



By Shanna W. Akers and Rachel A. Joseph

Reducing the Negative Impact of Social Distancing

THROUGH INTENTIONAL CONNECTEDNESS

ABSTRACT: *Social distancing during the COVID-19 pandemic resulted in both positive and negative effects. Nursing education was significantly impacted by the necessity of remote learning and absence of clinical experiences. The purpose of this article is to discuss how intentionality in social connectedness can combat the negative impact of social distancing in nursing education. Lessons learned and strategies employed by nursing educators during the intentional application of social connectedness are presented.*

KEY WORDS: *intentional connection, isolation, nursing, nursing education, quarantine, social connectedness, social distancing*

Since the emergence of COVID-19, social distancing (SD) has been a ubiquitous topic. Decreasing the spread of the virus and analyzing the resulting impacts of remaining separate from others have been important considerations. Being intentional to maintain meaningful faculty–student interaction during the time of mandated SD was challenging, but intentionality in social engagement has shown successful outcomes. The impacts of SD, intentionality, and connectedness are explored in this article and applied to the nursing school environment, including strategies to maintain connections between faculty and students.

WHAT IS SOCIAL DISTANCING?

The earliest account of SD can be traced to biblical times. Leprosy was feared as a highly contagious disease, and the resulting disfigurement drew stigma. Biblical law during in early Old Testament times said a leper must stay outside the camp or public living space (Leviticus 13). Strict quarantine was practiced, and lepers had to verbally announce themselves as “unclean” to avoid proximity with others (Leviticus 13:45–46). The accounts of Miriam (Numbers 12:10–15) and four lepers (2 Kings 7:3–4), along with the instructions in Leviticus 13, indicate that lepers were not allowed in public areas when their bodies showed evidence of active infection; a leper had to be certified clean by the priest before rejoining public life. Even if the person with leprosy was the king himself, SD was practiced just as strictly, as when King Uzziah was not allowed in the royal palace (2 Kings 15:5).

During the COVID-19 pandemic, people were mandated to practice SD to prevent the spread of infection. Because of the impact of COVID-19 on public health, SD was mandated in most U.S. states as well as other countries. The Centers for Disease Control and Prevention (CDC, 2020) developed SD policies communicated to the nation through mass media.

Social distancing is a term coined by Emory Bogardus, an early 20th century American sociologist (Ethington, 1997). The term *physical distancing* may be more accurate, because physical proximity with another person allows exposure to potential droplets, and one can be physically distant while maintaining social proximity (Sutherland et al., 2020). Similarly, one can be in close physical proximity and remain socially and psychologically distant. It is known that people intentionally distance themselves from others based on various criteria: class, caste, faith, lifestyle, social status, homelessness, or professional security (Desjarlais–deKlerk, 2018; Shani & Westphal, 2016). For example, people may avoid interacting socially with others of a different faith or socioeconomic class. Infectious diseases, if known to be present, may cause people to distance themselves for self-protection. In this article, the term SD refers to the practice

of maintaining physical distance to avoid contracting a virus.

Social connectedness is essential for developing a well-balanced personality and for optimum productivity (Seppala, 2014). Imposing SD can hamper the usual patterns of growth and development, general well-being, and quality of life (Seppala, 2014). However, SD becomes essential to prevent or slow an outbreak



Shanna W. Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, is Dean and professor at Liberty University School of Nursing (LUSON), Lynchburg, VA. Shanna has taught at Liberty since 2009. She is a former critical care nurse and is certified in nursing education. Shanna was a 2018 AACN-Wharton Executive Leadership Fellow.



Rachel A. Joseph, PhD, MA, RN, CCRN, has been an associate professor at Liberty University School of Nursing (LUSON) since Fall 2019. Rachel was a Fulbright Scholar in Jordan in Spring 2019. She is a specialty certified neonatal nurse and volunteers for several professional organizations. Rachel is the faculty facilitator for Nurses Christian Fellowship at LUSON.

The authors declare no conflict of interest.

Accepted by peer review 12/17/2020.

Copyright © 2021 InterVarsity Christian Fellowship/USA.

DOI:10.1097/CNJ.0000000000000882

of an infectious disease. Research on the effects of SD has established that SD is an effective measure to prevent disease transmission (Courtemanche et al., 2020). According to the CDC (2020), physical/geographical distancing is “keeping space between yourself and other people outside of your home” (para 1). This means keeping 6 feet (2 arms’ length) from others and avoiding group gatherings and crowded places, a practice expected to reduce the likelihood of infection by respiratory droplets ejected during sneezing, coughing, and talking with another person. Social distancing can flatten the curve of the epidemic, allowing time to build capacity for healthcare. When SD expectations are lifted, a resurgence of infection may occur; however, SD can help prevent critical care capacity from exceeding the demand (Kissler et al., 2020).

