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Original

Total pain and suffering of the Nursing team: experiences during the COVID-19 pandemic

Dor total e sofrimento da equipe de enfermagem: vivências durante a pandemia de COVID-19

Dolor total y sufrimiento del equipo de Enfermería: vivencias durante la pandemia de COVID-19

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Abstract

Objective: To analyze the dimensions of suffering manifested by the Nursing team in the care of COVID-19 patients, from the perspective of the concept of Total Pain. **Methods:** Qualitative research carried out with the Nursing team that worked on the frontline of COVID-19 care, through a socioeconomic questionnaire and semi-structured interview. ALCESTE software was used for corpus content analysis. **Results:** Twenty nursing professionals participated in the study. From the content analysis, two axis emerged: the first, called Pain in professional practice, highlighted the pre-existing social pain, pointing to the devaluation of nursing knowledge/practice. The second axis, called Pain during the pandemic, showed the emotional, social and physical dimensions of the participants' suffering. The results prove and show the multidimensional suffering faced in the daily work of the Nursing teams, bringing them closer to the concept of Total Pain. The exacerbation of precarious conditions in the pandemic and their effects were identified in the psychological, social and physical dimensions. **Conclusion:** It is essential to implement public policies and measures at governmental and institutional levels that value and recognize the role of Nursing, promoting direct action at the root of the suffering experienced by the category, in order to offer support for improving working conditions and decent pay.

Descriptors: Psychological Suffering; Nursing team; Pandemics; COVID-19; Pain perception.

Whats is already known on this?
During the COVID-19 pandemic, the nursing team was exposed to a high risk of contamination. Additionally, they were also affected by the complex psychosocial factors arising from the pandemic context.

What this study adds?
The study revealed that the precariousness of the nursing work routine constitutes a scenario of suffering, exacerbated during the pandemic, characterizing the concept described by Cicely Saunders as Total Pain.

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Resumo

Objetivo: *Analisar as dimensões do sofrimento manifestadas pela equipe de Enfermagem no cuidado aos pacientes vítimas da COVID-19, sob a perspectiva do conceito de Dor Total.* ***Métodos:*** *Pesquisa qualitativa realizada com a equipe de Enfermagem que atuava na linha de frente do cuidado à COVID-19, por meio de questionário socioeconômico e entrevista semiestruturada. Utilizou-se o software ALCESTE para análise de conteúdo do corpus.* ***Resultados:*** *Participaram do estudo 20 profissionais de Enfermagem. Da análise de conteúdo, emergiram dois eixos: o primeiro, chamado de Dores no exercício profissional, destacou a dor social preexistente, apontando a desvalorização do saber/fazer da Enfermagem. O segundo eixo, denominado Dores na pandemia, evidenciou as dimensões emocional, social e física do sofrimento dos participantes. Os resultados comprovam e evidenciam o sofrimento multidimensional enfrentado no cotidiano do trabalho das equipes de Enfermagem, aproximando-os do conceito de Dor Total. A exacerbação das condições precárias na pandemia e seus efeitos foram identificados nas dimensões psicológicas, sociais e físicas.* ***Conclusão:*** *Torna-se imprescindível implementar políticas públicas e medidas em níveis governamentais e institucionais que valorizem e reconheçam o papel da Enfermagem, promovendo uma ação direta na raiz do sofrimento vivido pela categoria, a fim de oferecer suporte para melhoria das condições de trabalho e remuneração digna.*

Descritores: *Sofrimento Psicológico; Equipe de Enfermagem; Pandemias; COVID-19; Percepção da dor.*

