing students by purposefully engaging them with faculty to explore personal meaning, philosophies of care, and solid professional identities. Hence, fortifying nursing student spirituality during academic programs should be imperative for nurse educators.

Figure 1

Parse Human Becoming Theory



Note. Image retrieved from <https://www.studocu.com/ph/document/xavier-university-ateneo-de-cagayan/theoretical-foundation-in-nursing/rosemarie-rizzo-parse-humanbecoming-theory/19846810>

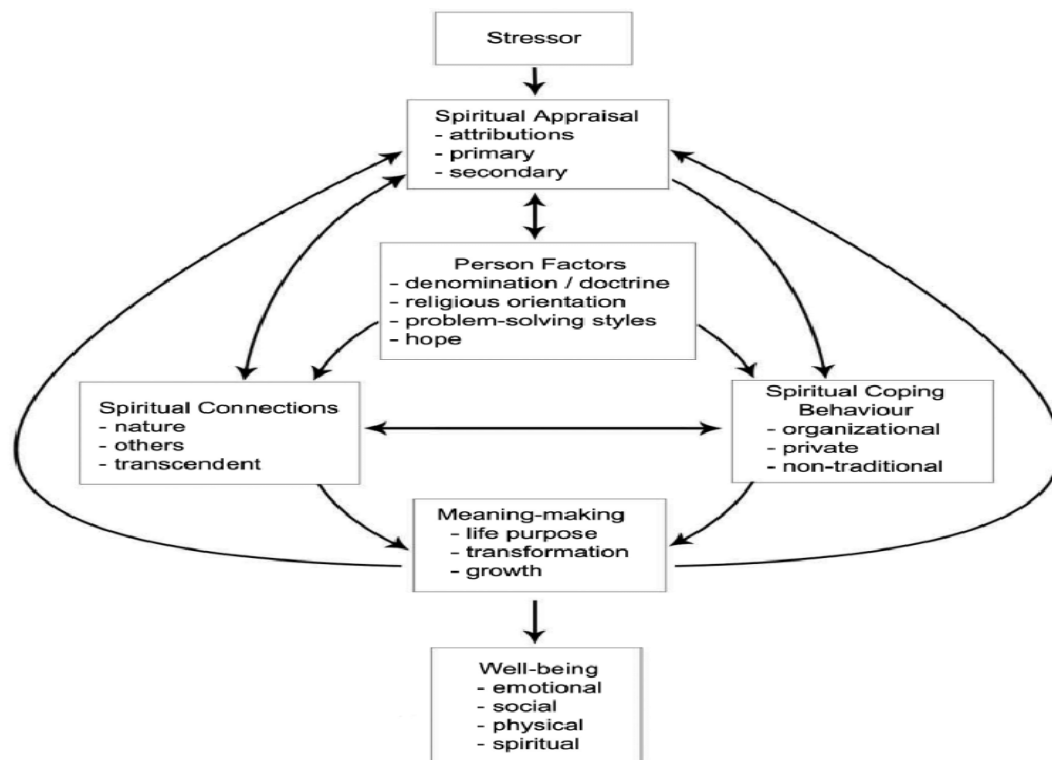
The Spiritual Framework of Coping

The spiritual framework of coping by Gall et al. (2005) proposes that the complex multifaceted concept of spirituality manifests in an individual's behavior, beliefs, and experiences and function as a contextual framework that positions an individual's clarification, understanding, and response to the experiences of life. The framework is structured within the doctrines of the transactional model of stress and coping that integrates knowledge of spirituality, coping, and health. The transactional stress and coping model propose that how someone adapts to stressors depends on their coping process. The person will either base their coping on the problem and attempt to change it or will focus on the emotions and attempt to regulate the

distress.

One component of the Spiritual Coping Framework involves spiritual appraisals. The nursing students will search to make meaning when handling the stress associated with the COVID-19 pandemic. The initial attempts to make sense of the turmoil are based on their spiritual beliefs. Many nursing students may have tried to explain the occurrences associated with the pandemic as being caused by God or “God’s will.” Thus, these initial appraisals of one’s spirituality can reduce spiritual distress by readjusting their response to the situation. A component of the appraisal involves evaluating “the availability and potential effectiveness of spiritual coping methods in response to the stressor” (Gall et al., 2005, p. 91).

The second component of the framework involves personal factors that involve denomination/doctrine, religious orientation, problem-solving, and hope. Religious doctrine can determine how one copes with stressors, such as the pandemic. The way that an individual copes determines how they deal with stress. The first two components will lead to the third component of spiritual connections such as nature, others, and transcendent as well as the fourth component of spiritual coping behaviors that can occur in an organizational, private, or nontraditional setting. Spiritual connections and coping behaviors are directly related and lead to the fifth component of meaning-making. The conceptual framework for these authors is depicted in Figure 2. Spirituality will often place the event within the context of a larger domain. Once this occurs the stressor or event will take on a new meaning. Finally, making meaning will lead to the final component of well-being (Gall et al., 2005). Since the authors posit that the framework can be applied to various stressors across various religious faiths and backgrounds it can be easily integrated into the current study.

Figure 2*The Spiritual Framework of Coping*

Note. This figure demonstrates Gall et al.'s (2005) spiritual framework of copying (p. 89).

Spiritual Well-being

Spiritual well-being is a multidimensional concept associated with one's relationship with God and the environment, which helps affirm life (Mathad et al., 2019). Abbasi et al. (2014) describe spiritual well-being as feelings that one believes about their relationship with oneself, community, environment, and God. Beauvais, Stewart, & DeNisco (2014) define spiritual well-being as both obtaining life-affirming connections with other people and a relationship with God or a higher power. The National Interfaith Coalition on Aging (1975) has defined spiritual well-being, as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness" (Fisher, 2010, p. 107). Spiritual well-being is a

multidimensional concept that refers to the construct of spirituality, which can be further sectioned into a religious component, and an existential component. According to Paloutzian (2002), the knowledge of spiritual well-being and spirituality in overall health-related issues “suggests that someone’s perception of well-being in a spiritual sense is a contributor to mental and physical health, especially because it focuses a person’s attention on that which is transcendent, that which lies beyond the self” (p. 16). Paloutzian and Ellison created the Spiritual Well-being Scale (SWBS) in 1982 to identify spiritual well-being quantitatively. The scale has been continuously utilized in many studies to research and evaluate the participants’ perceived spiritual quality of life. The scale measures religious and existential well-being as the two sub-scales of an individual’s well-being and overall life satisfaction. The first sub-scale measures religious well-being and centers on one’s relationship with a higher power or God (Paloutzian, 2002). Fisher (2011) discusses the four domains model of spiritual health and well-being to implicate a clear conceptual framework that encompasses the diversity of views. Fisher addresses spiritual health and well-being as the relationship with a higher power or with something, or “someone beyond the human level” under the transcendental domain. The other three domains include the personal domain where the purpose in life is addressed, the communal domain, which tells about the depth of interpersonal relationships, and the environmental domain, which discourse the sense of unity with the environment. The four domains were used to devise a spiritual well-being questionnaire: the Spiritual Health and Life-Orientation Measure (SHALOM). This questionnaire evaluates each person’s ideals with their lived experiences to weigh spiritual harmony or disharmony (Fisher, 2010). Although SHALOM and the SWBS were not used directly in this study, they were used indirectly as a basis for some of the study’s interview questions.

The second subscale centers on life purpose or existential well-being and is considered non-religious. It relates to one's personal beliefs about the purpose, meaning, and value of life. It also refers to a sense of meaning and purpose in life. Bauereiß et al. (2018) conducted a systematic review to synthesize the evidence of existential interventions in adult patients with cancer. Existential interventions showed significant effects on existential well-being. The meta-analysis provides evidence that adult patients with cancer across all stages and types benefit from existential interventions. Some of the interventions used include hope intervention, dignity therapy, supportive-expressive group therapy, life review, and meaning-making intervention.

According to Taj et al. (2019), spiritual well-being is an individual's impression of the otherworldly quality inside their lives and mainly entails two sub-scale existential and religious well-being. The existential subscale encompasses self-evaluation of one's feelings of life fulfillment and life reason, while the religious subscale entails self-evaluation of an individual's relationship and association with God. Taj et al. further assert that spiritual well-being encompasses cultivating and getting instructed about worldliness as a means of advancing spiritual prosperity and is further characterized by positive sentiments towards the reason and importance of life through association with others, oneself, and a higher power (God). Seaward and Lissard (2013) introduced a model to apply spiritual well-being into the wellness paradigm of health education and health promotion. The components of Seaward's model include an astute relationship with both oneself and others, a robust personal value system, and a meaningful purpose in one's life (Seaward & Lissard, 2020).

Kupcewicz et al. (2022) conducted a study to determine mental and spiritual health-promoting behaviors among nursing students in Poland. Their findings revealed the state of mental and spiritual health can be manifested through health behaviors exhibited by an

individual. Furthermore, students with limited social contacts exhibited significantly low satisfaction with life. Based on findings obtained from the study, it became evident that satisfaction with life served as the main predictor of the intensity of healthy behaviors. On the other hand, isolation from social contacts and increased use of computers and the internet emerged as predictive of low intensity of healthy behaviors.

A review of the literature resulted in a minimum of research discussing existential spiritual well-being to the academic success of nursing students. However, one study did find that students scoring higher on the existential spiritual well-being scale had higher self-esteem and lower depression rates than those scoring lower on the scale (Genia, 2001). A second study found that students that had a higher positive relationship between life purpose adjusted better to college life (Trevisan et al., 2017). Likewise, findings in a study by Momennasab et al. (2019) found a positive correlation on post-test concerning the total score of spiritual well-being. The difference was also significant in the case of the existential well-being subscale.

Ellison (1983) views spiritual health as driving humans to search for meaning in life. It is necessary to measure both forms of well-being since it is possible for someone to have a high score in one type and not the other. Thus, combining both types of well-being can provide more opportunities for spiritual growth (Paloutzian, 2002). Abbasi et al. (2014) describe spiritual well-being as feelings that one believes about their relationship with oneself, community, environment, and God.

According to Rahmat et al. (2022), spiritual well-being is one of several elements of individual well-being that denotes the quality of life. The authors conducted a systematic review to survey the 12 components of spiritual well-being: “mental health, spiritual coping, life satisfaction, hope, primary emotions, mindfulness, self-compassion, perceived social support,

quality of life, adjustment to chronic diseases, psychological disorders, psychological well-being, and psychological resilience” (p. 53), which is influenced by social support, cognitive skills, and psychological resources.

Spiritual well-being signifying a well-established relationship with God has also been associated with increased satisfaction with life among nursing students. Positive coping strategies such as fostering spiritual and emotional well-being and resilience may negate harmful stressors associated with nursing school (Beauvais, Stewart, & Denisco, 2014). Spiritual well-being is strongly associated with mindfulness practice (Mathad et al., 2019). It has been identified that nursing students who engage in spiritual practices have better-coping strategies. Felicilda-Reynaldo et al. (2019) identified that nursing students who were more spiritually connected had improved physical and psychological health. They also had well-established social relationships. Spiritual well-being mediates all the identified outcomes by influencing positive emotions like happiness, hope, high self-esteem, and optimism. It also helps reinstate one’s meaning and purpose in life while allowing better control of one’s life.

Spirituality

Spirituality is a concept involving connectedness with God. It is a critical pillar that significantly shapes how people interpret reality, experiences, and surroundings. It, therefore, also shapes people’s perceptions of stress and coping during difficult times. The ability to provide spiritual care is something that many nursing students feel they are not equipped at doing upon entering nursing programs and, many a skill that many nurses feel that their programs did not provide (Kuven & Giske, 2019).

Likewise, Amalia et al. (2021) reported a relationship between personality, religiosity, and student academic motivation with a correlation of 0.687, and there is a significant

difference between personality types and student academic motivation. Although the words spirituality and religious may be used interchangeably by some, the literature has indicated that it has very different connotations for most individuals. Spirituality is described as a complex human development process that is subjective, covering a broader belief system than religion (Lalani, 2020). The author also notes that the consequences of spirituality include personal and spiritual growth and well-being, resilience, and religiousness. Study findings by Schwalm et al. (2021) highlight that the majority of undergraduate college students identified as being religious and spiritual, but only a small percentage that perceived themselves as spiritual also identified as being religious, even further noting that denominational preference had very little correlation with their perception with spirituality or religiousness.

Schwalm et al. (2021) conducted a systematic review analyzing whether there was an association between spirituality/religiosity and resilience in 34 observational studies. The findings demonstrated a moderately positive correlation between the concepts and cite several studies where spirituality/religiosity increases resilience. Similarly, a mixed-methods study discovered that spiritual well-being and resilience were shown to be interrelated and ecologically bound. Thus, when spiritual well-being was present, the attractiveness of risk-taking behavior among young people was weakened (Smith et al., 2013).

Moreover, Maglione and Neville (2021) performed research to determine the relationship between spirituality and servant leadership characteristics in undergraduate and graduate nursing students. The results revealed that students who select nursing as a professional career may inherently possess characteristics of servant leadership and spirituality. Thus, the findings contribute to a further understanding of the value of servant leadership and spirituality in nursing and suggest there may be an innate possession of these characteristics that may cultivate the

choice of nursing as a career.

The Place of Spiritual Care in Nursing Practice

Spiritual well-being is considered to have positive implications on the health and well-being of patients as well as nursing practitioners. However, Rachel et al. (2019) note that there exists a lack of consistency in nurses' tendencies to assess patients' spiritual needs and provide the required spiritual care. From their evaluation of instruments used in spiritual care assessment, Rachel et al. found that a lack of a standardized basis for conceptualizing and assessing spiritual care hampers its implementation. Nevertheless, the researchers acknowledge that nursing professionals are often conversant with the essence of providing spiritual support to patients. The need for training in spiritual care interventions emerges as fundamental in enabling the successful delivery of spiritual support in healthcare settings, considering that nurses with training in spiritual care were noted to exhibit more confidence in addressing spiritual needs even in the absence of a specialist. Spiritual care thus emerges as a recognized and embraced aspect of nursing practice. Historically, the concepts of spirituality, spiritual well-being, and providing spiritual care have been important in the field of nursing. The increasing complexity of healthcare requires nurses to improve their competence in spiritual care to better assess and meet their patient's spiritual needs (Abbasi et al., 2014). Therefore, nursing students need to be educated in spiritual care by incorporating the spiritual aspect of life throughout nursing programs.

The importance of spiritual well-being is echoed by Zehtab and Hajbagheri (2014), who assert that spiritual care improves the quality of life, spiritual well-being, and performance. Having a high level of spiritual well-being enables nursing practitioners to respond better to stress, have a better sense of integrity, and establish productive interpersonal relationships.

Zehtab and Hajbaghery, however, note that educators need to provide more clarity regarding spiritual care to cultivate the competence of nursing students in identifying and addressing spiritual needs. Nursing students should thus be made conversant with spiritual care through training offered by faculty and during clinical practice.

While spirituality emerges as a well-recognized aspect of healthcare service delivery, it continues to be invisible among qualified and upcoming nursing practitioners. According to Hawthorne and Gordon (2019), scholars have given little attention to spirituality in nursing practice. Despite that, Hawthorne and Gordon concur with the observation that the lack of clarity in the conceptual differentiation of religion and spirituality undermines its applicability in the context of healthcare service delivery. Insistence is directed toward including spiritual care in educational approaches and nursing curricula to create a culture of spiritual care.

By undertaking a concept analysis of holistic care, Jasemi et al. (2017) attempt to clarify the meaning and concept of holistic care upon which spiritual care is grounded. Findings from Jasemi et al.'s analysis showed that holistic care could either be termed as a comprehensive model for caring for patients or a mechanism for improving the well-being of patients and nurses. The researchers consider holistic care a nebulous concept comprised of interventions and approaches made to satisfy a patient's physical, emotional, mental, and spiritual needs. Nurses competent in providing holistic or patient-centered care are characterized by sociability, observance of religious and ethical beliefs, and professional commitment. According to Jasemi et al., spiritual well-being emanating from holistic care makes nurses feel useful, satisfied with their jobs, and inclined to remain in the healthcare profession. Based on insights derived from Jasemi et al.'s concept of holistic care, nurses and nursing students that have high spiritual well-being should be expected to be highly dedicated to remaining in the profession and pursuing

professional growth.

Despite the vast amount of research that associates religion and spirituality with positive outcomes in an individual life. Fradelos et al. (2020) conducted a cross-sectional study yielding the finding that nurses are exposed to increased levels of anxiety and burnout causing their religious beliefs and experiences to increase psychiatric disorders like depression. This phenomenon is thought to be due to nurses' commitment to helping others. Therefore, the authors' findings were mixed, appealing for additional research to address the relationship between religiosity, anxiety, depression, and the psychological resilience of nurses.

Effects of Spiritual Well-being on the Performance of Nursing Students

Spiritual well-being is considered a vital aspect of human wellness. As documented by Hu et al. (2019), spiritual health is demonstrated by personal affirmation of the meaning of one's life, affirmation of the value of oneself and others, the ability to connect with others, possession of inner strength, and a person's ability to adapt to adversity. In Hu et al.'s view, enhancing nurses' spiritual well-being paves the way for the achievement of personal satisfaction with life. In addition, spiritual health reduces job burnout and therefore enables nurses to provide a better quality of care to patients. Cultivating a high degree of spiritual well-being increases nurses' capacity to help patients face fears and uncertainties, deal with the discomfort of treatment, and regain inner strength. The provision of training in spiritual care is important to nursing students as the acquired knowledge and skills help them to gain competence in expressing kindness and concern to patients, easing stress, and providing support to patients undergoing spiritual distress. Spiritual well-being, therefore, elevates nursing performance by cultivating strengths in valuing oneself and others, building productive social connections, and having the strength to face adversity.

In a study to investigate the relationship between spiritual well-being, academic persistence, and academic success, Barna (2020) evaluated the perception of the spiritual well-being of undergraduate senior-level nursing students. From the study, Barna observed a relationship between spiritual well-being, academic success, and academic persistence. The perception of a high degree of spiritual well-being indicated a strong connection with a personal connection and belief in God (Barna, 2020, p. 56). Existential well-being was described as closely related to students' life purpose and the desire to help others and care for the less fortunate. Nursing students with a high degree of spiritual well-being were observed to express motivation to be purposeful and successful in life. The students indicated high value for achieving career goals and self-growth. Spiritual well-being influenced academic persistence and success in that students' highlighted life goals inclined to graduating college, getting a job in nursing practice, and making a difference in other people's lives. Other notable characteristics associated with nursing students with a high level of spiritual well-being include a positive perspective on life, the ability to find positivity, and a willingness to seek support. Notably, all the assessed students were familiar with the acceptance process in situations that did not go as expected. The students revealed different abilities to respond to such situations through self-reproach, acceptance of factors beyond control, and assertion of negative events being non-defining.

On a different account, spiritual well-being negatively correlates to perceived stress and depression among nursing students. Based on a study on nursing students in North Korea, Lee (2014) existential well-being of nursing students has an inverse relationship with the prevalence of depression and stress reported by nursing students. In addition, nursing students with low levels of spiritual well-being exhibited low satisfaction with their academic major and future

employment ideas. On the contrary, students with high existential well-being expressed lower levels of stress and depression. Insights from Lee's study show that nurturing a high degree of spiritual well-being lowers the predisposition of nursing students to stress and depression and enhances perceived satisfaction with academic majors pursued by nursing students.

Perception of personal spirituality and willingness to participate in providing spiritual care are intertwined. According to a study by Aksoy and Coban (2017), a close relationship exists between the acknowledgment of spirituality and perceptions of spiritual care. By interviewing undergraduate nursing students enrolled in the Faculty of Health Sciences at Ataturk University, Aksoy and Coban observed that lessons about spiritual caring influenced how students chose preferred nursing jobs. The researchers advocate for integrating spiritual care in nursing subjects to increase awareness of spiritual caring among nursing students.

In another study where a cross-sectional questionnaire-based survey was used to investigate the impact of emotional and spiritual intelligence on the academic performance of 113 Pakistani nursing students identified that spiritual and emotional intelligence had positive correlations with academic performance (Turi et al., 2020). Spiritual intelligence, in this case, was defined as the increased capacity to comprehend and retain spiritual aspects of personal and professional lives. This quality is typical among individuals with increased spiritual intelligence and spiritual well-being. Spiritual well-being, therefore, affects one's mindset making one increasingly prepared to meet different challenges of life. The other effect of spiritual well-being is that it affects memoing which, as previously established, is often reduced by the stresses of nursing education. In research by Heydari et al. (2020), whose participants were nursing and midwifery students, it was established that religious attitude had a positive correlation with academic motivation ($p < 0.001$, $r = 0.412$, and $r^2 = 0.164$). Generally, having a better

understanding of oneself and the meaning of one's life is a factor that steers intrinsic motivation.

Nursing students with increased spiritual well-being engage in certain practices that usually help build their spiritual connection with God. A five-year cross-sectional study by Jacob et al. (2020) revealed that although both pharmacy and nursing students reported having frequent spiritual experiences, nursing students were more likely to anticipate that spirituality would play a role in their academic coursework. Study findings also suggest that the term spirituality invokes a broader sense of religious experience that resonates with a wider range of students, regardless of their religious affiliation. Kyung-Sook (2018) revealed that spiritual well-being and emotional intelligence were significantly correlated with resilience. Notably, the study proposed that strengthening emotional spiritual well-being, resilience, and religious affiliation as facilitating factors to spiritual well-being in nursing students.

A similar study investigated spiritual intelligence, emotional intelligence, and resilience in nursing students, and found a positive correlation between the variables (Sogolittappah et al, 2018). Analysis of the data found that 53.9% of the nursing students showed that spiritual intelligence and emotional intelligence predicted resiliency. Felicilda-Reynaldo et al. (2019) conducted a cross-sectional descriptive study on 659 nursing students in four different countries to examine the religiosity and spiritual coping utilization perspectives. The researchers identified that nursing students frequently attend organized and non-organized religious activities. Group reflection is one of the interventions that has been associated with increased spiritual well-being among students. Momennasab et al. (2019) determined that through group discussions, nursing students learn more about spirituality by reflecting on their relationship with God, their interaction with others, the meaning and purpose of life, prayer, forgiveness, and other virtues. Another important aspect is that the nursing students developed a positive attitude towards

spiritual care with increased spiritual well-being. A correlational study by Kalkim et al. (2018) found that nursing students perceive their spiritual competency as lower than their desired level and curricular changes to strengthen spiritual care education are needed.