IMPACT OF SOCIAL DISTANCING

Social distancing impacts individuals, families, communities, and nations both

positively and negatively. During 2020 when COVID-19 was rampant, several innovations were instituted to manage various situations without compromising SD; some of these innovations were technology for improved disinfection, use of telehealth, new devices to measure temperature from a distance, and helmets with temperature checking capability.

Remote working, teaching, and learning became the new normal. Reports indicate that most people in North America changed their lifestyles; for example, many started eating at home more often (HUNTER, 2020). On the positive side, SD policies helped reduce air pollution, pediatric asthma, hospital visits, death by motor vehicle accidents, violence in communities, and traffic volume (Nelson, 2020). Additionally, many people spent time at home with family learning something new, creating a new recipe, making masks, planting gardens, or remodeling their homes (Sheth, 2020).



Sidebar: LESSONS LEARNED

As we emerge from this ordeal, we can see the benefits and devastation of a pandemic at every level: personally, corporately, communally, and nationally. Each experience provides a platform for learning something valuable. The takeaways are varied:

- Life is fragile; live it.
- Help those in need, as you may not get another opportunity.
- Love your family; they may not be there the next day.
- Pray for others; you can make a difference.
- Do not hoard material goods.
- Love unconditionally; give generously.
- Reconcile your differences with others and don't sweat the small stuff.
- Be grateful.
- Enjoy your freedom; we don't know when it may be taken away.
- Appreciate everyone, rich or poor, elite or common; we all have the same value.

Among the negative consequences of SD are frustration, boredom, low mood, loneliness, depression, and sleep disturbances (Public Health England, 2020). Healthcare providers found that people were avoiding seeking medical care for regular healthcare, screenings, and non-COVID illnesses. For example, a study by Kaiser Permanente's Northern California research division indicated an approximately 50% reduction in emergency room visits for strokes and heart attacks, when compared with their 2019 data (Rochman, 2021). The study did not describe fewer strokes and cardiac emergencies; rather, that individuals were not seeking medical care even when serious symptoms presented, due to fear of exposure to the virus in the healthcare setting.

Kairos et al. (2020) reported that the resulting isolation from SD tends exacerbate or induce physical pain, particularly in persons with chronic pain. A study on the dopamine transmission in humans' brain when people are forced into social isolation revealed that the experience of loneliness elicited cravings for social interaction similar to the way physical hunger cravings are ignited by the need and desire for food (Kauffman, 2020).

Other detrimental effects of SD during the pandemic were an increase in suicide and calls to poison control centers (Nelson, 2020). Statistically significant increases appeared in

domestic violence and partner abuse and a 30% increase in helpline calls and increase in crimes (Boserup et al., 2020). Policies to enact SD resulted in unemployment and subsequent financial strain affecting families (Nelson, 2020). Food and financial insecurity compounded the existing social inequalities leading to unmet healthcare needs of people, including those affected by sexual trafficking (Armitage & Nellums, 2020).

People and organizations handled the change in public space in various ways. Zeal for SD due to fear of disease transmission resulted in discriminatory behaviors toward healthcare workers and other essential service providers during the COVID-19 pandemic (Dubay et al., 2020). Mitchell (2020) noted that due to the increased fear, 70% of nurses globally reported experiencing some form of discrimination or emotional abuse in person and on social media. Reports of nurse abuse became a common theme during the pandemic (Mitchell, 2020). This abuse of nurses and other healthcare providers may have stemmed from fear, anger, and increased stress as a result of the virus (McKay et al., 2020). Instead of seeing individuals as human beings, people were fearful of the virus and saw others as potential vectors of disease.

However, humans are a social beings created in the image of God, and connectedness is vital for mental, physical, and spiritual health and overall

quality of life. It is essential to find a sense of community to survive the duration of SD in a healthy way (Sharma, 2020). As Christ reached out and associated with lepers, so should believers demonstrate kindness, love, and concern during times of SD, while respecting imposed restrictions that benefit the health of the public.

IMPORTANCE OF SOCIAL CONNECTEDNESS

Social connectedness is the feeling of belonging associated with meaningful relationships (Lee et al., 2001). High levels of social connectedness are accompanied by feelings of acceptance of self as well as of others and of tolerance in individual differences (Lee et al., 2001). A sense of social connectedness has been associated with lower levels of depression and an improved sense of well-being (Grieve & Kemp, 2015), whereas social disconnection has been linked to depression and the inability to maintain relationships (Lee et al., 2001). Levels of social connectedness to family, friends, community, and society have been noted as predictors of morbidity and mortality (Holt-Lunstad, 2018). In a time of SD, individuals must be intentional in connecting with others to protect their own and others' health and wellness.

