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RESEARCH

EXPERIENCES OF MORAL DISTRESS BY NURSING TECHNICIANS DURING THE COVID-19 PANDEMIC: REPERCUSSIONS OF THE COVID-19 PANDEMIC

VIVÊNCIAS DE SOFRIMENTO MORAL POR TÉCNICOS DE ENFERMAGEM NA PANDEMIA DA COVID-19: REPERCUSSÕES DA PANDEMIA DA COVID-19

EXPERIENCIAS DE SUFRIMIENTO MORAL DE TÉCNICOS DE ENFERMERÍA DURANTE LA PANDEMIA DE COVID-19: REPERCUSIONES DE LA PANDEMIA DE COVID-19

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ABSTRACT

Objective: to understand experiences of moral distress by nursing technicians in the context of healthcare services during the COVID-19 pandemic in Minas Gerais. **Method:** this is a study with a qualitative approach. Data collection took place through 14 interviews with nursing technicians who worked during the COVID-19 pandemic in the state of Minas Gerais, guided by a semi-structured script and the data was subjected to thematic content analysis with the help of the ATLAS software. you. **Results:** the potential factors that trigger the experience of moral distress are related to the lack of training of professionals and institutions and the pandemic context, indicating the existence of moral problems evidenced by the impotence of acting in accordance with their ethical-moral positioning and the invisibility of technicians in work environments. **Conclusion:** the recognition of experiences of moral distress by nursing technicians themselves and the analysis of triggering factors allows reflection on the need for interventions in times of crisis, but also in the daily lives of workers, enabling the promotion of the virtuous exercise of responsible practice morally.

Keywords: COVID-19; Stress Disorders, Post-Traumatic; Licensed Practical Nurses; Ethics Nursing.

RESUMO

Objetivo*: compreender vivências de sofrimento moral por técnicos de enfermagem no contexto dos serviços de saúde na pandemia da COVID-19 em Minas Gerais.* ***Método****: trata-se de estudo com abordagem qualitativa. A coleta de dados se deu por meio de 14 entrevistas com técnicos de enfermagem que atuaram durante a pandemia da COVID-19 no estado de Minas Gerais, orientadas por roteiro semiestruturado e os dados foram submetidos à análise temática de conteúdo com auxílio do software ATLAS.ti.* ***Resultados****: os potenciais fatores desencadeadores de vivência de sofrimento moral, relacionam-se com o despreparo dos profissionais e das instituições e com o contexto de pandemia, indicando a existência de problemas morais evidenciados pela impotência de agir conforme o seu posicionamento ético-moral e a invisibilidade dos técnicos nos ambientes de trabalho.* ***Conclusão****: o reconhecimento das vivências de sofrimento moral pelos próprios técnicos de enfermagem e a análise dos fatores desencadeadores permite a reflexão sobre a necessidade de intervenções em tempos de crise, mas também no cotidiano dos trabalhadores, possibilitando a promoção do exercício virtuoso de uma prática responsável moralmente.*

Palavras-chave: *COVID-19; Transtornos de Estresse Pós-Traumáticos; Técnicos de Enfermagem; Ética em Enfermagem.*

RESUMEN

Objetivo*: comprender experiencias de sufrimiento moral de técnicos de enfermería en el contexto de los servicios de salud durante la pandemia de COVID-19 en Minas Gerais.* ***Método****: Se trata de un estudio con enfoque cualitativo. La recolección de datos se realizó a través de 14 entrevistas a técnicos de enfermería que actuaron durante la pandemia de COVID-19 en el estado de Minas Gerais, guiadas por un guión semiestructurado y los datos fueron sometidos a análisis de contenido temático con ayuda del software ATLAS.* ***Resultados****: los potenciales factores que desencadenan la experiencia del sufrimiento moral están relacionados con la falta de preparación de los profesionales e instituciones y el contexto pandémico, indicando la existencia de problemas morales evidenciados por la impotencia de actuar de acuerdo con su posicionamiento ético-moral y la invisibilidad de técnicos en entornos laborales.* ***Conclusión****: el reconocimiento de experiencias de sufrimiento moral por parte de los propios técnicos de enfermería y el análisis de los factores desencadenantes permite reflexionar sobre la necesidad de intervenciones en tiempos de crisis, pero también en el cotidiano de los trabajadores, posibilitando la promoción del ejercicio virtuoso de la práctica responsable. moralmente.*