Ryff (2021) conducted theoretical research investigating the link between spirituality and eudaimonic well-being to answer whether spirituality is a part of well-being or a possible influence. The author concludes that “religion and spirituality to well-being and health and then onto the possible centrality of nature in understanding deeper meanings of what is sacred and what the soul needs” (p. 914). Similarly, Kim and Cha (2019) determined that a spiritual care empowerment program significantly improved psychological empowerment in nursing students. The results specifically indicated that self-esteem, existential well-being, interactional (empathy), and behavioral (spiritual care competence) components significantly improved in the experimental group after the intervention as compared to the control group. This competence is crucial since spiritual care is an integral part of quality, and culturally-sensitive care positively impacts health outcomes.

Spiritual/Moral Distress

The COVID-19 virus was life-altering and disparaging. Spiritual distress is an international diagnosis identified by the North American Nursing Diagnosis Association (NANDA) as an “impaired ability to experience and integrate meaning and purpose in life through the individual’s connectedness with self, others, art, music, literature, nature, or a power greater than oneself” (Caldeira et al., 2013, p. 78). They may express concern about the meaning of life and death. Some people report caring for others was so overwhelming they forgot to care for themselves. The findings suggest that the utilization of self-care practices is associated with lower psychological distress, and should therefore be promoted among nursing students and

integrated into curricula (Brouwer et al., 2021).

Other factors whose effects on the well-being of nursing practitioners have been explored are moral distress and compassion fatigue. Nursing practitioners, some being novices, are often necessitated to provide medical and spiritual care to patients who may be scared and anxious about their health, well-being, and significant others. In a study by Ramji (2020), the issue of moral distress and compassion fatigue is explored concerning obstetrics practice amid the COVID-19 pandemic. Ramji reveals the prevalence of moral fatigue among obstetricians who, during COVID-19, had to deal with numerous ethical dilemmas emanating from an imbalance in meeting duty of care while maintaining self-care. Figuratively, Rajma argues that pushing on with the delivery of healthcare services in an empty tank of empathy proved to be not beneficial for practitioners or patients because the quality of care ended up getting degraded. Rajma thus emphasizes the importance of addressing compassion fatigue that affects healthcare practitioners as a result of providing spiritual care.

Concerns about moral distress raised by Rajma (2020) are echoed in a study by Sasso et al. (2016). In a systematic review to examine moral distress in undergraduate nursing students, Sasso et al. analyzed research articles addressing moral distress. Moral distress is a common problem among health professionals when care-related issues, ethical dilemmas, and organizational constraints cause feelings of unease. In Sasso et al.'s observation, moral distress often manifests in the form of anger, frustration, feelings of guilt or self-blame, intention to leave the profession, low self-esteem, and depression. Challenging circumstances and working conditions brought about by the COVID-19 pandemic are therefore associated with increased moral distress, potentially undermining nursing students' well-being.

The COVID-19 pandemic raised many ethical dilemmas associated with limited

resources and staff, increased suffering and death of patients, along with witnessing the separation of patients from their families increased the risk for moral distress among healthcare workers (Cacchione, 2020; Han & Luc, 2020; & Hossain, 2020). The research revealed a gap in the literature as it pertains to spiritual well-being, spiritual distress, and moral distress experienced by nursing students during the COVID-19 pandemic.

Another component of spiritual distress that directly pertains to the COVID-19 pandemic is a separation from religion/culture (Glenn & Pieper, 2019). Since churches were mandated to close, many people were only attending online church services for several months to 1 year after the pandemic began. Christian values teach that as individuals spiritually search for what is right God wants them to do the right thing every day. It is important that educators adequately prepare nursing students with the tools necessary to prevent and or manage spiritual and moral distress.

Nurses' Spiritual Well-being During the COVID-19 Pandemic

The latter-day COVID-19 pandemic came along with stressful demands that have thus far significantly affected a myriad of care providers, including nurses (Alquwez et al., 2021). Besides, frontline nurses enlist as the most significant medical professionals tasked with the responsibility of dealing with patients overwhelmed by COVID-19 day in and day out. This, perhaps, implies that nurses are largely tasked with the role of recognizing the illness and setting aside more time for performing administrative duties as well as caring for those who are affected in one way or another. Making life and or death decisions as well as working night shifts under stressful working conditions enlist as significant challenges that nurses put up with even though many of them report lacking sufficient protective equipment (Alquwez et al., 2021). Such nurses' perceptions of their spirituality or spiritual well-being in the course of the pandemic are thus remarkably influenced by how the disease has wreaked havoc globally.

Nurses have widely testified that their belief in God/Allah has, in part, helped them grapple with risky working conditions, depression, post-traumatic symptoms, psychological symptoms, fear, and anxiety that were presented by the COVID-19 pandemic (Alquwez et al., 2021). For the sake of an illustration, nurses' professional as well as personal quality of life have thus far been significantly affected by the contagion, especially in a negative way. This is, first and foremost, because care providers who have ever provided care services in the course of this pandemic experienced moral distress at a certain point and this contributes to burnout. Nurses' spiritual well-being and health awareness are crucial in overcoming the latter moral distress in the interest of preventing burnout in the long run (Alquwez et al., 2021). The achievement of spiritual health, perhaps, prompts care providers to feel safe and peaceful even in the course of life-threatening adversities.

The role of spirituality and religiosity in propagating healthcare during the COVID-19 pandemic also emerges in a study by De Diego-Cordero et al. (2022) who terms sustenance of spiritual well-being as a good coping strategy. Spirituality, according to De Diego-Cordero et al., helped nurses cope with the COVID-19 pandemic as well as other unprecedented crises such as World War I. Nursing professionals, perhaps, sustained their spiritual well-being for long enough to successfully grapple with mental health problems that came along with confinement as well as the disease itself. This implies that religiosity, as well as spirituality, helped a myriad of nurses deal with their psychological and mental health problems as well as those of their patients thus, spirituality in nursing practice is important as it serves as an instrument for reducing stress, cultivating hope, and increasing resilience among patients and nursing practitioners.

Spiritual support was widely evident in the course of the COVID-19 pandemic, although the availability of a limited number of clerics implied that a certain percentage of clinicians, as

well as patients, were not spiritually cared for (De Diego-Cordero et al., 2022). Nevertheless, nurses alongside other care professionals were widely instructed to bless those who were excruciatingly struggling with the death of loved ones as well as the deceased.

The latter idea of instructing nurses to consistently sustain their spirituality and bless those in need implied that spiritual care plays a significant role in disaster management (De Diego-Cordero et al., 2022). Besides, spiritual care helps in alleviating people's psychological suffering and stress. Most importantly, there is sufficient evidence regarding the role that religious and spiritual beliefs played during the coronavirus pandemic (De Diego-Cordero et al., 2022). Such evidence, as a consequence, clarifies that much should be done in an endeavor to integrate spirituality into the nursing profession.

Studies involving a substantial number of nurses revealed that spirituality was scarcely researched in the course of the pandemic, although spiritual welfare is regarded as critically necessary for medical professionals (Alquwez et al., 2021). Nonetheless, this sheds light on the fact that nurses' perception of their spiritual welfare must be understood in the interest of ensuring that they are capable of delivering high-quality care services to all patients. An in-depth understanding of such medical professionals' personal experiences regarding the impact brought forth by the pandemic is critical before opening a conversation that might probably provide insight into their spiritual well-being (Alquwez et al., 2021). This is, however, because having a proper understanding of their spiritual welfare amid this health crisis can call for prompt development as well as the implementation of the necessary welfare-focused interventions and policies that serve their best interests.

One-on-one interviews with nurses revealed that optimal spiritual well-being, as well as overall health, is critical, especially during the contemporary health crisis that has cost millions

of lives globally (Alquwez et al., 2021). Spiritual wellness also helps nurses to deliver the utmost patient care and achieve a very high level of patient expectations in the course of the pandemic. This should, perhaps, be perceived as the case under all circumstances because such healthcare professionals play crucial roles in the course of the pandemic, especially since they are almost always in direct contact with patients when delivering care services (Alquwez et al., 2021). A myriad of nurses admitted that praying to seek God's protection boosted their confidence because they are the most accessible to patients as well as other medical professionals.

The latter level of accessibility implies that such healthcare professionals are always at a high risk of contracting COVID-19 either from their co-workers or patients (Alquwez et al., 2021). Such a realization prompts a significant proportion of nurses to begin experiencing exhaustion, ongoing emotional trauma, isolation, fear, and chronic stress. Continuous trauma as well as stress that is widely experienced by nurses not only impacts their capacity to deliver safe and high-quality nursing care but also takes a toll on their mental health. Most importantly, dealing with patients' suffering and pain also affects nurses' spiritual, emotional, and physical well-being. The sad news nevertheless is that many nurses are reported to continually neglect their spiritual, emotional, and physical well-being, especially after realizing that there are no long-term solutions that prove capable of alleviating such challenges (Alquwez et al., 2021). The aforementioned nursing professionals' perception that is of course brought forth by the aspect of giving up prompts nurses to temporarily lose control over their very own working environment.

Bekar and Arikan (2022) argue that COVID-19 caused fear, psychological crises, concerns, deaths of many individuals, and loss-related pain. However, they as well acknowledge the fact that spiritual care enlists as a crucial component that can be reliably deployed in holistic health management. Spiritual care can, for instance, assist in helping those affected to cope with

the suffering and illness, and eventually accept the death of their loved ones. Most importantly, nurses have thus far proved capable of relying upon spirituality in accepting the contemporary health crisis as it is and continuing to deliver high-quality care to their respective clients.

Provision of spiritual care results in positive outcomes such as the development of spiritual awareness among nurses and the facilitation of patients' quick recovery (Bekar & Arikan, 2022). This is, perhaps, a perception that is currently held dear by a myriad of nursing professionals and especially those who relied upon spirituality to bring forth spiritual healing to their patients as well as co-workers when the pandemic began.

There exist several factors that substantially affect the spiritual well-being of nursing professionals (Bekar & Arikan, 2022). Among the aforementioned factors is nurses' perception of spiritual care and needs. To illustrate, nurses who are spiritual enough to understand that there is protection guaranteed by God or any other divine power that they believe in end up sustaining their spiritual as well as psychological well-being for the sake of their patients. Also, nurses or nursing students who are in any particular manner incapable of determining the spiritual needs of their patients are regarded as not able to deliver holistic care. This implies that the outcomes of patient care and the recovery process are negatively affected. Such a perception, as a consequence, clarifies that nurses' decision to prioritize spirituality in the course of the pandemic proved helpful not only to them as well as their co-workers but also to their respective patients. The good news is that studies linked 94.1% of nursing students with a willingness to deliver spiritual care to their patients (Bekar & Arikan, 2022). This is as opposed to 69.9% of nursing students who admitted that they were not competent enough to ensure that their patients were spiritually taken care of at all times.

Care providers' feelings, thinking patterns, and behavior are negatively influenced when

their spirituality is affected to the extent that they lose control over their working environment (Alquwez et al., 2021). This, as a consequence, implies that the spiritual well-being of all nursing professionals should always be prioritized and guarded during health crises for the sake of guaranteeing effective as well as safe care provisions amid pandemics. As the demands of varied patients continuously increase, care providers' administrations tend to exceed their working capacity and such a decision poses many negative impacts on their productivity.

Notwithstanding, such healthcare professionals can easily overcome the resulting pressure, secondary trauma, burnout, fatigue, and emotions when they are spiritually well (Alquwez et al., 2021). The latter statement in its own right implies that guaranteeing optimal spiritual well-being and overall health to all medical professionals is instrumental in facilitating the delivery of utmost patient care.

Although care providers' overall well-being is significantly affected whenever they are delivering healthcare services to COVID-19 patients, it has been realized that many nurses believe God can protect them from the contagion (Alquwez et al., 2021). Interviews with many of them revealed that they entirely put their trust in God who they strongly believe is their shield and protector. When the pandemic began, many healthcare professionals knew almost nothing about COVID-19, and such a lack of knowledge prompted them to develop emotional challenges. That, according to some nursing professionals, implied that they were fighting unarmed against an unseen virus (Alquwez et al., 2021). Regardless of such adversities and challenges, these care providers strongly believed that nothing is impossible when they are under God's protection.

The perception of nursing professionals regarding God as a savior helped them overcome the difficulties and challenges that were presented by the pandemic (Alquwez et al., 2021). Such

a belief in divine power as well bestowed upon them a feeling of absolute security while in the course of caring for COVID-19 patients. Nevertheless, it is imperative to note that a wide range of emotions ranging from sadness to fear was occasionally manifested by many medical professionals at the beginning of the pandemic. Such emotions were occasionally worsened by the deaths of patients that were for a long time recorded daily (Alquwez et al., 2021). Although the65emoing65y of the disease to kill as many people as it could was a fact that was eventually acknowledged by many nurses, they strongly believed that God was capable of shielding them from the wrath of the so-called invisible enemy.

Expecting the worst while hoping for the very best at the same time is a definite statement that can be relied upon in describing the perception of many nursing professionals who served as frontline care providers during the pandemic (Alquwez et al., 2021). Not interestingly, those who are absolute theists also constantly argued that they believed God would protect all people and their patients in the long run. Simply put, they constantly claimed that God would not forsake his people at such a difficult time. On the contrary, some care providers shared their views regarding a perception that entailed associating faith in God with joy even when they were confronted by the worst crises ever (Alquwez et al., 2021). It would be thus logical to conclude that faith is essential during crises simply because it comes along with a guarantee of joy, protection from illnesses, and the strength required to put up with the resulting emotional turbulence.

Regarding spirituality, it would be reasonable and imperative to highlight the fact that the pandemic bestowed trust and confidence upon healthcare professionals who believe in God (Alquwez et al., 2021). This is, perhaps, because a significant proportion of nurses remained resilient for long enough even upon witnessing the increasing number of deaths and infections

that were recorded on an occasional, if not daily, basis. Spiritual encouragement from the religious community and their co-workers, perhaps, kept them entirely focused on delivering care services to the best of their ability without considering the possibility of contracting the illness (Alquwez et al., 2021). My perception regarding this form of mentality is that it should not only be embraced during pandemics but also guarantees smooth operations when capitalized upon in medical facilities where the involved parties trust God/Allah.

Studies show that spiritual encouragement in the course of the COVID-19 pandemic helped nurses overcome adversities that were evident across the globe (Alquwez et al., 2021). Many nursing professionals revealed the immense difficulties that they faced, especially when they were prompted to inevitably embrace the emotional and physical exhaustion that they experienced constantly. To illustrate, almost all of them were forced to wear personal protective equipment and work long hours for the sake of the increasing number of patients who were admitted daily. What is more, others were placed under quarantine whenever they manifested or experienced signs and symptoms linked to COVID-19 (Alquwez et al., 2021). For the sake of maintaining sanity, they oftentimes attended religious practices online to seek a word of encouragement as well as support from different religious groups.

Nursing professionals who were placed under quarantine for any specified time reported being lonely and detached from the rest of the world (Alquwez et al., 2021). Deciding to attend online weekly preaching, therefore, enabled them to benefit from spiritual support that subsequently promised to induce hope, relaxation, compassion, and comfort. Besides, not giving up when confronted by such challenging situations was also facilitated by motivation from colleagues who were not hesitant to share the encouraging word of God when necessary. The latter form of motivation brought forth feelings of comfort, care, and empathy in many nurses

(Alquwez et al., 2021). The good news, perhaps, is that healthcare professionals who identify themselves as theists were always determined to deploy all means necessary in accessing the calming feeling guaranteed by hearing the word of God.

Some care providers showcased their unwavering devotion to supporting their colleagues/co-workers spiritually by praying for them and subsequently benefitting from such a determination to help others (Alquwez et al., 2021). Let alone praying for their co-workers, their spiritual well-being was instrumental in reminding many of them to silently pray for the souls of patients who died while grappling with the illness. Anxiety, as a result, was occasionally confronted with spirituality that entailed praying for God's protection at all times. Nurses time and again argued that COVID-19 made them more prayerful and such a subtle change in their religious practices enabled them to become less stressed (Alquwez et al., 2021). This is, perhaps, because praying, according to many medical practitioners who are religious, helps in overcoming mental health issues and stressful situations. With an increasing level of stress on the world stage, spiritual well-being can no longer be ignored as a critical component in the health care setting (Seaward & Lissard, 2020, p. 106).

The COVID-19 pandemic proved capable of enabling healthcare professionals to develop and cultivate a better relationship with God (Alquwez et al., 2021). Prayer helped such categories of caregivers to get rid of anxiety and seek God's help as well as protection at all times. Spirituality, as a consequence, guides nurses in accepting their life situations, connecting to others, overcoming adversities, and acknowledging the benefits that come along with spiritual support. Healthcare professionals' trust in God signifies their readiness to accept challenging life situations. The latter implication is by adopting the necessary religious practices (Alquwez et al., 2021). Reliance upon religion is a strategy that was deployed by Saudi Arabian nursing students

to put up with the COVID-19 pandemic.

Studies show that adopting spiritual attributes manifested by care providers in a healthcare setting helps in cultivating a conducive environment that is resourceful for all people, including patients (Alquwez et al., 2021). This is, perhaps, because hospitals' spiritual climate significantly aids in boosting nurses' morale while increasing their energy to work at the same time. Most importantly, it is instrumental to as well note that spiritual acts assist in improving the mental well-being as well as the health of those who regard themselves as religious (Alquwez, et al., 2021). Given that many nurses thrived personally as well as professionally amid the pandemic, it would be reasonable to argue that powerlessness can be easily transitioned into a strength by relying upon God for protection through prayer.

Nursing Students' Spiritual Well-being During the COVID-19 Pandemic

Competence in spiritual care is also recognized as an important aspect when vested in nursing professionals. To examine the relationship between spirituality and perceived competence in spiritual care, Brandstötter et al. (2021) undertook a study to examine nursing perceptions of nursing students in the years 2018, 2019, and 2020. From the study, Brandstötter et al. observed that the 2018 and 2019 groups exhibited similar scores on perceptions of spiritual care and spirituality. Notably, the 2020 group exhibited higher scores on spiritual care competencies on top of high scores on perceived spirituality and spiritual care. Brandstötter et al. attributed the higher scores observed in the 2020 group to the health crisis caused by the COVID-19 pandemic. In the researchers' argument, the challenging circumstances influenced nursing students to have a broader view of spiritual care. Unfortunately, the 2020 group was noted to exhibit the lowest score of spiritual well-being compared to the 2018 and 2019 groups of students. This indicates that emotionally draining circumstances in the healthcare environment

contribute to a negative perception of spiritual well-being among nursing students. On a different account, Bekar and Arikan (2022) observe that nursing students' perceptions of spiritual care as a component of professional values increased during the COVID-19 pandemic. In their study, Bekar and Arikan used the Spirituality and Spiritual Care rating scale to investigate the linkage between professional values, spirituality, and spiritual care. Findings from the study revealed that as professional values held by nursing students increased, their perceptions of spirituality and spiritual care also increased. Similar observations are made by Parveen et al. (2021), whose study on spiritual care competence among nurses in the course of the third wave of Coronavirus in Pakistan shows that nurses with high spiritual well-being and elements of spirituality exhibited high aptitude in spiritual care.

Nursing internship students enlist as among the care providers who are instrumental in providing care services to patients overwhelmed by COVID-19 symptoms (Grande et al., 2021). Unfortunately, concerns emerged on how the magnitude of stress imposed on such nursing students undermined their quality of life, part of it being spiritual well-being. In an attempt to examine the impact of the COVID-19 pandemic on the quality of life for nursing internship students in Saudi Arabia, Grande et al. undertook a quantitative cross-sectional study involving 179 nursing students that were in internship rotation in 2020. The study population was derived from five government hospitals situated in the north-central region of Saudi Arabia across which nursing students were attending clinical internships. The study revealed that the pandemic did not significantly affect a certain proportion of Saudi Arabian nursing students when delivering care services during their internship. Their hardiness in the face of such an invisible danger can, in part, be attributed to spirituality as well as an admirable work ethic. The latter traits played a significant role in ensuring that their quality of life did not rapidly fluctuate at the expense of the

patients who they were required to take care of (Grande et al., 2021). It would thus be understandable to argue that spirituality is a concept that should be widely integrated into nursing schools in the interest of making sure that learners are occasionally taught how to respond to difficult situations, including health crises.

Turan et al. (2021) conducted a study among three state universities in Turkey and established that nursing students whose institutions were based in cities with a moderate prevalence of COVID-19 exhibited a highly positive attitude toward the nursing profession. However, positive attitudes toward the profession declined with an increase in anxiety, given that students in cities with moderate to high prevalence showed significantly high anxiety and decreased positive attitudes towards the nursing profession. Insights derived from Turan et al.'s study imply that challenges posed to healthcare providers by the COVID-19 pandemic undermined the prospects of nursing students working in frontline healthcare environments.

Another study (Santos, 2020) performed in Japan on undergraduate nursing students discovered that all participants showed a sense of belonging as Japanese citizens and nursing professionals due to the pandemic. Besides, all verbalized a desire and mission to upgrade and improve the public health system's overall performance due to the pandemic. Many participants experienced COVID-19's influence and described the relationship between the virus and their experiences, sense of belonging, and decision-making processes during the interview sessions. Many could have changed their major but advocated that they remained true to their country during the pandemic as a Japanese citizen (Santos, 2020).