Social connectedness is a significant theme in the Bible—a book about relationships—primarily between God and humans and between humans. In the biblical worldview, individuals are valued because of the intrinsic value God places on each person.

In times of crisis, people of faith cope with the related stressors differently (Goodman, 2020). Faith can enable a positive reframing of the situation, causing one to see the events as constructive to one's personal growth (Goodman, 2020). Additionally, people of faith find comfort when they connect and communicate with those of like faith and in associated religious rituals (Goodman, 2020). The ability to use these positive coping mechanisms was altered due to SD, thereby increasing the need for intentionality toward social connectivity.

INTENTIONAL ACTIONS AND SHARED INTENTIONALITY

Intentional is used to describe the purposeful awareness of a goal to be achieved (Merriam-Webster, n.d.). *Intentionality* is the “mind being directed at things” (Morgan & Piccinini, 2018, p. 120) or the “aboutness” (Crane, 1998, p. 232) of the mind toward a thing or phenomenon. Shared intentionality describes when individuals join with a common purpose or goal and coordinate actions to reach a determined goal (Fishburn et al., 2018; Turner, 2017). In times of SD, individuals must be intentional in their actions toward the continued building of community and finding a renewed sense of connectedness. Staying connected in a time of SD is a challenge, but with intentional purpose and actions, people can remain connected to family, friends, colleagues, and larger communities.

The use of social media has been shown to help some individuals maintain social connectedness, whereas others may experience less connectedness and more loneliness (Ryan et al., 2017). This difference has variables such as the type of social media, age of the participant, and exposure experiences (Ryan et al., 2017). Grieve and Kemp (2015) found that the social networking site Facebook actually brought improved feelings of connectedness to individuals, especially for adults who self-reported as extroverts and who expressed favorable experiences with Facebook. Additionally, for those individuals who are digital natives, social media and online *presencing* are part of their construct for social connectedness (Chayko, 2014). Feelings of social connectedness can increase with the use of technology such as the Internet, mobile communication, and social media (Chayko, 2014). Intentional use of social media and technology to build community may be a positive pursuit for maintaining social connectedness.

Social connectedness is achievable through the intentional leveraging of technology. One example is the use of a webcam for video conferencing. Kforce, a staffing services firm, recom-

mended the intentional use of webcams to add to the conferencing experience. Video cameras allow participants to see one another, read nonverbal cues, and engage in social interaction, all of which are not available in a typical phone conference (Kforce, n.d.). Chayko (2019) reported that those who engage in technology (such as email, video conferencing, and social media communities) to communicate may build deep, meaningful relationships that bridge the challenges of physical distance.

During lockdown, finding new ways to social distance and yet not socially isolate oneself was essential to maintaining quality physical, spiritual, and mental health. Ideas included online health classes, virtual communities, and virtual church services and prayer meetings. The use of “snail mail” is another way to be connected. A nursing student wanted to say thank you to all the faculty (including those she did not personally know) and sent them individual thank you notes for the work done to move to virtual simulation

The earliest account of social distancing can be traced to biblical times.

Increasing quality communication to and between members of a group can positively impact feelings of connectedness. Graduate students felt most connected to instructors who used consistent, regular communication delivered in various methods (Green et al., 2017). Communication with students need not be related only to course-specific communication needs, but frequent communication should motivate and encourage connection with faculty, staff, and other students (Green et al., 2017). Communication can support social connectedness between individuals and groups.

