



Between Fear and Gratitude: The Emotional Experience of Nurses on the Front line of COVID-19

Entre medo e gratidão: a experiência emocional dos enfermeiros na linha de frente da covid-19

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ABSTRACT

The objective was to describe the feelings and ethical aspects involved in the performance of nurses on the front line of the COVID-19 pandemic. This is a descriptive study with a qualitative approach, based on the Theory of Social Representations, with a sample of 76 nurses from all Brazilian states, analyzed by IRaMuTeQ. Sociodemographically, the sample was composed mostly of women aged 30-38, married or in a stable union, with children aged 4-11, holding a bachelor's degree, with postgraduate education, employment ties, civil service system, and working in hospital care in the North or Northeast regions. Fear, gratitude, insecurity, hope, responsibility, helplessness, and courage were the main feelings experienced in the pandemic context. Finally, the perception and acceptance of what is barbaric, unethical, fallacious, bothersome, and contingent represent a significant emotional burden for nurses throughout their professional practice, especially during the analyzed pandemic period.

Keywords: Coronavirus infections. Ethics in Nursing. Feelings. Social Representation. Nursing.

RESUMO

O objetivo foi descrever os sentimentos e aspectos éticos envolvidos na atuação de enfermeiros(as) na linha de frente da pandemia da covid-19. Trata-se de um estudo descritivo, com abordagem qualitativa, fundamentado na Teoria das Representações Sociais, com amostra de 76 enfermeiros(as), em todos os estados brasileiros, analisado pelo IRaMuTeQ. Sociodemograficamente, a amostra fora composta majoritariamente de mulheres com idade entre 30-38 anos, casadas ou em união estável, com filhos de 4-11 anos de graduação, com pós-graduação, vínculo empregatício, estatutárias, e que atuam na atenção hospitalar nas regiões Norte ou Nordeste. O medo, a gratidão, a insegurança, a esperança, a responsabilidade, a impotência e a coragem foram os principais sentimentos experimentados em meio ao contexto pandêmico. Por fim, a percepção e a aceitação do que é bárbaro, antiético, falacioso, importuno e incontingente representam uma carga emocional significativa para os enfermeiros ao longo de sua prática profissional, especialmente durante o período pandêmico analisado.

Palavras-chave: Enfermagem. Ética em Enfermagem. Infecções por Coronavírus. Representação Social. Sentimentos.

INTRODUCTION

Since December 2019, all countries have experienced the effects of the COVID-19 pandemic with varying intensity. The prevalence and geometric growth of pneumonia cases caused by a new type of virus that began infecting humans in Wuhan, China, drew the attention of the World Health Organization and Chinese health authorities. This infection spread rapidly, and on January 30, 2020, it was declared a Public Health Emergency of International Importance^{1,2}. Despite the pandemic period being considered over as of May 5, 2023, active cases still exist as of January 2024. The pandemic period resulted in 702,307,659 confirmed cases, of which 6,919,573 resulted in death, underscoring the catastrophic impact of this pandemic worldwide^{3,4}.

In terms of South America, by May 2020, it became the epicenter of the disease caused by the new coronavirus, with Brazil suffering the main impacts, remaining as of the current date (January 2024) the fifth country with the highest number of cases².

Furthermore, it is important to consider that pandemic periods are critical for the mental health of the population, but especially for health workers, particularly nurses who provide direct care to those affected. Fear, an instinctive reaction, is fundamental to human beings and often becomes chronic or disproportionate, contributing to an increase in psychological disorders. Despite known data in the general population, studies on prevalence and causal factors in specific groups, such as health professionals, are still scarce⁵. The way nursing professionals who act and endure on the front line in the fight against the coronavirus, and experienced quarantine, presents peculiarities. While the global population experienced social isolation and the option for remote work, these workers confronted a moral dilemma: either

returning home and risking virus transmission or maintaining social distance from their families to ensure their safety. This situation is pointed out as a source of much suffering and stress⁶. Thus, seeking the representations of how these professionals experienced this unique moment in global health history, through the evocation of their feelings, can bring to light important issues that are trapped only within these individuals and, in a way, interfere positively or negatively in their performance in front of the sick and their families.

