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Experiences of neonatal intensive care nurses during the COVID-19 pandemic: a phenomenological study

Vivências de enfermeiras intensivistas neonatais durante a pandemia de COVID-19: estudo fenomenológico

Experiencias de enfermeras de cuidados intensivos neonatales durante la pandemia de COVID-19: un estudio fenomenológico

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Abstract

Objective: To understand the experiences of neonatal intensive care nurses during the COVID-19 pandemic in light of Patricia Benner's phenomenology**. Method:** This is a phenomenological study based on Patricia Benner's theoretical-methodological framework and Martin Heidegger's existential philosophy, through a paradigmatic case that emerged from this experience, approved by the Ethics Committee under protocol 4.665.149. Interviews were conducted between May and September 2021 with 8 neonatal intensive care nurses. The hermeneutic analysis followed the phases: thematic unity, search for similarities and differences, and identification of paradigmatic cases. Results: Two major themes emerged: "Meanings of care in the NICU" and "Coping with the pandemic". The case of "Nurse Lavender" stood out for presenting a high level of concern for the other, evidencing phenomenological openness, becoming, and self-discovery. The experiences essentially revealed the counterpoint between tensions and the desire for humanized care beyond the limitations imposed by the pandemic, generating a re-signification of professional practice in a time of crisis. **Conclusion:** The phenomenon of concern for the other and being-with-others-in-the-NICU-world was unveiled, guiding the process of meaning-making with affection, commitment, and accountability. The pandemic intensified ethical and existential dilemmas, but also strengthened professional identity and the meaning of neonatal care.

Descriptors:
Hermeneutics; Neonatal Nursing; COVID-19; Phenomenology; Nursing Care.

What is already known on this?
The literature indicates that Neonatal Intensive Care Unit nurses experienced moments of physical and emotional complexity during the pandemic, having to adapt in order to maintain care amidst the crisis.

What does this study add?
The study contributes to the understanding of the phenomenon through the lens of a nursing theory within a care context that is atypical.

Resumo

Objetivo: Compreender as vivências de enfermeiras intensivistas neonatais durante a pandemia de COVID-19 à luz da fenomenologia de Patrícia Benner. **Método:** Trata-se de um estudo fenomenológico, fundamentado no referencial teórico-metodológico de Patrícia Benner e na filosofia existencial de Martin Heidegger, por meio de um caso paradigmático que emergiu dessa experiência, aprovado pelo Comitê de Ética, sob Protocolo 4.665.149. Realizaram-se entrevistas entre maio e setembro de 2021 com oito enfermeiras intensivistas neonatais. A análise hermenêutica seguiu as fases: unidade temática, busca de semelhanças e diferenças e identificação de casos paradigmáticos. **Resultados:** Emergiram dois grandes temas: "Significados do cuidar em UTIN" e "Enfrentamento da pandemia". O caso "enfermeira Lavanda" destacou-se por apresentar elevado nível de preocupação com o outro, evidenciando abertura fenomenológica, devir e desvelar-se. As vivências revelaram essencialmente o contraponto entre as tensões e o desejo de cuidar humanizado, além das limitações impostas pela pandemia, gerando ressignificação da prática profissional em um tempo de crise. **Conclusão:** Desvelou-se o fenômeno da preocupação com o outro e ser-com-outros-no-mundo-da-UTIN, orientando o processo de significação com afetividade, comprometimento e responsabilização. A pandemia fez com que houvesse uma intensificação de dilemas éticos e existenciais, mas também fortaleceu a identidade profissional e o sentido do cuidar neonatal.

Resumen

Objetivo: Comprender las experiencias de las enfermeras de cuidados intensivos neonatales durante la pandemia de COVID-19 a la luz de la fenomenología de Patricia Benner. **Método:** Este es un estudio fenomenológico basado en el marco teórico-metodológico de Patricia Benner y la filosofía existencial de Martin Heidegger, a través de un caso paradigmático surgido de esta experiencia, aprobado por el Comité de Ética bajo el Protocolo 4.665.149. Se realizaron entrevistas entre mayo y septiembre de 2021 con ocho enfermeras de cuidados intensivos neonatales. El análisis hermenéutico siguió las fases: unidad temática, búsqueda de similitudes y diferencias, e identificación de casos paradigmáticos. **Resultados:** Surgieron dos temas principales: "Significados del cuidado en la UCIN" y "Afrontamiento de la pandemia". El caso de "Enfermera Lavanda" destacó por presentar un alto nivel de preocupación por el otro, evidenciando apertura fenomenológica, devenir y autodescubrimiento. Las experiencias revelaron esencialmente el contrapunto entre las tensiones y el anhelo de una atención humanizada que trascendiera las limitaciones impuestas por la pandemia, generando una resignificación de la práctica profesional en tiempos de crisis. **Conclusión:** Se puso de manifiesto el fenómeno de la preocupación por el otro y la presencia en el entorno de la UCIN, guiando el proceso de construcción de significado con afecto, compromiso y responsabilidad. La pandemia intensificó los dilemas éticos y existenciales, pero también fortaleció la identidad profesional y el significado de la atención neonatal.