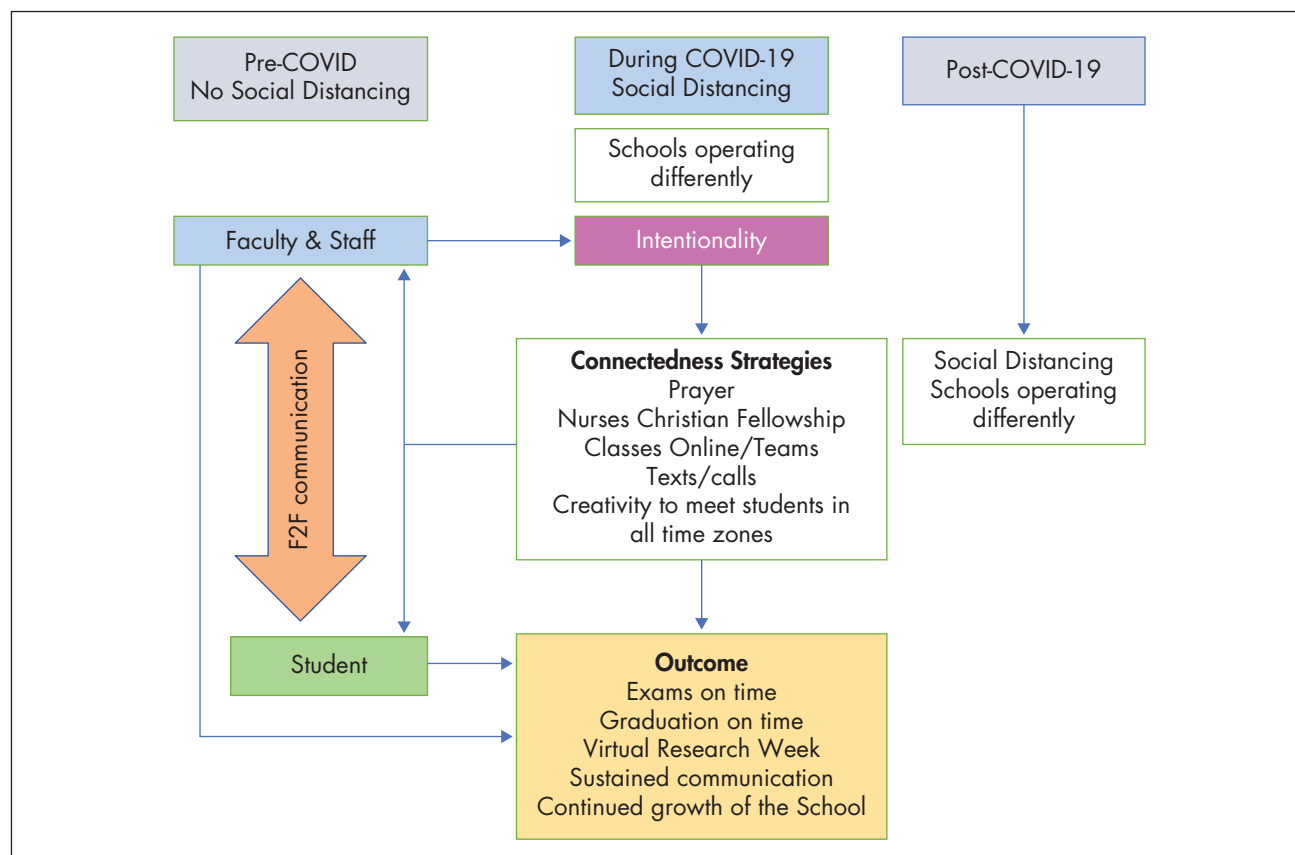
experiences and remote classes. One should remember that to socially distance is not the same as to socially isolate. At Liberty University School of Nursing, faculty and staff were intentional in addressing some of the problems imposed by the SD policies. A model depicting the steps taken during COVID-19 is demonstrated in Figure 1.

IMPLICATIONS FOR NURSING EDUCATION

When confronted with the need to provide effective education to nursing students while maintaining SD, faculty and staff at Liberty University knew it was vital to put the students first. This



Figure 1. Model of Intentionality to Maintain Connectedness During Social Distancing



meant taking full consideration of their needs for successful education, professional growth, and personal safety. It was a highly applicable lesson, seeing that nurses must be flexible and be able reevaluate and plan, the same steps used in the nursing process. Students received support to replan their lives whether staying on campus or moving back to their home communities.

Additionally, face-to-face classroom learning moved to a remote model using video conferencing, whereas hands-on, in-person clinical experiences moved to virtual simulations. Faculty and students intentionally engaged in frequent communication to maintain a sense of community, while meeting learning objectives and maintaining SD.

Students' familiarity with technology provides a logical segue into finding connections via digital platforms. Group projects can still be assigned; faculty can stimulate interactive discus-

sions while online by placing students in breakout rooms or by making assignments that require students to meet online and work together. Wallace et al. (2021) described how faculty can take the initiative to offer online opportunities for students to collaborate, create student-to-student connections via a discussion board, or assign a think-pair-share task where students work with a partner.

Building community within a virtual classroom takes creativity. One instructor met the challenge head-on at the start of the pandemic.

