



Nursing Care and Ethical Challenges in the COVID-19 Pandemic: A Review

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ABSTRACT

The COVID-19 pandemic has placed unprecedented pressures on healthcare systems across the globe, with nurses playing a pivotal role in managing patient care during this crisis. As front-line caregivers, nurses were not only responsible for delivering essential medical care but also found themselves navigating a series of ethical challenges that were often fraught with complexity. This review delves into the multifaceted role of nursing during the pandemic, focusing on both the clinical care provided and the significant ethical dilemmas faced by nurses.

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One of the most pressing ethical challenges was the allocation of scarce medical resources. The surge in COVID-19 cases led to critical shortages of ventilators, ICU beds, personal protective equipment (PPE), and other medical supplies. Nurses, often collaborating with multidisciplinary teams, were forced to make difficult decisions regarding which patients would receive these limited resources, raising profound ethical concerns about fairness and equity in healthcare. The review highlights the need for transparent, consistent decision-making frameworks that prioritize justice and equity. Such frameworks help ensure that resource allocation is guided by ethical principles rather than subjective judgments, thus fostering a fairer and more consistent approach to patient care.

Another significant ethical issue addressed in this review is the balance between personal safety and professional duty. Nurses were often placed in situations where they had to weigh their commitment to patient care against the risks posed to their own health, particularly when faced with shortages of adequate PPE. This balancing act between personal safety and professional obligation introduced ethical dilemmas, such as the extent to which nurses were adequately informed of the risks they faced and whether healthcare institutions fulfilled their responsibility to provide a safe working environment. The review underscores the importance of developing robust infection control measures and ensuring the continuous supply of PPE to safeguard the health and well-being of healthcare workers.

Patient autonomy and consent were also critical concerns during the pandemic. The urgency of care for critically ill COVID-19 patients, combined with isolation protocols that restricted family involvement, made it challenging to uphold patients' decision-making rights. The review explores how informed consent processes were affected by the rapid progression of illness and the necessity for immediate medical interventions, often with limited patient or family input. This issue further underscores the need for ethical guidelines that protect patient rights while ensuring timely and effective care.

The psychological impact of the pandemic on nurses is another key focus of this review. Nurses faced not only physical exhaustion from long hours of work but also significant emotional strain from witnessing high mortality rates and making difficult ethical decisions. The review emphasizes the need for mental health resources, such as counseling and support groups, to help nurses cope with the emotional toll of their work. Addressing issues such as moral injury, compassion fatigue, and burnout is essential to maintaining a resilient nursing workforce.

In conclusion, this review provides a comprehensive examination of the ethical challenges faced by nurses during the COVID-19 pandemic. It highlights the critical need for clear ethical guidelines, transparent resource allocation frameworks, protective measures, and mental health support systems. The lessons learned from this pandemic are invaluable for shaping future responses to global health crises, ensuring that nurses and other healthcare professionals are better equipped to navigate the ethical complexities of emergency care.

Keywords: COVID-19; ethical challenges; healthcare ethics; mental health support; nursing care; pandemic response patient autonomy; protective measures; psychological impact; resource allocation.

1. INTRODUCTION

The COVID-19 pandemic has brought forth a global health crisis of unparalleled magnitude, reshaping healthcare systems worldwide and exposing numerous vulnerabilities. At the forefront of this response are nurses, whose critical role in patient care has placed them on the front lines of the pandemic. From providing direct care to critically ill patients to implementing infection control measures, nurses have been instrumental in mitigating the impact of the virus.

Nurses have not only been responsible for addressing the physical health needs of patients

but have also managed emotional, psychological, and social dimensions of care, often acting as intermediaries between patients and their families due to visitor restrictions. This crisis has tested their resilience, requiring them to adapt rapidly to evolving protocols, deal with limited resources, and make difficult ethical decisions under unprecedented pressure.

The pandemic has also highlighted ethical dilemmas unique to such a large-scale crisis. Nurses have faced moral challenges in balancing their duty to care for patients with personal risk, particularly during times of shortages in personal

protective equipment (PPE). Moreover, the allocation of limited resources, such as ventilators and ICU beds, has forced nurses to confront ethical questions regarding fairness and prioritization. The autonomy of patients, too, has been complicated, with healthcare decisions often being made on behalf of patients unable to communicate due to severe illness.

This review aims to explore the multifaceted role of nurses during the COVID-19 pandemic, with a focus on the ethical challenges they faced. By understanding these challenges, we can better prepare for future global health crises and develop frameworks to support healthcare professionals more effectively [1].