Palabras clave: *COVID-19; Trastornos por Estrés Postraumático; Enfermeros no Diplomados; Ética en Enfermería.*

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INTRODUTION

The COVID-19 pandemic has highlighted gaps in healthcare systems in Brazil and around the world, exposing frontline professionals to a previously unknown reality. The lack of scientific information, the spread of fake news, the management of critically ill patients, and the exposure of professionals to the virus have negatively impacted the quality of care. High rates of psychological distress, such as fear, anxiety, depression, anguish, disturbed sleep, and other feelings related to the risk of exposure to the virus by healthcare professionals, were recorded as consequences of working directly with infected patients during the pandemic[1].

Furthermore, with the overload of healthcare systems, problems related to the number of beds, the availability of personal protective equipment (PPE) and the sizing of healthcare teams have made work environments and professional practice more challenging[2,3], leading to experiences of moral distress in several professionals who worked directly with COVID-19.

Moral Distress (MD) occurs when professionals identify a moral problem in their daily work, make their judgments and know the correct way to act, but find themselves prevented from adopting the morally correct course of action due to institutional obstacles and constraints[4]. A moral problem is understood as a situation that requires the individual to take a position, questioning both the circumstances and their own conduct[5]. Moral distress is characterized by the feeling of inability to act according to one's own ethical and moral principles in a specific situation. Thus, professionals experience feelings of frustration, anger and anxiety when facing institutional obstacles and interpersonal conflicts of values[5].

Delving deeper into the concept of moral distress proposed by Ramos et al.[5], we address the philosophical framework of Virtue Ethics, outlined by MacIntyre, focusing on the moral character of agents as opposed to the acts, circumstances and consequences of moral events[6]. For MacIntyre[6], virtue is "an acquired human quality whose possession and exercise tends to allow the achievement of goods that are internal to practices and whose lack effectively prevents the achievement of such goods". From this perspective, virtues guide conduct towards a practice aligned with moral competence, allowing the moral agent to make his/her judgment based on the virtues pertinent to each situation experienced[7].

It is worth noting that studies on the experiences of moral distress among nurses during the pandemic are extensive[2,8,9]. However, little is discussed about these experiences from the perspective of nursing technicians. According to the Federal nursing Council[10], in September 2023, the total number of professionals registered in the country was 2,908,901, distributed among 713,988 nurses, 1,733,245 nursing technicians, 461,298 nursing assistants, and 370 midwives[10]. These data highlight the predominance of nursing technicians in the sector, representing 60% of the total professionals. In addition, studies indicate that most direct patient care is performed by mid-level professionals, 79% of whom are nursing technicians[10].

Given the adversities faced by nursing technicians during the pandemic and considering their importance in the category, as well as the impact of an in-depth understanding to cope with various health situations, the following guiding question arises for the research: "What factors contributed to the experiences of moral distress by nursing technicians in the context of healthcare services during the COVID-19 pandemic, in the state of Minas Gerais?" The study is justified by the need to identify and analyze the experiences of moral distress faced by nursing technicians, aiming to promote the development of appropriate ethical practices in the context of health institutions to mitigate or even eliminate moral distress, recognizing the destructive impact that moral distress can have on both professionals and the quality of care. A close look at these professionals, given their significant representation in Nursing, will also reflect on the quality of care provided to patients.

Therefore, the objective of this work is to understand the experiences of moral distress by nursing technicians in the context of healthcare services during the COVID-19 pandemic in Minas Gerais.