Whether we're in person or online, I tell students that they're going to get to know each other. They may end up best friends or they may never speak again, but when they come through the door—or on the Zoom screen—I'm looking for them and this is their community. (Blando-George, 2020)

Christopher et al. (2020) described the necessity of caring presence during remote learning and teaching scenarios. The authors noted that learning platforms such as Canvas enable teachers and learners to use video while engaged in discussion board activities. Another asynchronous video discussion option recommended is Flipgrid (<https://info.flipgrid.com>) that provides a visual discussion environment (Christopher et al., 2020).

Another successful strategy is narrative pedagogy. "Faculty and students engage in dialogue through shared experiences, interpretations, reflection, and problem solving. In narrative pedagogy, the faculty facilitates converging conversations and serve as facilitators" (Christopher et al., 2020, p. 825). This form of teaching has been shown to improve analytical thinking and stimulate reflection, sharing, and finding meaning (Christopher et al., 2020).

Social time outside of class can also be promoted. Blando-George (2020)

Table 1. Challenges and Measures to Adapt to Social Distancing Policy

Aspect	Measures at the Undergraduate Level	Measures at the Graduate Level
Classes	Continued classes online Communicate to students Covet the full commitment of faculty Faculty met at the same time as class Faculty adapted to time zone changes Used technology to maintain face-to-face remote engagement Family or friends acted as patients so students could complete assessments; sent videos for grading	Plan to continue all classes Commitment and flexibility from faculty and students
Clinical/Practicum Closed clinical sites	Examine the required hours Follow the notification of state Board of Nursing Adopt approved virtual simulation Debrief by clinical faculty in the afternoons to accommodate all time zones	For clinical and education practicum: Faculty developed an array of alternative practicum to achieve the student learning outcomes. Communication was maintained well. FNP students: Postponed practicum for the next terms, students took other classes. Online: Some students who were deployed dropped out; they were offered support to continue. MSN students: Continued practicum if offered or completed alternative practicum. Extra time to complete assignments offered if they had to work extra hours.
Student life	Offered a choice to stay on campus/local or return home Reimbursed their dormitory fee if they checked out	
Extracurricular activity	Athletics were on hold or cancelled Students could practice on their own while maintaining SD	
Emotional /Spiritual support	Faculty prayed for students and each other every Tuesday until the semester ended Counselling services offered	Students and faculty communicated prayer needs regarding family illnesses Prayed with and for students
Exams	Used technology to monitor to prevent cheating/misbehavior	Purchased additional technology services to monitor to prevent cheating/misbehavior

related how one instructor offered a safe space to unwind and socialize by hosting a virtual Happy Hour on Friday evenings. Students could sip their own tea or smoothie while chatting informally with the instructor and classmates. Other schools have extolled the enjoyment of online game nights for students.

Nurses Christian Fellowship's Student Ministry (n.d.) staff demonstrated ingenuity in their transition to digital means to engage about 130 student nurse groups around the United States and support Christian faculty advisors who work with a group on their campus. Student leaders and faculty advisors demonstrated resourcefulness in the move from in-person to online community in spring of 2020. Social media, including Facebook and Instagram, became communication and connection tools. Online Bible studies were developed along with leadership resources such as pages of tips, tricks and links for

hosting a study, successfully engaging nursing students digitally, and how to use Zoom effectively and creatively.

The organization supported campus student groups by offering national live online retreats geared to self-care and managing stress, drawing new members to groups and providing warm and positive online communities where socially hungry students could congregate and connect with other students at their school. A weekly online prayer meeting took hold and gave students a place to share their struggles and needs spiritually, academically, socially, and emotionally. Community was built as students prayed for each other.

Likewise, Christian faculty who recognize the elevated anxiety and stress among their nursing students during such an unusual learning season can make opportunities to pray with students. Incorporating prayer at the beginning or conclusion of instruction sessions, sharing needs and answers to

prayer via a digital discussion board, and reaching out to students individually are avenues of care and ministry faculty can offer. Nursing instructors who aren't reticent about sharing their own questions and grief at what has been lost due to the pandemic model for students authentic Christianity that doesn't have all the answers or projects a stoic face but is needy for the comfort and strength God delivers through prayer, Scripture, and community.

At Western Illinois University, faculty members realized they needed to be as accessible to students as possible. Virtual office hours were supplemented with text messages and phone calls as faculty made themselves available for student contact. They also sought out common ground with students. When students' and teachers' dogs and cats kept showing up on Zoom calls, the faculty hosted an impromptu after-class video chat (Pospeschil, 2020).