Descriptores:

Hermenéutica; Enfermería Neonatal; COVID-19; Fenomenología; Cuidados de Enfermería.

INTRODUCTION

The SARS-CoV-2 coronavirus, the causative agent of Coronavirus Disease 2019 (COVID-19), was declared a pandemic by the World Health Organization in March 2020, constituting the most significant health crisis of the century. This crisis exposed social, political, and economic vulnerabilities within Brazil's healthcare system, with direct repercussions for workers' health —particularly nursing staff, a group that remained on the front lines of providing direct, continuous patient care.[1,2]

In this context, the public perception of nursing work took on a new dimension, with the profession widely hailed as the "heroine" of the pandemic. This narrative, however, carries a rarely discussed ambiguity: while acknowledging the profession's central role in providing care, this heroic rhetoric also serves to obscure concrete demands, such as fair wages, workplace safety, and psychological support, by normalizing suffering as an inherent part of a supposed calling. Representations of nursing professionals remain heavily imbued with socio-historical stereotypes found in art and cinema, which construct an image of maternal, kind, and servile care—historically associated with the female gender.[1,3] Such stereotypes create barriers in the identity construction and perception of the humanity of professionals, a category that presented a significant number of infections and deaths from COVID-19 and which, in the scenario of this study, was composed exclusively of women — a reflection of the historical feminization of Brazilian nursing, and not a selection criterion for the research, as detailed in the "Methods" section.[2,4]

Care in the Neonatal Intensive Care Unit (NICU) involves specific aspects that require nurses to manage various technologies in order to provide high-quality, humanized care to newborns (NBs).[5] Unlike other intensive care settings, the NICU necessitates a constant balancing act between caring for the NB and the family. This bond was directly affected during the pandemic by visitation restrictions and infection control protocols, which altered parental involvement in care and confronted nurses with ethical and emotional dilemmas beyond those already inherent to neonatal critical care. It is precisely this day-to-day handling of technologies, fragile bodies, and disrupted family bonds that reveals—beyond the instrumental dimension—the ethical, aesthetic, and personal layers of care: managing technology, in this context, is already part of a broader way of being-a-nurse-in-the-world-of-the-NICU, a mode in which the technical and existential dimensions do not stand in opposition but rather mutually constitute one another.[6]

The pandemic context exacerbated the workload, leading to burnout and psychological distress. These professionals were exposed to risks of contagion, fatigue, stigma, and violence that exacerbated their mental health issues.[5,6] Feelings such as fear, sadness, loneliness, and anxiety were widely reported, suggesting the impact of the health crisis on the subjectivity of clinical practice.[7]

However, national and international investigations have found that barriers to providing care did not deter involvement in and dedication to practice.[5,6] This phenomenon suggests the existence of significant elements that sustain professional engagement—even in adverse contexts—related to the senses and meanings attributed to caregiving.

Benner's hermeneutic-interpretive inquiry seeks to unveil similarities and differences in lived experiences, transcending empirical-rational approaches that decontextualize phenomena by stripping away historicity, temporality, and the existential elements of the lived experience.[8] This framework is especially suitable for phenomena whose constituent elements are dynamic and influenced by cultural patterns, preferences, and interests.

Thus, there is a justified need to understand the subjectivity of being a nurse in a challenging pandemic context, in order to comprehend the lived experiences that underpin engagement with the profession's daily responsibilities. Thus, this study aimed to understand neonatal intensive care nurses' experiences during the COVID-19 pandemic through the lens of Patricia Benner's hermeneutic phenomenology, presenting a paradigmatic case that emerged from this experience.

METHODS

This is a phenomenological study of a descriptive-exploratory nature, grounded in Patricia Benner's theoretical-methodological framework, which draws upon the existential philosophy of Martin Heidegger, Merleau-Ponty, and Kierkegaard.[8] This study followed COnsolidated criteria for Reporting Qualitative Research recommendations.[12] It emerged from a master's thesis linked to a federal university graduate program, supported by a national funding agency in the form of a scholarship.

