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ORIGINAL ARTICLE

Emotions, care difficulties and ethical problems experienced by nurses during the COVID-19 pandemic: A qualitative study

Meryem Türkan Işık[1] **Rana Can Özdemir**[2] **Elif Karadeniz**[3]

1 Fundamental Nursing Department, Faculty of Nursing, Mersin University. Mersin / Turkey
2 Department of Medical History and Ethics, Medical Faculty, Akdeniz University. Antalya / Turkey
3 Mersin University Hospital. Mersin / Turkey

Abstract

Protecting the health and safety of nurses and other health professionals taking an active role during the COVID-19 pandemic is important. Risks not understood by health professionals and inadequate working conditions cause concern and lead to ethical problems. This qualitative research study was conducted to gain an understanding of the difficulties and emotions nurses experience, and their awareness of the ethical problems experienced while providing nursing care in the COVID-19 clinic. Data was collected by two different methods; deep conversation and semi-structured interview and evaluated by content analysis. Using an empirical phenomenological approach, data analysis concluded with two main themes and eight sub-themes. The average age of the nurses is 32.8±6.7, 91.1% are female, 73.3% have a bachelor's degree. Average weekly work hours before COVID-19 pandemic was 43.3± 4.6, after the pandemic 37.8± 5.5, 86.7% expressed that the care patients with COVID-19 received was adequate. The emotions experienced by the participants are positive, negative and ambivalent. During the COVID-19 outbreak, nurses were dominated by negative emotions intensified with the ethical issues surrounding the safety of patients, colleagues, families and themselves. Nurses primarily experience ethical problems related to their, patients', colleagues' and families' safety. Positive emotions expressed by nurses; hopefulness, heroism, joy and success because of the patients' recovery, respect and emotions of gratitude. Some of the difficulties experienced by the participants are difficulties in care due to protective gear worn, difficulty reaching the physician and communication problems. Different studies can be planned regarding the factors affecting healthcare professional-patient communication during the COVID-19 care and treatment process.

Keywords: COVID-19, clinician nurse, ethical problem, professional ethics, nursing care

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Corresponding Author:
Rana Can Özdemir
Email: rcan0131@gmail.com

Introduction

During pandemics health professionals have an important role in pandemic control through safe patient care [1]. When faced with a pandemic, the purpose of the health care provision is to ensure the greatest good by saving the lives of the largest number of patients. With the principle of justice in health, individuals are expected to receive social and medical opportunities fairly [2]. Keeping in mind the principle of respect for the autonomy of the individual, it is important for health workers to respect the privacy and confidentiality of the patient, act honestly, inform the patient and obtain patient's informed consent prior treatment [3].

On the other hand, with all these principles, it is also important to protect the health and safety of nurses and other health workers who take an active role in the COVID-19 pandemic process Protecting the health and safety of nurses and other health professionals taking an active role during the COVID-19 pandemic is important. Risks not understood by health professionals and inadequate working conditions cause concern and lead to ethical problems [4]. Professional ethics may need to be suspended during an outbreak, which can be a source of stress for health workers. Limited resources, inadequate health care professionals, uncertainty, risk of infection, intense working conditions and concerns can lead to lower standards of care [5,6]. Communication breakdowns may cause difficulty where patient and employee safety may be adversely affected and problems related to team work may arise.

The American Nurses Association states in its code of ethics (2015) that nurses' primary duty is to provide services to the individual, family, and community, and also protect their own health and safety [7]. Nurses try to fulfill their responsibilities to the patients while protecting themselves and their loved ones in outbreaks. In achieving this balance, nurses can face ethical dilemmas [4]. Contemporary nursing ethics in particular highlights the relational dimension of care activities, recognizing that nurses' personal and professional lives are often based on independent relationships of responsibility and care [8]. In outbreaks, uninterrupted health care is maintained within the framework of government policies and intervention plans. In this process, nurses are asked to work in different fields, with increased work loads, and limited materials and resources. In addition to the obligation to protect their own and family's health, nurses must maintain care services, act honestly, communicate effectively, and make transparent decisions within the principle of equality framework [4,9] . Different studies listed the difficulties that nurses experience during the COVID-19 crisis as follows; (1) problems with the use of equipment during service (limited medical supplies, equipment, hospital beds, etc.); (2) issues that may arise due to witnessing patients dying without family members because of visitor restrictions (3) collective/frequent loss experience, fatigue due to workload and program changes, struggle with the concern of infecting themselves or family while fulfilling professional obligations [4,9,10]. While health workers accept risks as part of their profession, they may be concerned about restricted individual freedoms and family communication, and harming family, especially elderly with weakened immunity or chronic ailments [6,10].

