Intensive nursing in the coronavirus pandemic according theory of uncertainty in disease: experience report

RESUMO | Objetivo: relatar a vivência de enfermeira intensivista na pandemia por COVID-19 sob ótica da Teoria da Incerteza na Doença, enfatizando suas estratégias de adaptação. Método: Desenvolvido de setembro a dezembro de 2021, a partir da vivência de uma enfermeira intensivista, com 13 anos de atuação em unidades de terapia intensiva, sobre a sua experiência na assistência prestada em uma unidade de terapia intensiva no interior do estado do Ceará aos pacientes diagnosticados com COVID-19, sob ótica da Teoria da Incerteza na Doença, utilizando desta quatro conceitos e dois pressupostos. Resultado: O estresse e desesperança vivenciados levaram à adaptação pelas estratégias de controle do perigo, resultando na apreciação de oportunidade de aprendizado concomitantemente à familiaridade do evento e redes de apoio, desenvolvendo nova perspectiva de vida. Conclusão: As estratégias de coping utilizadas pela enfermeira podem fornecer orientação para um enfrentamento eficaz dos profissionais de saúde ao lidar com o desconhecido.
Descritores: Unidades de terapia intensiva; Teoria de enfermagem; Covid-19; Enfermagem em cuidados críticos; Pandemias.

ABSTRACT | Objective: to report the experience of an intensive care nurse in the COVID-19 pandemic from the perspective of the Disease Uncertainty Theory, emphasizing their adaptation strategies. Method: Developed from september to december 2021, based on the experience of an intensive care nurse, with 13 years of experience in intensive care units, about her experience in the care provided in intensive care unit in the interior of the state of Ceará to diagnosed patients with COVID-19, from the perspective of the Theory of Uncertainty in Disease, using this four concepts and two assumptions . Result: The stress and hopelessness experienced led to adaptation to the danger control strategies, resulting in the appreciation of learning opportunities along with the familiarity of the event and support networks, developing a new perspective on life. Conclusion: The coping strategies used by nurses can provide guidance for effective coping by health professionals when dealing with the unknown.
Keywords: Intensive care units; Nursing theory; Covid-19; Critical care nursing; Pandemics.

RESUMEN | Objetivo: reportar la experiencia de una enfermera de cuidados intensivos en la pandemia COVID-19 desde la perspectiva de la Teoría de la Incertidumbre de la Enfermedad, enfatizando sus estrategias de adaptación. Método: Desarrollado de septiembre a diciembre de 2021, a partir de la experiencia de una enfermera de cuidados intensivos, con 13 años de experiencia en unidades de cuidados intensivos, sobre su experiencia en la atención brindada en una unidad de terapia intensiva en el interior del estado de Ceará para pacientes diagnosticados con COVID-19, desde la perspectiva de la Teoría de la Incertidumbre en la Enfermedad, utilizando estos cuatro conceptos y dos suposiciones. Resultado: El estrés y la desesperanza vividos llevaron a la adaptación a las estrategias de control de peligros, resultando en la apreciación de las oportunidades de aprendizaje junto con la familiaridad del evento y las redes de apoyo, desarrollando una nueva perspectiva de la vida. Conclusión: Las estrategias de afrontamiento que utilizan las enfermeras pueden servir de guía para que los profesionales sanitarios afronten de forma eficaz lo desconocido.
Palabras claves: Unidades de cuidados intensivos; Teoría de enfermeira; Covid-19; Enfermería de cuidados intensivos; Pandemias.

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INTRODUCTION

Decreed by the World Health Organization (WHO) [1] in March 2020, the pandemic caused by the new Coronavirus, which causes the disease called COVID-19, devastated the world population, showing a deficient panorama in public health that was accentuated in the critical period of rapid

spread and high mortality from the disease.

The lethality and lack of knowledge about the means of contagion, prevention and treatment of the new disease brought fear to the population, which found itself cornered between the mandatory preventive measures, the maintenance of activities that guarantee sustenance and the need to keep mental health in balance in the face of the imprecise context.

