

Moral Distress at the COVID 19 Pandemic: A New Challenge for Nursing?

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Abstract

The current scenario of global health reminds us to the need for qualified professionals to meet the demands of existing care and health care due to the changes in the epidemiological profile and the complexity of the diseases. Besides, the climate changes and deleterious effects of the strength of men is causing disasters and catastrophes never imagined. It is urgent to reformulate the way nurses think to better prepare them to confront the global challenges, ensuring safe and quality care to patients and their families facing the emerging demands. It is believed the holistic critical thinking can transform the teaching and practice of nurses, aiding them to act in situations of adversity and uncertainty.

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Moral distress is the phenomenon manifested when the professional has moral judgments about certain practices, but feels prevented from acting in accordance with these judgments [1,2], either by institutional limitations or by divergence of values. Moral distress is related to a moral decision related to a problem that requires a position of moral order.

Although in nursing, instruments and scales have been developed to quantify more stress in specific contexts, as well as its implications for the profession, this phenomenon in an environment of critical assistance is still little explored [3-5] and in the last duos of Corona Virus Disease 19 (COVID 19) as an additional factor in the development of moral distress.

New sick will take you through new problems, including problems of moral order, causing the reality of nurses to become even more challenging. because they are being pressured to provide immediate attendance in terms of superlotation, accumulation of functions, increased exposure to viruses, collection of various remedies, protocols, doubts as to how much better treatment there is, in addition to of family members, physical and emotional exhaustion or moral distress is favored, while the nurse is forced to deliberate adequately and promote adequate assistance devoted to in an unfavorable environment. In addition, Furthermore, despite advances in palliative care and discussions about the quality of life, and death is still a taboo in Western society (especially the death of young people and children) and death has been very much present during pandemic.

Conducting an integrative review of the literature (not yet published) of the last five years, I was able to identify in my research that the main event related to the moral distress of nurses working with critically ill patients was death, a constant reality during the pandemic. In addition to the deaths of the sick, professionals lived and are still living with the death of teammates, family members, friends and with

the possibility of their own death when they develop the disease. It is difficult to know the real impact of this reality on nurses' lives, but it is assumed, based on the studies we have on moral distress, that the COVID 19 pandemic may be favoring it. Given this possibility, it would be convenient for institutions to take a closer look at this reality, since moral distress and its aggravation compromise the physical and mental health of nurses, as well as the quality of their care for the sick.

The challenge is: how to act to prevent, or alleviate, the moral distress in the pandemic? Perhaps adequate psychological support for these professionals, with encouragement of self-care, is a viable alternative in the face of so many financial and structural imbalances. It cannot be believed that such a complex phenomenon can be perfectly tackled with such simple actions alone, but at the moment it seems that nurses cannot expect more than simple actions until there is a better pandemic regression.

In the current reality, moral distress seems to be a fait accompli. In the near future this could have serious consequences. Global nursing faces another challenge and needs to be attentive to overcome it.

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