On this matter, Moscovici (1978) developed the theory of social representations, articulating affective, mental, and social elements, as well as integrating cognition, language, communication, and social relations that affect such representations⁷. Therefore, the study of social representations enables a theoretical-methodological framework as a way to access the current state of human beings among culture, society, and individuals. It recognizes that through the knowledge of common sense existing in groups, representations are produced as a reflection between thought and reality, aiming to demonstrate the lived and felt experience from what is expressed through speech and/or other forms of communication.

Therefore, in this study, we sought to understand the material and social reality experienced by nurses during the COVID-19 pandemic through the ideational symbolism interpreted by the subjects themselves.

Factors such as high working hours, workload, lack of professional valorization, direct contact with others' suffering, stress, pressure from the high number of severe case attendances, dual employment ties, precarious work contract linkage, high responsibility, sleep and rest issues, inadequate infrastructure, insufficient availability of personal protective equipment, imminent risk of infection, and transmission to family

members and others, may contribute to increased anxiety during these periods. Put differently, the dimension of working conditions adds to psychosomatic symptoms in nurses⁸.

In this sense, the study was guided by the following leading question: “What are the main feelings related to the COVID-19 pandemic experienced by nurses on the front line, and the ethical implications related to care?” Thus, the objective of this article is to describe the feelings and ethical aspects involved in the performance of nurses on the front line of the COVID-19 pandemic.

METHODOLOGY

This study is a descriptive research with a qualitative approach, grounded in the Theory of Social Representations (TSR), conducted and reported following COREQ (Consolidated criteria for reporting qualitative research) guidelines to validate this report⁹.

Participants were nurses working on the front line of care for individuals with COVID19 across all Brazilian states. A network was organized using technologies, where professionals were gradually contacted through social media platforms like Facebook[®], Instagram[®], and WhatsApp[®]. In a snowball sampling method, workers began informing colleagues with similar characteristics. Researchers made contact, and those interested were invited to participate in an interview.

Initially, researchers introduced themselves to participants individually, explaining the research’s objectives, reasons, and interests, and formally extended the invitation. At this point, three forms were sent: 1) Informed Consent Form; 2) A sociodemographic form including questions about gender, age, sex, number of children, marital status, time since

graduation, postgraduate education and its field, number of employment ties, whether they work in the hospital network, and in which Brazilian state they reside; 3) The third form prompted reflection: “In one word, define your feeling towards the pandemic.” After sending, a suitable date for returning the forms via email or electronic messages was arranged.

Data collection took place between May 25 and July 15, 2020, concluding once at least one professional from each state had agreed to participate, totaling 76 nurses. Those who did not wish to participate in the research or who did not feel comfortable reporting the feelings experienced daily were excluded.

For processing and organizing collected information, IRaMuTeQ software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), developed in France by Pierre Ratinaud, was used. This free program, based on R software, allows for various statistical analyses of textual corpora and word-by-individual tables¹⁰.

A similitude analysis based on graph theory was conducted, which, according to Marchand and Ratinaud (2012)¹¹, helps identify co-occurrences between evoked words and their connectivity, aiding in understanding the representation’s structure. Accordingly, analysis of the information was carried out through the phenomenon of social representations, which, as Moscovici¹² (2015) posits, are forms of socially formulated knowledge, created by groups of individuals to establish a specific way of understanding and communicating among themselves, guiding and organizing social conduct.

The research project was submitted to the Brazil Platform and approved by the Research Ethics Committee (CEP) with CAAE number 32083420.2.0000.5554 and Opinion 4.043.700. The investigation adhered to all

ethical principles, in line with the National Health Council (CNS) Resolution no. 466/12 concerning research involving human beings, as well as CNS Resolution no. 510/16, which allows for Informed Consent to be given verbally. Participants were provided with feedback on their responses for approval and regarding the results.

RESULTS

As for the sociodemographic and professional aspects of the participants, 71% are women, 55.3% are aged between 30 and 38, 53.9% are married or in a stable union, 51.3% have children, 56.6% have graduated between 4 and 11 years ago, 90.7% have postgraduate degrees, of which 81.1% specialize in Family Health,

Emergency/Urgency, ICU, and Health Services Management. Additionally, 59.2% have a single employment tie, 81.6% are in public service, 55.3% work in hospitals, and finally, 61.8% are on the front line in the North or Northeast regions.