Optimism is another attribute that Grande et al. (2021) argue enabled nursing students to sustain optimal psychological, emotional, and spiritual wellness in the face of immense difficulties presented by the pandemic. Optimism maximizes the nursing students' level of

overall wellness while ensuring that their learning potential is enhanced constantly. Although adopting optimism can reasonably be regarded as a non-religious coping strategy, it would be reasonable to argue that it guarantees nurses optimal spiritual well-being in the long run. As a result of the so-called non-religious coping strategy, such nursing internship students contracted minimal levels of stress not only from caring for patients but also peers as well as teachers with whom they interacted constantly. Spirituality is nonetheless the most overlooked dimension in the latter-day studies meant for coming up with means of coping with the COVID-19 pandemic because it is seemingly irrelevant to healthcare and health (Grande et al., 2021). Nevertheless, such a dimension has for long proved helpful to many nurses who relied upon God/Allah to protect them from the contagion. Given the challenges witnessed during and in the aftermath of the COVID-19 pandemic, researchers directly emphasize nurturing spiritual intelligence and spiritual well-being among nursing practitioners.

The importance of spiritual well-being among nursing students is demonstrated by Badrudin et al. (2021), who investigated the relationship between spiritual intelligence and spiritual well-being among Muslim nursing students in Lumpur and Malaysia. From the study, Badrudin et al. observed that Islamic teachings benefited Muslim nursing students by enabling them to maintain spiritual well-being amid the COVID-19 pandemic. The effects of COVID-19 on the well-being of nursing students have been explored from the perspective of perceived stress levels (Aslan & Pekince, 2021). From the authors' observation, female nursing students exhibited higher stress levels than their male counterparts. High-stress levels were also noted to dominate among nursing students aged between 18 and 20 years.

While the importance of spiritual care as a component of nursing practice is evident, the issue of the spiritual well-being of nursing practitioners and nursing students is not adequately

addressed. Most research literature inclines toward evaluating spiritual competence, with less attention given to spiritual well-being. This might imply too much focus on patient-centeredness and insistence on meeting patients' needs occurring at the expense of inadequate consideration of the well-being of healthcare providers. As much as the perceived spiritual well-being of nursing students during COVID-19 is considered, aspects of competence in spirituality and spiritual care are noted to have increased amid the pandemic while spiritual well-being declined. In recognition of inadequate knowledge about this issue, the proposed research will attempt to enhance understanding of how nursing students perceived their spiritual well-being during the COVID-19 pandemic.

Nurse Educators Enhancing Spiritual Well-being

Harrad et al. (2019) purports that nurse educators can develop nursing students' spiritual well-being by assessing their religious commitment, providing spiritual care, and emphasizing spirituality given during nursing training. The educators can use various instruments to measure the students' commitment, comfort levels, and willingness to learn and provide spiritual care to patients. For instance, the Spiritual Care Needs Inventory (SCNI) can be utilized to assess nursing students' willingness and readiness to offer certain aspects of spiritual care. The instrument can identify elements such as meaning, hope, and respect. Nurse educators can also use the Spiritual Care Inventory (SCI) to assess the spiritual care provided by nursing students (Harrad et al., 2019). This instrument labels spiritual care by nurses in various categories such as the decision to engage, recognition of patient cues, immediate response, spiritual care intervention, formation of meaningful memory, and searching for meaning.

Harrad et al. (2019) further contend that nurse educators should be ready to respond to the spiritual pain of nursing students. Also, nursing educators should record the attitudes and

beliefs of nursing students around spirituality, training and knowledge, amount of preparation, and spiritual care practices. Nurse educators should use this information to enhance the spiritual well-being of nursing students. One strategy that has garnered success is using mental health practitioners (MHP) that are also nursing faculty member to integrate spirituality and learning (Wynn, 2017). Baluwa et al. (2021) revealed that coping strategies lie in keeping a positive mind, adhering to stipulate preventive measures, use of avoidance strategies, and reliance on spirituality contributed to promoting the psychological well-being of the nursing students attending clinical practice amid the COVID-19 crisis.

A hindrance to teaching spiritual content as discussed by Linda et al. (2020) relies upon the fact that spiritual matters are desolated in the nursing curriculum due to the perception that spirituality is a personal and sensitive matter. This notion of sensitivity exacerbates the fears of nursing students and nurse educators, who, at all costs, attempt to mitigate confrontations with introspection and self-reflection. Due to these concerns, nursing students prefer that nursing educators use a different approach to teach about spiritual care and human needs, and according to a study by George et al. (2022) the importance of integrating spirituality into the nursing curriculum is needed to better prepare nurses in the provision of holistic nursing care.

In conclusion, nurse educators can play an influential role in academic success and the growth of spiritual well-being and spirituality in nursing students (Caton 2021; Spurr et al., 2021). However, nurse educators need to increasingly organize mentorship programs that can offer social support to these students when they encounter stressful situations. Social support fosters resilience and improves the relationship between educators and students, thus encouraging the latter to seek support when faced with stressful situations. Therefore, since nursing students are susceptible to numerous challenging and traumatic experiences, educators

must be able to focus on the identification of potential mediators and moderators in the process of spiritual coping. Offering training on spiritual and emotional intelligence can decrease stress and increase resilience by increasing social skills and the ability to understand the emotions of others (Sogolitappeh et al, 2018). A crucial first step in educational preparation is to examine their spiritual well-being and spiritual self-awareness, as such awareness is the strongest predictor of adequately assessing their patient's spiritual needs. (Johnston Taylor et al., 2017).

Spiritual Well-being as Related to Resilience

Nursing school is often described as a demanding stressful experience. The academic success of nursing students is a critical and compulsory element of their professional development. However, several factors such as spiritual well-being, emotional intelligence, resilience, and psychological empowerment impact the academic achievement of nursing students. Attrition can occur when students experience stress, anxiety, academic failure, or personal hardships to the point of no return. The benefits of resilience extend beyond the educational setting. A vast amount of research focused on understanding the concept resulted in the view that resiliency is vital to the nursing profession. Cooper et al. (2020) conducted a concept analysis to create a working definition of nurse resilience that includes six key attributes most repeatedly cited in the literature; self-efficacy, being realistic, support networks, work-life balance/self-care, humor, and optimism provide a useful framework to influence research on the concept. Resilience is connected to improving psychological well-being and mental health (Foster et al., 2020; Guo et al., 2018). Furthermore, a significantly negative relationship between burnout symptoms and resilience has been demonstrated and thus informs the role of resilience in influencing burnout in new graduate RNs (Guo et al., 2018). The authors determined that resilience enacted a significant function in the delivery of patient care and augmenting patient

safety.

Lanz (2020) researched an evidence-based resilience intervention for nursing students and determined that it had high efficacy in increasing resilience and decreasing burnout. Similarly, self-efficacy has been directly linked to decreasing burnout in nursing students and is positively correlated to academic performance (Bulfone et al., 2022). The grounded theory design was utilized as the basis for the intervention. A “push through” model was employed, and it had three steps: embracing the challenge, continuously pursuing one’s goals, and acknowledging having got learning experience from adversity. The model reiterates that education is a critical factor in increasing resilience. The phrase “pushing through” was coined by some of the participants to detail their experiences of resilience (Reyes et al., 2015). Psychological well-being is another aspect that the literature has proven to increase due to resilience (Chow et al., 2018; He et al., 2018; Smith & Yang, 2017). As the number of advantageous outcomes to resilience continues to rise, several research studies reported that the importance of resilience in nursing students documented the need for specific curriculum preparation to promote positive coping strategies (He et al. 2018; Li & Hasson 2020; Mason 2018; Mathad et al., 2019).

Liang (2017), for instance, explains that in Christian spirituality, resilience is cultivated as a fundamental character for achieving physical, spiritual, and psychological balance since it helps better cope with afflictions in life. Biblical teachings inspire believers to embrace resilience: Ecclesiastes 7:14, for instance, encourages Christians to endure adversity as much as prosperity as they are all made possible by God. The teaching of adaptability is also evident in the Bible; in Romans 12:2, Apostle Paul encourages Christians to triumph in life by practicing constant renewal of the mind. Christian virtues such as acceptance, respect, integrity,

accountability, brotherhood, love, loyalty, and interdependence also build resilience (Liang, 2017). However, individuals who are likely to experience these benefits are those who are better spiritually connected.

Apart from education, other practices like mindfulness have been established to have high value in helping nurses build their resilience. Likewise, adequate quantities of resilience revealed in nursing students increased happiness, mindfulness, self-efficacy, positive coping mechanisms, and decreased burnout (Benada & Chowdhry, 2017; Chamberlain et al., 2016; Chow et al., 2020; Mathad et al., 2019; Rios-Risquez et al., 2018). Mindfulness is a behavioral intervention in which one concentrates their attention on the present moment (Chow et al., 2020). During mindfulness, it is also typical for people to be more open and have greater acceptance and awareness. The nursing students who experienced the intervention found the program helpful in evoking awareness, enjoyment of the learning experiences, group interactions, and overall preparedness for future challenges (Chow et al., 2020). Pipkins et al. (2020) performed a descriptive, cross-sectional study that determined that nursing students gained insight into spiritual care and spirituality throughout their nursing education. The authors' research further supports integrating spiritual care throughout the nursing curriculum. Thus, this brings up the aspect of spiritual well-being, thereby emphasizing that those with increased spiritual well-being are likely to have more academic resilience.

When an individual responds to a moral challenge or adversity in a way that, from the individual's viewpoint seems healthy is moral resilience (Lachman, 2016). Moral resilience may preserve a sense of purpose, and integrity, and minimizes distress. Moral resilience is associated with perseverance, self-confidence, and flexibility, all characteristics that will lead to developing resilience (Lachman, 2016).

Summary

The nursing profession is dealing with a severe shortage of nurses. Since nursing students are the lifeline to the longevity of the profession, nursing educators and researchers must explore all means to retain student nurses. Understanding the phenomenon of spiritual well-being as it applies to nursing education can equip educators with evidence-based pedagogical strategies that will provoke the success of nursing students. Integrating spirituality and spiritual care into healthcare practice stems from the concept of holistic care, which emphasizes approaching healthcare delivery in a way that provides not only medical treatment but also considers mental, emotional, and spiritual well-being. Spiritual care has gathered attention and has even been included in nursing training amid a shift in healthcare practice toward patient-centered care. While providing support to spiritually distressed patients and their significant others supports the achievement of positive health outcomes, it can potentially undermine practitioners' spiritual well-being as they accumulate emotional baggage. The effect amounts to a sensitive issue for nursing students, among whom low spiritual well-being can lead to a degraded commitment to their academic and professional life. In pursuit of understanding how challenges in the healthcare work environment affect spiritual well-being, the proposed study aims to examine nursing students' lived experiences of their spiritual well-being during the period of the COVID-19 pandemic. However, gaps exist in establishing a standard approach to realizing this goal. Despite not being extensively explored, spiritual well-being has a high potential for mediating student success. Nursing students are future nurses; therefore, to guarantee an enhanced future nursing practice, it is crucial to comprehend the internal and external stressors that influence their thought processes, behaviors, and performance. Understanding the lived experiences of nursing students' spiritual well-being during the COVID-19 pandemic is essential as it helps in creating

strategies to enhance spiritual well-being and prevent spiritual and moral distress. Following the steps as designed will lay the groundwork and set the pathway to creating a successful qualitative study.

CHAPTER THREE: METHODS

Overview

This hermeneutic phenomenological study aimed to examine the lived experiences of student nurses' spiritual well-being during the COVID-19 pandemic. Chapter 3 illustrates the research methodology and discussion around the research plan, study design, description of the research setting, and sample strategy. Discussion of the data collection and management through the use of face-to-face interviews, the inclusion of the researcher's participation, and expert review of interview questions will be presented. Additionally, elements about the process of data analysis and ethical considerations related to efforts to ensure trustworthiness, validity, and reliability will be addressed. Finally, this chapter concludes with a brief summary.

Research Design

A hermeneutic-phenomenological qualitative design was used to capture the lived experiences—the core of individual student nurses' views and experiences with their spiritual well-being during the COVID-19 pandemic. Creswell and Poth (2018) assert that philosophical assumption is the essential principle that arranges the foundation for the interpretive framework used in qualitative research. The hermeneutic-phenomenological design was guided by interpretive ontological perspectives since the researchers "being" is acknowledged by making clear their views and understanding of concepts throughout the study. Creswell and Poth (2018) explain ontology as a philosophical assumption grounded in reality and characteristics. The hermeneutic phenomenological design was perfect for this study since the study is interested in understanding the topic from the students' lived experiences. Additionally, the researcher obtained in-depth insight by obtaining direct quotes from the participants and thus, presenting different perspectives captured during the one-on-one interviews. Social constructivism is an

interpretive framework that. Social constructivism highlights the implication of social embodies a worldview that influences awareness and understanding of how we perceive and experience the world, interactions, active learning, and culture's role in creating knowledge.

Research Question

The central research question is: What are the lived experiences of senior baccalaureate nursing students' spiritual well-being during the COVID-19 pandemic?

Site

The university located in the southeastern region of the United States first opened its doors as a junior college and years later was authorized to develop four-year curricula. It is situated on a 287-acre campus in a rural region of the state and serves eight parishes. Today the university supports an enrollment of over 6,000 undergraduate students per semester. In addition to nursing, the university has six programs. When 6,780 students in the fall of 2020 were asked to provide their religious affiliation upon enrolling in the University, the statistics revealed the following: No response (32.42%), Catholic (25.84%), Other (20.31%), Baptist (9.76%), None (5.47%), Church of Christ (1.34%), Church of God (1.05%), Assembly of God (0.90%), Pentecostal (0.87%), Methodist (0.80%), and Buddhist (0.25%). The remaining 1.85% of the students listed seven other religious affiliations. Similarly noted were the statistics for the fall of 2021.

While the majority of the students are Caucasian, the campus has increasingly become more diverse. Black students account for over 30% of the population, and 13% of the Bachelor of Science in Nursing program. Both the University and nursing programs have also seen a rise in the Hispanic, Asian, and American Indian ethnic groups. Notably, the University serves a large population of first-generation college students and has consistently been designated as a

military-friendly school.

Historically, the nursing program was initially organized over 50 years ago receiving state board approval to offer an Associate of Science in nursing (ASN) degree. The program was accredited and later grew into a Bachelor of Science in nursing (BSN) program graduating its first class of only 27 graduates in 1986. The BSN program was initially accredited by the National League of Nursing (NLN) and years later by the Commission on Collegiate Nursing Education (CCNE). The program has been accredited by CCNE as recently as the spring of 2023 and fully approved by the State Board of Nursing ever since. Students in the program experience a vast array of learning opportunities centered around the cultural, educational, and health needs of individuals, families, communities, and populations in the region. State board rates are some of the highest in the country and frequently exceed state and national averages. Additionally, the University is one of four member institutions offering a Master of Science in Nursing (MSN) degree under the auspices of the Intercollegiate Consortium for a Master of Science Degree in Nursing (ICMSN) where they became a member in 2012.

The BSN program is overseen by a Dean of Nursing, Department Head, and Program Head. There are currently 36 full-time faculty, with some of the full-time faculty teaching in both the BSN and the MSN programs. All of the faculty are licensed RNs holding a minimum of a master's degree, and many of the faculty hold certifications and or credentials including advanced practice degrees. In the fall of 2021, the total undergraduate enrollment of the University consists of 5,918, of which 464 are declared nursing students. Of this number, 264 are clinical nursing students. The demographics consist of 73% Caucasian, 13% Black, 4% Hispanic, 4% American Indian, 3% Asian or Pacific Islander, 2% of Mixed Race, and 1% Other. The majority of the students are females numbering 86% compared to only 14% of males. Seniors

consist of 25% of the clinical student population. The program had 115 graduates from January to December 2019 with an NCLEX board pass rate of 92.17%. The pass rate is consistently higher than the national pass rate. In 2021 the rate was 94.6%.

Spiritual Well-being on Campus

The University has five organizations listed as religious. They are Alpha to Omega, Baptist Christian Ministries (BCM), Chi Alpha Colonels Catholics, and Delight Ministry. Spiritual care is provided in the glossary of terms in the BSN student handbook as “Interventions, individual or communal, that facilitate the ability to experience the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and a higher power” (American Nurses Association and Health Ministries Association, 2005, p. 38). In addition, spirituality is listed on the concept map that is required for the majority of courses in the BSN program that are completed on all patient assignments. Yet, it is the researcher’s opinion that the program does not fully integrate the principles of spiritual care and spirituality into its curriculum. According to Lewinson et al. (2015), research supports the need for spirituality in nursing education through multiple methods of teaching-learning strategies thereby increasing students’ comfort level. The ability to provide spiritual care is an essential component of holistic nursing.

Participants

The study used purposive convenience sampling to seek the participation of a sample size that is large enough to allow the unfolding of a new and richly textured understanding of the phenomenon under study, but small enough so that “deep, case-oriented analysis” (Sandelowski, 1995, p. 183) of qualitative data is not prohibited. Likewise, experts in qualitative research maintain that “there is no straightforward answer to the question of how many and that

participant size is contingent on several factors relating to epistemological, methodological, and practical issues” (Vasileiou et al., 2018, p. 2). Furthermore, qualitative research studies will typically use a few individuals or cases to prevent hindering the researcher’s overall ability to provide an in-depth picture of the information provided by the participants until data saturation is achieved (Creswell & Guetterman, 2019). Data saturation is a methodological principle in qualitative research to indicate when the data no longer produce new findings, themes, or understandings about the phenomenon being studied. Qualitative samples are also purposive, as compared to probability sampling which is used in quantitative research and is selected for the capability of providing information-rich cases, relevant to the phenomenon (Vasileiou et al., 2018). Although the precise sample size was not predetermined at least 10-15 participants were anticipated.

The Inclusion criteria comprised senior-level nursing students pursuing a baccalaureate degree at a public state university in the rural southeastern region of the U.S. Participants consisted of senior-level nursing students who were enrolled in either the community mental health or the leadership and management cohort and have completed. The participants were all enrolled in a clinical nursing course in the spring semester of 2020, fall of 2020, and or spring of 2021. The COVID-19 pandemic outbreak began to impact people across the country starting in the spring of 2020 and continued throughout the spring semester of 2021. Since the nursing program is a diverse population, the study participants consisted of a variety of age ranges, ethnicities, and genders. Lastly, inclusion criteria included students that agreed to meet face-to-face at the campus library for interviews, The first exclusion criterion was if the students were not enrolled in a clinical course during the spring of 2020, fall of 2020, or spring of 2021. Secondly, if the participant is an advisee of the researcher.

Sampling the senior nursing students allowed for the maximum amount of time to experience the concepts in the nursing program and would have been in a clinical course at the height of the pandemic. Furthermore, the University was selected for this study because the researcher is an employee, therefore, making the population accessible. Students participating at the senior-level eliminated any grade outcomes by the researcher since the researcher teaches at the junior level. The goal was to collect and analyze the students' lived experiences as it relates to their spiritual well-being during the COVID-19 pandemic. Convenience sampling can have internal validity if the findings are trustworthy and have limited external validity since the findings are not easily generalized to different populations (Andrade, 2021). Therefore, the participants of the study all have shared experiences of their educational lives being disrupted by the COVID-19 pandemic.

Research Procedures

This research illuminates the phenomenon of spiritual well-being as it is the lived experiences of student nurses in an undergraduate nursing program during the COVID-19 pandemic. The methods for recruitment, data gathering, analyzing, and storing echo the hermeneutic philosophy of research.

Participant Recruitment

Permission was obtained to send a Participant Recruitment Letter via email using Moodle to request participation (see Appendix C). The researcher personally communicated with the program and department heads asking for permission to request student participation via the Participant Recruitment Letter. In addition, a flyer was posted in the student lounge and classrooms. The researcher began the email with an introductory statement explaining the purpose of the study and the opportunity to ask questions or express concerns via email. Upon

receiving the desire to participate students were contacted with information about the study and consent to participate. An explanation of the inclusion criteria was clearly outlined. Additionally, participants were made aware that a \$20 gift card to Chick-fil-A would be awarded at the end of the interview as compensation for their time.

The invitation to participate took place at the participant's convenience. Students who met the study criterion and were interested in participating emailed the researcher stating their intent, then a follow-up phone call was made at that time to further explain the study and to schedule the interview. An ideal site to conduct the interviews was the University's campus library where a conference room that is private, secure, window-less, and soundproof was reserved. The library was contacted to ensure availability. If a library conference room could not be obtained the researcher had plans in place to use her private office. Both of these rooms were private, free of distractions, and conducive to audio taping. Qualitative research should occur in a natural setting for the participants to feel comfortable and one where the researcher can make observations that might not be made in a laboratory (Creswell & Poth, 2018).

Gathering Data

The researcher collected the data by conducting in-depth, face-to-face interviews. Lastly, participants were given the option to decline participation in the study. If this had occurred, the process would have ended.

Interview Recordings & Security

Interviews were conducted face-to-face to allow the researcher to analyze non-verbal communication such as facial expressions and vocal tone. All interviews lasted approximately 45 minutes to 90 minutes. Zoom (2021) was used during the interview to record the audio for assistance with the transcription of the interviews. Zoom also includes end-to-end encryption,

making the interview session only available to the interviewer and the participant. Because Zoom categorically states that they have no access to meetings, sessions, or interviews, including audio and video files except for those authorized by the account holder and authorizations of any third persons, communication between the user and other people is private. Therefore, to help alleviate any confidentiality concerns during research studies an account can be created specifically for research studies and closed upon the studies' completion, finally removing all data (Zoom, 2021). Temi (2023) was used as a backup to Zoom for recording and transcribing the interviews. Temi is an online software with an audio-to-text automatic transcription application and service with TLS 1.2 data encryption and secure servers to protect data and will allow the researchers to edit the transcripts as needed (Brewster, 2020). The Temi application was conveniently downloaded to the researcher's phone, provided an accurate transcription, and was relatively inexpensive. Collecting and analyzing data is multifaceted and should occur simultaneously and continually (Marshall & Rossman, 2016).

According to Cypress (2018), the interviewer must become a partner in information development by asking, listening, and motivating the participants to talk about their feeling, events, and claims, and just tell their stories. Overall, the phenomenological interviewer is less concerned about the facts as they are the narratives are believable.

