

## VIEWPOINT

# Health Care Professionals' Spirituality and COVID-19 Meaning, Compassion, Relationship

Anne L. Dalle Ave, MD,  
MS

Ethics Unit,  
University Hospital  
of Lausanne,  
Lausanne, Switzerland;  
and Kennedy  
Institute of Ethics,  
Georgetown University,  
Washington, DC.

Daniel P. Sulmasy, MD,  
PhD

Kennedy Institute  
of Ethics,  
Georgetown University,  
Washington, DC;  
and Departments  
of Medicine  
and Philosophy, and  
Pellegrino Center for  
Clinical Bioethics,  
Georgetown University,  
Washington, DC.

**The COVID-19 pandemic** has been extraordinarily taxing for health care professionals (HCPs). The risk of exposure to SARS-CoV-2, lack of personal protective equipment, financial insecurity, work overload, lack of support, the weighty responsibility of triage decisions, and the distress associated with witnessing health inequities are among the stressors HCPs now face.<sup>1</sup> Above all, HCPs in higher-income countries are witnessing many patients who experience severe symptoms (eg, dyspnea, pain, isolation) and are observing a greater volume of very ill and dying patients than at any other time in the past several decades.

Given such unusual circumstances, HCPs need more than ever to take care of themselves. One potentially powerful resource available to them, although often overlooked, is their own spirituality. Although there is increasing literature regarding patient spirituality, less has been written about the spiritual needs of HCPs, especially during the COVID-19 pandemic. This Viewpoint explores several spiritual considerations that may help support HCPs in their daily work, including shifting perspective, searching for meaning, obtaining fulfillment in compassion, and seeking the support of relationships; and also presents resources that may help them in their professional and personal lives not

work in crises such as pandemics. Furthermore, by endorsing such a perspective, HCPs may begin to rediscover a spiritual significance to their daily work and life.<sup>2</sup>

## Spirituality and Meaning

In 1995, the World Health Organization declared that spirituality is an important dimension of patients' quality of life.<sup>3</sup> Perhaps HCPs could improve the quality of their own lives by drawing on spiritual resources when experiencing a sense of meaninglessness, of loss of purpose and direction, of emptiness. Perhaps the confluence of stresses wrought by technology, the pandemic, environmental events, and political turmoil could serve to focus the attention of HCPs on the common experience of sensing something that is outside them, or inside them, but not equivalent to them: a call to something beyond themselves that can be fulfilling and sustaining.<sup>4</sup>

Spirituality can be defined as "a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices."<sup>5</sup>

For many people, spirituality could help provide a path to finding (or rediscovering) meaning while facing disease and death. Spirituality is important not only for patients but also for clinicians, whose spirituality may influence their practice of medicine.<sup>6</sup> Whether asked overtly or

## For many people, spirituality could help provide a path to finding (or rediscovering) meaning while facing disease and death.

only during the SARS-CoV-2 pandemic but also throughout their careers as healers.

## A Change of Perspective

With advances in medical technology, good outcomes, such as saving lives and curing diseases, have become so routine that HCPs might be tempted to imagine they can defy even death, cloaking themselves with the illusory veil of control over all aspects of biology. With COVID-19, however, any such illusion has been replaced by the reality that more patients are dying than usual in health care settings. But does this mean that HCPs are failing?

Although HCPs might sometimes think it is their duty to strive for unfailingly positive results, the COVID-19 pandemic could encourage practitioners to focus more on the process of healing patients, offering them relationships, compassion, and caring, as well as expertise. Perhaps now more than ever medicine needs to rediscover humility, cognizant that even in the best of times some patients cannot be cured no matter what physicians do.

With such a perspective, accepting human finitude with humility and focusing on the process of healing rather than only on the results, HCPs may be able to sustain their

not, profound questions about meaning, value, and relationship are posed by illness and death, questions that are transcendent, stretching beyond what can be known empirically.<sup>7</sup> Patients struggle with these questions, but so do HCPs. They ask, "Why must my patients experience such pain, struggle to breathe, and die in isolation?" "How can I preserve their dignity in such catastrophic circumstances?" "Why do I experience real grief whenever any patient dies?" These questions could aptly be described as spiritual, regardless of whether a person believes there is a deity or a transcendent answer to these questions.

Although death cannot be avoided, human desire and hope may reach deeper than death. Ultimate hope is not a prediction but the conviction that events will make sense, no matter what the outcome. The object of ultimate hope is thus a source of meaning, and that meaning may transcend the limits of finite, corporeal, and individual human existence. The opposite of hope is despair, but *despair* is just another word for meaninglessness.<sup>2</sup> The hope that there is a meaning beyond the disease, pain, and distress they confront daily among patients may permit HCPs to continue their task of caring for patients with advanced disease and those who are dying.

## Corresponding

Author: Anne L.  
Dalle Ave, MD, MS,  
Ethics Unit, University  
Hospital of Lausanne,  
Rue du Bugnon 21, 1011  
Lausanne, Switzerland  
(anne.dalle-ave@chuv.  
ch).

## Compassion and Relationships

Health care requires clinicians to accompany people as they experience pain, distress, functional impairment, and doubt that result from illness and injury. Clinicians do so well when they provide care with empathy and compassion. Healing requires acknowledgment of what the patient is experiencing, along with empathy for him or her, and compassionate action, even if that action is only silent presence, reminding patients of their intrinsic dignity, meaning, and value in the midst of dependency and fear.<sup>4</sup>

Healing in its deepest sense is a restoration of *all* the relationships that disease and illness disrupt, not only biological ones involving the patient's body but also those between persons who have illness and their families, their communities, the natural order, and, for believers, their God.<sup>2</sup>

One of the deepest human fears is of dying alone. HCPs can help patients to regain their own humanity by establishing compassionate relationships with them. It is through genuine relationships with patients that HCPs reach their own humanity and identity, finding meaning in their profession along the way.