Figure I organizes words by frequency and evocation into six classes for analysis: 1) fear (about 30 evocations); 2) gratitude, insecurity, and hope (about 20 evocations); 3) responsibility (about 18); 4) helplessness and courage (about 15); 5) solidarity, care, challenge, empathy, satisfaction, anxiety, and distress (about 10 evocations); and 6) contribution, frustration, pain, pressure, risk, utility, persistence, strength, attention, vigilance, faith, terror, rewarding, sadness, apprehension, tension, ignorance, uncertainty, humanization, redefinition, scarcity, duty fulfilled, and neglect (about 5 evocations).

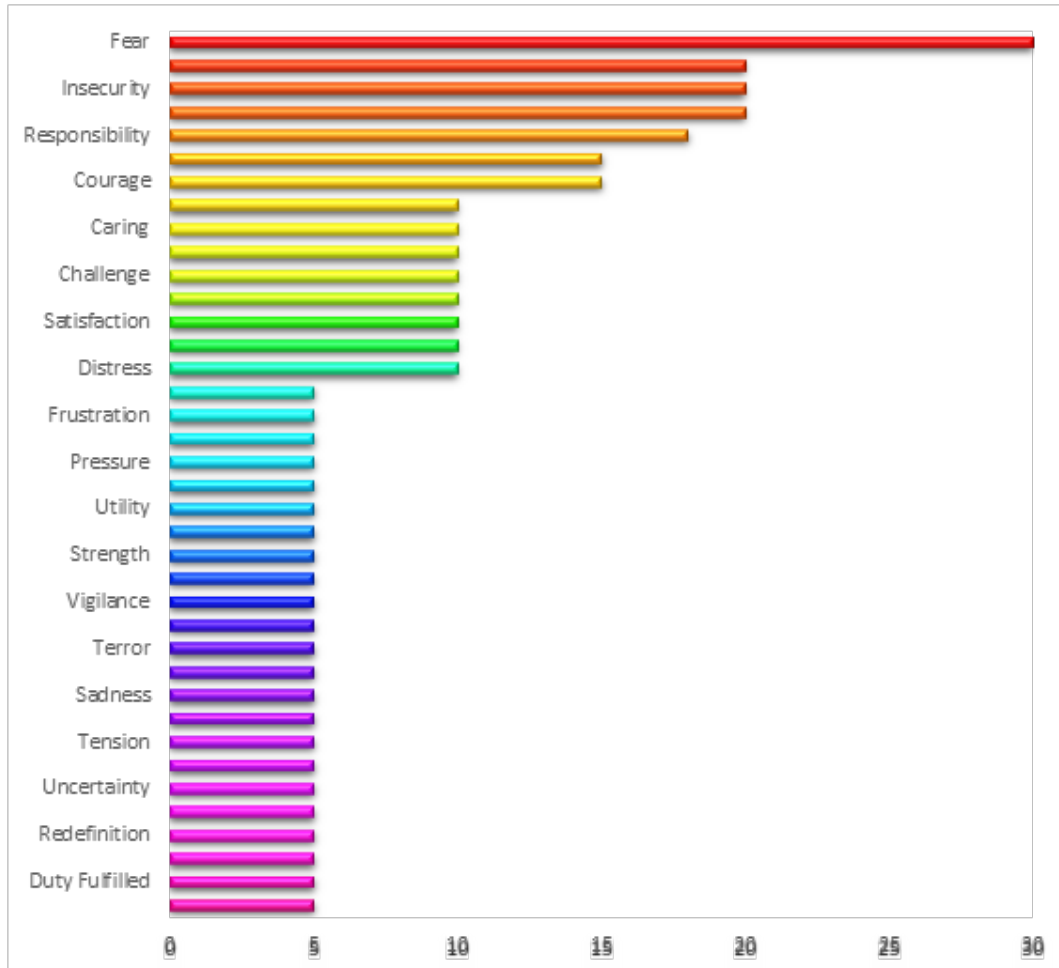


Figure I. Dendrogram of words related to the feelings of nurses working throughout the COVID-19 pandemic towards their work. Caxias-MA, BR, 2020.

Source: The authors. The Dendrogram was constructed based on users' evocations.