Resumén

Objetivo: *Analizar las dimensiones del sufrimiento manifestadas por el equipo de Enfermería en el cuidado de los pacientes víctimas de COVID-19, desde la perspectiva del concepto de Dolor Total.* ***Métodos:*** *Investigación cualitativa realizada con el equipo de Enfermería que trabajaba en la primera línea del cuidado de COVID-19, mediante cuestionario socioeconómico y entrevistas semiestructuradas. Se utilizó el software ALCESTE para el análisis de contenido del corpus.* ***Resultados:*** *Participaron en el estudio 20 profesionales de Enfermería. Del análisis de contenido emergieron dos ejes: el primero, denominado "Dolores en el ejercicio profesional", destacó el dolor social preexistente, señalando la subvaloración del saber/hacer de la Enfermería. El segundo eje, denominado "Dolores en la pandemia", evidenció las dimensiones emocionales, sociales y físicas del sufrimiento de los participantes. Los resultados confirman y evidencian el sufrimiento multidimensional enfrentado en la vida cotidiana del trabajo del equipo de Enfermería, acercándolos al concepto de Dolor Total. La exacerbación de las condiciones precarias en la pandemia y sus efectos fueron identificados en las dimensiones psicológicas, sociales y físicas.* ***Conclusión:*** *Es imprescindible implementar políticas públicas y medidas en niveles gubernamentales e institucionales que valoren y reconozcan el papel de la Enfermería, promoviendo una acción directa en la raíz del sufrimiento experimentado por la categoría, con el fin de ofrecer apoyo para mejorar las condiciones de trabajo y una remuneración digna.*

Descriptores: *Distrés Psicológico; Equipo de Enfermería; Pandemias; COVID-19; Percepción del Dolor.*

INTRODUCTION

The concept of "Total Pain", proposed by Cicely Saunders highlights the multidimensionality of pain and states that all aspects of life compete for the generation of pain and the manifestation of suffering, covering the psychological, physical, social and spiritual dimensions of pain.[1,2,3]

According to the author, suffering can be manifested in four dimensions that interrelate. Thus, the dimension of physical pain affects the person as a whole, and can easily go beyond its biological function as an alarm signal. In the psychic dimension, pain can present multiple causal factors, such as mood change, feeling of loss of control, fear of suffering and death, sadness, revolt, despair, depression, loss of hope and dreams. In the social dimension, pain can be marked by isolation, rejection, loss of social and family role and financial losses. While in the spiritual dimension pain can be denoted by loss of meaning, sense, and hope, anger or guilt before God.[2,3,4]

The pain and suffering result from physical and psychosocial factors. Although suffering and pain are not synonymous, it is understood that the experience of pain is a broad phenomenon, characterized by a state of malaise induced by the threat of loss of integrity or disintegration of the person generating suffering.[5]

The suffering and illness of nursing professionals in the various health services during the COVID-19 pandemic are directly related to precariousness and inadequate work conditions, which imply insecurity in the work environment, overload, excessive physical effort, extensive workload and double working hours.[6,7,8]

It is worth mentioning that, among the professions that worked in coping with the pandemic, Nursing stood out by leading the full-time care of symptomatic or confirmed patients for COVID-19. In the health services, they worked both in preventing the spread of the disease and promoting health, as well as in the diagnoses of Nursing, treatment, recovery and rehabilitation, in addition to all monitoring and support to the victims of the disease and their families.[9,10].

It is understood that it is important to map and understand the dimensions of greatest impact on the psychosocial health of the Nursing team in the face of the COVID-19 pandemic. In view of the above, the question is: What are the pains and psychosocial impacts manifested by the Nursing team during the COVID-19 pandemic?

Thus, the objective of the study was to analyze the dimensions of suffering presented by the Nursing teams in the care of COVID-19 patients, from the perspective of the concept of Total Pain.

METHODS

Type of Study

This was an exploratory and descriptive study with a qualitative approach.

Study scenario

This study was performed in Intensive Care Units in two public hospitals of references in the treatment of COVID-19 in DF, both belonging to the SUS network.

Methodological procedures

The data were collected through a socioeconomic questionnaire and semi-structured interview, prepared by the author, based on the objectives of the study and composed of 6 questions about the participants' work experience during the COVID-19 pandemic. The socioeconomic questionnaire covered 20 questions that comprised personal, socioeconomic, professional/labor information, and health information and religious/spiritual beliefs of the participants. The semi-structured script was prepared according to the objectives of the study.

