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The Ethical Challenges Faced by Nurses Providing Care to Patients with COVID-19: A Qualitative Content Analysis

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Abstract

Background: Nurses most frequently face ethical challenges due to their direct contact with patients. Accordingly, the present study aimed to investigate the ethical challenges faced by nurses who provided care to patients with COVID-19.

Methods: This qualitative study was conducted using conventional content analysis. A total of 13 nurses who were selected through purposive sampling participated in the study. Data were collected via in-depth and semi-structured interviews until data saturation from June to late November 2021. Data were analyzed simultaneously with data collection using qualitative content analysis based on the steps proposed by Graneheim and Lundman. Besides, data accuracy and robustness were checked, and ethical standards were followed.

Results: Data analysis led to the identification of two main themes including *threatening adherence to professional obligations* and *experiencing moral distress in patient care*.

Conclusion: Based on the findings, nurses mentioned a large number of ethical challenges such as the risk of injustice and loss of responsibility in providing care, decision conflicts, weakening ethical concepts such as patience and kindness, conflict between professional obligations and personal commitments, and the lack of attention to metaphysical beliefs. The results of this study highlighted the importance of educational planning, psychological and economic support, gratitude and empathy shown by authorities, providing security in the workplace, and developing face-to-face psychological interventions based on nursing needs.

Keywords: Ethical challenges, COVID-19, Nurses, Qualitative research, Content analysis

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Introduction

The world community has been experiencing a critical health crisis in recent decades due to the COVID-19 pandemic and its consequences such as infecting hundreds of thousands of people and the death of tens of thousands of them (1). Coronavirus disease 2019 (COVID-19) is an acute respiratory disease (2-4) with initial symptoms, including fever, muscle pain, and fatigue. Its symptoms have increased over time such as temporary loss of sense of smell and taste, loss of appetite, digestive problems, and diarrhea (5). As a viral epidemic, COVID-19 has caused serious challenges to healthcare systems all over the world (6,7). This disease is associated with high workload and work stress and has significant effects on nursing (8) as nurses are at the frontline of care for patients with COVID-19 (9).

As the basis and art of nursing, care should always be provided professionally, efficiently, and responsively in different conditions, and nurses need to seek effective care for patients based on quality and safety (10). Effective and high-quality nursing care leads to the patient's recovery, reduction of treatment costs, and early discharge of patients (11). More effective care results in greater improvement in the patient's health status (12). However, patients encounter serious problems and higher mortality when there are many barriers and lower quality of nursing care and treatment systems (13,14). Indeed, there are a variety of barriers and facilitators which can affect nursing care, and reduce or increase its quality. For instance, some important barriers that nurses faced during the COVID-19 pandemic were being infected by the virus, collaboration and communication restrictions, shortage of nurses, insufficient equipment, heavy workload and exhaustion, environmental and work stress, and being far from family (15,16).

Nurses face more ethical issues and challenges in

their workplace than other healthcare providers. Paying attention to these ethical issues is an important part of the nursing job as complying with ethical principles leads to providing better medical care for patients (17). Nurses face a large number of mental tensions in their workplace. These ever-increasing tensions may result in moral distress (18) and moral sensitivity (19). Nurses must meet both ethical and care requirements (20) in order to increase satisfaction, motivation, and a sense of competence in themselves and patients by identifying ethical obstacles and making appropriate ethical decisions (21).

Given the importance of the concept of care, especially caring for patients with COVID-19, the present study intended to identify the challenges faced by frontline nurses. In this regard, qualitative research is the most appropriate method to gain a deep and sufficient understanding of ethical challenges in providing care for COVID-19 patients (22). In this study, the content analysis approach was utilized based on the fact that there was no research on this phenomenon i.e. the ethical challenges of nurses caring for COVID-19 patients. The results of this study can be used for educational, research, and clinical planning to provide services to patients with COVID-19. Based on the literature review, the concept of care for COVID-19 patients has been taken into consideration in Iranian and foreign studies. Considering the complicated nature of the concept of care, it is important to use a qualitative approach to access its deep layers (23,24).

Although caring for COVID-19 patients is very important, the literature review and patients' narratives showed they encounter psychological, cultural, and physical problems as a result of this disease. Providing care can also be associated with some ethical challenges for care providers. Thus, the present study sought to analyze the ethical challenges faced by nurses caring for COVID-19 patients.

Methods

The present qualitative study was conducted using conventional content analysis in hospitals affiliated with Zabol University of Medical Sciences. Data were collected from June to late November 2021 through interviews with the participants.