Figure II, represented by a graph resulting from the similitude analysis, indicates that the size of the red circles is proportional to the frequency of the evoked words. The word “fear” was the most remembered, followed by hope, insecurity, gratitude, and responsibility, and then the other feelings. The edges indicate the association between words.

The association indicator used was the co-occurrence frequencies between the “feeling

towards the pandemic” modality and the evocation of words that can be associated with ethical issues in nursing work. Thus, the feeling of fear directly co-occurs with responsibility, helplessness, anxiety, and care. The word “responsibility”, in turn, co-occurs with solidarity, care, and empathy. The term “helplessness” is linked to hope, which directly co-occurs with distress, courage, and insecurity; as well as challenge, gratitude, and satisfaction.

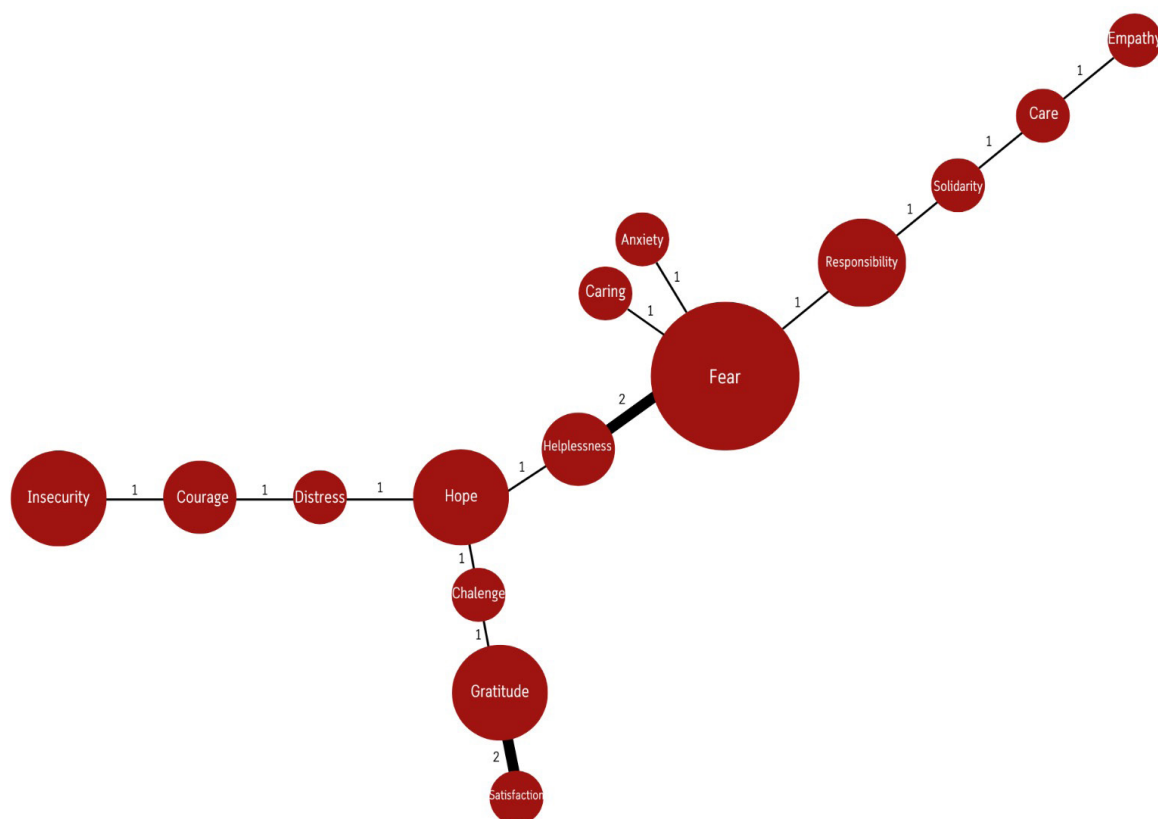


Figure II. Maximum similitude tree of the “feelings towards the pandemic” corpus. Caxias- MA, BR, 2020.
Source: The authors. The maximum similitude tree of the corpus was constructed based on users’ evocations.

DISCUSSION

The sociodemographic and professional data of this study’s participants revealed a female predominance, an age range of 30 to 38 years, married or in stable unions, postgraduates, working under a single employment contract, primarily in the public sector.