In the first contact with the possible participants of the research, the objectives, procedures, risks and benefits of the research were explained. Nursing team professionals of legal age participated in the study, with at least six months of experience in the unit where they provided care to patients with COVID-19, all signed the Informed Consent Form (ICF). Those who were on vacation at the time of collection were excluded.

Data source

Participants were selected using the convenience sampling technique, which is characterized by the choice of participants who are easily accessible or available to the researcher. To ensure the quality of the results obtained, the theoretical saturation technique was used, which consists of collecting data until a level of repetition or redundancy sufficient to meet the objectives of the research is achieved. Thus, new participants were added to the sample until the data collected became redundant or repetitive, thus ensuring that the information obtained was reliable and representative of the population studied.[11]

Data collection and organization

In the first, called Hospital A, data collection took place in October 2021. In the second, identified here as Hospital B, collection took place in February 2022. Both teams were receptive and collaborative with the study. Visits were made in agreement with each participant through their free hours on duty. On the day and time previously scheduled, the socioeconomic questionnaire was completed and the semi-structured interview was conducted with an average duration of 38 minutes.

Data analysis

For the analysis of the questionnaire, descriptive statistics were used through Excel, suitable for the analysis of the data, in order to guarantee the reliability and validity of the results.

After conducting the interviews, the data obtained were transcribed, and the resulting corpus was submitted to content analysis using ALCESTE software. This software uses statistical calculations to analyze the co-occurrence of words in different text segments, allowing identifying and distinguishing classes of words that represent distinct forms of discourse on the topic of interest of the research. With this analysis, it was possible to understand the different perspectives and opinions of the participants on the subject studied, as well as identify patterns and trends in the data collected.[12]

The study was developed in accordance with Resolution 466/12, of December 12, 2012, of the National Health Council, and submitted to the Ethics and Research Committee (ERC) of the College of Health Sciences of the University of Brasília (UnB), having been approved under the Certificate of Presentation for Ethical Appreciation (CAAE) number 51465621.6.0000.0030. Likewise, it was submitted to ERC-FEPECPS/SES, which was approved under CAAE number 51465621.6.3001.5553.

In order to preserve the identity of the participants, their names were replaced by the letter "N" of Nursing, plus the number of the interview.

RESULTS

Nursing professionals, 10 technicians and 10 nurses who worked on the frontline of care for patients with COVID-19 participated in the study. It is important to note that there were no nursing assistants in the staff of these hospitals. The socioeconomic profile of the participants is shown in Table 1.

Table 1. Socioeconomic characterization of research participants on Total Pain and suffering of the Nursing team: experiences during the COVID-19 pandemic**.** Brasilia, Federal District, Brazil, 2022.

Variables	Hospital A	Hospital B	Total - n = 20 (%)
Gender			
Female	9	6	15 (75%)
Male	4	2	5 (25%)
Marital Status			
Married (%)	7	6	13 (65%)
Single	3	2	5 (25%)
Common-law married	2	0	2 (10%)
Category			
Nurses	6	4	10 (50%)
Nursing Technicians	6	4	10 (50%)
Wage range			
1 to 2 minimum wages	0	1	1 (5%)
3 – 5 minimum wages	6	2	8 (40%)
6 – 8 minimum wages	3	3	6 (30%)
More than 8 minimum wages	3	2	5 (25%)
Access to medical care			
Health plan	7	4	11 (55%)
Public Service (SUS)	3	3	6 (30%)
Private Service	2	1	3 (15%)
Comorbidities			
Yes	5	4	8 (40%)
No	7	4	12 (60%)
Covid-19 infection			
Yes	5	5	10 (50%)
No	7	3	10 (50%)
Religious Belief			
Evangelical	6	2	8 (40%)
Catholicism	4	3	7 (35%)
Spiritist	0	2	2 (10%)
No religion	2	1	3 (15%)
Religious rites			
Yes	10	7	17 (85%)
No	2	1	3 (15%)

Source: Prepared by the authors (2022).