In care settings, the situation was even more worrying. Uncertainty and fear hovered over professionals exposed to contamination by the virus. The constant change in care routines and flows, the psychological pressure of society and fear and insecurity in dealing with the unknown caused vulnerability and fragility in professionals. [2] The fear imposed social isolation within their own homes, fostering mental illness. [3]

The first recommendations of the Ministry of Health, by the Clinical Management Protocol of COVID-19 in Specialized Care, [4] guided by international guidelines, they guided that cases without seriousness criteria were treated in Primary Care Units, with severe cases being recommended to secondary care. The number of specialist professionals, as well as intensive care vacancies, was no longer sufficient. The preexisting work overload, together with inadequate staffing and poor working conditions worsened the scenario and increased the physical and psychological overload of health professionals. [5]

Based on the confrontation reported by a nurse with expertise in critical care, the emotional impact triggered by living in intensive care units during the COVID-19 pandemic was analyzed, under the light of Merle Mishel's Theory of Uncertainty in Disease, relating the amortization strategies used to achieve a new perspective on life to the concepts and postulates of this Theory.

Most articles developed from the perspective of Uncertainty in Disease are limited to describing the psychological responses of individuals who have experienced uncertainty in the disease, addressing only the theory and scales developed for its measurement. [6]

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Although it is applied in several areas of nursing practice, both in the context of acute and chronic diseases, no study was found addressing the perspective of the professional care provider in the face of appreciation and adaptation to the uncertainty experienced in their work environment. [6]

Few studies have used the structure proposed by the theory to guide the investigation proposed. [6] One of them [7] addressed, in the light of the Theory of Uncertainty in Disease, the perspective of the health professional on the other side of care, relating their experience to the factors that constitute the framework of stimuli present in the structure of the theory.

The following guiding question was designed to develop the report: “From the perspective of the Theory of Uncertainty in Disease, what were the amortization/adaptation strategies perceived by the nurse to deal with the uncertainty of the pandemic scenario that she faced in her critical care work environment?”. The objective was to report the experience of an intensive care nurse during the COVID-19 pandemic from the perspective of Merle Mishel's Theory of Uncertainty in Disease, emphasizing her adaptation strategies.

METHODS

This is a descriptive study, of the experience report type, developed in the discipline of Theoretical and Conceptual Basis of Nursing Care, in the Academic Master's Degree in Nursing at the Regional University of Cariri.

Developed from September to December 2021, based on the experience of an intensive care nurse, with 13 years of experience in intensive care units, about her experience in the care provided in the ICU of a hospital located in the interior of the state of Ceará to patients diagnosed with COVID-19 during the pandemic.

The Theory of Uncertainty in Disease, a middle-range theory elaborated and re-conceptualized by the nurse and theorist Merle Mishel, was used as a theoretical framework to analyze the confrontation reported by the professional.

Four concepts presented in the Theory were worked on, which envisaged the perspective of the report and provided it with a theoretical basis, namely: uncertainty, familiarity of the event,

adaptation and new perspective on life. [6]

Uncertainty: "is the inability to determine the meaning of disease-related events that occur when decision makers are unable to assign definitive value to objects or events and/or are unable to accurately predict outcomes". [6]

Event familiarity: "the extent to which a situation is habitual, repetitive, or contains recognized cues". [6] It was possible to perceive in the study that non-familiarity was a triggering factor for the negative feelings experienced by the nurse.

Adaptation: "reflects biopsychosocial behaviors that occur in the range of behavior of individually defined people". [6]

New perspective on life: "concerns the formulation of a new sense of order, resulting from the integration of continuous uncertainty in the self-structure, in which uncertainty is accepted as a natural rhythm of life". [6]

Two assumptions from Mishel's theory were used that reflect the roots of uncertainty in traditional stress and coping models, as described below. [6]

In assumption 3, "adaptation represents the continuity of the individual's normal biopsychosocial behavior and is the desired result of coping efforts both to reduce uncertainty assessed as danger and to maintain uncertainty as an opportunity". [6]

As for assumption number 4, "the relationships between disease events, uncertainty, appreciation, coping and adaptation are linear and unidirectional, moving from situations that promote uncertainty towards adaptation". [6]

To analyze the process of experiencing and coping during the pandemic, in addition to the concepts and assumptions mentioned, the structural model of perceived uncertainty in the disease, illustrated in Theory, was used. Mishel states that if coping strategies are effective, adaptation occurs, as they make it possible to face uncertainties, seeking clarity in information. [6] Their conduct will depend on how they are appreciated in the situation experienced: as a danger or as an opportunity. [6]

As for the ethical precepts of research involving human beings, approval by the Ethics Committee was not necessary, since the report is about the experience lived by one of the authors of the study.

