Women health care workers faced heightened moral distress during pandemic: Study

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Moral event	Paid healthcare work	Unpaid care work	Resistance
Constraint	- Staffing shortages	- Unable to ensure children's education and wellbeing	- Union organizing
	- Unable to ensure safety due to lack of access to PP	- Lack of care infrastructure	- Advocating for PPE supply
Conflict	- Unable to advocate because of distanced decision-making	- Lack of flexibility at work	- Supporting childcare campaigns
Dilemma	- COVID-19 protocols impact on care	- Between unpaid care responsibilities versus COVID-19 risk	- Counseling
Uncertainty	- Lack of and constantly changing information	—	- Professional pride

Coding framework. Credit: *Nursing Ethics* (2022). DOI: 10.1177/09697330221114329

New research highlights the challenges women health care providers (HCPs) experienced during the COVID-19 pandemic which contributed to heightened moral distress, providing insights into ongoing professional

burnout.

Moral distress is defined as the experience of knowing the ethically right action to take but being systemically constrained from taking that action. Researchers found that women health care providers, who comprise over 80 percent of workers in this field, faced "double distress"—in the workplace and at home.

Simon Fraser University researcher Julia Smith, a health sciences assistant professor, led the study, recently published in the journal *Nursing Ethics*.

"There's no question our health care system continues to experience strain as women health care providers are leaving the profession due to overwork and burnout," says Smith, whose study tracked the experiences of 88 B.C. women health care workers. "Structural change is needed to address the underlying constraints, many of which pre-date COVID-19 and are notably gendered."

Smith says improving working conditions and investing in the 'care economy' will not only strengthen COVID-19 recovery efforts but will also better prepare health systems for future pandemics.

"We need investments in the services women need if they are going to staff the frontlines such as childcare and robust physical and mental health services," she adds.

Smith's team listened to stories of women participants to understand the challenges they faced on the frontlines of care during the pandemic. Researchers conducted virtual interviews and focus groups with women health care providers from December 2020 to March 2021. Participants included workers from community health, long-term care, nurses, and midwives.

Researchers investigated how participants responded to challenges related to moral events which were categorized as constraints, conflicts, dilemmas or uncertainties.

Moral constraint

At work: Inadequate staffing impacted ability to provide quality care for long-term care residents. During the early stages of the pandemic, midwives were not able to access personal protective equipment (PPE) from the government supply, leading them to source and reuse their own PPE.

At home: Women HCPs reported feeling unable to adequately support their children's well-being and education during the pandemic. Many were working increased hours and some contracted COVID-19 at work and had to isolate from their families. Lack of access to childcare was an issue and they could not rely on family due to physical distancing restrictions.

Moral conflict

At work: Women on the frontlines of care often felt decision-makers including supervisors or managers were too distanced from the realities of care work to understand the consequences of COVID-19 protocols.

At home: Attempts to adapt their schedules and accommodate childcare duties faced resistance at work. Examples included requests to work partially from home being denied or being pressured to return to work after taking time off to fill in for childcare closures.

Moral dilemma

At work: Women HCPs felt unable to provide an ethical standard of care

while maintaining COVID-19 prevention protocols. Nurses were instructed to spend as little time as possible with patients to reduce transmission risk when patients needed increased emotional support because they were isolated from their families.

At home: Moral dilemmas over how to reduce COVID-19 risk at work and at home affected relationships with family members. Women HCPs reported feeling guilty when deciding against caring for their elders to protect them from possible exposure to COVID-19.

Moral uncertainty

At work: Constantly changing information about COVID-19, particularly during the early months of the pandemic, made it difficult to know how to best protect their patients/residents. They linked uncertainty and lack of communication to distress.

Resisting conditions of moral distress

Women HCPs were able to fight moral distress in several ways:

- Midwives collaborated with hospital managers and other HCPs to successfully advocate for access to government-supplied PPE.
- An increasing number of facilities and workers in long-term care joined unions to advocate for improved staffing policies.
- Campaigns for greater investment in childcare secured unprecedented provincial and federal investments.
- Women HCPs increased counseling sessions or began therapy during the pandemic. Those who did not have access to employer-provided mental health supports or extended benefits and reported covering the costs themselves.
- Respondents recognized the importance of their work, often drawing on feelings of professional pride and fulfillment to stay

motivated.

More information: Julia Smith et al, Double distress: women healthcare providers and moral distress during COVID-19, *Nursing Ethics* (2022). DOI: 10.1177/09697330221114329

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