A total of 13 nurses working in hospitals affiliated with Zabol University of Medical Sciences were selected to participate in the study using the purposive sampling method. The inclusion criteria were speaking Persian, having nursing education, the ability to listen and speak, and willingness to participate in the study and recount experiences.

Data were collected using in-depth, semi-structured, and face-to-face interviews. The interviews were conducted at a place and time convenient for the participants. After obtaining informed consent, the researcher introduced himself, explained the study objectives, assured the participants about information confidentiality, and then recorded the interviews. Each interview started with a main question, "Would you please describe your experience of caring for COVID-19 patients?" followed by further questions such as, "What ethical problems do you think there are in providing this type of care?" Moreover, probing questions were asked such as "Could you please explain more about it?", "What do you mean by...?", "Can you give an example?", and "Would you please share an experience about this issue?". Each interview lasted from 45 to 70 minutes. The interviews continued until data saturation when no new code was extracted.

Data collection and analysis were performed simultaneously. The method proposed by Graneheim and Lundman was used for data analysis (25,26). Each interview was recorded and then transcribed. Thereafter, meaning units were extracted from the interviews after several reviews of their content. Then, the codes were obtained from meaning units and classified into subcategories based on their similarities and differences. Finally, the classes were identified by merging the subcategories.

The trustworthiness of the data was checked using credibility, dependability, confirmability, and transferability criteria (27). There was continuous engagement with the subject and data to increase credibility. The research team's opinions were used for data collection and analysis, and the findings were shared with some nursing experts and professors. Dependability was evaluated by an external observer who was not a member of the research team but was familiar both with the clinical environment and qualitative research. To increase confirmability, all activities were recorded and a report of the research procedure was prepared. To enhance transferability, the results were confirmed by several nurses outside the study who had a history of caring for COVID-19 patients.

Results

A total of 13 nurses participated in this study of whom 53.84% were female and 46.15% were male. Moreover, 93% of the participants were married and 7% were single. The age of the participants ranged from 33 to 45 and their work experience from 10 to 20 years. Table 1 presents the participants' demographic information.

The analysis of the data extracted from the statements of the participants revealed that the ethical challenges in caring for patients with COVID-19 could be explained by two main categories including *threatening adherence to professional obligations* and *experiencing moral distress in patient care*. The first main category was further divided into the following subcategories: the risk of injustice and loss of responsibility in providing care, decision conflicts, and conflict between professional obligations and

Table 1. Characteristics of the participants

Participants	Gender	Age	Marital status	Work experience	Education level
1	Male	37	Married	12	Bachelor's degree
2	Male	38	Married	10	Bachelor's degree
3	Female	40	Married	18	Master's degree
4	Male	42	Married	17	Bachelor's degree
5	Female	33	Single	14	Bachelor's degree
6	Female	45	Married	20	Bachelor's degree
7	Male	34	Married	11	Bachelor's degree
8	Male	39	Married	15	Bachelor's degree
9	Male	37	Married	14	Master's degree
10	Female	37	Married	10	Bachelor's degree
11	Female	43	Married	13	Bachelor's degree
12	Female	40	Married	19	Bachelor's degree
13	Female	45	Married	20	Master's degree

personal commitments. The second main category was also further classified into these subcategories: *weakening ethical concepts such as patience and kindness* and *lack of attention to metaphysical beliefs*. Table 2 presents the main categories and subcategories.

Table 2. The main categories and subcategories

Main categories	Subcategories
Threatening adherence to professional obligations	Risk of injustice and loss of responsibility in providing care
	Decision conflicts
	Conflict between professional obligations and personal commitments
Experiencing moral distress in patient care	Weakening ethical concepts such as patience and kindness
	Lack of attention to metaphysical beliefs

Threatening adherence to professional obligations

According to the nurses, threatening adherence to professional obligations resulted in ethical challenges when taking care of COVID-19 patients. Nurses perceived this ethical challenge as the risk of injustice and loss of responsibility in providing care, decision conflicts, and conflict between professional obligations and personal commitments.

Risk of injustice and loss of responsibility in providing care

According to the nurses, some reasons such as not detecting the correct priority in providing care to critically-ill patients, heavy work shifts, unequal salaries for the therapy team, and the shortage of medication and equipment affected the provision of proper services to patients. Therefore, justice and responsibility in taking care of patients with COVID-19 were threatened.