Benner's hermeneutic-interpretive framework proposes an expanded analysis of narratives, moving from the part to the whole through successive back-and-forth movements involving the text.[8] The

researcher focuses on the descriptive discourse of a specific experience, seeking to grasp its phenomenological essence (*noesis*), i.e., how the world and the beings within it acquire a temporal character for those who experience them.[9] This analysis distinguishes two levels of understanding: one more literal, based on the objective meanings of the narrative (*noema*); and another, deeper level, in which figures and tacit meanings reveal the lived-world of the consciousness of being—a realm accessible only ontologically.[8,9,10,11] The hermeneutic circle guides this movement as an iterative process—without a predetermined end—until the meanings emerging from the narratives are intelligibly exhausted.[9,11]

The five sources of similarity explored in Benner's[8] hermeneutic phenomenology are: (1) situation - encompasses how the person is situated historically and currently—whether the situation is understood as regular social functioning or as a rupture, novelty, error, confusion, or conflict; (2) embodiment/incorporation - involves knowledge embodied in skillful behaviors and perceptual and emotional responses to clinical situations; (3) temporality - the qualitative experience of lived time—including projection into the future and understanding based on the past—which is altered especially in crisis contexts; (4) concerns - express the person's meaningful orientation within the situation, dictating what appears salient and what matters; (5) common meanings - linguistic and cultural meanings taken for granted, which create agreements and understandings regarding what it is like to be a nurse in a given context.

Operationally, in this study, this framework guided three concrete procedures: (1) repeated reading of each transcript in search of units of meaning organized according to the five sources of similarity; (2) a systematic comparison of the narratives to identify thematic convergences and divergences; and (3) the identification of a paradigmatic case that stood out as an especially intriguing or unsettling instance of the phenomenon under study, without precluding the joint analysis of the other narratives that make up the thematic analysis presented in the "Results".

The interviews were conducted by the principal researcher, a nurse and master's student in nursing affiliated with the aforementioned graduate program, who had experience in qualitative phenomenological research. There was no prior relationship between the researcher and participants. All participants signed an Informed Consent Form (ICF) before the interview, acknowledging the nature, procedures, and voluntary nature of the study. Questions regarding the study were addressed during visits to the unit, which were conducted to invite potential participants and disseminate information about the ongoing research. The researcher's interest in the topic emerged from her professional and academic experience in neonatal nursing, motivated by the perception that the subjective meanings of care in this context remained underexplored in the national literature, which has predominantly focused on adult inpatient units.

The study was conducted in the NICU of a university hospital affiliated with *Empresa Brasileira de Serviços Hospitalares* in northeastern Brazil. Purposive convenience sampling was employed. Eligibility criteria included being a staff nurse who had worked in the NICU during the COVID-19 pandemic for at least one year and being voluntarily available at the time of the researchers' visits to the unit. The total number of eligible nurses in the unit corresponded exactly to the number of study participants, and all invited nurses agreed to participate, with no refusals. Professionals who were on leave or otherwise absent during the data collection period were excluded.

Following approval by the Research Ethics Committee, the unit's nurse manager disseminated the invitation to participate through the team's WhatsApp group. Subsequently, the researcher visited the unit in person during different work shifts and break periods to individually introduce the study to each nurse, explain its objectives and procedures, and explicitly emphasize the voluntary nature of participation, as well as the right to decline or withdraw at any time without any employment-related consequences. This procedure was intended to minimize any potential sense of coercion or discomfort. The ICF was signed electronically before the interviews, together with a sociodemographic questionnaire. No one other than the participant and the researcher was present during the interviews.

The interviews were conducted individually, once with each participant, between May and September 2021 in a private area within the NICU, lasting an average of 40 minutes. They were audio-recorded, noted in a field journal, and subsequently transcribed in full by the researcher herself. The phenomenological interview began with the opening question: "Tell me about your experience as a nurse caring for high-risk NBs in a NICU during the COVID-19 pandemic", followed by non-directive, probing questions—such as "How did you feel about that?" and "What did that mean to you?"—guided by each participant's narrative flow.

Benner's hermeneutic phenomenological approach was conducted in three phases: thematic analysis, identification of similarities and differences, and identification of paradigmatic cases.[8] The analysis was carried out by the principal researcher under the systematic supervision of the research advisor, who independently analyzed the thematic units and compared interpretations during discussion meetings, a procedure that enhanced the intersubjective rigor of the analytical process. Theme development was inductive, emerging directly from the participants' narratives without the use of predefined categories, although it was guided by Benner's five sources of commonality, which served as interpretive lenses.

data were organized into units of shared meaning based on Benner's five sources of commonality: situation, concern, embodiment, temporality, and shared meaning.[8] From the corpus of narratives, a paradigmatic case emerged and was analyzed individually under the pseudonym "Lavender". According to Benner's methodology, a paradigmatic case is not the most representative or most frequently occurring account within the group. Rather, it is the account that presents itself to the researcher as a particularly distinctive instance, serving as a privileged point of entry for the interpretive dialogue with the text. This distinction does not exclude the remaining narratives, which were analyzed collectively during the thematic analysis and were also used as exemplary cases throughout the "Results" section. Data collection was concluded when phenomenological sufficiency was achieved, that is, when no new thematic elements emerged from subsequent narratives, a criterion for sample adequacy consistent with hermeneutic phenomenology.[8] The interview transcripts were returned electronically by e-mail to all participants for member checking, and none requested any modifications, thereby confirming the accuracy of the transcripts.