The open-ended interview questions were designed by the researcher and based on information surrounding the key concepts and designed to provide more detailed insights into nursing students by identifying information pertinent to the study and answering the research questions. The open-ended format will encourage the verbalization of thoughts and often require follow up, congruent with the qualitative research methodology (Creswell & Poth, 2018). Thus, using open-ended discourse invites the appearance of relevant information to the participants,

assisting in the capture of their lived experience of the phenomena. It is also vital that the questions were written to ascertain students' feelings about spiritual well-being during the COVID-19 pandemic (see Appendix F).

The signed consents are kept in a locked desk away from other data that can only be accessed by the investigator/researcher. All other data have a randomly generated number and each participant was assigned a pseudonym. After the study was completed, all of the materials collected will be stored for up to three years. At that time all hard copies will be shredded and electronic data/audio recordings will be deleted. According to Creswell and Guetterman (2019), a new error of research has developed which challenges many of the traditional ethical guidelines, thus necessitating researchers to "be vigilant in maintaining high ethical standards while making appropriate accommodations for the changing nature of research and their particular project" (p. 233).

Data Analysis Software

The researcher used the NVivo software to assist with the data organization, analysis process, identification of clustered topics, trends in content, and visualizing themes. The nVivo program provides a comprehensive method for rapid coding and is rigorous and thorough (Creswell & Guetterman, 2019). In addition, the nVivo software provides security by storing the database and files into one file, allows for multiple languages, has a function for ease of teamwork, and permits the researcher to easily manipulate and search the data (Creswell & Poth, 2018). Before uploading the transcribed manuscripts to nVivo, all identifying information was removed and field notes added. All information used the same pseudonym assigned to the demographic data is stored in Microsoft Excel. Storage on a password-protected computer provides security and protects the participants' anonymity.

Research Follow Up

It is common to use follow-up questions or interviews to add further clarification or to answer unanswered questions in the initial interview. The overall decision would have been made if the researcher determined that the information would provide increased meaning or understanding. If needed, the follow-up interview would have been conducted via the original method of interview, transcribed, and securely stored.

Role of the Researcher

Qualitative research is based on deductive reasoning and hypothesis generation. The role of the researcher includes all components of the study, such as data collector, interviewer, and interpreter. Hermeneutic phenomenology “describes research as oriented toward lived experience (phenomenology) and interpreting the texts” of hermeneutics (van Manen, 1990 as cited in Creswell & Poth, 2018). Also, to “experience the world ... not as my private synthetic formation but as other than mine alone, as an intersubjective world ... my experience of others’ experience” (Moustakas, 1994, p. 37). One of Heidegger’s (1962) key tenets is Dasein or “being there.” Since Heidegger defines Dasein as an entity that understands its being and possibilities, the researcher’s role was defined and understood.

Despite Heidegger rejecting the process of bracketing as created by Husserl, an important component of a qualitative researcher is to not only address their values, views, and perceptions but to place them within Dasein and the hermeneutic circle. This researcher formally processed personal thoughts by performing reflectivity throughout the research study as a strategy to monitor preconceptions (see Table 1). This process was done with the dissertation Chair before interviewing study participants. The researcher also wrote memos (memoing) throughout the data collection and analysis as a means of examining and reflecting on how the researcher

engaged with the data. The notes primarily took the form of short phrases. The memos or notes were formally reviewed with the Chair throughout the research study. Reflexive writing is perhaps the best-known set of approaches to reflexivity. It includes forms of documentation such as researcher memos, field notes, and other written or recorded reflections occurring at any point during the research process.

The participants were all former students of the researcher and were in no way involved in their clinical or didactic classes at the senior level. All ethical ramifications of this situation have been previously discussed and addressed with the department head of nursing.

Reflections that Recognize Dasein

The experience as a nurse educator and student advisor for over three decades and the course preparation obtained as a Ph.D. student have formed the basis of my qualification to use phenomenology. The close work with nursing students provided many firsthand experiences noting the effects of stress, anxiety, and a gamut of personal problems that could affect students' spiritual well-being. The pandemic caused many of the students to share their feelings, views, and emotions with the faculty. My observations related to patient and family suffering, the suffering of nursing students, and nursing colleagues, and views on my suffering were significantly and intensely enhanced since the advent of COVID-19. Many nursing students were also employed by local hospitals as nurse interns during this time. These firsthand experiences exposed them to the positive and negative dynamics of nurses during the COVID-19 pandemic. Since the pandemic, my concerns escalated about the faring of these students during this time especially as it relates to their educational adjustments. My own experiences during the pandemic certainly challenged my spiritual well-being. It was my Christian worldview and strong spiritual beliefs and practices that helped me to cope. These experiences, coupled with

strong spiritual beliefs and the belief that spiritual well-being played an essential role throughout my life, have developed an interest in researching its impact on nursing student's lived experiences with spiritual well-being during the COVID-19 pandemic.

Because the university is not a Christian school and the nursing program provides minimal spiritual content in the curriculum has always led to me fostering a relationship with the students to assist them during their adversities and hardships. This lack of spiritual preparedness in the nursing program could have affected the students coping during the pandemic. It was this preunderstanding that led me to a passion for supporting spiritual well-being in nursing students. Critical components of hermeneutic phenomenology are acknowledging Dasein or situatedness to one's population and defining one's preunderstanding to not overshadow the participants' perceptions. Furthermore, this understanding of Dasein facilitates the nurse researcher to commence person-centered research that appreciates participants in the holistic context of what has meaning to them in their world (Chesterton & Jack, 2021). Thus, positioning findings from the research will permit nurse researchers to impact nursing practice and policy.

Preunderstanding

Preunderstanding is a condition for understanding. Preunderstanding is a previously interpreted and organized understanding of the world, which forms the human perspective of understanding concerning the world and the phenomenon being investigated (Gadamer, 2010). Moreover, hermeneutics is a relational process of understanding phenomena and their meanings within the shared inter-subjective space of the research encounter and beyond (Suddick et al., 2020). Creswell and Poth (2018) state, "The procedures of qualitative research, or its methodology, are characterized as inductive and shaped by the researcher's experience in collecting and analyzing the data" (p. 21). Heidegger's theory supports obtaining data from the

observations made through the researcher's understanding.

Reflexivity

Reflexivity plays a central role in the researcher's attempt to monitor their preconceptions. Qualitative researchers conduct reflexivity to justify how subjectivity (bias) shaped their study. Reflexivity is based on an orientation that appreciates subjectivity. Initially addressing their beliefs, values, motivations, culture, biases, and so on is crucial. The researcher must constantly make the investigated phenomenon a priority while constantly reflexively scrutinizing their own understanding. Reflexivity begins when the rationale behind the interest in performing the research is explained. Reflexivity is continued during the interview process by revealing any experiences and views that may impede the exploration of the study participants. Finally, during the data analysis reflexivity is practiced by not reaching any hasty or impulsive understanding of the conclusions (Horrigan-Kelly, 2016). From this perspective, the role of reflexivity throughout the researcher's undertaking remains at the front to interpret the value of the phenomenon being studied.

While there are many orientations that researchers use to engage in reflexivity. Olmos-Vega et al. (2022) created AMEE practical guide No. 149 as a practical guide to reflexivity. The researchers used Walsh (2003) who categorized personal, interpersonal, methodological, and contextual dimensions to demonstrate reflexivity in research studies. Table 1 is an example of how reflexivity was used in the research proposal. Table 1 displays a list of questions adapted from Walsh (2003). All of the questions were addressed in memos and communicated throughout the dissertation. Reflexivity is an ongoing process where researchers are constantly making decisions and relating to their data and any unforeseen circumstances (Horrigan-Kelly, 2016).

Table 1*Reflexivity in the Research Study*

Dimensions of Reflexive Processes	Reflexivity Questions
Personal: How will my unique perspectives influence the research?	What is it about my background, personality, culture, etc.. that influence (positively& negatively) the research? How might my Christian worldview impact the research study?
Interpersonal: Power: What relationships exist and how are they influencing the research and the people involved? What power dynamics are at play?	How might the relationship between former instructors and students influence the research? How will I make sure that the participants don't feel obligated to participate in the study? Therefore, it will be necessary to reflect on and report on how this relationship uniquely shaped interactions between the researcher and participants.
Methodological: How are we making methodological decisions and what are their implications?	How might the use of a qualitative methodology impact the research? How might the use of Hermeneutic phenomenology impact the research? Might another approach have been more effective? How might conducting face-to-face interviews impact the research?
Contextual: How are aspects of context influencing the research and people involved?	How might the unique site and population affect the study? How might the topic of the COVID-19 pandemic affect the research? Therefore, it will be necessary to reflect on and report on how this context uniquely shaped interactions between the researcher and participants. How might the outcome of the study impact future educational delivery?

Note. Adapted from Walsh (2003).

Co-constitution

Heidegger's principle of co-constitution was based on the belief that every person's experience as it relates to the world affects one another. The relationship to being and understanding of being is not implemented by ourselves, if it is the constitution of our being that brings with it our relationship to being, this must be understood as a two-way relationship (Nicholson, 1999). Therefore, the researcher expounds that collaboration between the researcher

and participants is critical. To ensure that participants' views are accurate the researcher should perform a second interview if necessary to clarify any inadequacies or deletion of information (Dibley et al., 2020). Another strategy to ensure co-constitution is performing measures of credibility like member checking. Member checking is a process where the researcher employs at least one of the participants to check the reports for accuracy (Creswell & Poth, 2018).

Data Collection

Demographic Questionnaire

At the onset of the interview session, the demographic questionnaire was completed to collect additional information. The demographic data as illustrated in Appendix D was used to better understand the background characteristics of the study participants at a specific point in time. This data is important to the reader and is important to include common demographic information, for example, age race, and socioeconomic status but can also include topic-specific characteristics (Connelly, 2013).

Interviews

Hermeneutic phenomenological methods are described by van Manen (2016) as having two purposes: a means to explore and develop a rich understanding of the phenomenon and to develop a conversation around the meaning of the experience (Lauterbach, 2018). van Manen (2016) encourages more conversational interviews that are more flexible and semi-structured relying on the participant's reflections and memories to revisit their experiences. Hermeneutics lures its participants into an ongoing conversation where understanding transpires through a fusion of horizons, which is an interaction between the pre-understandings of the research process, the interpretive framework, and information obtained from study participants (Lauterbach, 2018). The interviews of this study followed an open, in-depth, face-to-face format

which also encourages significant conversations that elicits meaningful details about the phenomenon. Face-to-face interviews also have the advantage of observation.

The open-style interview is conducive to hermeneutic research, by allowing the participant to take the lead and elaborate on the experiences of the phenomenon. The researcher created the interview questions to contain all the features of a well-constructed questionnaire. It began with an introductory statement explaining the purpose of the study. Then, open-ended questions should be formulated to encourage the participants to elaborate on their views and experiences (Creswell & Guetterman, 2019). The interviewer must not rush the questions, allowing adequate time for the participant to answer. The interviewer should actively listen and not become a frequent speaker, and ask questions to elicit clarity from the information provided (Creswell & Poth, 2018).

Stating “tell me about,” or “ it sounds like I am hearing,” rather than questions that can be answered with a “yes” or “no” will encourage more elaboration by the participants. Besides open-ended questions, using neutral questions to avoid influencing the answers, asking questions one at a time, clear wording, and using why questions with caution (Turner, 2010). In addition, the researcher was prepared with prompts or follow-up questions to obtain optimal responses from participants. The interview questions follow:

Interview Question:

1. What is your lived experience of the concept of spiritual well-being during the COVID-19 pandemic?

Follow-up Questions:

2. Tell me more about your experience with spiritual well-being during COVID-19.
3. What stands out to you about your experience as a nursing student during COVID-

19?

4. What is your understanding or, what comes to mind when you hear the word spiritual well-being?

Final Question:

5. Is there anything else you would like to share with me about your spiritual well-being during the COVID-19 pandemic as a nursing student we have not talked about?

Questions 1-4 were constructed using the literature that focuses on the phenomenon of the spiritual well-being of nursing students during the COVID-19 pandemic and the hermeneutic methodology and will be reviewed by the methodologist expert on the committee. Question 5 was constructed to allow the participants to address any questions not addressed, or to provide the participants with the opportunity to further elaborate on the concept being researched. A \$20 gift card was provided after the interview as an expression of gratitude for participating.

Interview questions are also illustrated in Appendix F.

Field Notes

In qualitative research, field notes are widely recommended as a means of documenting needed contextual information. The field notes were conducted as soon as the initial interview was completed and reviewed. According to Mulhall (2002), "Recording events as they happen or shortly afterward ensures that details, and indeed the entire event, are not lost to memory" (p. 311). This is an important step that provides the researcher with the chance to observe details that may have been overlooked. Dibley et al. (2020) suggest that the researcher use field notes to change the research process by reflecting on areas of improvement. Field notes are congruent with hermeneutic phenomenology allowing the researcher to change previous opinions and views (Dibley et al., 2020). The field notes in the form of 95emoingg were conducted after each

interview. The field notes include observations of the participants during the interview to observe non-verbal communication and nuances and body language that provides additional insight into the overall interview. A section in the field notes was dedicated to observations.

Follow-up Interviews

If necessary, a brief follow-up interview was scheduled to allow for any missing or unanswered information (Dibley et al., 2020). This information helped to clarify the data already obtained. Therefore, if it is determined after the initial interview and field notes are completed that a follow-up interview is needed the participant will be contacted to set up a date and time that is convenient for them. The follow-up interview would then be conducted per the original place and method of interview. Subsequently, the information obtained would also be transcribed and included in the nVivo software for security.

Data Analysis

Hermeneutic phenomenological approaches are based on a combination of factors such as a frame of knowledge and understandings, and a history of the lives of philosophers and authors, which, acquired as an example, symbolizes both a foundation and a methodological ground for current human science research practice, rather than sternly obeying to a specific method (van Manen, 2016). nVivo software assisted with the data organization and analysis with the identification of clustered topics, trends in content, and visualizing themes. The nVivo program provides a comprehensive method for rapid coding and is rigorous and thorough (Creswell & Guetterman, 2019). In addition, the nVivo software provides security by storing the database and files into one file, allows for multiple languages, has a function for ease of teamwork, and permits the researcher to easily manipulate and search the data (Creswell & Poth, 2018).

Data analysis using the Heideggerian philosophy follows an interpretive framework that steers the researcher to discover meaning from the participants' lived experiences. The researcher used the data analysis strategy used by van Manen (2016) which incorporates Dasein throughout data analysis by considering preunderstanding during the interviewing and notetaking. The analysis of interpretative phenomenological is an active process and highlights several characteristics: movement from what is unique to an individual participant to what is shared among the participants, movement from merely describing the experience to an interpretation of the experience, the researcher's commitment to understanding the participant's point of view, and a focus on meaning-making within the context of the phenomenon. Its goal is a rich and full depiction of the lived experience of those enlisted within the study (Cooper et al., 2012).

First, the data was transcribed verbatim using Zoom (2021) and Temi (2023). Next, transcriptions from the recorded interviews were carefully read twice and organized. The information was carefully reviewed to remove any identifiers, observations, and field notes added to the nVivo software. Noteworthy quotes were highlighted for initial coding using sentences, phrases, and any observations made that generate meaning. The coding process began after the completion of the second interview.

According to Saldaña (2013), coding is "most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and or evocative attribute for a portion of language based on visual data" (p. 4). Coding involves organizing material, into smaller groups of information and eventually assigning a code to each group to further describe, categorize, and interpret the data (Creswell & Poth, 2018). The researcher used the interpretations to formulate a new understanding of the horizons of both the interviewer and the

participants. Heidegger (1982) explains that data will be interpreted by separating each part within the whole using the hermeneutic circle.

A team of two Ph.D.-prepared consulting experts conducted the initial review of the transcripts using van Manen's (2016) methodology for hermeneutic phenomenological data analysis to enhance study analysis. The Committee Chair is the Primary Expert and another Committee Member who is an expert in phenomenology reviewed the codes and themes. In collaboration with the team, this thematic analysis retrieved the meaning or themes personified in the data, which provides the framework for understanding the meaning of lived experience (van Manen, 2016).

Themes were uncovered to isolate thematic statements using the detailed or line-by-line approach to uncover the thematic aspect of the phenomena (van Manen, 2016). Creswell and Guetterman (2019) recommend that codes identified from the initial data analysis be reduced to five to seven major themes. Therefore, this study aimed to identify at least five themes.

Assuring Trustworthiness

Credibility

Approaches such as prolonged engagement, persistent observation, prolonged engagement, persistent observation, data triangulation, and member checks can warrant credibility (Korstjens & Moser, 2017). Credibility implies confidence that findings are truthful (Lincoln & Guba, 1985). A phenomenological study requires the researcher to identify their Dasein and to practice reflexivity through journaling throughout data analysis (Creswell & Poth, 2018; van Manen, 2016). The researcher established integrity and trustworthiness by practicing reflexivity, and performing member checks as discussed in data collection. Member checking corroborates evidence using different individuals, and using types of data and methods such as

interviews is the process of data triangulation. The member checking was performed to ascertain whether the findings are realistic, fair, and precise regarding the identified themes.

Transferability

Hermeneutic phenomenological research will obtain personal meaning and experiences from interview texts and grasp the essential meaning: “The insight into the essence of a phenomenon involves a process of reflectively appropriating, of clarifying, and of making explicit the structure of meaning of the lived experience” (van Manen, 2016, p. 77). The researcher’s obligation was to “provide a ‘thick description’ of the participants and the research process, to enable the reader to assess whether your findings are transferable to their setting; this is the so-called transferability judgment” (Korstjens & Moser, 2017, p. 122).

Transferability was demonstrated by providing a rich account of all the aspects of the study such as data, setting, population, research design, theoretical underpinning, and interview questions. Also, supplying a detailed description of the study’s context and assumptions provided readers with information and evidence to make informed decisions regarding the applicability of the study’s findings to other settings and circumstances. Therefore, transferability will be applicable on a case-by-case basis, determined by the reader.

Dependability and Confirmability

Dependability, in phenomenological methodology, generally means the stability of responses across multiple coders (Creswell & Poth, 2018). Enabling the repetition of the research increases its dependability. In addition, elucidating researcher biases of the present study establish dependability. This researcher used co-constitution via member checking by the participants to confirm the results are communicated as intended. Thus, ensuring the confirmability of the participants’ responses and not the opinions or ideas of the researcher. The

participants' responses were not in any way influenced by the researcher. The nature of qualitative research requires researcher interpretation which can be influenced by the researcher's values, background, cultural experiences, prejudices, and clarifying any bias. In addition, 100 memoing or field notes were performed promptly after each interview. Furthermore, discussing beliefs, perspectives, past experiences, and how past experiences shaped the researcher's perspectives of the phenomenon. Moreover, by admitting biases and assumptions, and acknowledging the methodological limitations, the researcher addressed confirmability (Creswell & Guetterman, 2019). The team of expert members of the researcher's dissertation committee filled the role of external researcher and provided a peer review of the study itself. The team of experts was consulted in data coding and analysis. Creswell and Poth (2018) emphasize that co-constitution from the participants ensures the confirmability of results. Overall, maintaining credibility, transferability, and dependability will enhance the validity or trustworthiness of qualitative investigation (Lincoln & Guba, 1985).

Ethical Considerations

Ethical considerations are essential in nursing research to maintain the safety of the participants' rights. The researcher must demonstrate the wisdom and comprehension of ethics and adequately address ethics within each research component. The Code of Ethics and ethical principles provide high standards of integrity in the nurse, between research coworkers and organizations, and validity and reliability of the research. Nevertheless, researchers must anticipate that ethical problems can arise even when research is conducted ethically (Doody & Noonan, 2016). The researcher followed the American Psychological Association (APA) guidelines for reducing bias in research language. These guidelines provide specific details on avoiding language that reduces bias by refraining from using derogatory, stereotypical,

awkwardly constructed words and using biased assumptions (Creswell & Guetterman, 2019).

Consent

The researcher requested approval from the Institutional Review Board (IRB) at both the university of the study participants and at Liberty University. The IRB is steered by policies necessitating evidence of awareness of pertinent ethical issues and plans for addressing all issues associated with respect for persons, concern for welfare, and justice. Before collecting any data the participants were informed about anonymity, confidentiality, and voluntary participation. Next, they were required to sign an informed consent to protect their confidentiality. The consent included the following: research purpose, use of findings, participant expectations, potential risks and benefits, rights and responsibilities, as well as compensations. The general purpose is to ensure that consent is voluntary. The consent was reviewed with the participants before the interview to ensure sufficient protection of participants and lack of risk (Creswell & Poth, 2018). The informed consent is presented in Appendix E.

Data Security

Despite the vast array of methods and venues immersed in qualitative research, investigators can reduce the threat of a data security breach by performing precautions and being mindful of their surroundings (De Chesnay, 2015). Creswell and Poth (2018) recommend “report multiple perspectives, and also report contrary findings” during the analysis phase to address the ethical issue of siding with participants and disclosing only positive results (p. 55). The researcher in this study protected the confidentiality of all interviews and transcripts to protect participant rights and reduce security risks to the study. In addition, using a password-protected electronic file and a jump drive as backup storage alleviated ethical issues involving data collection and storage throughout the study. Both are kept on a locked desk that can only be

accessed by myself the investigator/researcher. Member-checking strategies and sharing multiple viewpoints can handle many ethical issues. Member checking offered a platform for the participants to evaluate the authenticity of the study. Pseudonyms were used for all participants, school names, and any identifiable information. Another ethical issue was to avoid deceiving participants by informing them of the general purpose of the study and assuring them that their participation is voluntary. The consent addressed the potential risks and benefits of participating. The researcher's contact information was provided to address any potential questions.

Risks and Benefits

A potential risk associated with this research is possible emotional reactions to the study questions as participants reflect on life experiences and past occurrences related to the COVID-19 pandemic. Should this have occurred, the researcher was prepared to refer the student to the counseling center and provide the student with their contact information in case feelings occurred after the interview concluded. A benefit to the study is that it may potentially create a positive impact on participants by providing a sounding board to discuss their experiences. This active reflection could lead to greater insight into their own experience and possibly identify valuable findings. There is emerging evidence that participants in qualitative research can receive therapeutic benefits (Berger & Malkinson, 2000; Morecroft et al., 2004).