This research study was conducted to gain an understanding of the difficulties and emotions nurses experience, and their awareness of the ethical problems experienced while providing nursing care in the COVID-19 clinic.

Materials and Methods

Sampling and Recruitment

The university hospital where our study took place started providing care to patients diagnosed with COVID-19 on March 26, 2020. Nurses working at the university hospital that were not on a leave and agreed to participate in the study during data collection were included in the sample, while nurses who did not meet the criteria were not. Descriptive (phenomenological) design was used in this qualitative research approach.

Data was collected using in-depth face-to-face interview technique with semi-structured

Creating Research Questions	➢	What are the emotions you experienced while caring for patients with COVID-19? What are the difficulties you experienced in caring for patients with COVID-19? What are the ethical dilemmas you experienced and your thoughts on these issues when caring for patient with COVID-19?
Sample Selection	➢	Nurses working in the COVID-19 clinic at a university hospital
Identifying the Conditions Worked in	➢	Identifying the difficulties, emotions and ethical problems experienced by nurses working in the COVID-19 clinic
Sample Selection	➢	The sample of the study seems to be suitable for the criterion sample type, which is one of the purposive sample types.
Data Collection	➢	Personal Information Form Semi-structured individual in-depth interview questionnaire
Data Analysis	➢	Content Analysis

questions between May 11, 2020 and June 01, 2020 with 45 trained nurses. The interviewer collected the data by meeting the nurses at mutually convenient times in an appropriate interview environment at the hospital and recorded the responses in writing. The interview was conducted on average in 30-45 minutes. One pilot interview which was not included in the study was conducted after which the questions were reconfigured.

Research Stages

In order to determine sample size for qualitative studies, a sampling approach is used where researchers continue collecting data through repeated processes until sufficient numbers are reached to answer the research questions (i.e saturation point reached) [11].

Data Collection

Data were collected using deep conversation and semi-structured interview. The personal information form and semi-structured interview questionnaire were prepared by the researchers in line with the literature [5, 6, 9,10]. Personal information form is designed to collect sociodemographic data such as age, gender, marital status, experience working as a nurse, weekly working hours and number of patients cared for. Semi-structured interview form identifies, emotions, the difficulties and ethical issues experienced.

Data Analysis

All interview data from the study was copied without any changes. No computerized algorithms were used in data analysis. Descriptive data of the participants was

evaluated using percentage, average, frequency and standard deviation.

Qualitative data analysis method: Qualitative research methods are extremely important in understanding the thoughts, emotions, experiences, social processes and ways of working of the research participants. Phenomenological research design, one of the qualitative research methods, reveals the experiences, beliefs and perceptions of individuals regarding a phenomenon. The purpose of phenomenological research is to understand an experienced phenomenon and its nature. The researcher then collects data from those who experience the phenomenon and develops a unified definition of the essence of that experience for all individuals. This definition includes "what" individuals experienced and "how" they experienced it [11]. In this study, in order to hide the identities and personal information of the participants after data collection, each participant was given a number from 1 to 45 in the order of their interview. The analysis was conducted independently by the two researchers with qualitative research experience who are also nurses who received their doctorate degrees in the field of medical history and ethics and took courses on this subject. In the first phase of the study, two researchers put together the recorded interviews, coded and classified them. In the second stage of data analysis, participants' responses for each topic were evaluated separately and the repetitive components were examined semantically considering the differences and similarities. The inductive approach was used in the third stage of data analysis. Steps of thematic analysis according to Braun and Clarke (2019) are (1) familirazing oneself with data; (2) creation of initial codes; (3) searching for themes; (4) reviewing themes; (5) identifying and naming themes, and (6) producing the report [12]. The entire data set was read by the researchers. As a result of the evaluation, common themes were formed that were found appropriate by both researchers. After codes were evaluated and associated with the phenomenon conceptually similar codes were classified and two main themes and eight sub-themes were created.