## Resources

Addressing the well-being of HCPs during COVID-19 has become a public health emergency and a responsibility for society and its health care institutions. A workforce of distressed and dispirited HCPs presents a risk for the entire health care system.

Health care professionals can be supported in many specific ways, such as by providing adequate personal protective equipment, expressing gratitude, and offering psychological support.<sup>1</sup> It is crucial, however, that HCPs be given opportunities for spiritual support as well.

Health care professionals have a duty to take care of themselves, take time alone, regenerate, and (re)construct themselves. It is precisely when time seems lacking and fatigue hampers motivation that HCPs must do something for their own well-being. Although others can help, the choice to seek help or to help oneself is up to each HCP. An individual's well-being, physical and spiritual, is always a personal quest.

Although practices such as sports, walking, dance, or music may promote physical and psychological health, the literature suggests

that spirituality may also be protective against psychological turmoil, such as occupational distress or dissatisfaction (ie, burnout).<sup>8</sup>

Practices such as contemplation, mindfulness, meditation, prayer, yoga, qigong, or similar arts, in addition to bringing bodily strength and health, permit a person to clear the mind, quiet emotions, and reduce stress. For some people, meditation and prayer are helpful ways to quiet the mind and reach the spiritual awareness that lies beyond the deceitful veil of the sense of absolute control and self-sufficiency. Even walking in nature can be a spiritual practice, bringing persons a sense of communion with their surroundings, of transcendence, and of understanding of their deepest essence and truest sense of self.

Health care professionals will find the resources that are right for them, bringing a path to peace in the midst of the storm, and perhaps a sense of faith in a transcendent presence that calls them to serve their patients and sustains them in that work.

## Caveats

Spirituality is not a panacea. Sometimes religion and spirituality are associated with increased personal turmoil.<sup>9</sup> Yet HCPs who experience spiritual or religious struggle have real needs that could be addressed by chaplains and other forms of spiritual support.<sup>9</sup> Moreover, the value of spirituality is not merely instrumental. What is truly transcendent ought not to be regarded solely as a means of reducing clinicians' distress or promoting better health care outcomes, but should be considered as intrinsically valuable.

## Conclusions

COVID-19 has exposed HCPs to extreme working conditions. Perhaps the simple spiritual considerations such as changing perspective and cultivating meaning, compassion, and relationships will help HCPs cope with the many stresses this pandemic has wrought.

In a time of crisis, HCPs must have the courage to go deep within themselves to find their essence, their core. Perhaps such difficult times are an opportunity for development and growth. How HCPs act now toward themselves, their patients, and others not only could help determine the course of the pandemic but also could shape the nature of health care and of the society that will emerge from this crisis.<sup>10</sup>

## ARTICLE INFORMATION

**Published Online:** October 8, 2021.

doi:10.1001/jama.2021.16769

**Conflict of Interest Disclosures:** Dr Dalle Ave reported receiving grants from the McDonald Agape Foundation. Dr Sulmasy reported receiving grants from the McDonald Agape Foundation and served on the Bioethics Faculty Scholars Program Board for the Greenwall Foundation. No other disclosures were reported.

## REFERENCES

1. Siddiqui I, Aurelio M, Gupta A, Blythe J, Khanji MY. COVID-19: causes of anxiety and wellbeing support needs of healthcare professionals in the UK: a cross-sectional survey. *Clin Med (Lond)*. 2021;21(1):66-72. doi:10.7861/clinmed.2020-0502

2. Sulmasy DP. *A Balm for Gilead: Meditations on Spirituality and the Healing Arts*. Georgetown University Press; 2006.

3. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. *Soc Sci Med*. 1995;41(10):1403-1409. doi:10.1016/0277-9536(95)00112-K

4. Sulmasy DP. *The Healer's Calling: A Spirituality for Physicians and Other Health Care Professionals*. Paulist Press; 1997.

5. Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: reaching national and international consensus. *J Palliat Med*. 2014;17(6):642-656. doi:10.1089/jpm.2014.9427

6. Curlin FA, Lantos JD, Roach CJ, Sellergren SA, Chin MH. Religious characteristics of US physicians: a national survey. *J Gen Intern Med*. 2005;20(7):629-634. doi:10.1111/j.1525-1497.2005.0119.x

7. Sulmasy DP. Spiritual issues in the care of dying patients: "...it's okay between me and God". *JAMA*. 2006;296(11):1385-1392. doi:10.1001/jama.296.11.1385

8. Gates R, Musick D, Greenawald M, Carter K, Bogue R, Penwell-Waines L. Evaluating the Burnout-Thriving Index in a multidisciplinary cohort at a large academic medical center. *South Med J*. 2019;112(4):199-204. doi:10.14423/SMJ.0000000000000962

9. King SD, Fitchett G, Murphy PE, et al. Spiritual or religious struggle in hematopoietic cell transplant survivors. *Psychooncology*. 2017;26(2):270-277. doi:10.1002/pon.4029

10. Chew C, Ko D. Medical ethics in the era of COVID-19: now and the future. *Respirology*. 2020;25(10):1033-1034. doi:10.1111/resp.13927