Summary

This chapter presented the research design for the proposed study and investigated the rationale and foundation for the design selection. The qualitative inquiry was chosen since the purpose of this study was for the researcher to understand the subjective human experience of the spiritual well-being of undergraduate senior-level nursing students during the COVID-19 pandemic. The hermeneutic phenomenological approach was selected to address the research

focus since the overall goal was to describe a deep understanding and the lived phenomenon of the participant's spiritual well-being during the COVID-19 pandemic. The literature review provided evidence that there is a gap in the literature concerning the lived experience of nursing student's spiritual well-being during the COVID-19 pandemic. Next, the research design, target population, method of selection, and setting were outlined. Information on data collection and analysis was also provided. After obtaining IRB approval from both LU and the study site the researcher gathered data through audio-recorded, semi-structured face-to-face interviews and demographic questionnaires. Some of the ethical concerns addressed in this chapter include obtaining permission from the IRB, informed consent, recording and transcribing data, storage protocols, and assuring trustworthiness. The researcher conducted member-checking and peer-checking to verify the findings. The researcher followed the APA guidelines for reducing bias in research language. These guidelines provide specific details on avoiding language that reduces bias by refraining from using derogatory, stereotypical, awkwardly constructed words and using biased assumptions (Creswell & Guetterman, 2019). This chapter outlined how the researcher adhered to hermeneutic phenomenological research principles for all components of data collection, analysis, and ethical considerations to ensure the completion of a high-quality, rigorous, and ethical study.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this study was to examine senior-level nursing students' lived experiences of their spiritual well-being in a baccalaureate nursing school in the rural southeastern region of the U.S. during the COVID-19 pandemic. This qualitative study utilized a hermeneutic phenomenological design which was chosen as the researcher pursued to examine and explain the meaning of spiritual well-being related to participants' lived experiences during the COVID-19 pandemic. This chapter describes the participants' demographics, provides a synopsis of the data collection techniques, and explains the methods used in data analysis. Additionally, this researcher identified emerging themes and sub-themes reflective of patterns and lived experiences insightful of the participants' perception of spiritual well-being during the COVID-19 pandemic with a discussion of each theme and sub-theme. In addition, the researcher shared direct quotes from the research participants to validate the themes. The data analysis also includes findings that were not directly related to the concept. Finally, the researcher concludes with a summary of the findings.

Participants

Applying descriptive statistics to the demographics, the researcher has pursued erecting a mental vision of participants for added clarity. Thirteen participants who met the study criteria participated in this study. The participants were senior nursing students enrolled in a 4-year baccalaureate program in a state university in the rural southeastern region of the U. S. The participants are predominantly Black and range in age from 21-47 with nine (69%) aged 21-24. Twelve of the participants are Christians and one is a Hindu. English is the primary language of 12 of the participants and a second language for one. Although seven of the participants were

enrolled in a clinical course at the start of the pandemic the remainder of the participants were enrolled in a clinical course in the fall of 2020 and the Spring of 2021. Each participant completed a one-on-one interview with the researcher. Throughout the interviews, it was also determined that three of the participants are married and nine are single. Nine are commuters while five live on campus, and four of the participants are parents and are also deemed as nontraditional students. Six of the participants graduated in May of 2023 and seven anticipate graduation in December of 2023. The participants were randomly assigned pseudonyms from the alphabet using letters A through M in the order in which they were interviewed. Table 2 provides demographic data on each participant.

Data Collection Procedure

The researcher solicited senior-level students currently enrolled in Community Health/Mental Health or Leadership and Management/Preceptorship Experience in Professional Nursing cohort via an email sent by the administrative assistant of the nursing department. The letter included the purpose of the study, eligibility requirements, and expectations. Interested participants contacted the researcher via email to set up an interview time that was convenient for both the participant and the researcher. The availability of the researcher was flexible to accommodate the schedule of the participants. The researcher met with all participants in a private study room of the college library to conduct the face-to-face, semi-structured interview. All interviews were conducted from February 2023 through May 2023.

At the beginning of each interview, the researcher provided the participant with a copy of the informed consent, reviewed the Rights of Research Participants, and obtained the demographic information per the questionnaire. After receiving the participant's oral and written permission, all interviews were audio recorded via Zoom along with Temi (2023) as a backup

recorder on the researcher's phone. The non-cues of participants were observed such as facial expressions, eye contact, and body motions that are unique to qualitative studies. The researcher conducted interviews until saturation was met. After each interview the audio recording was replayed, transcribed verbatim, and edited where needed to reflect more accurately what was stated during the interview. None of the participants were required to meet for a follow-up interview and were later contacted to review the transcription of their interview for accuracy.

Table 2

Participant Demographics

Student Pseudonym	Age	Race/Ethnicity	Gender	Religious Affiliation	Enrolled in Clinicals Spring 2020	Worked at a Facility that Provided Care to COVID Patients
Aimee	47	Black	Female	Christian	Yes	Yes
Brianna	21	Black	Female	Christian	No	Yes
Camilla	22	Black	Female	Christian	No	No
Donovan	24	Black	Male	Christian	No	Yes
Elaine	36	Black	Female	Christian	Yes	Yes
Fatima	31	White	Female	Christian	No	No
Gabriella	22	Black	Female	Christian	Yes	Yes
Hannah	23	Asian	Female	Hindu	Yes	Yes
Isabel	22	Black	Female	Christian	No	No
Jade	24	Black	Female	Christian	Yes	Yes
Kesha	21	Black	Female	Christian	No	No
Lacy	22	Hispanic	Female	Christian	Yes	Yes
Mia	28	White	Female	Christian	Yes	Yes

Data Analysis

The researcher used the nVivo Software to organize and store the data. Interviews were transcribed verbatim by the researcher with the use of Zoom and Temi. Moustakas' (1994) strategy for phenomenological analysis and interpretation was used to analyze themes. Data was repeatedly reviewed and related words or phrases were highlighted and used to generate themes and sub-themes. Moustakas' method was also used to highlight the importance of identifying statements that are significant of the participants' experiences with their spiritual health during the COVID-19 pandemic to provide texture and ultimately the essence of the participants' experiences. Memoing was used before, during, and after each interview to record my thoughts, ideas, and understandings. Memoing was useful in developing codes that were derived from phrases, ideas, and even emotions. Examining and reflecting on how the researcher engages with the data allowed me to bracket (van Manen, 2016). According to Creswell and Poth (2018), bracketing requires the researcher to decide how and in what way their personal beliefs will be introduced into the study (Creswell & Poth, 2018). Viewing and interpreting the data was a component of Gadamer's hermeneutic circle, using various lenses to understand the information (Gregg & Nielsen, 2022). Analysis of data disclosed the emergence of four distinct themes and nine sub-themes. According to Moustakas (1994), one approach to data analysis is to group the significant statements from narrow to broader units or themes. Verbatim statements from each participant helped provide valuable data to develop themes. Each theme and sub-theme was revealed to be either centrally related to participants' experience of spiritual well-being during the COVID-19 pandemic or insightful of how the pandemic helped to mold participants' perceptions. Additionally, outlier findings related to spiritual well-being were also uncovered. Therefore, data analysis began with my feelings, transcribing interviews, memoing, coding,

theme formation, and textural and structural descriptions, ending with implications.

Findings

The findings were a result of the collation of data expounded from the face-to-face interviews with participants specifying their lived experiences as it pertains to their spiritual health during the COVID-19 pandemic. These experiences include not only an explanation of their definition of spiritual well-being, as well as classroom, clinical, job-related, and personal situations or experiences encountered by the participants during the COVID-19 pandemic. Findings embark on a presentation of identified thematic results and sub-themes that are surveyed through the perspectives of the participants. The direct quotes of the participants provide a contextual understanding of each participant's experience with spiritual well-being which further substantiates the findings. Table 3 exhibits five themes, 10 sub-themes, and outlier findings.

Table 3*Themes, Sub-themes, and Outliers*

Theme or Outlier	Sub-theme	Sub-theme Responses	Theme Responses
1: Personal Relationships and Belief in God	Questioned Their Level of Faith	4	13
	Church Closures Altered Praise	9	
2: Adjusting to Changes in Learning	Unprepared for Employment	8	13
	Lack of Socialization with Classmates	5	
3: Fear and Uncertainty of the Unknown	Fearful Future as a Nurse	11	13
	Mixed Views on Vaccine	2	
4: Suffered a Personal Loss or Hospitalization	Banned or Restricted Visitations	4	9
	Funeral Processes Were Altered	5	
5: Support of Spiritual-Well-being	Supportive Nursing Professors	7	12
	Awareness of Counseling Service	5	
Outlier: Findings Related to Spiritual Well-being	Hurricane Ida's Impact	3	5
	International Student Concern	1	
	Student-Athlete Concern	1	

Personal Relationship and Belief in God

In the theme of personal relationships and belief in God, all of the participants described a personal connection with God. As the participants described religious practices being used as coping mechanisms the researcher was led to create the theme indicating a strong relationship with God. Spiritual well-being in the form of prayer, meditation, scripture, gospel music, apps of positive affirmation, and fasting. The importance of the closing of the church was one sub-theme that also supported developing this theme. The descriptions of religious practices as coping mechanisms further provide insight into how spiritual well-being affects students' ability to endure all of the hardships and survive during the COVID-19 pandemic. It seemed that no matter the circumstances that were endured the participant made a statement to confirm their faith. Many of the participants described their experience during the COVID-19 pandemic as relying

heavily on prayer and staying “prayed up” to handle their experiences. Also, the participants sent a message that God’s presence in their lives provided a sense of comfort. Jade described her faith and spiritual well-being as a “comfort blanket.” The researcher related to the participants’ comments by memoing in the reflexive notes that the comments were congruent with my own religious beliefs. For example, Brianna’s comments in Table 3 prompted the following: “But as for me and my house we will serve the Lord” (*English Standard Version*, 1971/2016, Johsua 24:15). This theme sharply advocates that it may be advantageous for nurse educators to encourage the recognition of religious practices by nursing students as strategies to help decrease stress and anxiety. Therefore, these strategies should be continued throughout their enrollment. Table 4 provides various participant responses.

Table 4*Participant Responses for Theme 1*

Participant	Responses
Aimee	“You had to pray every day around the clock, praying for God to keep your mental status good. Praying, that he keeps you safe and protected.”
Brianna	“I don’t know how people per se do it without God because I’m gonna be honest, everything that I have gone through if I had not prayed my way out of it, I don’t know I would’ve made it.”
Elaine	“And it’s more about, you know, watching your steps and being in a closer relationship. And I think that’s what it actually done. It pushed everybody closer to something, closer to God, closer to their family or their loved ones.” “It actually made me open myself back up to knowing, hey, God is here, he’s always here.”
Gabriella	“So we would pray like every night, you know, just for our health. For everyone’s health. Um, I would read the Bible app at night and talk to God, and just to get us through such a rough time, Umm, I don’t know, it brought me peace, and just comfort, and hope.”
Kesha	“One day I was worried about my exams and fearful of the COVID virus my Auntie reminded me that the feeling that I was describing was not of God—worry and anxiety and stuff. My family’s prayers would help me tremendously.”

Questioned Their Level of Faith. Four of the participants expressed this sub-theme.

They described wanting to pray more and build a greater relationship with God. Christians understand there will be times when they will face trials and tribulations and their faith will be tested. At that time, it will be important to seek God’s guidance to determine how to face challenges. As the comments of the participants were read, Mathew 10:16 came to mind: “Behold, I am sending you out as sheep in the midst of wolves, so be wise as serpents and innocent as doves” (*English Standard Version*, 1971/2016). For at every turn, they were defenseless against the COVID-19 virus.

Donovan stated “I also like trying to find myself to get back into church. Cause I guess

that long span outside of church and learning how to do it. I never like got to go back into the church or whatever and have that community now.” Elaine echoed,

So like when COVID came, it like kind of gave me that closer relationship where I had to like find my spirituality again instead of kind of pushing God to the side and not giving him any time for prayer anymore.

Of all of the study participants, Fatima was the one that stood out the most because she admitted that her personal relationship with God is evolving and has not always been as strong as she would have liked at the time of the pandemic. Moreover, Fatima reiterated,

So, during COVID as a nursing student, I feel like I didn’t have that faith to lean on, and that my spiritual well-being and my faith would've been in a better place, that dealing with COVID would have maybe been easier for me.

Notably, while Brianna professed a strong sense of spiritual well-being she initially questioned God when her mom was hospitalized, and her faith was tested verbalizing,

But I will say like within this point it was very hard to maintain my religious beliefs while going through all of this because I mean, yeah, I prayed, but I felt if God's gonna take my mom from me, this would weaken me.

Additionally, Elaine indicated that what prompted her to question God was the loss of multiple family members before COVID, including the loss of one of her children about 1 month before COVID-19 began. She stated, “And so like, it didn’t pull me away from the church, but it kind of like pushed me more into working and it actually pushed me further into school.”

Church Closures Altered Praise. As the deadly COVID-19 pandemic crippled the healthcare system it also took its toll on belief systems by closing the doors of churches across the country. Even though nine of the study participants deemed not being able to attend church

as a major factor affecting their spiritual well-being, alternative methods to continue their worship were utilized. Participants described using online apps, Skype, and attending church online via Zoom and Facebook. Brianna stated,

I knew during that time I knew that I needed a source because I couldn't do it on my own. And when I did that virtual church, the pastor would send out like, like a weekly plan kind of like different verses to read, prompts to answer.

Donovan stressed that “when it was really challenging, or when we really faced difficult times, we did turn to like the church house, and would keep in touch with our pastors and everything.”

Gabriella shared,

So spiritually, um, we, me, my mom and my sister, we would go to church, but, um, with COVID we had to go online since all of the churches would close and, um, it was hard to pretty much attend. I would say that impacted me as well with just how I was so into the church and I kind of like have gotten away from it since then.

Isabel claimed loneliness was a predominant feeling from the quarantine stating,

Um, also like churches were shut down, so that was a big component. Like, and then at a point in time, they did start like trying to do it on like Zooms and stuff like that. But it wasn't the same as actually like being in church.

Thus, Lacy also echoed the same sentiment: “Well, it was really hard to like not go to church.”

Adjusting to Changes in Learning

The COVID-19 pandemic caused a swift transformation in the delivery of nursing education from in-person to online. All of the participants described how the COVID-19 pandemic altered their clinical and classroom experiences. Eleven participants expressed that online learning prevented them from getting to know their classmates and teachers to the full

extent. Participants expressed fear and intimidation having to swiftly learn how to navigate the technology involved with virtual learning. They also stated they had to work hard to remain focused and motivated and had an overwhelming concern that online learning would not deliver nursing knowledge that would compare to face-to-face instruction. Nursing programs had many challenges to meet, mainly changing the modality of learning while ensuring the student's safety.

The participants also expressed concern that the decrease in clinical experience would cause them to be less prepared to perform skills upon graduation and assimilate into the role of a nurse. Upon resuming clinicals, many of the patients were COVID-19 positive, and the students were not allowed any contact, therefore decreasing their patient care assignment. Because of the COVID-10 restrictions and the mask mandate Isabel emphasized the difficulty it presented when communicating with patients. However, she also perceived a benefit by stating, "Definitely it like gave us new ways to communicate with patients as well, and connect without being so face to face and in each other's face and, you know, touchy and stuff like that." While Mia introduced the challenges of balancing home life and online learning asserting, "It was hard to stay focused on Zoom because I also had to deal with my son who was also now at home, it was very difficult." Conversely, three participants also described the benefits of how the online changes helped to ensure safety. Table 5 provides various participant responses.

Table 5*Participant Responses for Theme 2*

Participant	Responses
Aimee	“So, as I think for me, COVID, COVID. Robbed! Well, I don’t know if Robbed is the word that I want to say, but I feel like I was robbed of a true clinical experience because when we went into clinical, we were not allowed to do any skills.”
Isabel	“Like we had to be in like three different classrooms just to meet COVID guidelines. And Um, the mask was a lot. Communicating with patients was pretty difficult, especially when we’re just starting nursing school and then, uh, navigating the, uh, pandemic and like, you know, the COVID guidelines and having to wear a mask.”
Lacy	“I would say Zoom was probably the hardest part because I’m not, I rather have something to do in person than online. Because online I feel like I could get distracted easily, and that’s what kind of affected me. Again, I just felt like I just learned better in person.”
Mia	“It’s one thing to go online, but the school was not prepped for the technical problems that some of us experienced. I live in an area that has crappy Wi-Fi. I remember one time that I could not get on until I went to a Home Depot parking lot. Some of us always had to jump through hoops in order to get online.”

Unprepared for Employment. Eight of the participants felt that the lack of clinicals would cause them to be unprepared to provide adequate care upon graduating. The overwhelming impression by three of the participants is that they were “robbed” of their clinical experience. The participants also expressed a lack of confidence in online learning activities as an efficient means of providing competent nursing care upon graduation. Overall, they expressed concern about whether they would be prepared to contribute to the profession. Brianna stated, “I am concerned that since we missed so much clinical time, will I struggle as a new nurse?” Donovan declared, “I know I am not alone, many of my fellow classmates feel like we will be at a deficit when we become nurses.” Lacy declared,

So I didn't get like the full experience of what it really was like to be, like a regular nurse

in a regular time period until recently. But it was kind of different cause I wasn't expecting it like that. It makes me wonder if I will have what it takes to practice safely. Reflexive notes of the researcher indicated that the participants placed a high value on clinical skills and could not help to wonder what measures if any could the nursing program as well as the clinical affiliates initiate to fulfill their feelings of inadequacy.

Lack of Socialization with Classmates. Five participants expressed how the shift to virtual learning, social distancing, and facial masks impacted their ability to connect with their classmates. The comments indicated that the participants missed the in-person interactions between their classmates and educators. The sub-theme reflects the impact of socialization on learning. Camilla stated, “I think what stood out to me is kind of like, I basically knew maybe two of my classmates throughout COVID.” Likewise, Fatima also indicated,

Um, so coming to that with really not even knowing anybody anyway, was it made it extra difficult to connect to people and definitely difficult to, I guess, become comfortable in the environment. Um, but on top of that, academically it made it more stressful for me.

Thus, Fatima, like many of the other participants, described that wearing masks, Zoom, and being separated into smaller classes made it difficult to recognize each other. Stating “so, I mean, I just think that was hard, other than being either friends with somebody or being in clinical, like if I wasn't in clinical with you, I'm kind of, it kind of makes that disconnect even more.” Isabel agreed with the others by stating, “So like, I feel like I didn't even connect with some of my classmates as much as some, um, other classes are closer”. Additionally, Kesha stressed how “It was definitely weird. Uh, I felt like I wasn't really able to connect with nobody like that. Because of the constrictions and stuff like that. But I don't know, it was, it was different. It was also

difficult.”

Fear and Uncertainty of the Unknown

Novice nursing students were faced with many difficulties and ethical dilemmas during the COVID-19 pandemic. Nine of the participants worked as nurse techs or phlebotomists during the pandemic, all of whom expressed the fear of either themselves or loved ones, the anxiety and fear of dealing with the unknown, not having the proper supplies, and watching patients die alone. Other participants indicated they were “scared” for various reasons during this time, that the feelings would consume much of the workday and beyond. Donovan expressed that the pandemic began a feeling of “surreal, like the world was shutting down.” But overall, these participants were fearful of their future as elaborated in the sub-theme. Brianna considered sitting out the semester since she had the increased responsibility of taking care of three of her sick family members. The participants had to learn to face their fears, the uncertainty of the virus, and the “unknown.” Ten of the participants expressed how their faith and spiritual well-being helped them to cope with and manage the uncertainties. Lacy summed up the interview by stating “I was always scared that just ... never knew what was out there, but even through it did seem kind of stressful at the time, we made it through!” This theme shined a light on the vulnerabilities of the participants especially since the virus revealed so many unknowns. The researcher developed a high sense of regard and respect for the participants as they shared their lived experiences, especially that of Brianna, who was responsible for the well-being of so many family members. Table 6 provides various participant responses.

Table 6*Participant Responses for Theme 3*

Participant	Responses
Aimee	“It was a fearful moment. Umm because COVID has so many unknowns, and no one could really give you any answers as to what is going on.”
Camilla	“At first, I wondered would I lose my scholarship and the opportunity of becoming a nurse. And it’s kind of just like, is this what school’s gonna be like, you know, not knowing anyone, and knowing the teachers? So, it was, it was something to get used to.”
Donovan	“Um, what if like they start shutting, you know, city borders down and you can’t get back into a city? So, it’s like, should I go home? Should I stay here? That was really, um, difficult and challenging. Once everything moved online, I decided to go home just in case everything was shut down.”
Isabel	“Although the instructors did the best they could during the COVID-19 pandemic, many of us were a bit worried about passing NCLEX.”
Jade	“Um, and so as a nursing student and it being my first semester, I was confused and I was thinking, am I gonna graduate on time? What’s gonna happen with school? What’s gonna happen with my job? What gonna happen? Am I gonna get sick? You know, when am I gonna see my family?”

Fearful Future as a Nurse. Eleven of the participants verbalized anxiety about their future, timely graduation, and outlook on the nursing profession. Participants expressed that viewing the work conditions such as long hours, high risk of infection, inadequate supplies, and watching what frontline nurses had endured doing the COVID-19 pandemic created fear in becoming a nurse. Three participants even questioned their decision of choosing nursing as a profession. Gabriella stated,

coming up to be a future nurse, working in the practice. I think that was a big thing, just to see how, how it really gets, like with COVID, how bad it was. and how much nurses had to go through. I questioned my choice of nursing as a profession.