METHODOLOGY

A study was conducted with a qualitative approach, prepared according to the consolidated criteria for reporting qualitative research (COREQ). Qualitative research allows the visualization of the object of study, considering its conditioning factors, specificity and the relationships that involve it, enabling its analysis and interpretation. Furthermore, it allows the incorporation of the meaning, the intentionality of the subjects and their established interrelationships[12].

It is important to note that this study is a segment of the project “Moral Distress during the COVID-19 pandemic in nurses: perspectives from Spain and Latin America”, which aims to understand the experiences, level and intensity of moral distress experienced during the COVID-19 crisis. It was initially developed with nurses in Spain, Mexico and Brazil. In Brazil, nursing technicians were

included in the data analysis, emphasizing the importance and representativeness of this group.

The study was carried out in several health services in the state of Minas Gerais. According to the Minas Gerais State Health Department, the first confirmed cases in the state appeared in March 2020 and, by October 2023, a total of 4,188,172 cases of COVID-19 had been confirmed, with 65,827 confirmed deaths[13].

The participants were nursing technicians who worked during the COVID-19 pandemic in the state of Minas Gerais. Those who participated in the quantitative stage of the aforementioned project on November 14, 2022, were able to provide their contact details to participate in the qualitative step. The project was promoted on social media in partnership with the *Conselho Regional de Enfermagem de Minas Gerais* [Regional Nursing Council of Minas Gerais] – COREN-MG, and interested technicians contacted the researchers. The inclusion criterion was having worked as a nursing technician for at least three months during the pandemic in healthcare services in the state of Minas Gerais. The exclusion criterion was the inability to participate in data collection due to vacation or absence during the period. Of the 192 nursing technicians who participated in the quantitative stage, 26 expressed interest in the qualitative stage, and 14 of them met the inclusion and exclusion criteria, composing the final sample.

Data collection was carried out between January and March 2022 through remote interviews on the Teams platform, using a semi-structured script, conducted by research nurses. The interviews, lasting an average of 30 minutes, were recorded and the participants were identified by pseudonyms to ensure their anonymity. The script was prepared based on the scientific literature, with consensus among the members of the research team, and organized into three categories: I) management and organization aspects; II) experiences and moral exhaustion of healthcare professionals; and III) rights of patients and their families, addressing topics such as coping, making difficult decisions during the pandemic, as well as questions about the experience and impact on worker health during the COVID-19 pandemic. Data analysis was performed using Thematic Content Analysis (TCA), as proposed by Bardin[14], with the aid of ATLAS.ti software. The TCA made it possible to capture the participants' perception and the context in which they were inserted, through testimonies, relating semantic structures (signifiers) with sociological structures (meanings), in a process of differentiation and regrouping[14].

The TCA procedures followed the chronological poles: pre-analysis, exploration of the material, treatment of the results, inference and interpretation[14]. The pre-analysis consisted of organizing the material, including the skimming and exhaustive reading of the interviews to assimilate the content. The exploration of the material involved the coding and categorization of the corpus. In the coding, the raw data were converted into units of representation of the content and its expression, assigned, respectively, to the codes and citations in ATLAS.ti. The categorization grouped the codes according to their similarities, forming the "Families". The following categories were then established: Impotence to act in daily life; Weaknesses in the work environment; and Lack of institutional support. The results were managed, inferred and interpreted based on the literature[14].

Regarding the ethical aspects of the research, it was approved by the Human Research Ethics Committee of the Universidade Federal de Minas Gerais, under opinion report no. 4,504,047 and CAAE 39884720.0.0000.5149, in accordance with the recommendations of Resolutions no. 466/12 and 510/2016 of the National Health Council. The participants signed the Free and Informed Consent Form remotely, voluntarily, after being clarified about the proposal, guarantee of anonymity and confidentiality of the information.