This study was approved by the Research Ethics Committee for Human Subjects of *Universidade Federal de Alagoas* on April 22, 2021, under Protocol 4,665,149, in accordance with Brazilian National Health Council Resolutions 466/2012 and 510/2016.

RESULTS

Eight clinical nurses from the NICU participated in the study during the pandemic period, whose sociodemographic and professional characterization is presented in Table 1, indicating a diverse profile, capable of influencing the thematic findings.

Table 1. Sociodemographic and professional characterization of participants. Maceió, AL, Brazil, 2021

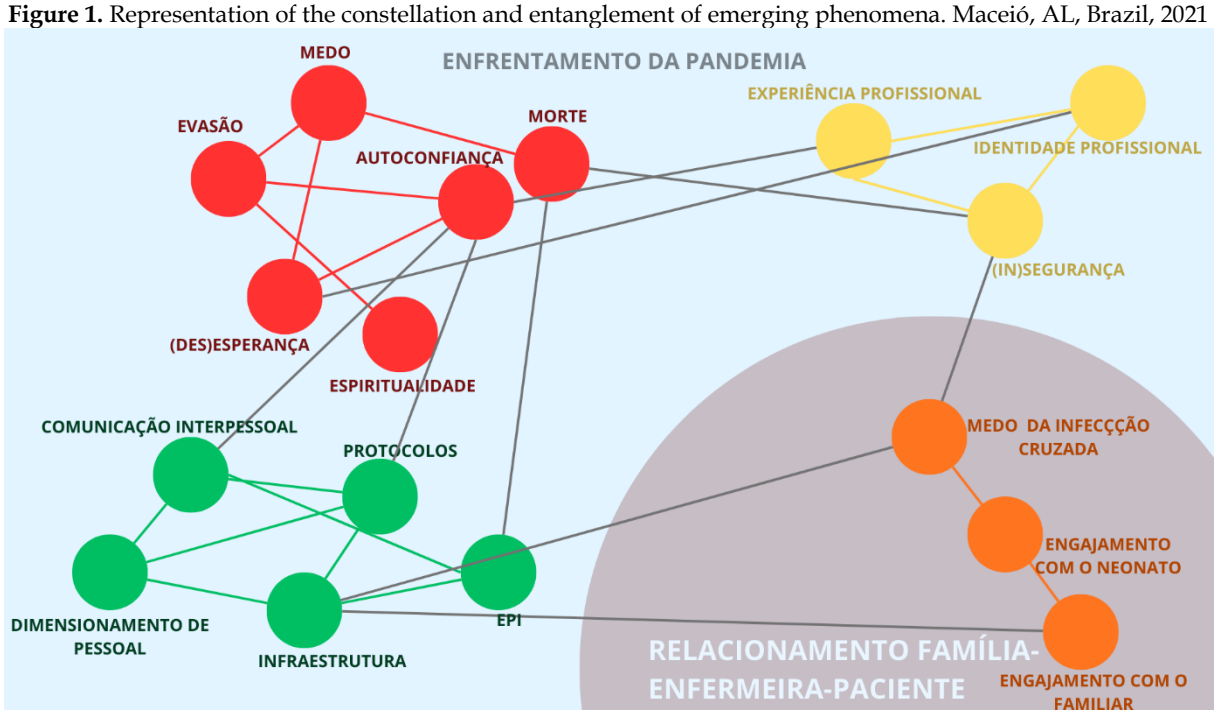
Participant	Age	Race	Postgraduate studies	NICU Time	Double work relationship	Comorbidity/risk
I1	26-30	White	Neonatology	2 years	Yes	No
I2	31-35	White	Information Technology/Neonatology	4 years	Yes	No
I3	36-40	Brown	Neonatology	6 years	No	Vulnerable coexistence*
I4	26-30	White	Neonatology	3 years	Yes	No
I5	41-45	White	Information Technology/Neonatology	12 years	No	No
I6	36-40	Brown	Neonatology	5 years	Yes	No
I7	31-35	White	Neonatology	4 years	No	No
I8	36-40	White	Neonatology	>7 years	Yes	Vulnerable coexistence*

Note: NICU – Neonatal Intensive Care Unit; I – interviewee; *Vulnerable living situation characterized by family separation due to the COVID-19 pandemic.
Source: prepared by the authors, 2025.

The findings are presented in two complementary stages. First, the phenomena shared by all eight participants are organized into themes 1 and 2. This is followed by an in-depth analysis of Lavender's paradigmatic case, which deepens and illustrates—rather than summarizes—these same phenomena through a singular narrative.

The categories and subcategories emerged from the thematic analysis of the participants' accounts and were organized into three dimensions—personal, professional, and institutional—understood as indivisible constellations that are intrinsically interconnected (Figure 1).

Figure 1. Representation of the constellation and entanglement of emerging phenomena. Maceió, AL, Brazil, 2021



Source: prepared by the authors, 2025.