"The shortage of workforce, nurses' low willingness to work in the COVID-19 ward, and injustice in selecting the COVID-19 staff led to the presence of inexperienced staff in our ward, hence these patients did not receive sufficient care" (Participant 7).

Decision conflicts

Nurses considered difficult decision-making situations as ethical challenges in providing care for COVID-19 patients as they failed to adequately fulfill their professional obligations which resulted in poorer nurse-patient relationships and patient mistrust of nurses.

"Once, my aunt was admitted to our ward. Even though her condition was not very acute, everyone around me expected me to take care of her more and use any equipment and medicine related to this disease because of the fear of coronavirus; but in my profession, I should not differentiate between patients and I should treat all of them equally. If I did my duty correctly, my family relations would be endangered; otherwise, it would lead to patient mistrust" (Participant 5).

Conflict between professional obligations and personal commitments

Nurses believed that there was a conflict between their professional work obligations and their roles in the family and society as a mother, spouse, child, and friend which ultimately threatened their interpersonal emotional relationships and led to the conflict between professional obligations and personal commitments.

"I am indeed a nurse, but I also have other roles such as mother, spouse, child, and friend in society and at home. During the COVID-19 pandemic, I could not visit my sick parents or even hug my child easily because of my job" (Participant 13).

Experiencing moral distress in patient care

According to nurses, *weakening moral concepts such as patience and kindness* and *lack of attention to metaphysical beliefs* caused moral distress in patient care.

Weakening moral concepts such as patience and kindness

According to nurses, the COVID-19 patients' condition of care made them impatient and affected their workload, fatigue, compassion, and kindness which caused moral distress in patient care.

"I used to spend more time with patients and tried to show patience and kindness to them, but as there is so much physical and side work, I don't have enough time and patience like before, and I think something horrible will happen to the patient I am taking care of" (Participant 4).

Lack of attention to metaphysical beliefs

According to the nurses, there is a lack of attention to metaphysical beliefs when caring for COVID-19 patients which leads to moral distress.

"Our patients have a shorter life expectancy as they are suffering from COVID-19. Besides, seeing the death

of patients next to them would intensify their negative feelings and despair" (Participant 2).

Discussion

The present study investigated the nurses' perceptions of ethical challenges in caring for COVID-19 patients. Based on the results, such challenges included threatening adherence to professional obligations and experiencing moral distress in patient care. According to the nurses, adherence to professional nursing obligations was threatened by injustice and loss of responsibility in care provision, decision conflicts, and conflict between professional obligations and personal commitments. In other words, threatening adherence to professional obligations of nurses who provided care for COVID-19 patients was under the influence of a range of factors from workplace to environmental and societal. According to nurses' narratives, factors such as not recognizing the correct priority in providing care to critically-ill patients, shortage of equipment and medicine, heavy work shifts, and unequal salaries of the treatment team affected the proper provision of services to patients and caused injustice and loss of responsibility in taking care of a COVID-19 patient, thereby leading to the violation of the patients' rights and even their death. Based on the results of the studies in China (28) and Iran (29), nurses who took care of patients with COVID-19, experienced similar pressures, leading to a decline in their professional performance. The results of the study by Lai et al indicated that heavy workload and shortage of special equipment and drugs caused adverse effects on healthcare workers and increased the risk of injustice and loss of responsibility in providing care. However, nurses did not have enough time to discover the patients' concerns (30). The study by Mohammadi et al reported income inequality between medical and non-medical workers in Iran, leading to lower motivation in some groups (31). To prevent the risk of injustice and loss of responsibility in providing care to COVID-19 patients, hospital managers should offer sufficient high-quality facilities to nursing staff, pay attention to issues such as the employment of a larger number of nurses, meet their economic needs, provide the required equipment, and take into account their experiences and skills to help them provide high-quality care to this group of patients.

Moreover, nurses realized that decision conflicts and the conflict between professional obligations and personal commitments led to threatening adherence to professional obligations as nurses often faced a dilemma between their families and hospitalized patients. This threatened family relations on the one hand and nurse-patient relations on the other. The nurses' roles in caring for COVID-19 patients threatened their roles in society and family. Most of the nurses reported that they could not be present in society like before and even their family relations and friendship were endangered because of taking care of COVID-19 patients. They could not meet their families and perform their duties as a mother, child, wife, etc, leading to nurses' dissatisfaction with life, fatigue, frustration, and depression, which all decreased the quality of services provided to patients (32). Based on a study conducted by Rezapour et al, nurses had ethical challenges such as lack of care and failure to pay attention to friends, family members, and social support (33). The results of the study by Nasiri et al showed most of the operating room staff had transmitted the virus to other family members, and the feeling of fear in facing patients with COVID-19 was more severe since the virus was unknown at the beginning of the epidemic. On the contrary, the operating room staff had sympathetic behavior and a selfless approach, indicating their sense of responsibility and consideration of human values (34).