RESULTS

Most participants were female (64%). Regarding age, most participants were between 39 and 43 years old (36%) and between 24 and 28 years old (29%). Regarding experience, 6 professionals had less than 2 years of experience, 3 had between 2 and 5 years or more than 10 years of experience, and 2 had between 5 and 10 years of experience. Regarding the unit/sector of work, the professionals were allocated to the Basic Health Unit, Family Health Strategy or Health Center (29%); to the Adult Intensive Care Unit (28%); to the Hospital Admission Sector (14%); to Pre-hospital Care (14%); and the others, to the Imaging Diagnosis Unit or were unemployed (14%).

Based on the interviews, it was possible to identify experiences of moral distress in the context of the COVID-19 pandemic, which influenced both the physical and mental health of nursing technicians, in addition to affecting the care provided to patients. Data analysis was grouped into three main categories: a) impotence to act in daily life; b) weaknesses in the work environment; and c) lack of institutional support.

Impotence to act in daily life

The lack of autonomy in care and feelings of helplessness and devaluation in the face of illness and institutional issues were reported in the interviews.

> *But there are situations where you want to stop and say, "This isn't how it should be done", the patient is COVID-positive, you can't use nebulizers, and sometimes we were required to use nebulizers on this patient. So, I wanted to stop and say, "I'm not going to do it" but it was a doctor's order, so I had to do it. It's complicated. You're in this vulnerable situation too, you need that job, and you know that what you're going to do isn't right, so you're stuck in this situation.* (Tech. 05)

> *We are ignored. We are ignored. Sometimes you tell the doctor about your situation, that you spent 12 hours with the patient, and he doesn't listen to you. You talk to the nurse and he doesn't listen to you, so... we feel really low. You realize, like... that you're just there "to clean up the mess."* (Tech. 02)

> *You see a 17-year-old young person walk in there, walk in by his/her own and 50 minutes later you see the person leave in a bag, this is very difficult and during the pandemic this has become much more pronounced, I think the biggest difficulty is dealing with this loss.* (Tech. 02)

Weaknesses in the work environment

Working conditions were precarious given the high demand. Reports point to a lack of resources, job security and institutional guidance.

> *Due to the lack of tests, many patients leave the outpatient clinic feeling cheated, and really, if I could... I would like to carry on testing, and I even have a protocol that states that all people who come to the healthcare unit with flu symptoms must be tested, but due to the lack of supplies, they do not get tested, and this is one of the worst things we have been facing in this regard.* (Tech. 10)

> *They sent me four aprons to wear during the day, but if they are disposable and I need to see other patients, what do I do? And when we expressed our opinion on this situation, the occupational safety technician would say: "This is what we have and this is what we are sending to you and if you refuse to see a patient, you will be punished, you will be discharged for just cause for failure to provide assistance". In other words, I had no PPE, and they forced me to see the patient with a PPE which was of no quality at all.* (Tech. 11)

Another aspect highlighted in the statements was the shortage of nursing technicians in view of the high contamination rates, leading them to work with insufficient shifts to meet demand, increasing the physical and psychological burden for those on duty.

> *A lot of people were laid off and there was no replacement staff, there never was, we've been swimming against the tide for almost two years, always tired, most days we're not at full staff.* (Tech. 03)

> *We had to choose where to go first. For example, simultaneously, different patients are having cardiac arrest in 2, 3, 4 rooms, with a small team, we had to choose where to go first, which patient we can resuscitate, this is a difficult situation. Because we must choose between who lives and who does not, we must think about the patient's prognosis, we must think about the possibility of this patient's quality of life after the coronavirus... So, who do we resuscitate? It was a difficult situation that created a lot of stress within the team.* (Tech. 05)

Lack of institutional support

Feelings of sadness and lack of institutional support to deal with the emerging crisis context were reported by nursing technicians.