Theme 1: Meanings of care in the Neonatal Intensive Care Unit

The narratives revealed that care in the NICU is experienced as a way of being-in-the-world that transcends technical aspects, encompassing ethical, affective, and existential dimensions. During the pandemic, concern with knowing how emerged as a central element, particularly regarding how care could be adapted to achieve high-quality, effective practice and whether the necessary resources would be sufficient and readily available.

The phenomenon of being-with-the-dyad—the nurse-family-infant triad—was abruptly disrupted by visitation restrictions. Preventing family members, who had routinely participated in the care process, from being present reinforced the severity of the illness and unraveled the web of affective human relationships that had naturally developed through this lived experience.

> While I love the profession I chose and the field of neonatology, certain day-to-day issues wear me down a bit [...] I like arriving and feeling like part of that space while I'm there—really trying to observe and stay on top of everything, getting to know the babies and their families, and being able to get involved. (Lavender)

Remaining by the patient's side, being with the patient, and existing alongside the NB navigating the health-illness process in the NICU served as a benchmark for professional satisfaction—a phenomenon not limited to the account of a single participant.

> Patients were also isolated [...] but isolated from their families. And we were there to lessen, to soften that absence, that pain [...] empathy for the other, the desire to offer comfort [...] And wanting the best for the other person, whoever they might be—that is what led me to persist, and not give up. (Star Anise)

This level of engagement extended beyond the confines of the shift, manifesting as a concern that stayed with the nurse even outside the hospital environment.

> Sometimes you leave something behind—something that makes you worry—and you find yourself thinking about it, asking the colleagues who stayed on duty how things are going... asking about the NB, how he's doing, whether anything happened, or if he's improved. Sometimes we wonder, because we stay worried even when we're at home. (Pine)

Embodiment—the knowledge embodied in gestures, routines, and perceptual responses to clinical situations—also had to be reconfigured. Training and repeated practice in biosafety protocols enabled several participants to transform their initial insecurity into confidence in caring for NBs with suspected or confirmed COVID-19.

> We underwent training—once we started the training and the hands-on practice [...] I began to feel more confident caring for the baby with COVID. (Mint)

Without exception, nurses were engaged in their work activities, demonstrating a readiness for teaching and learning and for clinical expertise.

Theme 2: Addressing the pandemic

The response to the pandemic unfolded in distinct ways, based on the subjective resources of each nurse. Temporality directly influenced how each professional perceived themselves in the situation surrounding the emergence of the first neonatal cases in the state. Absenteeism reflected concern for oneself and others, expressing the distress associated with the responsibility of providing care in the absence of adequate environmental conditions and sufficient knowledge.

> So, we would come in with our hearts in our mouths, because we were thinking about ourselves and our families back home [...] my greatest fear was for myself, for other people, and for my family. The consequences brought about by the pandemic ended up affecting us. (Lavender)

The same fear ran through other narratives, revealing that concern for family safety was not an individual peculiarity but a phenomenon shared by the group.

> [...] it has been very difficult dealing with this, not least because we are under a heavy workload; the pandemic brought absenteeism and a lot of work leaves [...] my parents, for example, are getting on in years, and I live far away, so I'm in that situation where you want to hug them, you want to offer support, and the pandemic [...] forced you to stay away from your family. (Sandal)

Fear of contagion permeated the narratives in various ways: for some, it served as a constant reminder of the risk; for others, it was absorbed into their routine without paralyzing their professional activities.

> I was much more afraid. I found myself in a situation where I didn't know what to do [...] We live at constant risk, right?! (Cedar)

> The fear here was immense at the beginning [...] I won't say I didn't feel afraid—after all, we were here seeing everyone scared, terrified—but it wasn't something that paralyzed me; I can tell you that—no way. (Cinnamon)

The crisis also prompted a transformation in participants' self-perception, extending beyond adaptation to new protocols, suggesting that the temporality of the pandemic reshaped not only their daily practice but also their professional identity.

> I never thought about leaving the profession—not at all. I thought about learning more, about an opportunity to learn amidst this new reality, despite the fears and insecurities [...] I believe the work is the same, but I believe I am not the same. Yeah, I don't know how to explain that, either. (Cedar)

Managing a reduced team—amidst an overwhelming workload and insufficient practical preparation—disrupted expert nurses' balance, placing them in the position of competent practitioners

who are still in a learning process. Being away from family increased the difficulty of managing the crisis, as concerns about the safety and well-being of one's own family members arose simultaneously.

> In fact, caring for at-risk NBs is a major challenge in itself and takes a significant emotional toll [...] no matter how much one might want to separate the emotional aspect from the purely clinical side of things, it ends up being very difficult. (Lavender)

The increased workload resulting from colleagues' absenteeism was also identified by other participants as a factor that intensified the team's strain.