Women have formed a significant part of the workforce combating the COVID-19 pandemic, a reflection of the historical process of women in caregiving roles, thus representing the largest workforce in the health sector¹³⁻¹⁴. Often, they faced the dilemma of leaving their families or exposing them to higher contamination risks due to their jobs¹⁵.

These findings are similar to those from another study conducted in Paraná (Brazil) with 88 nursing professionals at a reference university hospital for COVID-19 response. Most participants were also women, married

or in stable unions, with higher education or postgraduate degrees, employed under public service contracts, working 40 hours a week, and with 1 to 5 years of service experience¹⁶.

Regarding the word dendrogram related to the feelings of nurses working throughout the COVID-19 pandemic, classes 1 to 4 are dominant, made up of contradictory feelings. Class 1 evokes fear, and class 4, insecurity and powerlessness. It is speculated these feelings were linked to insufficient knowledge about the disease and virus, lack of specific treatment, limited control over the infection and its complications, and the absence of vaccines at the time of the study¹⁵. Thus, it is believed these factors influenced the negative feelings found in this study.

In line with these results, a similar study¹⁴ conducted with health professionals from the five Brazilian macro-regions, which included a sample of 979 health professionals, explored through a guiding question the definition in one word of

“your feeling towards the COVID-19 pandemic.” The most prevalent feelings were fear, anxiety, and sadness. Another study, in a hospital in Northern Portugal, examining the attitudes of 28 nurse managers towards death before and after the critical period of the COVID-19 pandemic¹⁷, revealed the predominance of fear experienced by nursing professionals on the pandemic’s front line. Therefore, this proximity to the severity of the disease, patient suffering, and the imminent risk of death represents significant and potentially traumatic situations for those involved¹⁷.

Conversely, gratitude was mentioned, possibly for contributing to mitigating what could be considered the worst illness of all time, because, despite the scientific and technological arsenal available, months have passed with little to celebrate; hope, linked to the possibility of success in controlling the disease; responsibility towards the care process and maintaining health, as well as protecting colleagues and family; and courage in actively fighting an until then unknown enemy.

In consensus, a qualitative, exploratory study with 719 Nursing professionals from five geographical regions of Brazil showed that despite the impactful ambivalent feelings and emotions in nursing professionals, there is a hopeful sensation mobilized by inner and/or higher strength, faith, and perseverance. This helped them to proceed in the face of uncertainties and obstacles, overcoming adversities and highlighting the results found here¹⁸.

Additionally, corroborating the findings of this research, another study in Brazil identified fear, anxiety, sadness, anguish, and insecurity as the most mentioned feelings towards the COVID-19 pandemic among health professionals. Less frequently mentioned were despair, worry, uncertainty, and hope¹⁹.

In this context, the pressures at work, overload, technical responsibility required by the profession, and the continual pursuit of high-quality care, among many other demands, can

contribute to the emotional disorder of health professionals, especially those in nursing. These professionals represent the largest contingent of individuals involved in health care and are constantly linked to situations of extreme stress, remaining closer and for longer periods alongside patients and their families, which helps to understand the burden of negative feelings^{16,19-20}.

Healthcare workers face various stressors in pandemic contexts, such as increased risk of contamination, illness, and death; the likelihood of infecting others; exhaustion; exposure to large-scale deaths; disappointment at not being able to save lives despite all efforts; separation from family and friends; among others¹⁹. Amidst the pandemic scenario, the adversities experienced by health professionals can trigger or even accentuate cases of anxiety, depression, and stress²¹⁻²². In line, a study with 1,563 doctors in hospitals across different Chinese cities identified the prevalence of stress, depression, anxiety, and insomnia symptoms²³.

The COVID-19 pandemic has had multidimensional effects, with implications in the physical, emotional, economic, social, and psychological spheres, not just for patients, but also for the workers accompanying them. Stress, anxiety, and other psychological symptoms pose an even more problematic representation in the context of nursing professionals’ actions, as they have been in a favorable position for the reception, attentive listening, and comfort of patients needing assistance. However, if emotionally compromised, the nature of care could be affected²⁴.

Nonetheless, the Federal Nursing Council (Cofen) provided a 24-hour support channel for nursing professionals to seek emotional support. This service was offered by volunteer nurses specialized in mental health, aiming to assist thousands of workers tirelessly working in Brazilian health institutions during the pandemic²⁵.