> *These issues that already existed before the pandemic, but that have become more pronounced, were exacerbated by all the sadness that we have now, and you have to live this sadness alone, you have no one to share it with, so you start building up such feelings... building up and then you realize that you no longer have patience, you sabotage yourself.* (Tech. 02)

> *Abandoned, abandoned, I felt abandoned and without support from my nurse who is my coordinator, because she is only a coordinator in theory.* (Tech. 11)

> [...] *Today it is very difficult to deal with mentally, especially because I did not have support, I had support from my coworkers, but from the company itself, from my boss, that did not exist, I see that as a lot of hypocrisy at times. Sometimes, institution "X" did live broadcasts during the pandemic, the Instagram page is fantastic, but for those who suffered, who lost family members, for the professional who lost their life, in this psychological aspect, they didn't care about the employee.* (Tech. 13)

In this same context, lack of knowledge, dissemination of false information, absence of

institutional guidelines and policies regarding COVID-19 were mentioned in the interviews.

> *There was no real direction in the policy regarding what to do with the patient. There were few clear situations for us about what to do, there was a lot of fake news circulating, we lived with this type of situation.* (Tech. 14)

> *What affected me and the person who works with me the most is the psychological aspect... why did we catch it [COVID-19], didn't we? How am I going to deal with this situation at home? Will I be able to get home normally or not? And today, with so much paperwork for everything, you can only get tested once, you can only request it if you have a symptom, so this period that we suffered until we found out whether we would have symptoms or not, the psychological pressure is worse.* (Tech. 09)

DISCUSSION

According to MacIntyre[6], the virtuous exercise of practice is considered a moral responsibility in which professionals must evaluate their desires, emotions and needs, accepting the importance of their ethical practices. Thus, they make decisions autonomously and responsibly in search of the intrinsic good of Nursing practice: the care and well-being of the patient[7]. The journey towards virtuous practice encounters obstacles in the process of moral distress, since the individual is faced with a moral dilemma demanding an ethical position. Confronted with obstacles to acting according to his/her moral conscience, the virtuous professional finds himself/herself unable to carry out his/her practice aiming at the essential good of Nursing, which is care.

The interviews revealed that the lack of autonomy, scarce institutional support and the impossibility of action based on moral discernment lead nursing technicians to moral distress. Regarding practices in healthcare services during the pandemic, the inability to make decisions can compromise the moral integrity of professionals and give rise to moral distress, affecting their safety, health and well-being[2].

In addition to the stressful feelings and physical exhaustion common to frontline professionals in the institutional context, Lantin[15] highlights that the limited participation of professionals in decision-making processes and the difficulty in meeting the demands and opinions of workers, who want to be heard before decisions are made by superiors or other team members, constitute potential risks for the demotivation of professionals[16]. As observed in the results of this study, nursing technicians felt powerless and unable to exercise their autonomy in care, despite being the professional category that continuously remains side-by-side with the patient.

Furthermore, the weakening of relationships between team members and the silencing of nursing technicians were exacerbated in the context of the pandemic. Professionals report the lack of support from the nurses responsible for the team, which contributes to the perpetuation of hierarchical relationships implicit in the role of leadership, with a defined division of tasks and elements of power relations[17], leading to an even greater submission of the nursing technician to the team.

The disregard for the needs of employees, resulting from the lack of a connection between the hierarchies of the institution, reflects a fragility in the management-employee relationship and a centralization in decision-making, generating feelings of devaluation on the part of workers[18]. This devaluation, including salary issues, is significant in experiences of moral distress. Clementino[19] points out that the feeling of devaluation and lack of recognition of the work of nursing technicians can directly affect their engagement, self-esteem and the relationship of the professional with their work and with themselves, reflecting in a decrease in the performance in the execution of their function[19]. As evidenced in the statments, although nursing technicians are professionals directly involved with patients and responsible for bedside care for a longer time, when faced with an intervention in which they could act according to technical and professional knowledge or try to express their opinion on patient care, they often find themselves without an active voice, generating a situation of professional discredit and invisibility.

Institutional constraints, discredit by other professionals on the team, pressure, coercion by superiors and lack of leadership are realities present in the daily lives of the professionals in this study. Such situations trigger feelings and contexts in which professionals see themselves and feel inadequate in their contribution to knowledge, practice and identity in the face of the challenges faced in the coronavirus crisis[20]. The interviews analyzed in this study corroborate this perception, confirming that, although the nursing technician knows the correct procedure to be taken and wants to express his/her opinion, he/she ends up remaining silent and/or obeying an order from another professional or from the institution itself, contrary to his/her moral and virtuous actions.