The results showed that 75% of the participants were women between 29 and 55 years old, with mean of 40.8 years.

Regarding marital status, 65% were married and 80% reported having children and, regarding the spiritual/religious sphere, 40% reported being evangelical and 85% reported practicing rituals such as prayer, praises, attending worship, mass or online spiritualist sessions.

Regarding the time of graduation, the minimum time was 8 years and the maximum 32 years, with mean of 14 and a half years.

As for health information, 40% had comorbidities and, of the total, 55% used health insurance to maintain health. Among those who declared to have comorbidities, all reported that they maintained their work activities, even after a short period of medical leave, due to the lack of human resources in the sector in which they work and social commitment in the face of the pandemic. Among the study participants, 50% reported having contracted COVID-19, while the other 50% stated that at least one family member from the personal nucleus was infected.

Regarding the wage range, differences were observed between the institutions. In Hospital A, the total number of nursing technicians, that is, 50% of the interviewees, reported receiving between 3 and 5

minimum wages. Of the nurses, 25% said they earned 5 to 8 minimum wages, while the other 25% said they received more than 8 minimum wages (due to a longer workload or a double shift). The workload ranged from a minimum of 36 hours per week to a maximum of 62 hours per week.

In Hospital B, 14% of nursing technicians received up to 2 minimum wages with a reduced workload of 20 hours per week, while 28% reported receiving 3 to 5 minimum wages. Among nurses, 28.6% received 3 to 5 minimum wages and 28.6% earned more than 8 minimum wages (due to a longer workload or a double shift).

Axis 1: Experiences/daily suffering of nursing teams

The content analysis of the interviews revealed the existence of two thematic axis that explain the pain experienced by nursing professionals, the first was called Pain in professional practice and was composed of a single category called pre-existing social pain, representing 50% of the participants' speech.

The second axis named Pains in the pandemic was composed of three categories, called emotional pain, social pain and physical pain, totaling the other 50%.

Axis 1 - Pain in professional practice

In axis 1, it was possible to learn the existence of a professional pain that was already manifested before the pandemic context; it refers to the discomforts related to daily work in an environment characterized by the precariousness of work.

Pre-existing social pain

The most cited words in the interviewees' discourse in this category were: *Nursing, best, professional, material, load, employees, wage and technician*.

The *pre-existing Social Pain* is anchored in bases already widely discussed and attributed to the devaluation of the knowledge/practice of Nursing, especially the precarious working conditions, scarcity of material, financial devaluation and exhaustive work, emphasizing the pain experienced in the day-to-day of Nursing.

In this context, the need to understand the importance of Nursing scientism and the appreciation of the work of the category in institutional gears was perceived:

> [...] if you do a distal and proximal cleaning it is not because it is beautiful, no, it is to have a scientific principle behind it because Nursing is a science, whether it is at the undergraduate level or at the technical level. (N-19)

> And we need, you know, this issue of professional valuation, we need a decent job [...] because we don't work just for love, we work because we need it, because we have a family to support, we have a home, a child, so, working is good, it's rewarding, but we need to be valued. (N-1)

> Because we have always lived in the most unfavorable conditions. I think the pandemic has elucidated the profession. Who knows if this will improve wages? I mean as a total class, nurses, technicians, assistants, everyone. (N-14)

> But even before the pandemic it was already bad, with the pandemic it got better, it got a little better, because top management was forced to buy material to be able to do and receive this greater demand from patients. But even so, we still have a lot of scrapped equipment, which needs renovation, maintenance to be able to improve assistance. I think that if we had adequate material we could work better. (N-10)

The statements indicate that it is in the professionals' daily practice that the discomforts expressed with different pains originate, highlighting the need for appreciation, the lack of material resources and adequate equipment to carry out the work.

It is important to highlight that nursing work is linked to women's work, with the possible consequence of devaluation and social invisibility of the category. This *pre-existing Social Pain* manifested itself during the pandemic and brought to light the desire for social and institutional changes.