Fatima, one of the nontraditional students affirmed, “I remember, um, I think first semester, um,

crying multiple times, um, at my house, just wondering if I had made the right decision to come back. And I just was very overwhelmed.” Camilla stated how her parents became concerned for her safety as a nurse: “My mom would ask me are you sure this is the profession for you? Look at all of the staff members contracting the virus.” Camilla expressed an understanding about the concerns voiced by her mom especially since she continuously watched the news. She had her own fears and concerns but would often hide them from her mom, emphasizing

Ultimately, I knew that nursing was my future no matter how chaotic it was at the time. I knew that God would direct my path and I wanted to one day be a part of making a difference in someone’s life.

Like, so many of the other participants Camilla expressed spiritual strength that inspired her to continue the pursuit of her career despite the difficulties experienced during the pandemic.

Mixed Views about the Vaccine. The sub-theme accounts for inconsistent views about the COVID-19 vaccine. As soon as the COVID-19 vaccines were made available for distribution to front-line personnel, the nursing department supervised senior-level nursing students in administering over 1,500 vaccines to students, faculty, staff, and community members. The university partnered with the National Guard in this effort to file vaccine records with the state. While the university as a whole, and the nursing department provided education on vaccine safety, vaccine acceptance was not a requirement to remain in the nursing program. However, if the clinical site required vaccinations and the student did not qualify for an exception they would have to sit out the semester from the nursing program. Although the majority of the nursing department, faculty, students, and staff were vaccinated there were mixed responses and concerns. Luckily, clinical nursing students who opted out were able to meet the requirements established by the clinical sites and continue their progression in the program.

Two participants shared their reactions to the COVID vaccine. One of the participants expressed confidence in the vaccine, while the other expressed hesitancy and did not receive it. The two participants voiced opposing views as it pertains to the COVID-19 vaccine. The attitudes of vaccine acceptance or hesitancy that were expressed by the two participants were echoed by many nursing students. The safety and efficacy of the newly developed vaccine were among several factors that were voiced. Elaine maintained,

When we got back to class, um, I liked that they did contract, uh, contact tracing. Um, we had to distance ourselves. Um, I like that, you know, if you did have, you had the little questionnaires, if you did have it, you didn't have to, well you weren't coming and you were out of class for a while until you got uh, cleared. Um, so they took a lot of precautionary measures that made me feel comforted. Um, I liked that it wasn't forced for people to get, um, vaccinated, you know, because it is free around America. But I liked that a lot of stuff wasn't forced. And you had like different avenues that you could have taken.

The participant was very adamant about the news reports of other colleges mandating students to receive the vaccine to avoid the interruption of clinicals. She even recanted a story of one student who filed a lawsuit against the university opposing her expulsion.

On the other hand, Kesha initially expressed uncertainty but ultimately conveyed a very positive view about the vaccine arguing,

Um, after long hours of debate, I felt like, you know, when the COVID vaccines came out, we were the first ones to get it. I felt like that was a positive thing. That was the actual most, I don't know how to say it, but I felt like that was the best thing they did during COVID. They offered it to us and then they offered it to outsiders.

The participant also expressed the importance of the university performing COVID testing and offering a \$100 incentive with the booster, stating “They tried to promote more to get the mask off faster, which kind of brought more people together in a sense.” Again, the university did not mandate the vaccine but provided education and encouragement.

Suffered a Personal Loss or Hospitalization

Nine participants provided details of the loss or hospitalization of a family member during the pandemic that affected them emotionally. These nine participants all relived the painful memories involving the hospitalization and or loss of their loved ones as a major component of their lived experience. The participants shared how the protective measures associated with the COVID-19 pandemic caused many negative feelings and emotions. These experiences exhibited the sub-themes: banned or restricted visitations and funeral processes were altered. The alteration of the rituals associated with grieving caused these participants to feel frustrated that they lacked the necessary closure. As stated earlier, Brianna experienced the loss and hospitalization of multiple family members. After the hospitalization of her mom with COVID, she stated “But I was also really angry that I was in this position because my grandmother had already suffered a stroke. Brianna also shared that her grandmother’s sister was discharged and with them for her to care for, stating

So, it was easier for me to take care of everybody and we were all underneath the same roof. And it was just like, I went through that, but it started getting better a little bit by a little bit. And, it didn't just completely get better because my great-grandmother passed at that time too.

Although Kesha did not have any loss or hospitalizations, everyone in her house contracted COVID except for her: “It was scary because my grandma had caught it and she was older and it

was just like, oh my gosh, I don't know if it was my mess." Meaning, did she bring it home from the hospital? Although many people had suffered the loss and hospitalization of their loved ones, the researcher was still surprised that so many of the participants had also succumbed to the same fate. The researcher wrote many notes about the emotional toll on these participants as well as their resilience as they would manage to continue their education when faced with such insurmountable hurdles. Table 7 provides various participant responses.

Table 7

Participant Responses for Theme 4

Participant	Responses
Aimee	"I lost a lot of family members to COVID, and because of that you had to draw near God!"
Donovan	"My dad caught COVID. I lost my mom a few years back, but, you know, my dad had caught COVID and he was really, really ill. And it was really scary because, you know, he was on a ventilator and he was in ICU and I'm looking at him through a glass wall. Like, oh, the whole situation was scary. So I was prayed up."
Jade	"The end of that, um, I remember that was around the time that my uncle passed away. Um, and I was devastated. And it was my first like, big loss in my life. Cause I never really lost anybody that close to me before."
Brianna	"And so it was one morning, and my mom and I shared a room at my grandmother's house and my mom looked at me and she was like, Brianna tell my mom I wanna go to the emergency room. I lost it, I was like, God, don't take mom from me because all you seen was people going to the hospital and they weren't coming home."
Hannah	"First, I thought it was just like cole for maybe longer days, but when I got that when I got it, I, my husband got it, my son got it, and I got it. We were not able to get up, we were not able to even fetch water for ourselves. And I was scared for my son."

Banned or Restricted Visitations. Four participants expressed anger and frustration surrounding the disruptions in the visitation of loved ones during hospitalization and the end-of-life during the COVID-19 pandemic. Moreover, this separation created feelings of helplessness

and abandonment. Donovan described how the family could only view their loved one through a glass window and the stress of having to communicate with staff via phone calls by saying,

It was a lot of communication via phone. looking, at a glass window. He was in the hospital all summer, um, from May to August really long. Um, it was really stressful, I'm not gonna lie, but thank God he actually was okay and everything turned out good.

Brianna shared her reaction to learning she could not stay with her mother being hospitalized.

She was quite vocal stating,

I'm not leaving my MAMA. Like this is all I have left. I'm not leaving my mama, I'm sorry. And the man was like, you know, we'll try to update you and stuff like that. So, I went to go tell my grandmother and she was like, oh, we're not going anywhere. So, we sat in the car. We sat in the car outside of the emergency room only going home to take a shower.

Gabriella indicated the disappointment felt for not being able to spend time with her grandmother at her time of death due to the COVID-19 restrictions sharing,

And, with COVID and not being able to see her and, um, visit while she was in the nursing home was hard. Um, it kind of also impacted how I was doing with school, I felt as if I did not get the chance to say my goodbye.

Funeral Processes Were Altered. The COVID-19 pandemic affected how society expressed grief and buried the dead. Quarantine measures prevented many of the customary rituals and altered the ability for face-to-face touching, physical contact, and family gathering to mourn the dead. Funeral homes had to rapidly provide funerals virtually by videoconferencing or live streaming measures to meet the COVID-19 restrictions placed on close contact. Four of the six participants who suffered loss during the COVID-19 pandemic also shared memories where

their funeral procession altered the grieving process. Aimee stated,

I loss my stepfather, and my siblings lost their Dad during COVID, and so that was one of the things we could not have a funeral the way that we wanted to. We couldn't funeralize our family members, so they had to be alone in a funeral home. You didn't have time to grieve properly, and because of that. That is some long-term stuff that's still going on with that process, you know because we weren't able to maybe celebrate their life the way we would have if COVID wouldn't have been around.

Aimee displayed sadness during the interview when talking about her step-father's death with tears in her eyes.

Likewise, Donovan emotionally shared,

you know, a cousin who passed away from it and we couldn't even go to his funeral. And it was sad because it was like 8 people at his funeral and he was a really loving guy, was at every party, every family function, the life of a party. Like you would think the one person who could make everybody laugh, who was at everybody's event to support the people you know, who supported the family the most, would get the most support but he got the least support. Because unfortunately during the situation you couldn't even attend this funeral. Yeah, it wasn't like a virtual funeral, nothing. It was just a simple like outside by the graveyard, like a little memorial basically. It wasn't even a funeral.

Additionally, Gabriella expressed a similar experience and, replied

And, um, you know, with her not being here because of that time during that, our, what everybody went through with COVID and not being able to see her and, um, visit while she was in the nursing home was hard. Um, it kind of also impacted how I was doing with school.

Support of Spiritual Well-being

Seven of the participants evaluated the nursing program and or university efforts to support their spiritual well-being. Although the participants expressed approval for the overall support and quick adaptation by the nursing instructors, none of the participants verbalized any support for their spiritual well-being during the COVID-19 pandemic. One of the participants specifically stated that mental health support was deficient in the nursing department during the COVID-19 pandemic. Likewise, Jade exclaimed,

Our program isn't really spiritual based. It's really just evidence-based ... the facts. This is what it is and this is what it is, this is what it's not. You know, they talking about the importance of spirituality as it deals with the patient, you know, how important that can be, but it's never brought up how it can help a nursing student, how it can help you know yourself and, um, they encourage mental health breaks and taking care of your mental health. But it's hard to do that and balance all of those things when you're, it's like they'll say these things are important, but it's just words. It's never shown in action.

Jade also addressed occurrences in her workplace when the spiritual needs of the patients were not met during the COVID-19 pandemic. She elaborated on examples of how she would use her spirituality to connect with her patients by extending herself. Asking them,

do you need me to relay anything to your family? do you believe in God? Do you, like, are you, are you a spiritual person? Do you wanna pray? To hopefully brighten their day and give them a little bit of hope.

Jade also indicated that was the type of nurse she wanted to become, “that take time with their patients.” After the interview with Jade, the reflexive notes highlighted the words “holistic nurse,” demonstrating compassion. Given the challenges posed by the pandemic educators must

make every effort to remove all the barriers and improve all learning opportunities. Table 7 provides various participant responses.

Supportive Nursing Professors. Seven of the participants provided comments indicating that the support and encouragement received from nursing instructors were helpful during the COVID-19 pandemic. The participants indicated that the support helped motivate them to deal with all of the challenges at home and school. Donovan verbalized that the instructors checking in on them to see how they were doing was helpful, giving them frequent breaks, reminding them to get some exercise, and providing them with extra material for class when they were absent decreased the possibility that they would return early to the class and make others sick. Jade described an incidence where she was allowed an extension on an exam so that she could attend to her spiritual needs surrounding a family death. Mia asserts,

some of the faculty really went out of their way to help us, yall kept checking on us and were considerate with deadlines. I know many of you were also figuring things out, we felt like we were in this together.

Awareness of Counseling Services. The COVID-19 pandemic caused a tremendous impact on the mental health of college students making them vulnerable to loneliness, anxiety, and depression. Five of the participants acknowledged the presence and availability of the university's counseling services. Although all five expressed knowledge of the counseling center services, none of them chose to utilize the services, citing the office being overbooked, having other people to talk to, and not wanting to open-up to strangers. While participant Donovan acknowledged knowing about the counseling center, he saw more value in a quiet room and someone specifically assigned to the nursing students' needs. The researcher was not aware of the nursing students' use of the counseling center during the pandemic. Unless the students were

to share this information with faculty their use of the counseling center is confidential. Certainly, this is a service that faculty could recommend to their students. Aimee pledged that despite knowing about the university counseling services it was her own spiritual well-being that “got her through” the difficulties of the COVID-19 pandemic. In addition, Aimee elaborated on the stress of numerous students being diagnosed with COVID and dealing with the death of family members. Remarking that it was helpful when nursing faculty would take class time allowing students to vent about their problems and concerns. Table 8 provides various participant responses.

Table 8

Participant Responses for Theme 5

Participant	Responses
Donovan	“I mean they, they offered, you know, the counseling center and everything, but at the same time it’s just more of like, like there are random people. They don’t know anything about you, which is okay because they could probably give you honest feedback.”
Elaine	“Uh, I think the school did a pretty good job. I mean, I know I, if I lived closer, I had more time. I know like the church, like, you know, when we did the welcome back stuff like I had seen like the church was out there advocating.”
Isabel	“Um, just the constant support, um, the counseling center coming out with different, uh, support groups and, you know, ways to get on Zoom together and still get together to talk about the feelings and things we’re going through. Um, the teachers are being very supportive, especially the nursing program when the students got sick.”
Kesha	“Uh, I feel like when coming in, it was said we can talk to counselors and stuff. I personally feel like I didn’t take that on because I just felt like I had people to talk to in a sense.”

Outlier Findings Related to Spiritual Well-being

Outlier findings that contributed to spiritual well-being but were not directly related to the COVID-19 pandemic were detailed by five participants. The data divulged three sub-themes.

These sub-themes were Hurricane Ida's impact, international student concern, and student-athlete concern.

Hurricane Ida's Impact

The discussion of spiritual-well-being caused some of the participants to recall that the ongoing COVID-19 pandemic during the fall semester of 2021 was further complicated by a natural disaster. Hurricane Ida made landfall in the parish where the university is located. This Category 4 storm devastated the community and left many people without power, water, internet, and for some, their homes. The nursing program had to once again transition to virtual learning. Although the school was reopened in a few weeks the experience undoubtedly tested the resilience of the community, university, program, and study participants. Amiee detailed, "I felt that as a nursing student, we had to overcome a lot, dealing with COVID and Ida, is the Lord testing us? Um, it was hard, but my faith helped me to endure." Donovan echoed, "We were going to finally be back on campus in person and then suddenly we were back on- line with Ida, many of us did not even have internet and had to deal with that issue." Additionally, Jade resounded,

We were now having to be displaced to relatives' home since our home was not livable, I'm not going to lie it was hard if it was not for my grandmother providing encouraging words, Bible verses, and just uplifting me, I know I would not have been able to say that I will be graduating this semester.

International Student Concern

A second outlier dealt with the unique circumstances surrounding Isabel, who was not a native of the U.S. Isabel described that the majority of her anxiety resided not about her well-being, but that of her parents, stating,

And for me, my parents being away not here, and especially closer to China, was like, extremely like, concerning to me. Yeah. So, um, but after, after a month when everybody knew how to do, how to take the precautions and be safe, I think I was able to settle down... well after that.

Concluding, that once she knew they were okay, she would then concentrate on her own safety.

Student-Athlete Concern

A third outlier to the study was expressed by Camilla concerning her extracurricular activity as a student-athlete. This student had to uniquely balance the concerns of her nursing classes transitioning with the news that her athletic program would be ending until further notice. Expressing,

But I mean the school, you know, it just, it was so abrupt. Like, you know, one week we were in school and I remember I was at [(name of sport)] practice and my, our coach was like, yall hear about this COVID virus and we are like COVID virus? And like the next week is like school canceled, [(name of sport)] season canceled, everybody's going home. And it was like, just so we could go, we were like, you know, COVID would never come here because that's what we thought. But boy were we wrong.

The participant expressed feelings of loss and unresolved feelings of what might have been by stating “Like we still reminisce now, like me and my teammates, like what it would've been like to continue that season, you know, and kind of like grasp the fact that, you know, we'll never have that.”

Research Question Responses

The aforementioned themes and sub-themes in conjunction with the individualized descriptions by the participants postulated a wealth of knowledge on how the participants

experienced the phenomenon of spiritual well-being during the COVID-19 pandemic. The analysis of data also provided outlier findings associated with spiritual well-being but not directly correlated with the COVID-19 pandemic. Next, this segment presents replies to the initial interview question as well as each follow-up question.

Central Research Question

The participants explained their lived experience of spiritual well-being during the COVID-19 pandemic. Five themes surfaced exemplifying the different aspects of spiritual well-being as experienced by participants. While participants answered the initial question by describing the fear, anxiety, isolation, and stress from dealing with the uncertainty associated with the COVID-19 pandemic the overwhelming attitude was that all of the turmoil drew them closer to their faith. Thus, their spirituality was described as a major contributing factor that helped them to get through those “dark times,” as described by Jade. Reading verses from a Bible app was described by Lacy to keep up her level of faith. The duration of the COVID-19 pandemic challenged their spiritual well-being like nothing ever before, which left many wondering if it would ever end.

Undoubtedly, the participants identified with the phenomenon of spiritual well-being during the COVID-19 pandemic. The participants all described Theme 1: a personal relationship and belief in God. Donovan described how he was raised in the church and when times got tough he and his family turned to his pastor and prayer for spiritual comfort. Four of the participants shared that they questioned their relationship with God, desiring to be closer, and using prayer more. Although Brianna professed a strong faith and love of God, she questioned her faith when her mom was diagnosed and hospitalized with COVID. Only one of the participants professed that their faith was not at the level that they had desired, stating the “hardships were harder” and

felt that her coping during COVID would have been easier if her faith had been stronger. Brianna supported the theme by professing,

But it, I felt like in that time I had to charge myself up to deal with what was going on.

Yes. Because, I don't know how people per se do it without God because I'm gonna be honest, everything that I have gone through, if I had not prayed my way out of it, I don't know how I would've made it.

Amiee articulated spiritual well-being best exclaiming, “You had to pray every day round the clock, praying for God to just keep your mental status good, praying, that he keeps you safe and protected.” Thus, the initial research question has been best answered by these participants was to “stay prayed up.”

Although this research study had only one central research question, four additional subquestions were used to probe participants to help cultivate conversation, elaborate, and provide further information about their lived experience of spiritual well-being during the COVID-19 pandemic. Therefore the information obtained further supports the central research question. Their questions were: Can you tell me more about your experience with spiritual well-being during COVID-19? What stands out to you about your experience as a nursing student during COVID-19? What is your understanding or, what comes to mind when you hear the word spiritual well-being? Is there anything else you would like to share with me about your spiritual well-being during the COVID-19 pandemic as a nursing student we have not talked about?

Sub-question 1

Can you tell me more about your experience with spiritual well-being during COVID-19?

Theme 1, named personal relationship and belief in God, was further displayed by some of the participants providing more information on the details of how their spiritual well-being was

exhibited. The participants' connection to God increased during the COVID-19 pandemic. Jade confirmed this dynamic when stating,

All of my family is over an hour away, and I was out here kind of on the island by myself and, you know, I couldn't go see them, you know, I was all by myself and, you know, we would do like Sunday, Sunday, um, church on the phone, you know, let's put on this gospel song. We're sending each other, um, encouraging words. We always, every day start off with like a scripture and that group family text message. And so that definitely like, helped me get through that time of uncertainty.

Simply stated by Hannah “

like I would worship like every day and, um, we follow this procedure to worship like every morning and, you know, fasting. Yeah, fasting really helped me during that time. And, um, waking up in the morning and, uh, being in front of God and praying, that really helped me.

Donovan provided an example of this theme when stating,

But I could honestly say just, you know, going to virtual church every Sunday. Um, keeping in touch with my, my pastor, just letting 'em know what was going on. Both of my grandmas praying for my Dad. Um, me praying.

Sub-question 2

What stands out to you about your experience as a nursing student during COVID-19?

The theme that emerged from this question was adjusting to changes in learning and the sub-themes of being unprepared for employment and a lack of socialization with classmates. All of the participants expressed challenges with the transitioning of nursing classes from in-person to a virtual format and being “robbed of their clinical experiences.” Jade stated, “I’m having to work

with new technology, learn new concepts at the same time, and as well as being in the pandemic, being stuck in my house.” They also expressed that the masks made it difficult for them to show their emotions, which was a major hindrance in the clinical setting. Additionally, “We had to learn how to be comfortable with being a nurse virtually, which was never done before. Um, so yeah, it was definitely scary.” However, while all of the participants expressed challenges to the school taking COVID precautions as they responded to Centers for Disease Control and Prevention (CDC) recommendations, three participants described the benefits of how the online changes helped to ensure their safety. For example, Fatima stated,

I feel like sometimes Zoom was a little more helpful because at least on Zoom you didn’t have to have those masks and you can kind of communicate without being fearful of being too close to somebody or, you know, catching COVID, you know, because nobody wanted to get sick because then that would mean they would have to be out or, you know, quarantined.

Similarly, Elaine expressed about masks and social distancing:

It actually probably helped because the closer a lot of people or you know, you have friends that like to sit next to each other and key in class or they like playing on different stuff. So, because they had to distance themselves, they didn't have a lot of that talking. You didn’t have people and you know, you didn't still have the mask on so you didn't have people like eating in class and messing with all the bags. So, I think it actually made the class a little more peaceful, quiet, and um, I guess a better learning environment I would think. Because it was, you had your distancing and you had uh, straight sight to the teacher where he wasn't looking around or over somebody because everybody was spaced out.

Likewise, Hannah also found value in the changes stating,

when I did meet up back with students, they were all online, so, you know, at least I could see faces online. Yeah. I think Zoom really helped us, uh, during the COVID, although there wasn't much interaction. It wasn't like the in-class experience, but it really helped for the safety-wise.

The three participants that verbalized advantage from the changes had small children and had also verbalized concern for their safety. Additionally, two of the three are nontraditional students.

Sub-question 3

What is your understanding or, what comes to mind when you hear the word spiritual well-being? This was a vital question to assist with validating that the central question was answered by the participants. All of the participants identified with the word spiritual well-being. They connected spiritual well-being to their faith, and either knew of it intimately or desired to increase it by increasing their faith by connecting more to God. Six of the participants used the word “peace” when describing what spiritual well-being meant to them. For example, they used the words: being at peace, peace with life, finding inner peace, peace of mind, mind, body, spirit, holistically at peace, and peacefulness within yourself. Jade described spiritual well-being as

being in tune with your mind, your body, and, your soul, because they, they are all connected. And, when you're connected with your spirituality, no matter what comes your way, you know that there, better days are coming. Um, so that's what comes to my mind.