Ethical aspects

Board decision number 2020/319 dated 29/04/2020 from a university clinical research ethics committee and approval from the scientific research platform of the Ministry of Health on 09.05.2020 (Form name:2020-05-05T21_30_20) were obtained. After informing the nurses about the purpose of the study, oral and written consent was obtained.

Results

Research findings are given in two themes after

Table 1. Themes related to the emotions, difficulties and ethical problems

MAIN THEME	SUB-THEMES
THEME 1. Emotions	1. Positive emotions
	2. Negative emotions
	3. Ambivalent emotions
THEME 2. Difficulties and ethical problems	1. Principle of justice
	2. Safety of nurses, patients, colleagues and families
	3. Principle of autonomy
	4. Difficulties related to nurse-patient communication
	5. Principle of providing benefit and not harm

the descriptive features of the participants. The first theme includes the emotions of the participants, and the second theme includes the ethical problems encountered during care.

Descriptive characteristics of the participants

The average age of the nurses is 32.8±6.7 (min=23, max=48), 91.1% (n=41) are female, 62.2% (n=28) are married, 73.3% have a bachelor's degree (n=33), and 60% work day and night (n=27) shifts. Nurses have been working in the profession an average of 116.7±79.6 months (min=2, max=348). Average weekly work hours before COVID-19 pandemic was 43.3± 4.6 (min=40, max=56), after the pandemic 37.8± 5.5 (min=32 max=48). 37.8% of nurses indicated that they were undecided about their satisfaction in offering care to their patients with COVID-19, while 75.6% stated they were not considering leaving the profession.

Pre-pandemic, the number of patients nurses provided care on day shift was 12.3±0.9 and on night shift was 12.3±0.9. During the pandemic the number of patients cared for during day shift is 6.2±0.5, and the night shift is 4.5±0.4%, 86.7 % expressed that the care patients with COVID-19 received was adequate.

Table 1 includes the findings including the difficulties and ethical problems that nurses experience while caring for a Patient with COVID-19.

Theme 1. Emotions

1. Positive emotions sub-theme

Nurses had positive emotions (1N, 9N, 14N, 9N, 23N, 25N, 38N) such as being happy, hopeful, heroism, joy and achievement. Nurses stated,

"I did not have any problems while caring for the patients. On the contrary, I felt happy as a soldier fighting on the front lines." (2N), and

"The gratefulness of the patients being discharged makes me very happy. I am glad I am a nurse." (23 N).

Nurses stated that they felt positive emotions during the pandemic and they fondly performed their profession.

2. Negative emotions sub-theme

Although the nurses had previous clinical experience, they experienced negative emotions and excitement when they first met the patient diagnosed with COVID-19.

Nurses experience negative emotions such as fear, anxiety, anger, helplessness, burnout, lack of support, loneliness, and hopelessness (2N, 3N, 4N, 5N, 6N, 8N, 10N, 11N, 12N, 13N, 15N, 16N, 17N, 18N, 19N, 22N, 28N, 31N, 33N, 34N, 35N, 37N, 39N, 40N, 41N, 43N, 44N, 45N). Sample expressions about the negative emotions are as follows:

"When I first went into the patient's room, I felt my heart pound. I felt fear, anxiety and helplessness." (20N), and

Nurses experienced intense negative emotions in the first days of the pandemic because they did not have enough information about the disease and the process (26N, 32N).

"In the first days I started working in the unit where COVID-19 patients are located, the disorder in the unit, the uncertainty in patient care and the constant change of the doctors caused me to feel inadequacy and fear while dealing with this disease we are inexperienced about and treatment methods we just started to recognize. Those emotions have diminished these days." (26N).

3. Ambivalent emotions sub-theme

Nurses working in the COVID-19 clinic sometimes experienced two opposite emotions at the same time. Nurses state that they experience positive emotions such as hopefulness, heroism, joy, success, happiness, and negative emotions such as fear, anxiety, anger, desperation, burnout, lack of support, loneliness, and hopelessness (27N, 29N, 30N, 36N, 42N). They stated,

"When I first started, I came to the clinic with fear, anxiety and concern. I was saddened by having to shower in the hospital after work and leaving my old clinical setting. Being at the forefront of this war, looking after the patients with COVID-19 made me feel success and happiness." (21N), and

"In this pandemic, we are like pawns put forward in the game of chess. We have to do many tasks such as blood collection, blood pressure measurement and keeping records. Not being able to use the technology we have in our hands is a very bad situation! Drowning in so much paperwork is deplorable! It is not a problem to fill in these documents, but I am disturbed by the fact the disease can be transmitted by paper. Despite such difficulties, I am still happy to be a nurse." (7N).
Nurses stated that they felt like they were in a war zone and a chess game during the pandemic. In those situations one cannot anticipate the next moves and can experience intense emotions, just like the nurses stated.

