

The Weight of Oxygen: Moral Distress and the Unseen Toll on Nurses During COVID

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During the height of the COVID-19 pandemic, I worked as a registered nurse on a respiratory unit — a place where the air was thick with urgency, fear, and the quiet grief of decisions made under impossible circumstances. It was a time when ventilators were scarce, PPE was rationed, and the line between life and death blurred into a daily routine. But what remains with me most is not the chaos — it's the haunting silence of moral distress.

One patient, a man in his late 60s, came under my care during a shift when his oxygen needs escalated rapidly. He was scared, gasping, desperate for relief. We moved quickly — non-rebreather, then Optiflow, increased to 100%. Despite our efforts, his oxygen saturation hovered at 85%. After consulting with the respiratory therapist and ICU team, we prepared to transfer him for ventilation. It felt like hope.

When I returned the next day, I found him still on my assignment. But overnight, the intensivist had reviewed his case and — based on his age and comorbidities — determined he was not a candidate for ventilation. His code status had been changed. The door to survival had quietly closed.

He knew. He felt it. And he was devastated.

No visitors were allowed. At his request, I brought him an iPad so he could FaceTime his family. He spoke through layers of oxygen delivery, trying to say goodbye. Later, his pulse oximetry alarmed. I rushed to his room, donning my respirator and PPE. Through the glass, I saw he had removed his oxygen devices. His saturation plummeted. There was nothing I could do beyond

what was already in place. He had made his choice.

He had said his goodbyes.

I carry this moment with me. Not because I failed, but because the system did. Because in a different time, with different resources, he might have lived. Because his autonomy was compromised by scarcity. Because I stood at the threshold of life and death, powerless.

This is moral distress. It's the ache of knowing what should be done, but being unable to do it. It's the silent grief of nurses who bear witness to suffering shaped by systems, not just symptoms. And it doesn't end when the shift does.

Moral distress is not a fleeting emotion — it's a wound that lingers. For many nurses, the pandemic was not just a professional challenge; it was a personal reckoning. We were asked to make decisions that contradicted our values, to ration care, to comfort patients in their final moments without the presence of loved ones. We were praised as heroes, but we were also deeply human — grieving, exhausted, and often unsupported.

The emotional toll of these experiences is profound. Nurses are leaving the profession in record numbers. Burnout is rampant. PTSD symptoms are common. And yet, conversations about healing and recovery remain limited.

If we are to truly honour the sacrifices of nurses, we must move beyond applause and into action. Support must be systemic, sustained, and trauma-informed. Here's what that could look like:

- Mental Health Services Tailored to Healthcare Workers

Accessible, confidential counseling and peer support programs that acknowledge the unique moral injuries nurses have faced.

- Debriefing and Ethical Reflection Spaces

Regular opportunities for nurses to process difficult cases, share experiences, and engage in guided ethical reflection.

- Organizational Acknowledgment of Moral Distress

Leadership must recognize and validate the emotional labour of nursing, integrating moral distress into wellness and retention strategies.

- Education and Training in Ethical Resilience

Equip nurses with tools to navigate ethical dilemmas and advocate for patient-centered care, even in crisis conditions.

- Policy Reform for Crisis Preparedness

Ensure that future resource allocation decisions are transparent, equitable, and include frontline voices.

The man I cared for during that shift is no longer here. But his story lives on in me — in the quiet moments when I question the choices we were forced to make, and in the louder ones when I advocate for change. Moral distress is not a weakness — it is a sign of deep compassion and integrity. But it must be met with support, not silence.

As nurses, we bore witness to a global trauma. Now, we must be given space to heal, to reflect, and to lead the way toward a more ethical, compassionate future in healthcare.

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