According to Moscovici (2015)¹², everyday experiences shape, organize, and

externalize social representations, contributing to knowledge production. The impact of social representations reveals their dynamic nature, facilitating the emergence of new representations while old ones fade or disappear.

Regarding the relationship between evoked feelings and ethical issues in the profession, a group of words shows a strong connection: fear, helplessness, insecurity, anxiety, and anguish. In Chapter I, which addresses rights, COFEN Resolution No. 564/2017 approving the new Code of Ethics for Nursing Professionals (CEPE)²⁶ makes it clear that professionals should practice nursing freely and safely, in environments free of risks and harms, have access to available information resources, and moreover, suspend activities when the workplace does not offer safe conditions. In other words, during the pandemic period, they were not fully practicing their profession safely, as they were not assured of their own safety in their professional practice, going against CEPE.

Another group of words, mainly represented by hope and gratitude, includes courage, satisfaction, responsibility, solidarity, care, and empathy. Chapter II of CEPE highlights the profession should be practiced with justice, commitment, equity, resoluteness, dignity, competence, responsibility, honesty, and loyalty, based on prudence, respect, and solidarity²⁶. This contrasts with the realities of the pandemic, in which actions were often limited to what was feasible rather than ideal. Nurses have played a key role in addressing the pandemic, due to the primacy of the care provided to patients and their performance under the auspices of dedication, commitment, ethics, sensitivity, prudence, and, above all, responsibility in the face of the current moment^{27,19}.

It is crucial to highlight that many nursing professionals have been facing structural difficulties related to working conditions, lack of necessary materials and instruments, professional devaluation in light of the inherent

responsibilities of their work, deficits in nursing staff sizing, and overload. Given this, the Cofen/System and Regional Nursing Councils (CORENS) have intensified regulatory actions to support the profession daily and uphold the principles outlined in the CEPE²⁸. In challenging and urgent situations, professionals are tested and must choose between quick service to save lives or adhere to ethical principles by refusing tasks if conditions are unsafe, being honest about mistakes, assisting struggling colleagues, respecting the diversity of opinions among colleagues and the decisions of patients, not competing with other professionals unfairly, among others.

Nursing professionals have placed their hope in science, faith, and the health team's potential. Interpersonal relationships and acts of solidarity strengthen this hope¹⁸. Research underscores the importance of friendship as a tool to overcome pandemic-induced tensions and highlights the need to maintain feelings of esteem and perseverance for favorable mental health^{19,29}.

It's noted that the narratives of nurses active on the COVID-19 front line in Brazil have disclosed that these professionals are exhausted, extremely disoriented, and seeking social and professional recognition and visibility, not just individually but for the entire category. Addressing their demands, including psycho-emotional care needs, is crucial because they constitute the largest contingent of workers in the healthcare sector and impact on reducing illness rates and improving population health conditions³⁰. Social representation of these factors is seen as a form of knowledge aimed at transforming the unfamiliar into the familiar, incorporating newness into existing, stable knowledge structures. Thus, nurses' representations regarding their actions during the COVID-19 pandemic encompass depth, breadth, and diversity, in the process of understanding and apprehending the lived reality⁷.

Consequently, understanding how these workers represent the care provided, the main

emotions elicited, and how this might affect their lives and emotional issues is vital to possibly grasp the pandemic's significance on their actions and choices, especially regarding work conditions and interpersonal relationships³⁰.

Furthermore, new public policies must be directed towards nursing professionals, covering working conditions, weekly hours, base salary, and the availability of sufficient resources for professional practice. Such policies should ensure support for workers and enhance health care, valuing and protecting the worker, their health, the quality of care, and strengthening the science of nursing, while also minimizing the chances of errors due to exhaustive care and excessive work hours³¹.

Echoing the understanding of the authors mentioned in the previous paragraph, as a gesture of mercy and recognition, after more than 30 years of advocacy for the nursing category, the presidential sanction of Bill 2564/20 on 08/04/2022 established a base salary for the nursing team (nurses, nursing technicians, nursing assistants, and midwives) and Bill 597/15 on 06/21/2023, to ensure that health institutions, both public and private, provide nursing professionals with adequate rest conditions during work hours^{30,25}.