Theme 2. Difficulties and ethical issues

1. Principle of justice sub-theme:

Nurses state that they have difficulties due to limited resources while caring for COVID-19 patients (1N, 2N, 3N, 4N, 5N, 7N, 10N, 12N, 14N, 17N, 18N, 20N,21N, 24N, 26N, 27N, 28N, 30N, 34N, 36N, 37N, 40N, 41N, 42N, 43N, 45N). These difficulties are;

"Insufficient materials such as masks, disposable gowns, protective glasses, gloves to take protective measures in the hospital" (1N).

"The number of nurses in the service is insufficient and the number of patients looked after is high" (4N). Nurses have stated that in situations where resources are limited, the correct distribution and use of them is important.

In the context of the principle of justice in order to reduce the risk of transmission to other patients, nurses emphasized the necessity of providing care in certain separate health institutions to patients diagnosed with or suspected of COVID-19 (14N, 21N, 26N, 27N, 32N, 33N, 34N, 35N, 39N). Their thoughts were;

"Many of them are asymptomatic, stable patients, but there is a situation that prevents them from staying in their homes. A center can be established for this patient group" (8N), and

"There should have been a clean healthcare institution without the risk of COVID-19 disease where individuals with normal diseases could go to; it would have prevented the transmission of COVID-19 disease to other patients." (14N).

2. Safety of nurses, patients, colleagues and families sub-theme

Nurses state that there are some difficuties related to the safety of themselves, patients, colleagues and their families due to concerns of getting infected and infecting others (2N 5N, 7N, 11N, 12N, 13N, 15N, 18N, 24N, 25N, 26N, 27N, 28N, 29N, 30N, 32N, 34N, 35N, 36N, 37N, 38N 39N 40N, 41N, 42N).

Nurses stated,

"I have seen nurses get infected from patients without symptoms. This situation scared me as I could endanger my family's health. I could not stay at home due to the risk." (40N) and "Despite being sick while caring for a patient with COVID-19, I had to give care" (26N).

In the context of nurse-patient communication, nurses stated that they had difficulty being patient and understanding while giving care to patients with COVID-19 (1N, 18N, 22N, 34N, 41N, 44N, 45N). Their reasons were,

"The average age of patients were high and they were agitated" (41N) and "I wanted to get out as soon as possible and have little contact" (44N).

Nurses state that they have difficulty identifying or empathizing with patients reason being (14N, 16N, 34N), "I am afraid of the possibility and risks of infection, I cannot stay in the room long." (14N).

The nurses stated the reasons for having difficulty in giving care to the fatal patients with COVID-19 (7N, 8N,13N, 21N, 34N) as;

"I have difficulty in reaching the doctor. When the doctor comes, it can take a long time to dress up to take isolation measures" (8N) and "It is difficult to carry out maintenance and treatment procedures with isolation equipment." (13N).

3. Principle of autonomy sub-theme

In the context of the ethical principle of respecting patient autonomy, nurses stated that they had

difficulty in informing the patient about the care process (5N, 16N, 18N, 21N, 24N, 25N, 26N, 27N, 28N, 34N). Some of their statements were,

"Because patients experience anxiety and concern, they do not accept information about their condition." (34N) and "There is not much information about the exact clinical course of the disease, I may not be able to answer the questions." (18N). Informing the patient is an approach that supports autonomy. However, sometimes environmental or individual factors can negatively affect the disclosure process.

4. Difficulties related to nurse-patient communication sub-theme,

Although nurses believe nurse-physician-patient relationship is a very important component in care and treatment practices, they experience difficulties in maintaining and continuing this relationship (8N,12N, 23N, 30N, 32N, 34N). The reasons stated were;

"The doctor changes daily and I have difficulty reaching and communicating to him/her." (30N), and "The number of staff is not enough for this, there is constant staff rotation in the unit" (23N). Healthcare professional-patient communication forms the basis of the care and treatment process. Communication problems negatively affect the trust and treatment process.