Regarding the mental health implications of moral distress, healthcare professionals may develop short- and

long-term mental disorders, such as burnout syndrome, fatigue, reduced job satisfaction, and high levels of stress, after experiencing stressful epidemic events[21]. Similar to the findings of this study, research shows that the reality faced by professionals in the face of new challenges and restrictions imposed by healthcare services resulting from the pandemic generated concerns and feelings of loneliness in those who worked in these contexts[2].

The positioning of 'frontline' professionals in relation to the imminent risk of exposure and the inherent fear that this work activity promoted was a striking reality during the pandemic. The high number of Nursing professionals, including technicians and assistants, infected justify the fear in view of the working conditions revealed in the interviews. Until November 2023, 65,029 cases of COVID-19 among Nursing professionals were reported[22]. This number shows that Nursing professionals constitute a risk group for COVID-19 contamination, being susceptible to factors that contribute to increased vulnerability, including work overload generated by sick leave, abstention and even abandonment of the profession[8,11].

Another important factor highlighted by the participants of this study is related to the inherent exposure to COVID-19, due to the lack of PPE, which is essential for the safe execution of practices. Quantitative studies[23] stated that 57.4% of professionals have already treated patients with suspected or confirmed COVID-19 diagnosis without the appropriate protective equipment. It is also noteworthy that the reuse of PPE is frequent in services, a factor that exposes professionals to make difficult decisions regarding patient care[23]. The implementation of measures to prevent and control occupational contamination is of utmost importance in healthcare services, especially due to the need for individual protection of professionals in the face of the possibility of infection[15].

The reality of the COVID-19 pandemic has intensified the experience of moral distress, especially in situations where professionals felt pressured to determine who should receive priority care, choosing which patient would receive healthcare, contradicting the provision of comprehensive care according to their belief in what is appropriate. Moral dilemmas represent situations of difficult decision-making, as they directly affect patients' lives, generating feelings of fear, anguish, discomfort and anxiety that significantly affect the mental health of professionals[24] and constitute potential causes of moral distress.

The pandemic also generated the phenomenon known as infodemic, characterized by a mixture of facts, speculation and misinformation[2], with the spread of fake news and erroneous information being significant. In this scenario, there was an increase in confusion among the population, generating uncertainty and fear about which sources of information were reliable or not, which caused truthful news to lose value and impact, including among healthcare professionals[25].

The results of this study indicate situations that cause moral distress during the COVID-19 pandemic, which are also corroborated by literature, such as uncertainty and fear, lack of support and loneliness in direct patient care. It is necessary to reflect on this context to learn ways of working and acting in scenarios that pose great challenges for Nursing care.

CONCLUSION

The results of this study point to factors related to moral distress experienced by nursing technicians in the context of the COVID-19 pandemic. These professionals faced feelings of frustration, helplessness, fear, emotional fragility, and sadness in the workplace, which prevented them from acting in accordance with technical-scientific knowledge, professional activity, and their virtues and moral values. Although the impediment to act virtuously does not make them non-virtuous professionals, since the reasons are beyond the professional's control and do not arise from individual desire, this inability to act in accordance with their ethical-moral position is a constant source of suffering and anguish.

The study presents important findings, especially considering the scarcity of studies focused on nursing technicians. The specificity of the pandemic context is a limitation of the study; however, it is believed that the research can contribute to reflections on the professional practice of these technicians and the challenges faced by the category, not only in the context of the COVID-19 pandemic, but also in various situations that generate moral distress. In addition, the study advances the theoretical framework on moral distress by adding elements related to the invisibility of the team of nursing technicians, who constitute the largest workforce within Nursing and who are sometimes silenced in the institutional context and in the healthcare team.

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