Axis 2 – Pain during the pandemic

Emotional pain

The most prominent words were: *family, mother, die, lost, close person, brother, young person, father*. It was observed that emotional suffering was expressed through fear of death due to recurrent bereavements, caused by the loss of family members, of friends and co-workers, causing awareness of death itself to emerge.

> [...] and then you get, in reality a fear of death itself, the reality is this! Fear of dying, that when you are a mother you are afraid of dying, of leaving a child; my child is already a teenager, but mother thinks that a child is always a child, right? (N.4)

> [...] I had to get away from my parents a little bit because my mother is obese, my father has a heart disease; he is a controlled diabetic and I had to get away a little bit, so it affected me a lot (N-20)

> Then, you are dealing with another human being, you are dealing with life [...] so we deal with colleagues who have lost a family member, and the loss of a relative of an uncle, a grandfather, a son, husband, mother, father. So the impact is huge. (N-7).

The need for isolation has also imprinted changes in relationships and personal behaviors that affect the emotional sphere and reverberate in social aspects.

Social pain

The most evident words were*: routine, pandemic, going out, isolation, liked, bar, cinema, crisis.* Participants highlighted that social distancing and concern about the risk of contamination of themselves and people in their lives led to changes in social routine, including the suspension of family visits and leisure activities on days off.

> Before it was a normal routine for everyone; you had your family, your cycle of friendships, you visited family members, went out, went to college, took the subway; all this was cut, it was broken because of the virus [...] you are as afraid of delivering as receiving, so the routine was broken. (N-11).

> [...] Before the pandemic, I had a routine, I came to work, did physical activities, I always liked to go out. I like to go out. So I went out, I went to the bar, to the club, I traveled a lot, as I'm from the countryside, every 3 months I went to my city. (N-6)

> [...] with the pandemic I felt a lot, at the beginning, mainly because of this other social interaction with another profile of people who are not in the health area, practically I found myself isolated, and even before having this isolation movement I already started to stop doing the activities. (N-10)

Social withdrawal led to feelings of loneliness and lack of social support. The interruption of routine activities, sources of satisfaction, negatively affected the sense of purpose and personal fulfillment.

Physical Pain

The most cited words were: *sleep, bedroom, medication, certificate, bath, clothing, separate, food*. It was evidenced that the physical pain generated numerous discomforts for the participants.

> It was very tiring, very tiring. The days I was there were exhausting! Then when I left I would take a shower, go to rest, come back, go out and take a shower again, right? So we were very exhausted. (N-6)

> [...] especially for people who were on the front line, I think that many people developed gastritis, the renal part, our own colleague took a certificate because of the renal part, infections, not drinking water, not going to the bathroom, right? (N-11)

> It was bad like that, it impacted because I started taking medication, I gained a lot of weight because I discounted food, in this period, I gained weight, I started to feel it, now not so much, but at first, I felt a lot of pain in the body, I think it was tension. (N-15)

The speech point to the physical exhaustion experienced by the Nursing team; the need to take sleeping medications; the need to leave due to illnesses; work overload, which made it difficult to drink little water, postpone the act of urinating, emotional overload and potentiate the emergence of eating disorders.

DISCUSSION

The feelings caused by the pre-existing pain of Nursing translate a multidimensional, interconnected and complex experience, responsible for different types of pain that manifest in different expressions of suffering, revealing a connection with the concept of Total Pain.

The complexity of pain in professional practice is anchored in a set of systemic factors related, from the perspective of the participants, to precarious working conditions, low remuneration, extensive workload and overload of the service, deficiency of material resources, dissatisfaction, discouragement, sadness, insecurity and symptoms of anxiety and prolonged stress.[13]

It contributes to the devaluation of the knowledge/make of Nursing the fact that the profession is predominantly female and, as such, perceived as less valuable or important when compared to other professional functions dominated by men. In addition, Nursing also suffers from the lack of institutional recognition. These facts confer even less visibility and social value, implying low remuneration, taking into account the long hours worked. The correction of the wage imbalance tends to be solved under pressures after the pandemic, by law number 2,564, which establishes the federal wage floor for the category.[14,15,16]