Although the nurses knew the kind of special care and treatment the patients in the service have a right to receive (15N, 16N, 18N, 28N, 30N), they explained the reasons for the difficulties as;

"The number of employees is not enough" (15N) and "It takes a long time to prepare by taking isolation measures before entering the room" (18N).

5. Principle of providing benefit and not harm,

Within the context of do no harm principle, nurses state administrative nurses make plans to reduce the risk of transmission by making clinical changes. Nurses stated that they did not want to leave the COVID-19 unit and work in other clinics (4N, 7N, 5N, 20N, 26N, 34N, 36N, 37N, 38N, 39N, 44N, 45N). Their reasons were, "There is not enough protective equipment in the other clinics, I feel I am protected from the disease more in this clinic than other clinics. I don't know if a patient is COVID-19 positive in another clinic, it's more risky." (37N) and "I have a good command of the unit I work in, I want to make care applications easy to my patients." (34N)

The equipments available for treatment and care in the COVID-19 are different than the other clinics. Therefore, nurses have preferred to work in clinics that are properly equipped to protect themselves, their relatives and patients.

Discussion

This research revealed the difficulties, emotions and ethical problems experienced by nurses while giving nursing care in the COVID-19 clinic. It was determined that the nurses were experiencing negative emotions, ethical problems related to safety and communication problems in the first place.

There is a need to take measures to reduce moral distress in nursing during the pandemic since our results indicate that our participants were in the younger age group. One third of the participants were undecided about satisfaction with providing care to COVID-19 patients and the majority did not intend to leave their profession. Nurses cared for fewer patients and had less working hours during the pandemic. Sun et al.'s determined that the number of patients cared for increased and the workload of nurses increased proportionally by 1.5-2 times the normal hours [13]. The lower rate of satisfaction can be affected by many reasons, such as limited resources and safety risks. The fact that nurses' patient care satisfaction is not high during the pandemic process also raises important care ethics problems that may occur in the patient care process.

Emotions

Nurses experience positive emotions such as hopefulness, heroism, joy and success because of the patients' recovery, respect and emotions of gratitude. A study reported that nurses were happy, despite the difficult conditions (13). The approaches supporting this emotion are

the patients' sense of respect, appreciation and gratitude which is parallel to our study. More than half of the nurses in our study experienced negative emotions. Sun et al.'s noted that nurses working in intensive care units experienced intense negative emotions in early stages while caring for COVID-19 patients[13]. Studies have shown that during different pandemics health professionals have difficulties such as emotional stress [14] and burnout [15]. In our study, some of the nurses stated that they had ambivalent emotions. These were positive emotions such as being hopeful, heroism and joy; and negative emotions such as fear, anxiety, loneliness and hopelessness. Nurses expressed a decrease in negative emotions over time. A similar study indicated that nurses experienced positive and negative emotions together during the epidemic, while negative emotions predominated at early stages, positive emotions emerged gradually [13].

Difficulties and ethical problems

In our study, nurses indicated experiencing difficulties with fair use of limited resources when caring for patients. These difficulties were lack of adequate number of staff and personal protective measures. In studies conducted with patients with COVID - 19 diagnoses, the lack of protective equipment caused fatigue and discomfort in nurses [13,16] and the professional obligation to provide care by taking appropriate personal measures within the framework of professional ethics is emphasized [4,9,17]. In order to reduce the risk of transmission, the nurses in our study emphasized the necessity of providing care to patients diagnosed with or suspected of having COVID-19 in certain seperate health institutions. Although there is no social expectation during the pandemic, nurses always perform their duties with personal commitment to their profession [18]. Most of the nurses indicated that pandemic hospitals should be separate and that everyone has the right to receive health care in line with their needs emphasizing the principle of justice and their concerns about the risk of transmission.

Nurses stated the difficulties they experienced in caring for their patients were due to concerns of the risk of transmission and the safety of themselves, their patients, colleagues and their families. Nurses with elderly family members, with chronic illness and children in particular were found to have serious concerns in ensuring safety. Health professionals working during the pandemic have ethical obligations, such as not harming patients and their own relatives [4,7,9,18,19]. Sun et al.'s notes that nurses who live with their parents prefer to hide the fact that they work in COVID-19 unit, that they feel helpless and guilty after being separated from their parents and those who live with elderly and children are particularly concerned [13]. Ayanian concluded that healthcare professionals' concerns about COVID-19 transmission arising from workplace exposures are more intensely experienced by those who have family members that are elderly or with immunocompromised or chronic diseases [20]. These results parallel our findings.