1.1 Context of the Pandemic

The outbreak of COVID-19, caused by the novel coronavirus SARS-CoV-2, rapidly escalated into a global pandemic, transforming healthcare delivery and straining medical systems to their limits. Characterized by severe respiratory symptoms and an exceptionally high transmission rate, the virus posed a unique challenge to both healthcare providers and infrastructure worldwide. The pandemic's swift spread overwhelmed hospitals, which were ill-prepared for the influx of critically ill patients. Intensive care units (ICUs) were quickly filled to capacity, and the shortage of key resources, including ventilators, personal protective equipment (PPE), and qualified healthcare personnel, became a widespread issue.

As the number of COVID-19 cases surged, healthcare systems across the globe experienced substantial operational strain, struggling to manage the volume of patients requiring advanced life support. Hospitals faced difficult choices, often having to ration resources, while healthcare workers, particularly nurses, were forced to adapt to evolving guidelines under the pressures of resource scarcity [2,3]. This situation was further aggravated by disruptions in supply chains, making it difficult to replenish PPE, thus increasing the personal risk to frontline workers.

The unprecedented nature of the pandemic altered routine healthcare practices, requiring nurses to adhere to new infection control protocols, manage isolation measures, and continuously update their knowledge of COVID-19 treatments. The pandemic's impact on healthcare delivery extended far beyond treating

the virus, as it delayed elective procedures, interrupted regular care services, and created an atmosphere of uncertainty and urgency for healthcare professionals [4].

1.2 The Role of Nurses

Nurses have been at the forefront of the COVID-19 pandemic response, taking on a wide array of responsibilities that have extended beyond their traditional care roles. Their contributions have been critical in both managing patient care and maintaining the overall functioning of healthcare systems under immense pressure. These contributions include:

- **Direct Patient Care:** Nurses have played a vital role in managing the daily care of COVID-19 patients. This has involved monitoring vital signs, administering medications, providing life-saving treatments, and offering supportive care to patients suffering from severe symptoms, such as respiratory distress and multi-organ failure. Their hands-on care has been crucial in addressing the complex and rapidly changing needs of critically ill patients.
- **Infection Control:** Due to the high transmission rate of SARS-CoV-2, infection control has been a paramount concern. Nurses have been responsible for implementing and adhering to strict infection control protocols, such as using personal protective equipment (PPE), enforcing hand hygiene measures, and isolating patients to prevent the spread of the virus. These procedures have been vital in controlling in-hospital outbreaks and ensuring both patient and staff safety.
- **Emotional and Psychological Support:** The pandemic has also placed emotional and psychological burdens on patients and their families. Nurses have stepped in to provide crucial emotional support to patients who faced isolation due to visitor restrictions, as well as to those experiencing anxiety and fear related to the severity of the illness. Their presence has helped alleviate the psychological strain that accompanies long periods of illness and uncertainty.
- **Education and Training:** Nurses have been instrumental in educating both patients and their families about COVID-19, including preventive measures such as mask-wearing and social distancing,

recognizing symptoms, and understanding when to seek medical attention. Additionally, nurses have continuously updated their own knowledge to stay aligned with the evolving guidelines and treatment protocols of COVID-19 [5].

1.3 Ethical Dilemmas

The extraordinary conditions created by the COVID-19 pandemic have introduced a range of complex ethical dilemmas into nursing practice. Nurses have been at the forefront of decision-making in situations characterized by uncertainty, high stakes, and moral conflict. Several key ethical challenges have emerged during the pandemic, requiring nurses to navigate difficult decisions under immense pressure:

- **Resource Allocation:** One of the most prominent ethical dilemmas has been the allocation of scarce medical resources. As hospitals became overwhelmed with critically ill patients, nurses were often confronted with the difficult task of deciding how to allocate limited supplies of ventilators, ICU beds, and life-saving treatments. These decisions carried significant implications for patient outcomes and survival, forcing nurses to balance fairness, clinical need, and the urgency of care in an environment of resource scarcity.
- **Personal Risk vs. Professional Duty:** Another major ethical challenge has been the tension between nurses' professional duty to care for patients and their own personal safety. The high transmissibility of the virus, combined with occasional shortages of personal protective equipment (PPE), has placed nurses in a precarious position, where they were required to weigh the risk of contracting COVID-19 against their commitment to their profession. This has raised profound questions about the limits of professional obligation in times of crisis and the ethical responsibilities of healthcare institutions to protect their staff.
- **Patient Autonomy and Consent:** The pandemic has also complicated traditional understandings of patient autonomy. Many patients, particularly those suffering from severe COVID-19 symptoms, were unable to make informed decisions about their

care due to illness or isolation from their families. This created challenges in obtaining informed consent and respecting patients' autonomy, as nurses had to make decisions on their behalf while adhering to ethical principles of patient-centered care [6].