It is important to consider that the population's health care services, which were already facing great challenges before the pandemic, underwent abrupt and dense changes after the current global public health emergency caused by SARS-CoV-2. These changes affected the routines of nursing professionals and further compromised working conditions.[9,17,16]

In this context, the dimensions of suffering have been exacerbated due to new challenges, such as direct exposure to the risk of contamination in the face of insecurity and uncertainty about what to do in the face of high infectivity and transmissibility of the virus. The statistical records of 6,881,955 deaths worldwide and 699,310 in Brazil made the category vulnerable, installing a crisis.[18]

In the midst of the crisis, psychological pain, motivated by the fear of death, associated with work overload with the increase of patients infected by COVID-19 and the concern to contract the disease and transmit it to the families caused stress and anxiety, which were identified by records of wear and exhaustion, irritability, anxiety, insomnia and decreased performance and cognitive functions.[19]

Social pain was driven by the need for distance and social isolation, causing a decrease in social contact outside the work environment, which can lead to feelings of isolation and loneliness, loss of the role played with the family and social exclusion, which may also have contributed to the installation of a crisis.[18]

It can be said that physical pains correspond to the interface between psychological and social pains. Studies indicate that work overload and lack of time to rest were major factors that contributed to exhaustion, generating not only physical discomfort, but also sleep and eating disorders.[13,18]

Although spiritual suffering was not mentioned by the interviewed group, it is important to consider that spirituality is an inherent part of the human condition and can manifest itself in different ways. Based on the profile of the participants, which showed that 85% were religious, it can be inferred that the connection with the sacred through spiritual practices, such as praying, or participating in online spiritualist sessions, minimized suffering.[1,2]

Although the pandemic context generated a crisis, a certain productive effect can be inferred, which motivated adaptive strategies despite the intensification of tensions, defining the possibilities of understanding the situation and adjusting actions.[19,20]

Research on experiences in the face of the COVID-19 pandemic and emotion management shows that some professionals needed to use sources of social, governmental and institutional support that promote self-management strategies to deal with pain. [21]

For Saunders, comprehensive pain care, raised from the concept of Total Pain, conceives pain management as an intervention work with the objective of improving quality of life.[3]

As limitations of the study, it is listed that the research was conducted only with ICU teams from two public hospitals, preventing comparison with the reality of teams in private hospitals.

This study is expected to contribute to the search for definitive solutions to the serious and already widely known vulnerability of the working conditions of the Nursing team, especially considering that the COVID-19 pandemic was not the first and will not be the last to be faced by humanity.

CONCLUSION

It was found that the nursing teams are exposed to pain and suffering in their professional practice, which reveals that they experience Total Pain on a daily basis. This Total Pain is influenced by the paradigm that permeates capitalist logic and health care models, which make nursing work socially invisible and devalued.

Considering that Total Pain encompasses several multidimensional aspects that intertwine as the human collective has suffered and continues to suffer the consequences of the pandemic, such as the impossibility of choosing to "stay at home" and the obligation to work with infected patients, resulted in the manifestation of pain in the various dimensions of the human experience, including emotional, social and physical suffering.

Based on Saunders' concept, it is concluded that the pains faced by nursing teams require constant control and specific interventions. For this, it is essential to expand spaces for the participation of Nursing in institutional decisions, implement public policies and measures at governmental and institutional levels that value and recognize the role of Nursing and its specificities, promoting direct action at the root of the suffering experienced by the category, offering support aimed at improving working conditions and dignified remuneration.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Vita, SNS; Borges, MS. Contributed to data collection: Vita, SNS; Borges, MS. Contributed to the analysis and/or interpretation of data: Vita, SNS; Souza, MCS; Borges, MS. Contributed to article writing or critical review: Vita, SNS; Souza, MCS; Borges, MS. Final approval of the version to be published: Vita, SNS; Souza, MCS; Borges, MS.

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