> In the beginning there were many absences, so the team was very overloaded, many absences, many absences. (Cinnamon)

Spirituality and support networks emerged as important phenomena for coping, with family and mental healthcare professionals playing a role in this process of overcoming challenges. Interpersonal relationships at work took center stage in the few possible in-person interactions, becoming precious and, to some extent, uniting the team around a collective goal.

> I think that's something we work on, realizing that it can actually happen at any moment, in any situation... we really have to cherish this moment, and our relationships. (Lavender)

> [...] first, the fact that we are a network—while some are faltering, others are standing strong [...] and also the support network I have with the psychologist and psychiatrist—I receive proper care from them, so that was a source of support that helped me get through it. (Vanilla)

Paradigmatic case: nurse Lavender

Paradigmatic cases emerge from interpretive analysis as examples that transcend the boundaries of traditional clinical reasoning, replacing operational definitions by demonstrating intentions and concerns within situated contexts.[8] According to the methodological criteria described in the "Methods" section, the case of Lavender was identified because of its distinctive nature in relation to the other narratives. Her account demonstrated the highest level of concern for others among the eight participants, together with a profound phenomenological openness and explicit reflections on her own place in the world-of-the-NICU during the pandemic, thereby constituting a paradigmatic case of being-a-nurse-in-the-world-of-the-NICU during the COVID-19 pandemic.

Lavender is a woman between 31 and 40 years of age who self-identified as white and Catholic. She is a neonatal nursing specialist with more than seven years of experience in the NICU and held two professional positions. Although she was not considered to be at high risk for COVID-19, she lived with vulnerable family members and reported distancing herself from her family during the pandemic. The analysis revealed profound meanings associated with Benner's five sources of commonality, which are presented in Chart 1.

Chart 1. Key elements of the interpretive analysis of the paradigmatic Lavender case. Maceió, AL, Brazil, 2021

Sources of similarity	Concept	Statement	Interpretation
Situation	Everyday life and the meaningful context in which the experience unfolds	While I love the profession I chose and the field of neonatology, certain day-to-day issues wear me down a bit [...] I like arriving and feeling like I'm part of that space.	The pandemic elicited a sense of estrangement and discomfort in the participants' meaning-making, disrupting their sense of belonging to the world-of-the-Neonatal Intensive Care Unit.
Concern	Interest and engagement of the individual in the situation	So, we would come in with our hearts in our mouths, because we were thinking about ourselves and our families back home... My greatest fear was for myself, the people around me, and my family.	The pandemic intensified concerns regarding care for oneself and others, highlighting the centrality of bonds to feelings of satisfaction and a sense of being embraced.
Embodiment	Manifestation of phenomena in the	In fact, caring for at-risk newborns is a major challenge in itself and takes a significant emotional toll	Care is embodied, accompanied by phenomena linked to existential anxieties and

	body, practices, and conduct	[...] it ends up being very difficult to separate the emotional aspect from the clinical care.	concern for the well-being of others.
Temporality	Qualitative experience of time and historicity	I think that's something we work on, realizing it can happen at any moment... we have to make the most of this moment, and of our relationships.	Time is perceived as fleeting. Being-with-others imbues temporality with quality, framing it as a significant opportunity to be cherished.
Common Meaning	Figures and phenomena with collective meaning	Right at the start, it was really the fear of the unknown [...] that fear persists due to the consequences of the virus itself [...] I had many friends who lost family members.	Collective phenomena—fear, stress, uncertainty, loss—impact how the situation is interpreted both individually and collectively, reinforcing concern for the other.

Source: prepared by the authors, 2025.

Phenomenological opening of Lavender

It is important to situate Lavender's case in relation to the corpus of narratives: the intensity of her concern for others is not exceptional in kind, but in degree. The remaining seven participants described the same pattern of engagement with the fear of contagion–professional commitment dyad, although with less discursive depth and without the same level of explicit reflection on their own sense of belonging to the world-of-the-NICU. Thus, Lavender functions as a lens through which a phenomenon shared by the group can be examined in greater depth, rather than as an isolated account of a unique experience or a representative synthesis of the eight participants.

During the interview, Lavender demonstrated profound phenomenological openness, engaging in existential reflection on her role and purpose:

> I keep thinking, "My God, is this really where I'm supposed to be?" But I believe it is! Even though I still have some doubts about whether this is my place... I do believe it. (Lavender)

This reflection reveals the ongoing process of being-there-in-the-world-of-the-NICU, characterized by continual questioning and the re-signification of experience. Lavender's authenticity is intrinsically linked to empathy for others. The pandemic imposed constraints on her way of being-in-the-world. As she experienced herself as restricted by the isolation measures, she was no longer able to be herself, giving rise to existential reflections on her professional practice.