Table 2. Ideas for Student Connection While Social Distancing

Aspect	Connection Ideas
To God	Continue/start daily personal Bible study and prayer Attend live streamed or televised services weekly Reach out to small group leader or pastor for encouragement Encourage others in their personal relationship growth Read books that encourage development of the Fruit of the Spirit Provide blessings to others
To Family/Friends	More frequent phone calls; start using video chat options Play online games with family and friends and use the chat options (or phone) for added interactions Do a virtual book study and meet virtually once a week to discuss the book Picnic outside together while maintaining social distancing Make use of outdoor spaces such as porches or patios for brief visits
To Faculty	Connect through virtual office hours to ask questions of faculty Consider meeting over lunch, outside and/or socially distanced Attend virtual classes for question-and-answer opportunities Do not only rely on posted presentations Email or instant messaging communication is useful, but reconnect soon if a response is not received
To School/Studies	Create a schedule to ensure that studying and educational focus time is planned Take occasional breaks to prevent fatigue Use creative ways to study with classmates (such as Kahoot!) within the virtual setting


We seem to all be animal lovers, so one day during class and by email after, we presented our pets and found we have a lot of cats and dogs. One student said she had seen so many cats that her allergies were flaring up, and another said she now had an urge to go out and get a cat. I think this gave us something in common to talk about and something other than the pandemic to think about. (Pospeschil, 2020, para 10)

Some strategies implemented at the undergraduate and graduate levels are given in Table 1 (Challenges and Measures to Adapt to Social Distancing Policy). Faculty, staff, and students at all levels worked hard and utilized additional technology to successfully transition to remote learning and connecting. Liberty University faculty and staff transitioned to a teaching/working-from-home option as soon as the Virginia SD mandate was announced. Learning from such experiences helps prepare for future applications. (See Table 2 for additional ways students can stay connected during times of social distancing.)

CONCLUSION

Social distancing policy during COVID-19 affected the lives of people worldwide, irrespective of economic standing, age, or vocation. In the realm of education, nursing students and faculty were impacted tremendously, yet in most cases, faculty compensated with initiative, innovation and determination, and saw beneficial results as they strived to empower students to attain their goals professionally and educationally. A reduction in hands-on experience, delays in NCLEX examination, deployments, and children at home while working or studying all were experienced by many. Technology helped to continue instruction and progress to graduation.

The lessons learned during this season hopefully will allow people to value life and humanity differently. (See Sidebar: Lessons Learned.) Community strengthens the individual through holistic encouragement and support. Relationships with others allow us to be strengthened spiritually and mentally/emotionally as well as support our physical needs. On the other hand, the lack of community or meaningful relationship invokes challenges in these areas. In a time of SD, quarantine, and isolation, individuals need to be

intentional in their sense of community. Intentionality includes driving deliberate actions toward a specific goal. To be intentional in seeking a sense of community during SD or isolation, actions must be included to gain not just interactions with others but purposeful dialogue and connections that build relationships, deepening the dependency on God. 

Armitage, R., & Nellums, L. B. (2020). COVID-19: Compounding the health-related harms of human trafficking [Letter]. *EClinicalMedicine/Lancet*, 24, 100409. <https://doi.org/10.1016/j.eclinm.2020.100409>

Blando-George, N. (2020, December 17). *Health and wellness faculty keep students positive, connected during the pandemic*. BingUNews, Binghamton University. <https://www.binghamton.edu/news/story/2800/health-and-wellness-faculty-keep-students-positive-connected-during-pandemic>

Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, 38(12), 2753–2755. <https://doi.org/10.1016/j.ajem.2020.04.077>

Centers for Disease Control and Prevention. (2020). *Social distancing*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Chayko, M. (2014). Techno-social life: The internet, digital technology, and social connectedness. *Sociology Compass*, 8(7), 976–991. <https://doi.org/10.1111/soc4.12190>

Chayko, M. (2019). Reality, emotionality, and intimacy in digital social connecting: The experience of being superconnected. *Sociologija*, 61(4), 513–520. <https://doi.org/10.2298/SOC1904513C>

Christopher, R., de Tantiillo, L., & Watson, J. (2020). Academic caring pedagogy, presence, and Communities in nursing education during the COVID-19 pandemic. *Nursing Outlook*, 68(6), 822–829. <https://doi.org/10.1016/j.outlook.2020.08.006>

Courtemanche, C., Garuccio, J., Le, A., Pinkston, J., & Yelowitz, A. (2020). Strong social distancing measures in the United States reduced the COVID-19 growth rate. *Health Affairs*, 39(7), 1237–1246. <https://doi.org/10.1377/hlthaff.2020.00608>

Crane, T. (1998). Intentionality as the mark of the mental. *Royal Institute of Philosophy Supplement*, 43, 229–251. <https://doi.org/10.1017/s1358246100004380>