Camilla uniquely viewed spiritual well-being as “understanding like the goal, like the pattern of life, like the day-to-day things like, not really like struggling with any decisions.” Of

all the participants, Mia's response is most in line with the definitions found in the literature on spiritual well-being, stating, "it's a sense of life and purpose." Elaine felt as if the COVID-19 pandemic pushed her and "everybody closer to something, closer to God, closer to their family, or their loved ones." Similarly, Donovan verbalized spiritual well-being as "health of your spirit, a mental clarity" and further communicated how when times are rough prayer is used to clear the mind. Spiritual well-being was best depicted by Brianna: "I think spiritual well-being to me is how you keep your inner self balanced, how you remain sane." She further elaborated that

I think not only COVID definitely allowed me to mature spiritually, but the nursing school as well because I, feel like I learned the true definition of faith and what it means to have faith and completely depend on God for your sanity. because that was a lot like COVID. You had to completely depend on a higher being to remain sane.

After further review of the participants' comments, this researcher surmises that their relationship and belief in God, thus Theme 1, was thoroughly interconnected and supported. Moreover, the central research question was adequately addressed by all of the participants. The individual responses are illustrated in Figure 3.

Sub-question 4

Is there anything else you would like to share with me about your spiritual well-being during the COVID-19 pandemic as a nursing student we have not talked about? This question was a final effort to allow the participants to elaborate on the aspects of spiritual well-being as previously discussed or any other information they wanted to share. Participants all had something more to talk about, some of them more than others. Additionally, all of the participants highlighted some of the major points that they had already contributed. Six of the participants evaluated the nursing program and or university efforts to support their spiritual

well-being. Overall participants contributed an abundance of information with this question, mainly professing their faith as a major component in dealing with all of the changes and stress that the COVID-19 pandemic caused. While many complained about the disadvantages of the protective measures, they verbalized an appreciation and acknowledgment for the safety advantages. Seven participants added additional content to the interview to help validate Theme 5, titled support of spiritual well-being, and two sub-themes: supportive nursing professors and awareness of the counseling center. Six of the participants provided detailed statements about how the nursing instructors provided support and encouragement and three participants specifically provided information on how the nursing program did not support their spiritual well-being during the COVID-19 pandemic. Four participants provided specific details of the program not providing spiritual support. Five of the six participants articulated familiarity with the counseling center services, some providing reasons for not using the services. Therefore, this question provided additional context to the central research question. This question also provided the opportunity for these students to vent. The researcher at times felt as if the interview offered a cathartic opportunity for the students to reflect on the challenging times in their lives. Also, reflexive notes indicated that 12 out of the 13 participants kept talking long after the interview had ended.

Summary

This chapter described the participants' demographics, recapped the data collection processes, and analysis of the data collected. The purpose of this hermeneutic phenomenological study was to examine senior-level nursing students' lived experiences of their spiritual well-being in a baccalaureate nursing school in the southeastern U.S. during the COVID-19 pandemic. Data was garnered from findings collected by conducting semi-structured, in-depth interviews.

The data revealed the participants' views and experiences and uncovered five central themes: personal relationship and belief in God, adjusting to changes in learning, fear and uncertainty of the unknown, suffering a personal loss or hospitalization, and support of spiritual well-being. The results for each theme and the associated sub-themes were shared and postulated a detailed understanding of the participants' perception involving their spiritual well-being during the COVID-19 pandemic. Each interview question provides the details of the themes and sub-themes. The NVivo software assisted in organizing the direct quotes of the participants as it relates to each theme, sub-theme, and interview question. Finally, outliers that were contributory factors to spiritual well-being but not directly related to the COVID-19 pandemic were also examined. The data analysis would reveal that the phenomenon of spiritual well-being during the COVID-19 pandemic was identified by all the study participants.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this hermeneutic phenomenological study was to examine the lived experiences of spiritual well-being in senior-level nursing students during the COVID-19 pandemic. The results yielded a synopsis of thematic findings associated with each research question and a synthesis of the central themes and sub-themes, along with an explanation of the central viewpoints. Implications are shared for practice, policy, and theory. This study also contemplates limitations and delimitations in addition to suggestions for future research. Finally, the research concludes with significant elements of the nursing students' experience of spiritual well-being during the COVID-19 pandemic.

Discussion

Appraisal of thematic findings yielded four prevalent implications. The findings revealed a potential reason that participants survived the chaos of the COVID-19 pandemic. Furthermore, possible reasons are identified for the participants staying "prayed up" to maintain their unwavering faith in God. The findings also provide policy and practice implications to urge essential stakeholders in the cultivation of spiritual well-being in nursing students during any future catastrophic emergencies such as a pandemic.

Interpretation of Findings

When the participants' spirit was weakened and at risk of becoming broken by the negative experiences associated with the COVID-19 pandemic their inner strength and belief in God were evident. This study highlights the importance of spiritual well-being in the lives of nursing students and the challenges associated with its development when the needs are not nurtured. For example, after the collection and analysis of the data, one of the themes that

developed was fear and uncertainty of the unknown. This theme implicates the attrition rates and the ongoing nursing shortage. This context comprises a synopsis of the thematic findings and ensuing implications of the findings.

Summary of Thematic Findings

The data revealed five themes. Theme 1 titled personal relationship and belief in God represented the importance of God in the participants' lives during the COVID-19 pandemic. The second theme, adjusting to changes in learning, reflected the views that the participants held as their format for learning abruptly changed. The theme of fear and uncertainty of the unknown related to the COVID-19 virus and its impact on their health and well-being. The uncertainty of this disease resulted in an array of fears in the participants. Theme 4 reflected the participants' experiences with the hospitalization and or death of their loved ones during the pandemic. The final theme, termed support of spiritual well-being, conveyed the support participants received from faculty during the pandemic. The participants also conveyed the knowledge of spiritual support from university services or lack-there-of. These themes were fundamental in shaping the meaning of the participants' experience with spiritual well-being during the COVID-19 pandemic.

There are four obvious implications. The first implication is that a relationship with God increases spiritual well-being. This relationship fostered the ability to endure a plethora of hardships during the COVID-19 pandemic. The second implication is creating online learning strategies enhances nursing students' success. Focusing on identified barriers will guide these strategies. The third implication is its imperative to develop management and educational strategies to prepare nursing students for any future catastrophic emergencies. The fourth and final implication is nursing programs and educators must identify opportunities and strategies

that promote spiritual health and well-being in nursing students.

A Relationship with God Increases Spiritual Well-being

An overwhelming finding implies that all of the study participants indicated a connection with God. Despite the hardships encountered during the COVID-19 pandemic, the participants demonstrated the ability to endure the hardships encountered during the pandemic, even with the one student who admitted that her faith at the time of the outbreak was not where she would have liked. Nevertheless, her admission indicated a relationship, and a yearning to improve it. The study findings confirm previous research indicating that the perception of spiritual well-being correlates with a strong personal connection and belief in God (Barna, 2020). Barna also observed that spiritual well-being, academic success, and academic persistence bear a strong relationship. Comparatively, the study participants also demonstrated a large degree of resilience to complete their education while demonstrating spiritual well-being to dissipate the hardships encountered by the COVID-19 pandemic. Likewise, Trevisan et al. (2017) discovered that students possessing a higher positive relationship between life purpose adjusted better in college.

One of the study participants indicated that her relationship with God was not where she would have desired and that she struggled more with the hardships associated with the COVID-19 pandemic. Findings from a study on nursing students during the pandemic indicated that students argue the importance of spirituality and spiritual care role in professional nursing (Brandstötter et al., 2021). The findings also indicated that the nursing students all increased the percentage of spiritual practices during the COVID-19 pandemic (prayer, meditation, and reading religious books) which were similar findings among the participants in the current study who relied heavily on prayer. Likewise, Jacob et al. (2020) revealed that nursing students possessing a high degree of spiritual well-being would engage more in practices that would build

their spiritual connection with God. How the participants use spiritual well-being to cope with stress supports the transactional stress and coping model by centering their coping on the problem and attempting to change it (Gall et al., 2005). Thus, using one's spirituality to explain the circumstances associated with the pandemic helped to reduce spiritual/moral distress. Moreover, the study participants demonstrated congruence with the model by using their belief in God to cope with the stress of the pandemic. The participants' spiritual well-being appears to have a mediating effect on the challenges of the pandemic.

The participants' responses to the sub-question inquiring about their understanding of spiritual well-being further strengthens the evidence that their connection with God increases their spiritual well-being which was developed into Figure 3. The diagram depicts how the participants display a variety of definitions of the word spiritual well-being but they are all interrelated in some fashion. As discussed earlier, a common word was peace. All of the participants view spiritual well-being as a source of contentment. Some of the participants provided definitions linked to religion and transcendence, and a relationship with God, while others have a connection with themselves. Overall Figure 3 depicts that the participants viewed spiritual well-being as having positive attributes. The diagram shows lines that are directly connected to spiritual well-being symbolizing that all of the participants' views are directly connected to the concept of spiritual well-being. These findings may further implicate the importance of spiritual well-being to nursing students' academic success and may be beneficial for nursing educators to encourage nursing students to utilize their spiritual well-being to help reduce stress and anxiety. Figure 3 illustrates the participants' definitions of spiritual well-being.

Figure 3

Spiritual Well-being as Defined by Participants



Creating Online-Learning Strategies Enhances Nursing Students' Success

Focusing on identified barriers will guide these strategies. As the university transitioned to a virtual learning format all of the study participants overwhelmingly voiced challenges with clinical learning, communicating, and connecting with classmates. Many participants were specifically concerned that the reduction in clinical experience would impact the acquisition of

skills and preparation necessary for nursing practice. Although all of the participants harbored negative feelings that the online format was less effective for their learning two of the participants were able to appreciate some of the benefits. Notably, only one participant mentioned technical difficulties that she described as a problem for many nursing students. The researcher agrees with the participant that this observation was accurate. Technological challenges led to some anxiety with the move to remote learning. Despite the challenges, all of the participants pushed on in pursuit of becoming a nurse. Stressors during the pandemic caused three of the participants to second-guess their decision to become a nurse. The outcomes by Sveinsdottir et al. (2021) were in contrast to the study findings. The authors found the burnout experienced by nursing students was directly related to the changes in nursing education during the COVID-19 pandemic. Specifically reporting that students that conveyed liking online learning, ability to organize studies during the COVID-19 pandemic, and receiving enough support reported low degree of personal and academic burnout. By all indications, the participants in this study perceived stress but their perceived support from family, friends, faculty, and their faith helped to mitigate their stress and prevent distress.

Notably, nine participants in the current study indicated that they were currently employed in a hospital unit or facility that provided care to patients diagnosed with COVID-19 before the start of the pandemic. The pandemic exposed the world to “the good, the bad, and the ugly” of the healthcare system, and many of the experiences that the nursing students were exposed to might have been the cause of them not wanting to enter the profession. On the other hand, it is questioned whether the pandemic strengthened their resolve to complete their education. The nursing shortage demanded more hands on deck, and nursing students supplied many of the hands. The chaotic environment prevented the participants from receiving the

necessary support and guidance to enhance their professional identity. Grande et al.'s (2021) findings concluded that the pandemic did not significantly affect a large portion of student nurse interns during the pandemic revealing that their hardiness during the pandemic was partially attributed to excellent work ethics as well as their spirituality. Like the students in Grande et al.'s study, the participants' spiritual well-being was a deciding factor in their decision to continue in pursuit of their goals.

Develop Management and Educational Strategies for Future Catastrophic Emergencies

Theme 3, named fear and uncertainty of the unknown, describes how all of the participants discussed an array of their fears and concerns during the COVID-19 pandemic and how many relied on their faith to help them to cope. As programs evaluate their current emergency plans they will need to effectively address the needs of all students and determine its effectiveness over a longer timeframe, especially since the pandemic was longstanding. The problem of technical difficulties is a major concern when students rely on it for remote learning. Creating an emergency plan will allow a harmonious transfer from face-to-face to a virtual format for learning. Another important consideration is the stakeholders. All of the clinical affiliates need to be a part of this plan since the retention of nursing students can decrease the ongoing nursing shortage.

Outlier findings note that three of the participants shared their experiences with Hurricane Ida. The participants perceived that this natural disaster also impacted their spiritual well-being. The hurricane occurred at a time when the university was slowly transitioning back to normal from the pandemic. Not all of the restrictions had been removed since the Omicron variant still loomed filling most of the hospital beds in the parish. When the university went online it felt like "déjà vu." It is understandable why some of the participants would associate the hurricane with

spiritual well-being. The spiritual well-being of the participants was certainly tested! Since the university is located in a region that experiences natural disasters regularly, it has an emergency plan. The COVID-19 pandemic and Hurricane Ida highlighted the challenges with online learning and assisted in refining the program's emergency plan. This outlier finding combined with the COVID-19 pandemic contributed to the increased stress that challenged the participants' spiritual well-being. Other findings revealed during the study were the concerns unique to one participant concerned about her parents that resided in close vicinity to China where the COVID-19 virus originated. Another outlier finding relates to a student athlete's concerns as she shared the fear of losing her scholarship and the athletic program closing.

The challenging circumstances of COVID-19 alone potentially undermined nursing students' well-being and increased their risk of moral/spiritual distress. All of the study participants whether they verbalized or not, experienced Hurricane Ida and thus, further increased the risk of developing moral/spiritual distress. These challenging circumstances and working conditions caused by the COVID-19 pandemic are therefore associated with increased moral/spiritual distress, potentially undermining nursing students' well-being (Sasso et al., 2016). Moral/spiritual distress is a common problem among health professionals when care-related issues, ethical dilemmas, and organizational constraints cause feelings of unease. The sub-theme related to the quarantine and closure of places of worship contributed to feelings of loneliness by one study participant. In another study nursing professionals who were placed under quarantine for any specified time conveyed being lonely and detached from everyone else (Alquwez et al., 2021). And although Glenn and Pieper (2019) assert that separation from religion/culture during the COVID-19 pandemic is directly related to spiritual distress the findings from the study participants substituting other religious practices helped them to cope

and offset the risk of moral/spiritual distress. Despite all of the circumstances that placed the study participants at risk for moral/spiritual distress, they were able to circumvent its devastating effects by employing coping strategies associated with their spiritual well-being.

Identify Strategies that Promote Spiritual Well-being in Nursing Students

Spiritual health is an essential component in the context of the nursing discipline. A significant percentage of the participants elaborated on support provided by the nursing faculty, but none about the support of spiritual well-being. The findings of the study are also congruent with the literature indicating that nursing students find value in possessing spiritual well-being and being able to provide spiritual care to their patients. An unexpected finding that was developed as Theme 4 was the increased amount of loss or hospitalization of family members that was experienced by the participants during the COVID-19 pandemic. These participants expressed details related to the anxiety associated with the disruption of rituals associated with grief and loss. Providing training on spiritual and emotional intelligence can increase resilience by increasing social skills and the ability to understand others' emotions as well as decreasing stress (Sogolittapeh et al, 2018). Equally, Kuven and Giske (2019) assert that the ability to provide spiritual care is a skill that nursing students believe their nursing programs did not adequately provide. Nursing students undergo an increased amount of stress and are susceptible to numerous challenges and traumatic experiences (Caton, 2021; Spurr et al., 2021). Furthermore, nursing educators should document the attitudes and beliefs of nursing students around spirituality, training and knowledge, amount of preparation, and spiritual care rituals (Harrad et al., 2019). Moreover, nursing educators can play an influential role in the development of nursing students' spiritual well-being; in doing so, the educators will need to be able to recognize potential mediators in the process of spiritual coping.

This researcher shares the views of the participants that the nursing program verbalizes the importance of spiritual well-being and spirituality but does not fully integrate the principles throughout the curriculum. Despite the university having several religious organizations they do little to recruit members. However, a participant noted that one of the religious organizations was present at a campus event. Donovan suggested offering relaxation time and a quiet room to provide a space to meditate. Research supports including spirituality in nursing education through a variety of teaching-learning strategies (Lewinson et al., 2015). Traditional nursing practice requires nurses to assess and respond to patients' needs to provide holistic care, which broadens the role of the nurse to provide compassionate spiritual care. It is important that educators adequately prepare nursing students with the tools necessary to manage their spiritual well-being and prevent spiritual distress. Nursing educators should also encourage students to use their religious practices as a coping mechanism. The Bible in Romans 12:1 teaches how Paul's writings highlight the social and community aspects of salvation, stating "Present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship" (*English Standard Version*, 1971/2016).

Implications for Practice, Policy, and Theory

Findings from this study distinctly indicate the importance of spiritual well-being to the participants during the COVID-19 pandemic. While there are undoubtedly other factors that impacted the emotional status and coping strategies of the nursing students this study only investigated their spiritual well-being. Although the findings of this qualitative study have limited ability to generalize beyond these participants, the themes and sub-themes identified can be noted in other nursing students. Furthermore, it behooves stakeholders to review these findings and investigate strategies to enhance the spiritual well-being of future nurses within

practice, policy, and theoretical capabilities.

Implications for Practice

The unprecedented impact of the COVID-19 pandemic affected nursing training and practice. This led to the necessity to adapt teaching and learning strategies and the introduction of innovative assessment methods. Nursing students would learn clinical skills through the use of digital training tools, simulation, and telehealth. The participants of this study mentioned that this transition was challenging as they struggled to remain engaged. The alteration of the clinical setting caused feelings of fear, anxiety, and insecurity. Since nursing student's contribution to the frontline was enormous their well-being is not only a concern for nursing faculty but all stakeholders. The outcomes of the clinical learning setting have created national and global implications. In September 2020, AACN developed Practice and Policy in a Pandemic: Accreditation, Regulations, Future Implications with a list of on-demand COVID-19-related webinars. These webinars are a collection of perspectives from several health professions organizations sharing what they learned about clinical learning and reflection for the future. These webinars could be utilized by nursing administrators as they plan for faculty development workshops (AACN, 2022, Practice).

The use of simulation for clinical hours during the pandemic was one of the most common regulatory responses. The virtual simulation platform suddenly became a useful tool during the pandemic. Subsequently, the Society for Simulation in Healthcare (SSH) and the International Nursing Association for Clinical Simulation and Learning (INACSL) combined their efforts and issued a joint position statement encouraging the use of virtual simulation to replace clinical hours. In light of these developments, nursing programs need to develop or refine their simulation education policies in the nursing curriculum. These plans should include more

high-fidelity clinical experiences with simulation, in each clinical course, so that the student becomes more familiar with the simulation learning. It is essential to acknowledge that the nursing profession is challenging, and there is a need for approaches that not only educate but prepare them with the skills to handle all of the complexities and uncertainties in the practice and education (Amsrud et al., 2019). The COVID-19 pandemic challenged the nursing profession to appropriately manage these problems to strengthen the nursing profession.

Further considerations include preparing video recordings of lectures and procedures such as inserting Foley catheters and performing nursing assessments, as well as obtaining financial resources to update the infrastructure to accommodate simulation labs. Additionally, since the clinical experiences were interrupted, the new graduates may benefit from extended hospital orientations or post-graduation residency programs. In response to Mia and other students that experienced technical difficulties due to a lack of internet services, providing them with mobile hotspots would help alleviate this deficiency. These devices were a lifeline to many students, faculty, and staff after the campus and community were devastated by Hurricane Ida.

Implications for Policy

The concepts of spirituality, spiritual well-being, and providing spiritual care have been embedded in the field of nursing. According to Abassi et al. (2014), the increasing complexity of healthcare requires nurses to improve their competence in spiritual care to better assess and meet their patients' spiritual needs. Undoubtedly, the participants in this study identify with the concept of spiritual well-being supporting previous studies (Barna, 2020; Heydari et al., 2020; Hu et al., 2019; Jacob et al., 2020; Kyung-Sook, 2018; Lee, 2014; Turi et al., 2020). The nursing participants in this study agreed with the findings of Kalkim et al. (2018) noting that nursing students perceive their spiritual competency as lower than their desired level and curricular

changes to strengthen spiritual care education are needed. The best strategy for instituting change is through policy.

The WHO describes spirituality as the fourth aspect of health noting that healthcare professionals rarely address it. To respond to the increased emotional and spiritual tolls associated with the COVID-19 pandemic, the WHO created a webinar titled, Spirituality and Nursing, WHO Cares? (ANA, 2022). The ANA is the premier organization representing RNs in the nation and a leader in improving healthcare. ANA's code supports nurses in providing safe ethical care. ANA prides itself on protecting the needs of not only nurses but the consumers of healthcare, and encourages that nursing expertise is crucial to emerging policy initiatives. ANA's code, purpose, and goals uniquely position the organization as a vital stakeholder in the nursing profession. ANA publishes position statements relevant to practice, policy, and social concerns. Currently, ANA has no position statement regarding spiritual well-being, spiritual care, or spirituality. However, the unprecedented conditions of the COVID-19 pandemic led the organization to partner with AACN, and other leading nursing organizations to focus on mental and emotional stresses that nurses may have experienced. The initiative provides mental health support services among other services. Furthermore, in 2012 ANA joined with The American Holistic Nursing Association (AHNA, 2019) to co-publish the Scope and Standards of Holistic Nursing. It includes the core values, principles, standards, and related competencies. The book is currently in its third edition. Nursing educators must prepare students to provide holistic patient care and this book can be used as a resource.

An interesting finding of the study discovered that although the participants did not perceive that the program supported their spiritual well-being they overwhelmingly acknowledged the support received from the nursing faculty. Findings in the literature are

consistent with the study findings. When nursing faculty encouraged the study participants to take study breaks, decompress after class, exercise, and talk with their loved ones, they were encouraging self-care practices that increased positivity and hope. Research findings suggest that the utilization of self-care practices is associated with lower psychological distress, and should therefore be promoted among nursing students and integrated into curricula (Brouwer et al., 2021). Yet, non-religious coping strategies that increase optimism help students to destress. The experiences of study participants are similar to the findings in the literature. It was discovered that non-religious coping strategies by nursing internship students contracted minimal intensities of stress not only from caring for patients but also peers as well as teachers with whom they interacted constantly. Spirituality is nonetheless the most overlooked dimension in modern studies meant for establishing means of coping with the COVID-19 pandemic because it is seemingly irrelevant to healthcare and health (Grande et al., 2021).