> So, if I've changed, it happened unconsciously, because I show up to offer whatever I can on any given day... I think that right now—even though I say I'm trying—my behavior is a bit different; I feel more distressed, more introspective. (Lavender)

DISCUSSION

This study revealed the complexity of the experiences of NICU nurses during the COVID-19 pandemic, highlighting how external events profoundly impact the meanings attributed to care. The hermeneutic analysis unveiled existential dimensions that transcend the technical aspects of the profession, revealing care as a fundamental ontological phenomenon. These findings align with the Heideggerian foundations adopted by Benner, in which being is understood in its existential totality—not as an isolated subject, but as being-in-the-world, always situated, embodied, and in relation to others.[8,9]

Working conditions in the NICU underwent profound changes during the pandemic, requiring nurses to adapt established practices to strict health protocols under time pressure and with reduced human resources. A study conducted in Turkey with NICU nurses identified that increased workload and the implementation of new infection control protocols were the organizational factors with the greatest impact on professional experiences during that period.[19] This finding directly aligns with the narratives in the present study, in which participants described the need to reframe their know-how in the face of an unprecedented clinical reality, highlighting that previously established technical competence had to be reconfigured under conditions of uncertainty.

Benner's concept of embodiment[8] provides a framework for understanding this reconfiguration beyond its instrumental dimension. The nurse's body, accustomed to the routines and embodied practices

of neonatal care, was called upon to incorporate new patterns of action, the expanded use of personal protective equipment, specific isolation protocols, and movement restrictions. These changes transformed not only clinical practice but also the very way of being present in the world-of-the-NICU. Managing an understaffed team while coping with an increased workload disrupted expert nurses' balance, placing them in a position more akin to competent practitioners engaged in a process of relearning. This transition generated stress that was fundamentally existential rather than merely operational.

The alteration of the daily life of the "being-with-the-dyad" emerged as one of the most significant existential ruptures in the narratives. Restricting the presence of family members in the NICU not only reorganized the flow of care but also deprived nurses of a constituent dimension of their professional identity: that of mediators of the emotional bond between the NB and their family. A Spanish study on changes to family-centered developmental care during the pandemic revealed that limiting parental presence and partially substituting it with video calls were necessary adaptations, yet insufficient to preserve the quality of family involvement in neonatal care.[20]

This international finding aligns with the data from this study, in which nurses demonstrated active concern regarding the repercussions of separation for both the mother and the baby. From Benner's perspective,[8,18] this concern expresses the ontological structure of care: the other is not a mere object of care, but a constitutive pole of the nurse's lived world. Deprived of interaction with families, the nurses experienced a form of existential isolation—solitude—that transcends the physical isolation imposed by sanitary measures and manifested with particular intensity in Lavender's narrative.

Studies on patient- and family-centered care in NICUs during the pandemic confirm that restructuring visitation flows hindered the implementation of family-centered care strategies, highlighting the importance of safely empowering families.[13] Such evidence reinforces that the disruption of the mother-infant dyad was not merely a logistical issue, but a phenomenon with ethical, relational, and existential implications that deserve to be addressed in institutional care policies within the NICU.

The psychosocial impact of the pandemic on NICU nurses was profound and multidimensional. Anxiety, fear of infection for oneself and family members, stress due to work overload, and distress caused by social distancing were experiences widely reported in the narratives and corroborated by international literature.[21] A study conducted with NICU nurses during the acute phase of the pandemic in Spain identified that concern about transmitting the virus to family members was one of the major stressors reported, often outweighing the fear of personal infection.[21] This pattern is clearly identifiable in Lavender's discourse, for whom fear was directed simultaneously toward her own integrity and the safety of her loved ones, constituting a concern that extended beyond the boundaries of the clinical setting.

In Benner's hermeneutic phenomenology,[8] concern is not simply an emotion, but an existential structure that orients being-in-the-world. The anguish experienced by nurses during the pandemic must therefore be understood not as individual frailty, but as an existentially coherent response from individuals deeply committed to others—a condition that, paradoxically, rendered them more vulnerable to psychological suffering.

Despite the suffering, the narratives revealed that the pandemic was also experienced as an opportunity for growth and professional re-assessment. Some nurses described increased motivation and the development of new skills as they adapted to the crisis—a phenomenon identified in an Iranian qualitative study involving NICU nurses, which coined the concept of "growth under pressure" to describe this process of professional transformation in an adverse context.[22]

This process of reframing meaning can be understood, in light of Benner's work,[8,18] as a process of "becoming"—of becoming a nurse in a deeper, more authentic sense. The pandemic crisis served as a limit-situation that compelled these professionals to articulate to themselves what was at stake in their practice, thereby transforming tacit knowledge into reflective awareness.

