

Inner peace and faith: the impact of spiritual well-being on anxiety protection in healthcare workers

Anxiety is considered the most common mental disorder. The anxiety symptoms (AS) are usually associated with several physical and mental illnesses. Previous investigations have shown that AS are exceptionally high in healthcare workers (HCWs). Furthermore, some studies have reported a protective effect of spirituality on AS in the general population.

Spirituality encompasses a broader sense of inner peacefulness or harmony, a search for meaning and purpose in life, and how individuals experience their faith. In addition, it can involve cognitive and emotional states such as beliefs, values, transcendence, and a sense of gratitude. Spirituality can be measured using well-validated instruments, such as the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being (FACIT-Sp). The FACIT-Sp

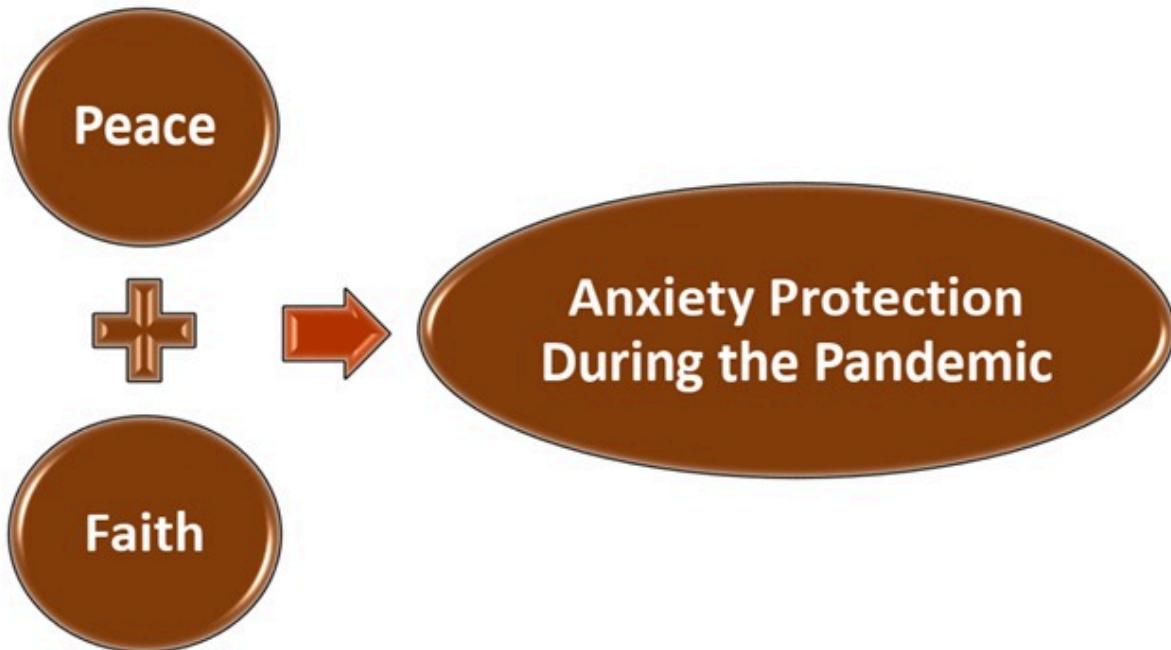


Fig. 1. Inner peace and faith confer protection against anxiety during the pandemic

measures overall spirituality and three psychologically meaningful dimensions: peace, meaning, and faith. These spirituality domains are considered separate constructs that make up spiritual well-being. Another highlighted aspect is that this multifactorial construct differs from religion.

Given the potential protection of greater spirituality against anxiety and the high prevalence of AS

among HCWs, it is interesting to investigate spirituality as a protector of AS in this specific population.

Therefore, our study aimed to investigate the predictors of chronic anxiety (pre-COVID-19 and during the pandemic) and acute anxiety (only during the pandemic), including spirituality in the model. We also verified which spirituality dimensions predicted chronic and acute anxiety.

This observational study was carried out on HCWs at a reference Tertiary Hospital for COVID-19 in Rio de Janeiro, Brazil. We included 118 HCWs of both sexes ranging from 20 to 60 years old.

Exclusion criteria: previous or current neurological disorders, uncontrolled clinical conditions, and taking antidepressant, anxiolytic, and antipsychotic medications. All filled out a face-to-face questionnaire about spirituality and anxiety.

We found a high prevalence of chronic anxiety (61%) in HCWs. Additionally, 54.3% of subjects started anxiety only during the pandemic. This finding may reflect the psychological impact of the outbreak on HCWs.

Spirituality was the most reliable predictor of chronic and acute anxiety. High spirituality involves positive emotions and spiritual beliefs, which may provide a better psychological adaptation against AS. Another possible explanation for this result is that spirituality has been shown to be a consistent resilience factor. As a higher spirituality was the most reliable predictor of less acute anxiety, we can infer that HCWs with increased spiritual well-being tend to develop internal mechanisms that help them cope with the adversities associated with the current pandemic.

Regarding the spirituality dimensions, we showed that the sense of inner peace or harmony was a significant predictor of less AS among HCWs, irrespective of whether these symptoms were chronic or acute during the pandemic. However, feeling at peace alone did not protect against the acute anxiety. We found that a high faith score was also necessary to protect against AS that started in the pandemic (Fig. 1). These data may indicate that when HCWs cope with anxiety triggers during the pandemic, their faith is important to reduce AS. Only the HCWs with a high level of faith protection could remain without AS during the pandemic. It should be mentioned that personal faith is more subjective and deeper than religious affiliation. Our findings may have some possible explanations. First, faith can be a source of hope for the future. Secondly, faith can provide an optimistic worldview, which is inversely associated with AS. Finally, cultivating expressions of faith can increase psychological resilience and, consequently, mitigate AS.

In conclusion, spirituality can be considered a protective factor against AS in HCWs. This indicates that individuals with high spiritual well-being tend to develop internal mechanisms that help them cope with psychological stress. Additionally, personal faith emerged together with peace to confer protection on acute anxiety. These data suggest that a faith or spiritual beliefs can represent an essential coping strategy for facing a severe stressful moment. Therefore, interventions can be designed and implemented based on improving spiritual well-being, especially involving feelings of

inner peace and faith.

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