Nursing programs need to include spiritual well-being and components of spirituality in the nursing curriculum. Activities like self-reflection activities can improve spiritual well-being. Group reflection is one of the interventions that has been associated with increased spiritual well-being among students (Felicilda-Reynaldo et al., 2019). Reflective exercises if offered as a component of the clinical experience are an awesome opportunity for student reflection as it relates to patient care. The student's spiritual well-being can be incorporated into the assignment by asking them to consider how their spiritual well-being, spirituality, and religion affected patient care.

Promoting mentorship programs can improve the student's overall well-being by decreasing stress and enhancing culture. However, nurse educators need to increasingly organize mentorship programs that can offer social support to these students when they encounter stressful

situations. Social support fosters resilience and improves the relationship between educators and students, thus encouraging the latter to seek support when faced with stressful situations like those experienced during the pandemic.

Another needed policy relates to the ramifications of the grief and loss that many of the participants shared. Several participants shared experiences they underwent as previously explained in the sub-themes: banned or restricted visitations and funeral processes altered. The policy is a call to hospitals to review and revise current policies to preserve the family-patient bond via communication with healthcare providers and end-of-life rituals during the occurrence of any future catastrophic event. Every effort must be made to promote holistic care of the bereaved family members.

Implications for Theory

Outcomes acknowledged choosing the spiritual framework of coping by Gall et al. (2005) and Parse's HBT as the theoretical underpinning for this study. Gall et al.'s (2005) theory offers a basis for understanding how the participants' spiritual well-being assists with coping. According to Gall et al. (2005), the complex multifaceted concept of spirituality manifests in an individual's behavior, beliefs, and experiences and function as a contextual framework that positions an individual's clarification, understanding, and response to the experiences of life. Making spiritual appraisals is a component of the framework that involves evaluating the availability and potential efficacy of spiritual coping methods in reaction to the stressor (Gall et al., 2005).

Findings discovered that the study participants displayed evidence of increased spiritual practices as depicted in their behavior, beliefs, and experiences as they reacted to the stressor—the COVID-19 pandemic. Prayer, meditation, and reading Bible apps were some of the spiritual

practices that they relied on to help them to cope during the COVID-19 pandemic. Amie reveals her beliefs and behavior by stating, “You had to pray every day around the clock, praying for God to just keep your mental status good. Praying, that he keeps you safe and protected.”

Spiritual connections and coping behaviors are directly related and lead to the fifth component of meaning-making. Jade provided insight into how she and her family coped by stating,

So we kind of had to band together and like motivate each other to keep going to church on Zoom, keep praying, you know, and seeing the greater good that was gonna be on, on the other side of, of the dark times that we were going through.

Another example of the frameworks component of meaning-making was illustrated by Elaine when she stated

Am I supposed to keep on doing what I'm doing or do I need to start dropping stuff and thinking about, hey, I need to get my life in order so I can actually like get raptured?

Like, I don't know, I, I kind of started thinking like a lot of like weird stuff or whatever.

Parse's HBT was also acknowledged in the study findings. The two foundational doctrines of the theory were created from existential phenomenology, human subjectivity, and intentionality. Human subjectivity is the foundation of the mutual process of the subject-world changing. Intentionality is the belief that humans are “knowing beings” with a sense of purpose, constantly propelling themselves toward possibilities. The COVID-19 pandemic caused major changes in the subject's world and a belief that their spiritual well-being created a sense of purpose. Jade elaborates on how her world changed, her process of becoming a “knowing being” with a sense of purpose by stating,

All of my family is over an hour away, and I was out here kind of on the island by myself and, you know, I couldn't go see them, you know, I was all by myself and, you know, we

would do like Sunday, Sunday, um, church on the phone, you know, let's put on this gospel song. We're sending each other, um, encouraging words. We always, every day start off with like a scripture and that group family text message. And, so that definitely like, helped me get through that time of uncertainty.

Moreover, Parse's theory purposes a framework for teaching and learning, promoting spirituality in nursing students by purposefully engaging them with faculty to explore personal meaning, philosophies of care, and solid professional identities (Hodges et al., 2005). Although the study participants valued Parse's framework where faculty members promote students' spirituality to explore personal meaning, findings of the participants' perceived lack of support were noted. Thus, the comments of the participants value a relationship where nursing faculty support their spiritual well-being. The HBT supported previous studies examining the benefits of nursing educators promoting spiritual well-being in nursing students (Baluwa et al., 2021; Caton, 2021; Linda et al., 2020; Spurr et al., 2021; Sogolitappeh et al., 2018). Nurse educators can foster nursing students' spiritual well-being by assessing their religious commitment, providing spiritual care, and emphasizing spirituality given during nursing training (Harrad et al., 2019).

Parse's theory also supports the recommendation of using reflective exercises to construct one's views of the world (Hodges et al., 2005). Reflective exercises are valuable in cultivating spiritual health in nursing students especially if they experienced clinicals during the COVID-19 pandemic. Parse's theory surmises that reflection in the form of writing starts by encouraging students to synchronize their thoughts, illuminate the meaning, and evaluate to gain transcendence to cultivate a deeper understanding of the world of professional nursing (Hodges et al., 2005). Furthermore, using HBT as a framework in undergraduate education for guiding teaching and learning can cultivate the development of clear professional values and resiliency.

The hermeneutic phenomenological approach was ideally positioned for obtaining a deep understanding of the lived experiences of nursing students' spiritual well-being during the COVID-19 pandemic. Hermeneutic phenomenological research includes using inductive reasoning to analyze the details to make broader generalizations about observations about a phenomenon (Creswell & Poth, 2018). Hermeneutic phenomenological methods are described by van Manen (2016) as having two purposes: a means to explore and develop a rich understanding of the phenomenon and to develop a conversation around the meaning of the experience (Lauterbach, 2018). Hermeneutics allowed senior-level nursing students to reveal the facets of their experiences and views about spiritual well-being during the COVID-19 pandemic. Their lived experiences were rich and insightful including many hardships and coping strategies. The finding was analyzed to develop thematic outcomes about the phenomenon. The framework of hermeneutics called for an interaction between the pre-understandings of the research, interpretation, and study findings (Lauterbach, 2018). Thus, these findings were compared and contrasted with the literature and revealed some similarities and unique outcomes.

Delimitations and Limitations

The present study had several delimitations and limitations. The study was delimited to students pursuing a baccalaureate degree at a public state university in a rural southeast region of the U.S. This population was chosen because it is accessible to the researcher. The second delimitation includes the age requirement of 18 years or older. The age-restricted delimitation was to assure that participants were of adult age and could provide consent. The third delimitation is requiring that participants be enrolled in a Community Health/Mental Health or Leadership and Management/Preceptorship Experience in Professional Nursing cohort, which would therefore denote that the participant would be a senior-level student. Therefore, the

participants would be graduating during the current or following semester. Requiring participation at the senior level eliminated any grade outcomes by the researcher, since the researcher teaches at the junior level. This would prevent any conflict of interest. The fourth delimitation is that the participant must have been enrolled in a clinical nursing course during the spring of 2020, fall of 2020, or the spring of 2021. This delimitation required the participant to have been enrolled in at least one clinical course during the COVID-19 pandemic. The COVID-19 pandemic outbreak began to impact people across the country starting in the spring of 2020 and continued throughout the spring semester of 2021. Thus, this delimitation was chosen to allow the maximum experience and context to the concept being investigated.

The fifth delimitation was to exclude any student assigned to the researcher as an advisee to eliminate any conflict of interest due to the advisor-advisee relationship. This delimitation was put in place by the research institution. The sixth and final delimitation is choosing a hermeneutic phenomenological study. This delimitation was chosen because the central assumptions of Heidegger's (1962) hermeneutical philosophy, *Dasien* and *Throwness*, could be best highlighted by understanding how the participants were present and navigated their challenges during the COVID-19 pandemic. Moreover, this qualitative research format was chosen because it was congruent with the study's purpose: to examine the lived experiences of spiritual well-being in senior-level nursing students during the COVID-19 pandemic.

One limitation was that the study was conducted at only one state, non-faith-based university. Since this is a qualitative research study, the findings cannot be generalized to all nursing students. Conducting the study at a non-faith-based university was both a limitation and a delimitation. It was a major limitation since the concept of spiritual well-being could have been more fully explored; moreover, students from a faith-based university could have provided

different perspectives and enhanced responses. However, since the decision to use a non-faith-based university was primarily due to convenience and unrelated to religion it is seen by the researcher also as a delimitation. Possibly, conducting the study at more than one university both faith and non-faith based could enhance the generalizability of the findings. Further, the geographical area of the rural southeastern U. S. may be a limitation to generalizing the findings to other geographical areas.

Another limitation affecting generalizability was the small sample size. Although the study generated rich data, all of the participants were undergraduate nursing students, primarily Black, female students at a single non-faith-based state university. Participants were chosen based on who responded first to the researcher's email invitation; therefore, it is reasonable to consider that students responding first were most motivated. Since a majority of the participants were Black perhaps they were more motivated to participate in the study since the researcher is also Black. The final limitation was the limited availability of the participants. Since the participants were students enrolled in term courses, the researcher realized there would only be a few weeks to conduct the study. Contact with the students would therefore decrease after the semester ended, not to mention that some of the participants would soon be graduating.

Recommendations for Future Research

There is a multitude of research revealing the impact of the COVID-19 pandemic on the nursing profession including nursing education. Thus, the research has highlighted many weaknesses, challenges, and gaps. While there is an increased volume of research on the effects of the COVID-19 pandemic, the only qualitative studies exploring the phenomenon of spiritual well-being and nursing students were primarily outside of the U. S. Additionally, the studies performed in the U.S. did not focus on spiritual well-being. Therefore, this study will be able to

fill a gap in the literature. Yet, further research studies should be conducted to investigate the themes identified in this study using a robust qualitative methodology (e.g., focus groups). This would permit the clarification of views, development of thoughts, and expansion of strategies that promote spiritual well-being among nursing students. A longitudinal study would further investigate the long-term effects of the COVID-19 pandemic on the spiritual well-being of nursing students. For example, one that would follow the participants 1-2 years after graduation to assess their satisfaction with the profession and for any long-term effects of the COVID-19 pandemic. It would also be interesting to discover just how prepared were these participants as new nurses. Additionally, future research could also investigate the spiritual well-being of nursing instructors during the COVID-19 pandemic. Further quantitative research would further be recognizing the scope and magnitude of the problem.

Conclusion

Spiritual well-being is defined as how one feels about an assortment of relationships including those with oneself, the community, the environment, and God (Abbasi et al., 2014). Likewise, Hu et al. (2019) document that spiritual health is demonstrated by personal affirmation of the meaning of one's life, affirmation of the value of oneself and others, the ability to connect with others, possession of inner strength, and a person's ability to adapt to adversity. The COVID-19 pandemic has revealed that the phenomenon of spiritual well-being in nursing students has been inadequately studied. Notably, the research revealed a gap in the literature as it pertains to spiritual well-being, spiritual distress, and moral distress experienced by nursing students during the COVID-19 pandemic (Cacchione, 2020; Han & Luc, 2020; Hossain, 2020). Consequently, the purpose of this study was to examine the lived experiences of spiritual well-being in senior-level nursing students during the COVID-19 pandemic. This purpose was

achieved by soliciting the initial question: As portrayed by study participants, what is their lived experience of spiritual well-being during the COVID-19 pandemic? The initial question was supplemented by four follow-up questions to probe for additional information asking: Can you tell me more about your experience with spiritual well-being during COVID-19? What stands out to you about your experience as a nursing student during COVID-19? What is your understanding or, what comes to mind when you hear the word spiritual well-being? Is there anything else you would like to share with me about your spiritual well-being during the COVID-19 pandemic as a nursing student we have not talked about?

The theoretical and conceptual foundation for the study was provided by using the spiritual framework of coping by Gall et al. (2005) and Parse's (1992) human becoming theory. The purpose of Parse's (1982) research methodology is to "uncover the structure of lived experiences with persons or groups who can articulate the meaning of an experience" (p. 41). In this research study face-to-face, semi-structured interviews were conducted with 13 participants from one site where they all shared rich and insightful details of their experiences with spiritual well-being during the COVID-19 pandemic. After a review of the findings, the researcher exposed the appearance of five themes, 10 sub-themes, and outliers revealing spiritual well-being by the participants. The central themes and the sub-themes were personal relationship and belief in God: questioned their level of faith and church closures altered praise; adjusting to changes in learning: unprepared for employment and lack of socialization with classmates; fear and uncertainty of the unknown: fearful future as a nurse, and mixed views on the vaccine; suffering a personal loss or hospitalization: banned or restricted visitations and funeral processes were altered; and, support of spiritual well-being: supportive nursing professors and awareness of counseling service. The analysis also revealed the following outlier findings related to the

participants' spiritual well-being: Hurricane Ida's impact, international student concern, and student-athlete concern.

The findings were further analyzed for meaning, and the following implications ascended. The first implication is that a relationship with God increases spiritual well-being. This finding was particularly evident among the participants during the COVID-19 pandemic. The second implication stresses the importance of creating best practices for online learning with strategies that enhances nursing students' success. The third implication is its imperative to develop management and educational strategies that prepare nursing students for any future catastrophic emergencies. To finish, its vital that nursing programs and educators identify opportunities and strategies that promote spiritual health and well-being in nursing students. These implications have the potential of increasing student satisfaction, and retention and improving the future workforce. Moreover, furnishing a detailed analysis of nursing students' experiences amid the COVID-19 pandemic support implications that created policy and practice recommendations with promptings for additional research to promote strategies forging the support of spiritual growth in nursing students.

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APPENDIX A: IRB Letter of Approval Nicholls State University

NICHOLLS STATE UNIVERSITY

Human Subjects Institutional Review Board Notice of Committee Action

The project listed has been reviewed by the Nicholls State University Human Subjects Institutional Review Board, in accordance with Federal Drug Administration regulations (45 CFR 46) and Nicholls State University guidelines to ensure adherence to the following criteria:

- * The risks to subjects are minimized.
- * The risks to subjects are reasonable in relation to the anticipated benefits.
- * The selection of subjects is equitable.
- * Informed consent is adequate and appropriately documented.
- * Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- * Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- * Appropriate additional safeguards have been included to protect vulnerable subjects.
- * If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: IRBE20230124-001CON

PROJECT TITLE: The Lived Experiences of Nursing Students Spiritual Well-being During the COVID-19 Pandemic: A Phenomenological Research Study

PROPOSED PROJECT DATES:

PROJECT TYPE: Qualitative Dissertation Research

PRINCIPAL INVESTIGATOR(S): Pamela Williams-Jones

OTHER INVESTIGATORS: Martha Baker, PhD, RN, ANCS-BC

COLLEGE/DIVISION: Nursing

DEPARTMENT: Nursing


FACULTY SUPERVISOR:

FUNDING AGENCY/SPONSOR: N/A

1. HSIRB COMMITTEE ACTION: Exempt

PERIOD OF APPROVAL: February 6, 2023-February 6, 2024




Nicholls State University

Date: 01/24/2023

APPENDIX B: IRB Letter of Approval Liberty University

LIBERTY UNIVERSITY INSTITUTIONAL REVIEW BOARD

February 2, 2023

Pamela Williams-Jones
Martha Baker

Re: IRB Exemption - IRB-FY22-23-663 THE LIVED EXPERIENCES OF NURSING STUDENTS SPIRITUAL WELL-BEING DURING THE COVID-19 PANDEMIC: A PHENOMENOLOGICAL RESEARCH STUDY

Dear Pamela Williams-Jones, Martha Baker,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46.104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the

consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

[Redacted Signature]

Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX C: Participant Recruitment Email

Dear Potential Participant:

As a graduate student in the School of Nursing at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of my research is to understand the lived experiences of nursing students' spiritual well-being during the COVID-19 pandemic, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and were enrolled in a clinical nursing course during the spring of 2020, fall of 2020, or spring of 2021. The participant must also be currently enrolled in Community Health/Mental Health or Leadership and Management/ Preceptorship Experience in Professional Nursing cohort. Any student assigned to me as an advisee will be excluded from participating.

Participants, if willing, will be asked to:

1. Participate in an in-person, audio-recorded interview that will take no more than 1.5 hours. Zoom will be used during the interview to record the audio for assistance with the transcription of the interviews.
2. Read the transcribed interview for accuracy and to confirm agreement. This should take no more than 30 minutes.
3. If necessary, participate in a brief follow-up interview for a maximum of 30 minutes. The overall decision would be made if the researcher determines that the information would provide increased meaning or understanding. The follow-up interview would be conducted via the original method of interview. The overall time estimate for total participation is 1 hour- 2 hours. If a follow-up interview is needed an additional 15-30 mins will be needed.

Names and other identifying information will be requested as part of this study, but the information will remain confidential. Interviews will be conducted in Ellender Memorial Library using one of their private rooms.

If you choose to participate, you will need to read and sign the consent document before the start of the interview.

Participants will be compensated for participating in this study. After the participant has reviewed the interview transcription they will receive a \$20 Chic-fil-A gift card. If it is determined that a follow-up interview is needed the gift card will be rewarded after the completion of the follow-up interview. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$10 Chic-fil-A gift card.

Sincerely,
Pamela Williams-Jones, Researcher
Ph.D. Graduate Student at Liberty University



APPENDIX D: Demographic Questionnaire

Demographic Questionnaire	
Age	<ul style="list-style-type: none"> ▪ 18-24 ▪ 25-30 ▪ 31-40 ▪ 41-49 ▪ 50 and over
Gender	<ul style="list-style-type: none"> ▪ Male ▪ Female ▪ Agender
Race/ Ethnicity	<ul style="list-style-type: none"> ▪ White or Caucasian ▪ Black or African American ▪ Hispanic, Latino, or Spanish origin ▪ Asian or Pacific Islander ▪ Native American ▪ Alaskan Native ▪ Multiracial or Biracial ▪ A race/ethnicity not listed here
Religious Affiliation	<ul style="list-style-type: none"> ▪ Christian ▪ Hindu ▪ Jewish ▪ Muslim ▪ Asian Folklore ▪ Other ▪ I am not committed to religious teaching
Were you enrolled in a clinical nursing course during the Spring of 2020	Yes or No
Were you enrolled in a clinical nursing course during the Fall of 2020	Yes or No
Were you enrolled in a clinical nursing course during the Spring of 2021	Yes or No
Did you work in a hospital unit or facility that provided care to patients diagnosed with COVID-19	Yes or No

APPENDIX E: Consent Form

Title of the Project: THE LIVED EXPERIENCES OF NURSING STUDENTS SPIRITUAL WELL-BEING DURING THE COVID-19 PANDEMIC: A PHENOMENOLOGICAL RESEARCH STUDY

Principal Investigator: Pamela Williams-Jones, Doctoral Candidate, School of Nursing, Liberty University.

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older and were enrolled in a clinical nursing course during the spring of 2020, fall of 2020, or spring of 2021, and be a senior who is currently enrolled in Community Health/Mental Health cohort or Leadership and Management/ Preceptorship experience in Professional Nursing cohort. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

The purpose of the study is to examine senior-level nursing students' lived experiences of their spiritual well-being in a baccalaureate nursing school in the southeastern U.S. during the COVID-19 pandemic.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

4. Participate in an in-person, audio-recorded interview that will take no more than 1.5 hours. Zoom will be used during the interview to record the audio for assistance with the transcription of the interviews.
5. Read the transcribed interview for accuracy and to confirm agreement. This should take no more than 30 minutes.
6. If necessary, participate in a brief follow-up interview for a maximum of 30 minutes. The overall decision would be made if the researcher determines that the information would provide increased meaning or understanding. The follow-up interview would be conducted via the original method of interview. The overall time estimate for total participation is 1 hour- 2 hours. with an additional 15-30 minutes added if a follow-up interview is needed.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include increased knowledge since it provides academia with information about nursing students' perceptions of their spiritual well-being during a global pandemic. Understanding the perceptions that these students hold can better assist nursing educators in understanding the impact of spiritual well-being on academic performance. It also has the benefit of improving learning outcomes by encouraging nursing programs and other stakeholders to investigate strategies to invest in interventions that will support spiritual well-being. Thus, these strategies can assist academia in the retention of students, thereby increasing the nursing

workforce and lessening the nursing shortage.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researchers will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies and/or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- The records of this study will be kept private by storing them in a secure location; on a passcode-locked computer or a locked filing cabinet, and will not be shared with anyone without your permission. I will be the only researcher that will have access to the records. After three years, all electronic records will be deleted from any electronic devices, and all paper files will be shredded.
- Recordings will be stored on a password-locked computer for three years and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. After the participant has reviewed the interview transcription they will receive a \$20 Chic-fil-A gift card. If it is determined that a follow-up interview is needed the gift card will be rewarded after the completion of the follow-up interview. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will receive a \$10 Chic-fil-A gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University or Nicholls State University. If you decide to participate, you are free to not answer any questions or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Pamela Williams-Jones. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, at [REDACTED]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researchers will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX F: Open-ended Interview Guide for Participants

Date:

Place:

Time:

Interviewer: Pamela Williams-Jones PhD, RN, MN, WHNP

Interviewee # or pseudonym _____

Introduction: I would like to thank you for participating in this interview to understand better students' lived experiences about how their spiritual well-being was impacted by the COVID-19 pandemic. You must answer the interview questions openly and honestly. This interview seeks better to understand your views, thoughts, and beliefs; therefore, there are no right or wrong answers.

Before we begin, do you have any questions about the study?

- Ensure participant has signed consent form
- Restate permission to tape the interview

Interview Questions:

1. What is your lived experience of the concept of spiritual well-being during the COVID-19 pandemic?

Follow-up Questions:

2. Tell me more about your experience with spiritual well-being during COVID-19.
3. What stands out to you about your experience as a nursing student during COVID-19?
4. What is your understanding or, what comes to mind when you hear the word spiritual well-being?

Final Question:

5. Is there anything else you would like to share with me about your spiritual well-being during the COVID-19 pandemic as a nursing students we have not talked about?