Desjarlais-deKlerk, K. (2018). Identity in transition: How formerly homeless individuals negotiate identity as they move into housing. *Journal of Social Distress and the Homeless*, 27(1), 9–18. <https://doi.org/10.1080/10530789.2017.1379720>

Dubay, L., Aarons, J., Brown, S. K., & Kenney, G. M. (2020). *Ethnicity and how to protect the health and well-being of workers and their families* [Report]. Urban Institute. <https://www.urban.org/sites/default/files/publication/103278/how-risk-of-exposure-to-the-coronavirus-at-work-varies.pdf>

Ethington, P. J. (1997). The intellectual construction of “Social Distance”: Toward a recovery of Georg Simmel’s Social Geometry. *Cybergeography*. <https://doi.org/10.4000/cybergeography.227>

Fishburn, F. A., Murty, V. P., Hlutkowsky, C. O., MacGillivray, C. E., Bemis, L. M., Murphy, M. E., Huppert, T. J., & Perlman, S. B. (2018). Putting our heads together:



Web Resources

- American Association of Retired Persons (AARP)**
<https://www.aarp.org/health/healthy-living/info-2018/loneliness-isolation-social-network.html>
- Get Healthy/Stay Healthy**
<https://www.gethealthystayhealthy.com/articles/social-connectedness-what-does-it-mean>
- National Institute on Aging**
<https://www.nia.nih.gov/health/infographics/stay-connected-combat-loneliness-and-social-isolation>
- Nurse Christian Fellowship Prayer Gathering** <https://ncf-jcn.org>

Interpersonal neural synchronization as a biological mechanism for shared intentionality. *Social Cognitive and Affective Neuroscience*, 13(8), 841–849. <https://doi.org/10.1093/scan/nsy060>

Goodman, B. (2020, May 11). *Faith in a time of crisis*. American Psychological Association. <http://www.apa.org/topics/covid-19/faith-crisis>

Green, T., Hoffmann, M., Donovan, L., & Phuntsog, N. (2017). Cultural communication characteristics and student connectedness in an online environment: Perceptions and preferences of online graduate students. *International Journal of E-Learning & Distance Education*, 32(2). <http://www.ijede.ca/index.php/jde/article/view/1033>

Grieve, R., & Kemp, N. (2015). Individual differences predicting social connectedness derived from Facebook: Some unexpected findings. *Computers in Human Behavior*, 51(PA), 239–243. <https://doi.org/10.1016/j.chb.2015.04.034>

Holt-Lunstad, J. (2018). Why social relationships are important for physical health: A systems approach to understanding and modifying risk and protection. *Annual Review of Psychology*, 69(1), 437–458. <https://doi.org/10.1146/annurev-psych-122216-011902>

HUNTER. (2020). *Food study special report: America gets cooking*. <https://www.slideshare.net/HUNTERNY/hunter-food-study-special-report-america-gets-cooking-231713331>

Kairos, K., McParland, J. L., Bunzli, S., Devan, H., Hirsh, A., Kapos, F. P., Keogh, E., Moore, D., Tracy, L. M., & Ashton-James, C. E. (2020). The social threats of COVID-19 for people with chronic pain. *Pain*, 161(10), 2229–2235. <https://doi.org/10.1097/j.pain.0000000000002004>

Kauffman, S. B. (2020, May 19). Forced social isolation causes neural craving similar to hunger. *Scientific American*. <https://blogs.scientificamerican.com/beautiful-minds/forced-social-isolation-causes-neural-craving-similar-to-hunger/>

Kforce. (n.d.). *Social distancing? Here are 6 ways to stay connected with your team*. <https://www.kforce.com/articles/staying-connected-during-social-distancing/>

Kissler, S. M., Tedijanto, C., Goldstein, E., Grad, Y. H., & Lipsitch, M. (2020). Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period. *Science*, 368(6493), 860–868. <https://doi.org/10.1126/science.abb5793>

Lee, R. M., Draper, M., & Lee, S. (2001). Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. *Journal of Counseling Psychology*, 48(3), 310–318. <https://doi.org/10.1037/0022-0167.48.3.310>

McKay, D., Heisler, M., Mishori, R., Catton, H., & Kloiber, O. (2020). Attacks against health-care personnel must stop, especially as the world fights COVID-19. *Lancet*, 395(10239), 1743–1745. [https://doi.org/10.1016/S0140-6736\(20\)31191-0](https://doi.org/10.1016/S0140-6736(20)31191-0)

Merriam-Webster. (n.d.). *Intentional*. In *Merriam-Webster.com dictionary*. <https://www.merriam-webster.com/dictionary/intentional>