1.4 Importance of Understanding These Challenges

Understanding the multifaceted role of nurses during the COVID-19 pandemic and the ethical dilemmas they encountered is crucial for several key reasons:

- **Improving Future Responses:** The insights gained from nurses' experiences during the pandemic can inform future responses to global health crises. By examining the challenges nurses faced, healthcare systems can develop more effective strategies for pandemic preparedness, ensuring that both healthcare workers and patients are better supported. This includes improving protocols for infection control, resource allocation, and patient care under crisis conditions.
- **Enhancing Support Systems:** Addressing the ethical and practical challenges nurses faced is essential for strengthening support systems in healthcare. The pandemic has underscored the importance of providing mental health resources, ensuring adequate personal protective equipment (PPE), and establishing clear ethical guidelines. Ensuring that nurses have the support they need, including counseling services and ethical frameworks, will improve their well-being and effectiveness in future crises.
- **Strengthening Resilience:** By analyzing nurses' experiences during the pandemic, healthcare systems can build greater resilience and preparedness for future emergencies. Understanding the ethical and emotional burdens that nurses bore will help in designing programs that equip them with the tools and support they need to navigate complex situations in the future. Enhancing resilience is essential for ensuring that nurses can continue to deliver high-quality care during times of unprecedented pressure and uncertainty [7].

2. OVERVIEW OF NURSING CARE DURING THE COVID-19 PANDEMIC

Nurses have been central to the healthcare response during the COVID-19 pandemic, embodying adaptability, resilience, and compassion under extraordinary circumstances. Their roles have expanded and evolved in response to the demands of managing a global health crisis. This section provides a detailed overview of how nursing care has been delivered during the pandemic, highlighting the key areas of responsibility, challenges faced, and the impact on both patients and healthcare systems [8].

2.1 Expanded Roles and Responsibilities

2.1.1 Direct patient care

- **Acute Care Management:** Nurses have been essential in managing patients with severe COVID-19 symptoms, especially those requiring intensive care. Their responsibilities include monitoring vital signs, administering medications, and managing respiratory support, such as mechanical ventilation or high-flow oxygen. They also provide supportive care for patients experiencing complications like acute respiratory distress syndrome (ARDS) and multi-organ failure.
- **Symptom Management:** Nurses have played a key role in alleviating COVID-19 symptoms, such as fever, pain, and anxiety. Additionally, they have managed co-morbidities and complications, including secondary infections and thromboembolic events, which have significantly affected patient outcomes [9].

2.1.2 Infection control

- **Implementation of Protocols:** The pandemic led to the swift development of strict infection control measures, requiring nurses to adapt quickly. They have had to implement the use of enhanced personal protective equipment (PPE), such as N95 respirators, face shields, gowns, and gloves, while rigorously maintaining hand hygiene and environmental disinfection protocols.
- **Isolation Procedures:** Nurses have been responsible for implementing isolation measures to prevent the spread of COVID-19 within healthcare facilities. This includes

isolating COVID-19 patients, cohorting those with similar conditions, and ensuring physical distancing in common areas to minimize cross-infection [10].

2.1.3 Adaptation to changing protocols

- **Rapid Adaptation:** With the evolving understanding of COVID-19, treatment protocols changed frequently. Nurses have had to swiftly adapt their practices to incorporate new evidence-based guidelines and recommendations, requiring frequent updates in patient care, infection control, and symptom management strategies.
- **Training and Education:** Ongoing education has been critical for nurses, ensuring they are up-to-date with the latest information on COVID-19 care. Training sessions on new protocols, the correct use of PPE, and updates in patient management strategies have been regularly conducted to enhance the skills and preparedness of nursing staff [11].

2.2 Challenges in Nursing Care

2.2.1 Increased patient load

- **Surge Capacity:** The overwhelming surge in COVID-19 cases significantly increased the patient load in hospitals, often exceeding normal capacity limits. Nurses worked long hours in high-stress environments, managing a larger number of patients than usual. This intense workload has contributed to both physical and emotional exhaustion, negatively impacting nurses' overall job satisfaction and well-being.
- **Staff Shortages:** The heightened demand for nursing care, combined with the risk of contracting the virus, led to significant staff shortages. Burnout became widespread among nurses, with some leaving the profession or taking extended leave, further stretching healthcare resources. The shortage of nursing staff compounded the challenges in providing consistent and quality patient care.

2.2.2 PPE shortages and safety concerns

- **Protective Equipment:** Early in the pandemic, many healthcare facilities experienced shortages of critical personal

protective equipment (PPE), placing nurses at increased risk of exposure to COVID-19. While global supply chains have since improved, the availability of PPE and its proper utilization remains an issue in some regions, continuing to pose safety concerns for nurses.

- **Safety vs. Care:** Nurses have faced an ongoing challenge of balancing personal safety with their professional duty to provide care. Navigating this tension has been difficult, as they have had to prioritize both their own health and the well-being of patients in a high-risk environment, often under less-than-ideal conditions.