> "The constant change in care routines and flows, the psychological pressure of society and fear and insecurity in dealing with the unknown caused vulnerability and fragility in professionals. (2) The fear imposed social isolation within their own homes, fostering mental illness."

RESULTS

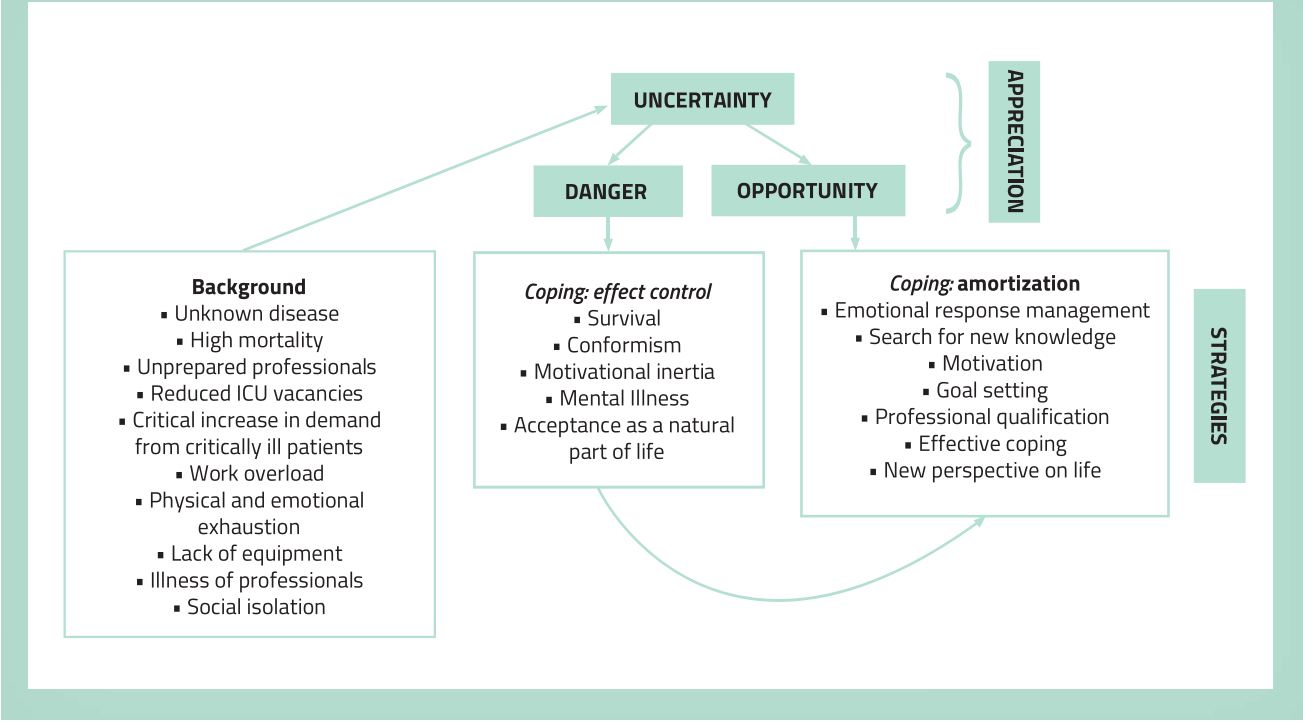
A "war scenario" was set up in the professional's work environment: patients admitted to the hospital with greater frequency and complexity than usual; excessive fear of becoming infected or of spreading contamination to other patients or family members who were at home; constant changes in conducts and flows, established with each new discovery; short-staffed teams due to the illness of professionals or their absence due to belonging to risk groups; many deaths and few hospital discharges; inexperienced professionals and strenuous work routine; lack of personal protective equipment to ensure occupational safety; injuries caused by the use of protective equipment; mental health of professionals signaling exhaustion (crying, depression, anxiety, panic, hopelessness); lack of essential medications to manage the disease; realization that the situation was out of control.

The severity of the patients was perceived as disproportionate to the dimension of nurses capable of caring for them in a holistic way. Most patients were on mechanical ventilation and high-dose vasoactive drugs, were hemodynamically unstable and progressed to renal failure and use of renal replacement therapy. The time spent on priorities that put the patient at imminent risk of death was insufficient to remedy an event until the next event occurred.