Mitchell, G. (2020, November 11). Second wave brings new reports of “awful” abuse against nurses. *Nursing Times*. <https://www.nursingtimes.net/news/coronavirus/second-wave-brings-new-reports-of-awful-abuse-against-nurses-11-11-2020/>

Morgan, A., & Piccinini, G. (2018). Towards a cognitive neuroscience of intentionality. *Minds and Machines*, 28(1), 119–139. <https://doi.org/10.1007/s11023-017-9437-2>

Nelson, B. (2020). The positive effects of covid-19. *BMJ*, 369, m1785. <https://doi.org/10.1136/bmj.m1785>

Nurses Christian Fellowship. (n.d.). *Students*. <https://ncf-jcn.org/students>

Pospeschil, J. (2020, May 4). *WU faculty training next class of nurses during pandemic*. Western Illinois University. http://www.wiu.edu/news/newsrelease.php?release_id=17191

Public Health England. (2020). *Coronavirus (COVID-19): What is social distancing?* Public Health Matters. <https://publichealthmatters.blog.gov.uk/2020/03/04/coronavirus-covid-19-what-is-social-distancing/>

Rochman, S. (2021, June 2). *Emergency care for heart attacks and strokes rebounds*. Kaiser Permanente. <https://about.kaiserpermanente.org/our-story/health-research/news/emergency-care-for-heart-attacks-and-strokes-rebounds>

Ryan, T., Allen, K. A., Gray, D. L. L., & McInerney, D. M. (2017). How social are social media? A review of online social behaviour and connectedness. *Journal of Relationships Research*, 8, [e8]. <https://doi.org/10.1017/jrr.2017.13>

Seppala, E. (2014, May 8). *Connectedness & health: The science of social connection*. The Center for Compassion and Altruism Research and Education. <http://ccare.stanford.edu/uncategorized/connectedness-health-the-science-of-social-connection-infographic/>

Shani, G., & Westphal, J. D. (2016). Persona non grata? Determinants and consequences of social distancing from journalists who engage in negative coverage of firm leadership. *Academy of Management Journal*, 59(1), 302–329. <https://doi.org/10.5465/amj.2013.1162>

Sharma, A. (2020). Finding community during a pandemic. *Science*, 368(6487), 206. <https://doi.org/10.1126/science.368.6487.206>


Sheth, J. (2020). Impact of covid-19 on consumer behavior: Will the old habits return or die? *Journal of Business Research*, 117, 280–283. <https://doi.org/10.1016/j.jbusres.2020.05.059>


Sutherland, D. M., Taylor, G. M., & Dermody, T. S. (2020). Coping with COVID: How a research team learned to stay engaged in this time of physical distancing. *MBio*, 11(2), e00850–20. <https://doi.org/10.1128/mBio.00850-20>

Turner, C. K. (2017). A principle of intentionality. *Frontiers in Psychology*, 8, 137. <https://doi.org/10.3389/fpsyg.2017.00137>

Wallace, S., Schuler, M. S., Kaulback, M., Hunt, K., & Baker, M. (2021). Nursing student experiences of remote learning during the COVID-19 pandemic. *Nursing Forum*. <https://doi.org/10.1111/nuf.12568>

For 128 additional continuing professional development articles related to Psychosocial topics go to NursingCenter.com/CE.





TEST INSTRUCTIONS

- Read the article. The test for this nursing continuing professional development (NCPD) activity is to be taken online at www.nursingcenter.com/CE/CNJ. Tests can no longer be mailed or faxed.
- You'll need to create an account (it's free!) and log in to access My Planner before taking online tests. Your planner will keep track of all your Lippincott Professional Development online NCPD activities for you.
- There's only one correct answer for each question. A passing score for this test is 7 correct answers. If you pass, you can print your certificate of earned contact hours and access the answer key. If you fail, you have the option of taking the test again at no additional cost.
- For questions, contact Lippincott Professional Development: 1-800-787-8985.
- Registration deadline is December 6, 2024.

PROVIDER ACCREDITATION

Lippincott Professional Development will award 2.0 contact hours contact hours for this nursing continuing professional development activity.

Lippincott Professional Development is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is also provider approved by the California Board of Registered Nursing, Provider Number CEP 11749 for 2.0 contact hours. Lippincott Professional Development is also an approved provider of continuing nursing education by the District of Columbia, Georgia, and Florida, CE Broker #50-1223. Your certificate is valid in all states.

Payment: The registration fee for this test is \$21.95 for nonmembers, \$15.95 for NCF members.