Obstacles can be experienced in nurse-patient communication, especially when there is uncertainty. Nurses in our study emphasized that they had difficulty being patient and understanding. While nurses wanted to have less contact with the patients because of the risk of transmission, older patients had high agitation levels, which led to difficulties in communication and empathy. In a study conducted in intensive care units, during epidemics employment of professionals who can use evidence-based practices in care, evaluate patients psychosocially, approach them with kindliness and compassion, and have critical thinking skills were emphasized [21]. In our study, nurses stated that although they believed nurse-physician-patient relationship was a very important, they had difficulties in maintaining and contuniung this relationship during the pandemic. Nurses explained the factors that negatively affect this relationship as the daily rotation of physicians, having difficulty reaching and communicating with the physician and having continuous staff rotation in the units. In a different study, it was stated that patients in intensive care units had difficulty communicating with health professionals working with personal protective measures

and experienced anxiety, stress and fear due to non-disclosure of health professionals who visit continuously without introducing themselves [22]. Except in cases where the patient refuses to be informed, information is important in context with patient's autonomy rights.

Nurses in our study stated difficulties in providing care to the dying patients in isolation as difficulties reaching the physician and working with personal protective measures. In one study, it was reported that the quality of nursing care in intensive care units of patients with suspected or positive COVID-19 diognoses was affected negatively by the treatment of additional diseases, increased workload, stressful work environment and possibility of transmission [22]. Strengthening the emotions of kindliness and compassion of healthcare professionals who care for the dying is important in increasing empathy and decreasing fear [23]. Dying patients have the right to die with dignity. It is the primary responsibility of the nurse to evaluate the patient holistically and to provide care. Meeting the needs of the dying patient and family 's an approach that contributes to the peaceful death.

In our study, nurses stressed that they had difficulty informing the patient about the care process and experience ethical difficulties. The nurses said patients who were in a state of concern and anxiety, who did not have relatives with them, who did not know the process did not understand or accept the information given. In addition, nurses had difficulty answering the patients' questions because they did not have much knowledge about the course of the disease. It is essential to inform the patient within the framework of the principle of autonomy. however, nurses have ethical problems in informing patients in this process.

Nurses in our study are aware that patients diagnosed with COVID-19 have the right to receive special care and treatment. However, the nurses faced difficulties in performing this due to the lack of adequate number of employees, long process of taking personal protective measures, and difficulty of care with these measures and sweating. Also, demanding working hours, difficulty accessing protective equipment, daily stress and concern for personal health and family safety caused difficulties in providing care during the pandemic [13,20].

It is important for managers in institutions to make the necessary planning in managing the pandemic process. In our study, nurses stated that executive nurses made plans to reduce the risk of transmission by frequent rotation of nurses; however, most of the nurses did not like this approach. Nurses said there were not enough protective measures in other clinics and since they did not known whether patients in other clinics had COVID-19, they expressed concerns of it being more risky. Therefore, nurses find it safer to work in units with COVID-19 patients. It is important that appropriate policies are developed to increase the motivation of nurses in the pandemic process, ensuring patient safety, and employee satisfaction [17,20,24,25].

Conclusion

This study investigated the difficulties and ethical problems experienced by nurses of COVID-19 patients using qualitative methods. Nurses are experiencing significant amounts of negative emotions, and foremost facing ethical problems related to safety. Nurses sometimes had difficulties in caring for patients due to the uncertainty in the care process and the excessive anxiety of the patients. These difficulties were determined to be mostly safety-related problems and concerns. The personal protective gear worn by the nurses in clinics to protect themselves and their surroundings also causes difficulties in patient care in addition to not being able to reach the physician during the care process. Due to the environmental and individual related reasons, difficulties were experienced in nurse patient communication and interaction.

During the pandemic, more studies should be planned to identify satisfaction with working conditions, motivation and burnout of nurses and reveal the factors that affect them. In addition, different studies can be planned regarding the factors affecting healthcare professional-patient communication during the COVID-19 care and treatment process. Since COVID-19 is a new

disease and the medical system and culture of different countries vary, research is needed on the challenges and ethical problems experienced by nurses.

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Conflict of interest

No potential conflict of interest was reported by the authors.

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