This process of becoming manifested itself in the paradigmatic case of Lavender: her phenomenological openness—as she questioned her own belonging to the NICU world—illustrates how the self seeks to know itself ontologically, achieve intrapersonal communication, and be authentic through the virtue of being-oneself in the face of the situation.[10] The pandemic disrupted this process, creating a need to redefine professional identity—a development that aligned with study findings reporting paradigm shifts in clinical practice that demand precision and flexibility from professionals.[14,15]

Interpersonal relationships at work took on a central role during the pandemic, becoming at once rarer and more precious. Teamwork emerged as an essential mechanism for managing increased demands and collective stress, as also identified in a Spanish study on NICU nurses during the acute phase of the

pandemic.[21] In the context of this study, the state of alert brought the nurses together around a collective goal, strengthening the cohesion of the nursing team.

It is important to emphasize that all participants in this study were women, a finding that is not incidental but rather reflects the historical composition of the Brazilian nursing workforce. The sociohistorical representations of nursing as a profession grounded in maternal, self-sacrificing care[1,3] stand in tension with the reality experienced by these professionals during the COVID-19 pandemic, when they were simultaneously celebrated as "heroes" while their fundamental human needs were neglected. Paradoxically, this rhetorical glorification functioned as a mechanism that obscured these nurses' demands for better working conditions, fair wages, and psychological support.[4]

Studies on nurses' professional engagement[16,17] demonstrate that social recognition of the work and feelings of belonging and usefulness are determinants for sustaining commitment, even in adverse contexts. The data from this study confirm this pattern: the engagement of Lavender and the other participants was not despite suffering, but rather permeated by it—sustained by a concern for others that precedes and exceeds any rational cost-benefit assessment.

Lavender's case demonstrates that when concern for the other is intense and constitutive of professional identity, restrictions imposed on "being-with-others" generate a specific form of existential suffering—not burnout understood as the depletion of resources, but an ontological anguish born of the inability to be who one truly is. Paradoxically, it is this very intensity of concern that sustains the return to care and guides the re-signification of professional practice following the crisis.

These findings reveal concrete implications and the subjective nuances that permeate care, the health of nursing professionals, and their sense of identity—of being themselves. The study highlighted the importance of having structured, easily accessible psycho-emotional support within the context of a health crisis—support specifically addressing the existential dimensions of suffering identified here, rather than merely focusing on symptoms of stress or burnout. Another factor highlighted was the perception of the impact of restricted contact and communication—both within the family and regarding the mother-infant dyad—from the nursing perspective, revealing a concern intrinsic to caregiving that also took on an ontological dimension.

Understanding the reality of critical care nursing practice within the context of a health crisis reinforces the need for the continuing education of NICU teams to address the ethical and existential dimensions of care, preparing professionals to recognize and manage these dilemmas before they become risk factors for illness.

Among the study limitations are the scarcity of published paradigmatic case studies informed by Benner's framework in Brazilian neonatal nursing, the small number of participants—an inherent characteristic of the phenomenological design and the reality of a single hospital setting—and the absence of longitudinal follow-up of the participants' professional trajectories after the pandemic. It is important to emphasize that this study was not intended to produce theoretical or empirical generalizations but rather to provide an in-depth understanding of specific phenomena, thereby contributing to the application of nursing theory in both research and clinical practice.

This study contributes to advancing the application of Benner's hermeneutic phenomenological framework to Brazilian neonatal nursing in the context of a public health crisis. It also provides insights to support the development of psychoemotional support strategies that are sensitive to the existential dimensions of nursing work in the NICU and identifies concern for others as the ontological foundation of professional engagement, with implications for nursing education, workforce management, and occupational health policies for nursing professionals.

CONCLUSION

This study unveiled the experiences of neonatal intensive care nurses during the COVID-19 pandemic, revealing that care in this context was predominantly guided by concern for others, a phenomenon shared by all eight participants and illustrated, with particular intensity, in the paradigmatic case of "Lavender". This case highlights how the bond and the mode of being-with-others-in-the-NICU-world can shape the meaning of care in critical situations.

The pandemic intensified ethical and existential dilemmas for nurses, disrupting established practices and necessitating a redefinition of professional identity. Despite the reported heavy workload, new protocols, and psychological distress, the participants' commitment to neonatal care remained

unshaken, indicating that—even in contexts of extreme crisis—NICU care endured as something that transcends technical competence.

It is recommended that further studies be conducted using Benner's framework in different contexts—particularly with designs that include a wider variety of hospital settings—to refine the use of this analysis method, which is grounded in nursing metaparadigms. Furthermore, there is a reinforced need for occupational health institutions and policies to recognize the existential dimensions of neonatal nursing care by investing in structured psycho-emotional support and in protocols for welcoming and engaging with families.

AUTHORS' CONTRIBUTIONS

Study conception or design: Dantas HLL, Lopes ADSL, Santos RM, Costa LCMC, Comassetto I, Lúcio IML. Data collection: Dantas HLL, Lopes ADSL. Data analysis and interpretation: Dantas HLL, Santos RM, Costa LCMC, Comassetto I, Lúcio IML. Drafting the article or critical revision: all authors. Final approval of the version to be published: all authors.

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