This has created a breath of hope for Brazilian nursing, as it is expected to mitigate and recognize the numerous historical achievements of nursing before, during, and after the COVID-19 pandemic era, despite many legislative obstacles to recognizing the importance of our work in enforcing our already acquired rights²⁵.

Therefore, the public authorities must structure means appropriate to the Brazilian reality, also considering scientific knowledge, which can lead to the reduction of already consolidated negative social representations and enable new anchorages, given that the principle of social representations of the new coronavirus is characterized by concerns related to its spread and psychosocial and affective consequences³²⁻³³.

Thus, the theory of social representations enables a theoretical-methodological framework as a way of accessing the current state of human beings among culture, society, and the individuals. It recognizes that, through the knowledge of common sense existing within groups, representations are produced as a reflection between thought and reality, aiming to demonstrate the lived and felt experience from what is expressed through speech and/or other forms of communication¹².

Faced with a reality that has been so challenging, a great deal of resilience is required by nursing professionals to overcome the crisis. In such a way, resilience has been one of the greatest competencies developed by nursing teams. However, they must urgently be respected, with adequate working conditions and hours, protection with equipment whenever necessary, and fair remuneration that matches the responsibilities taken on during the pandemic, in its unfolding and day-to-day in the work provided³⁴.

Thus, the role of professional bodies, the indispensability of the professional collective's mobilization, and the commitment of governmental and social authorities are reinforced as a way to transform the highlighted scenario. It is hoped that the misfortune experienced by thousands of nursing professionals can bring as a legacy the recognition by society of this category of workers, who, more than applause, demand dignified life and work conditions³⁵.

On May 5, 2023, the World Health Organization (WHO) declared the "end of the pandemic." It was a historic Friday, after three years and three months since the adoption of the global emergency, established in January 2020. Even in the face of the global pandemic's end, the scenario observed among the nursing team is still one of dissatisfaction, fear, emotional exhaustion, and devaluation both by the population and governmental entities^{25,36-38}.

Given this, the current circumstances require national public policies that effectively

encompass not only the nursing team but also all health workers who have been on the front lines in the fight against COVID-19, aiming at reducing/ending the mental illness caused²⁵.

In summary, there is an urgent need to create micro-policies that mitigate the devastating occupational effects of the pandemic by promoting practices in daily actions of individuals who, within the sphere of social normativity, can, even under the guise of reproduction, transgress or establish other social organizational processes embedded in current conditions of existence³⁷.

Regarding practical implications, the study enables nurses to understand aspects of reality experienced during the COVID-19 pandemic period and to act upon them, since representation takes the place of the social object to which it refers, giving them a voice and the opportunity to fight as a working class to improve many hostile aspects that this period has only intensified in their daily professional praxis. This allows recognizing what is barbaric, unethical, fallacious, bothersome, contingent, and sickening for them, who are so necessary within health care services for the population.

The limitations of the study were based on the heterogeneity of the participants, especially in terms of the types of services they worked in—primary, specialized, emergency, pre-hospital, and others, as well as public and private. This may have generated different, opposing, and diversified feelings. Moreover, it was conducted before the existence of vaccines in use worldwide, which could have brought a bit more hope; and data collection was carried out in the first six months of the pandemic, a period in which uncertainties were more imminent.

CONCLUSION

Based on the expressions of nurses on the front lines of the COVID-19 battle, this study confirms that fear, gratitude, insecurity, hope,

responsibility, powerlessness, and courage were the primary emotions experienced during the pandemic context.

In this situation, it is incumbent upon health service managers and public authorities to implement strategies that qualitatively improve health policies and organizational dynamics, aiming to support nursing work and provide favorable working conditions for quality care to users. The physical and mental health of professionals must also be promoted, seeking coherent and harm-free care with ethical considerations, as the pandemic period has only amplified the challenges nurses face daily in their professional practice.

Given its significance, this study does not claim to exhaust the topic but aims to contribute to building knowledge about the feelings experienced by nurses on the front lines against COVID-19. It seeks to spark significant discussions about the urgent need for greater appreciation—socially, professionally, and financially—of the nursing field, investment in better working conditions, and considerations regarding work hours in various health services, to minimize ethical implications arising from the lack of care for these workers. This is because they are crucial to health services, especially regarding the promotion of the Brazilian population's health.

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