The presence of feelings of uncertainty, stress, insecurity and anguish in the face of gravity and lack of knowledge about the pandemic scenario installed worldwide. Dealing with these emotions daily triggered a state of tension and alertness that went beyond the physical limits of the work environment. The feelings were not passed on to the nurse on the next shift, along with the routine issues of the round of shift work, they were taken home, where they remained affecting mental health.

Considering the concepts of Mishel's theory, it can be seen that many were used by the nursing professional to face this chaotic situation. It was observed that uncertainty in the face of the disease generated stress, le-

Figure 1 – Structural model relating the report of the nurse's experience with the antecedents and coping strategies of the Theory of Uncertainty in the disease.



Source: Adapted from Mishel, M.H., 1998.

ading to the search for ways to reduce it or methods that make it easier to deal with it.

The feeling of insufficiency in the face of the condition, which did not improve despite efforts, was reported by the nurse with an analogy that "it seemed that a large fire was being put out with a glass of water and a blindfold". News about treatments that were considered promising and that were not working, frequent and sudden changes in the physical work space, protocols, flows and routines also caused him anguish outside the work field.

This situation took place in the ICU where she worked for a long period of time, forcing her to self-manage the awakening of emotions generated by uncertainty in the face of the unknown, enabling her to adapt through a new look at life. The antecedents of uncertainty and coping strategies identified in the report are outlined in the figure below (Figure 1).

DISCUSSION

Michel's Theory of Uncertainty in Illness expresses that the experience of illness can be permeated with uncertainty, which in turn can influence adaptation to the specific moment and, thus, exacerbate psychosocial fragility and instability. [7] All these negative feelings then began to interfere in the dynamics of the nurse's personal life.

There were then two perspectives regarding coping to be followed, according to the structure of the Theory of Uncertainty in Disease. The experience could be seen as a danger, requiring mobilization and control actions, or as an opportunity to amortize adverse circumstances, resulting in a new meaning for the disease.

His search for knowledge was then intensified through participation in virtual events on COVID-19 and in a research group, improving his professional performance. A new purpose in life emerged: to qualify more, entering the Stricto Sensu postgraduate course, and participating in teaching and research in the field of nursing.

The time dedicated to studies helped to control anxiety and anguish and opened an accurate look at their own professional performance. The virtual interaction with other professionals under the same context and the scientific support provided through digital communication during the pandemic, [8] strengthened and served as a support and recognition network, gradually boosting hope for a solution to the cri-

sis.

The theory approaches uncertainty as a neutral cognitive state, until it is evaluated by the recipient as desirable or aversive. [7] The adaptation to the state of danger mentioned by Merle took place, in the case reported, by adapting to a situation seen as an opportunity. The coping measures envisaged the need to use adversities directing them in nursing interventions, providing better interaction with the team in the care process. The search for knowledge allowed familiarity with the usual event, which, according to Mishel,[7] reduces the impact of uncertainty on your assessment.

Adaptation was achieved in such a way that hazard control strategies resulted in the opportunity for learning as familiarity of the event and personal support networks evolved concomitantly, thus developing a new perspective on life.

Once the adaptation to stress was established, it was possible to help the other nursing professionals, encouraging them through knowledge and gratitude. The work environment became more cohesive and safe and self-confidence was strengthened.

CONCLUSION

Several difficulties permeated the role of nursing in the care of critical patients during the pandemic. The efforts expended, which were insufficient for the complexity of the patients admitted to the ICUs, caused exhaustion and a feeling of powerlessness. Real risks of an unknown and lethal scenario exposed weaknesses in work settings, causing uncertainty, insecurity and mental illness in professionals.

The nurse's coping with uncertainty took place through emotion management and amortization strategies. The developed coping strategies can provide guidance for an effective level of coping for health professionals when dealing with the unknown, enabling a new look aimed at improving the potential of nurses and valuing the professional category.

A possible limitation of the study is the unique look, which could attribute the experience to the local reality. This limitation, however, would be justified by the size and quality certification of the health institution in question, which was a reference in the state of Ceará for the treatment of COVID-19. Its innovative character concerns the novelty of the Theory's approach on nursing professionals, who experience uncertainty in their work routine in the context of a new and lethal disease. The theorist herself, Merle Mishel, believed that, by defining and conceptualizing a relevant clinical problem, it supports and enriches nursing practice.

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