The findings of this study indicated the conflict between professional obligations and personal commitments which is consistent with the results of the study by Maunder et al during the prevalence of COVID-19. It was shown that employees were affected by the fear of infection and infecting their families, friends, and colleagues. Additionally, social stigma and interpersonal isolation were their main concerns (35,36). The interpersonal relations decreased because of the need for social distancing and breaking the transmission chain. To overcome this ethical challenge, which is partially rooted in culture, nursing specialists are recommended to educate people in society. This training against stigma should clarify that caring for COVID-19 patients is like caring for other diseases and a nurse is a person whose duty is to provide care to patients. The conflict between professional commitment and personal responsibilities will be resolved if this training is provided continuously to people.

In this study, nurses believed that experiencing moral distress in caring for COVID-19 patients was an ethical challenge which included weakening ethical concepts such as patience and kindness and lack of attention to metaphysical beliefs. The nurses indicated that caring for COVID-19 patients made them impatient, and fatigue and heavy workload affected their kindness and compassion, leading to moral distress in caring for patients. COVID-19 patients need psychological support and kindness more than other patients because the lack of companionship in hospitalized COVID-19 patients causes despair, depression, and lower life expectancy. Furthermore, the conditions of the COVID-19 ward prevent the handling of metaphysical beliefs for both nurses and patients. Therefore, paying attention to psychological, emotional, and moral aspects is significantly important for these patients. If such aspects are considered both for nurses and patients, they will lead to effective improvement of the patients. Based on the findings of the study by Askari

et al, which was based on patients' field of activity, the prioritization of moral values included altruism and empathy, compassion and kindness, accountability and responsibility, and conscientiousness from the patients' views, indicating the importance of considering these moral concepts in providing care and continuous nursing training programs (37).

Besides, the study by Atashzade Shoorideh et al showed disruption in religious activities caused feelings of guilt, a sense of lower faith, and a negative attitude toward life (38). The aforementioned studies indicated that adhering to professional obligations in difficult COVID-19 conditions might have been strongly supported by religious considerations, love, and affection which are inherent in all staff and should remain constant even when conditions change (28).

The spiritual health of the treatment team and patients resulted in a change of attitudes towards the crisis caused by the disease since they considered life events and suffering as spiritual experiences that could be managed with God's sovereignty. They considered God as the main healer and God's will as ruling life events. This spiritual attitude was taken from their spiritual health. Faith and spirituality were effective in adapting to the crisis by promoting spiritual intelligence. Spiritual motivation caused resilience and striving for God's sake (39,40).

One limitation of the present study was that the participants were volunteer nurses from hospitals affiliated with Zabol University of Medical Sciences. Replication of the same study either in other hospitals or in other regions might provide further insight into exploring the phenomenon under study. It is suggested to integrate spiritual health services into the holistic treatment and care in all Iranian hospitals and teach staff to provide spiritual health services due to the impact of spiritual health on the treatment of COVID-19 patients.

Conclusion

In this study, nurses mentioned a large number of ethical challenges such as the risk of injustice and loss of responsibility in providing care, decision conflicts, conflict between professional obligations and personal commitments, weakening ethical concepts such as patience and kindness, and lack of attention to metaphysical beliefs. The findings from this study emphasized the importance of educational planning, psychological and economic support, gratitude and empathy shown by authorities, providing security in the workplace, and developing face-to-face psychological interventions based on nursing needs. Accordingly, it is suggested to conduct further studies interviewing nurses and politicians in the post-COVID era to prepare politicians and caregivers for similar crises in the future.

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Authors' Contribution

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Writing–original draft: Mahin Naderifar.

Competing Interests

The authors declared no conflict of interest.

Ethical Approval

This study was approved by the ethical committee of Zabol University of Medical Sciences under the code of ethics IR.ZBMU.REC.1400.075. Written informed consent was obtained from the participants and they were assured that their statements would be kept confidential and the obtained data would be used only for scientific analytical purposes. They were all assured of data confidentiality, their voluntary participation, and the right to withdraw from the study at any point they wished.

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