2.2.3 Emotional and psychological impact

- **Trauma and Stress:** Caring for critically ill COVID-19 patients, witnessing high mortality rates, and dealing with distressed families has taken a profound emotional toll on nurses. Many have experienced heightened levels of stress, anxiety, depression, and moral distress, which has affected their mental health and overall job performance.
- **Isolation and Grief:** The isolation experienced by both patients and healthcare workers added to the emotional strain. Nurses were often the sole link between patients and their families, navigating personal grief while providing empathetic care and support to those in their care. The challenging work environment heightened feelings of isolation, grief, and psychological distress among nursing staff [12].

2.3 Impact on Patients and Healthcare Systems

2.3.1 Patient outcomes

- **Quality of Care:** Despite the numerous challenges posed by the COVID-19 pandemic, nurses have remained essential in preserving the quality of care for patients. Their unwavering commitment has been crucial in managing critically ill patients, often under extraordinary conditions, and in ensuring that complex cases, such as those involving severe respiratory distress and multi-organ failure, were adequately addressed. Through their expertise and compassion, nurses have played a key role in supporting patient recovery, even in the most challenging circumstances.

- **Patient Experience:** The pandemic has drastically altered the patient experience, particularly with increased isolation measures and restrictions on family visitation. Nurses have been central to mitigating the negative emotional effects of these changes, providing psychological support to patients who faced isolation and fear. By ensuring that patients feel connected and supported, despite the physical barriers imposed by pandemic protocols, nurses have helped maintain a sense of care and humanity in the face of adversity [13].

2.3.2 Healthcare system strain

- **Resource Allocation:** The overwhelming surge in COVID-19 cases strained healthcare systems worldwide, leading to significant challenges in resource allocation. Hospitals had to respond rapidly, often expanding ICU capacity, reconfiguring emergency services, and implementing triage protocols to manage the influx of critically ill patients. Nurses, working within these constrained environments, were at the forefront of managing scarce resources while providing the best possible care to each patient.
- **Long-Term Implications:** The pandemic has revealed critical gaps in healthcare systems, highlighting the need for enhanced emergency preparedness and increased investment in healthcare infrastructure. Moving forward, there is a growing recognition of the importance of addressing the mental health needs of healthcare workers, including nurses, to build resilience and sustainability in the healthcare workforce. The long-term implications of the pandemic will likely shape healthcare policies, emergency protocols, and workforce support systems for years to come [14].

2.4 Allocation of Resources

2.4.1 Resource scarcity

The COVID-19 pandemic led to a severe strain on healthcare systems globally, creating an unprecedented shortage of critical medical resources, such as ventilators, ICU beds, and medications. This scarcity forced healthcare providers, particularly nurses, to make tough decisions regarding the distribution of these limited resources. In many cases, nurses were

integral to multidisciplinary teams tasked with determining which patients would receive care and which would not, as the demand far outpaced the availability of necessary equipment and personnel. This reality was particularly challenging in regions hit hardest by the pandemic, where healthcare infrastructure was often overwhelmed, requiring rapid triage and resource management decisions. These situations placed nurses in ethically fraught positions, balancing their professional commitment to patient care with the stark reality of resource limitations.

2.4.2 Ethical dilemmas

- *Fairness and Equity:* One of the most pressing ethical concerns during the pandemic has been how to allocate resources fairly and equitably across diverse patient populations. In many hospitals, decisions about who would receive treatment were guided by criteria such as the likelihood of survival, overall health status, and potential benefit from treatment. While these criteria aimed to maximize patient outcomes, they were often contentious. In practice, they sometimes failed to fully address deeper issues of fairness, particularly regarding social and economic inequities. For example, patients from disadvantaged backgrounds, those with pre-existing conditions, or those who arrived later in the course of their illness might have been deprioritized in favor of those deemed more likely to survive. These ethical dilemmas posed challenges for healthcare professionals, leading to difficult conversations and decisions about who would receive life-saving care and who would not.
- *Decision-Making Frameworks:* To navigate these ethical complexities, many healthcare institutions developed decision-making frameworks to ensure that resource allocation was handled transparently and consistently. These frameworks were designed to prioritize fairness, justice, and equity, offering structured guidance to help healthcare professionals make ethical decisions in high-pressure environments. By establishing clear, uniform criteria for decision-making, these frameworks helped reduce the reliance on subjective judgments or biases and ensured that decisions were made based on principles

of medical ethics. However, the effectiveness of these frameworks depended on their implementation and the capacity of healthcare workers to follow them under the extreme demands of the pandemic [15].

2.4.3 Impact on patients and families

- *Moral Distress:* The pressure to make life-and-death decisions during resource scarcity often led to significant moral distress for nurses. This moral distress arose from the conflict between their ethical duty to provide care for all patients and the reality that not all patients could receive the care they needed. When resources were insufficient, nurses had to make agonizing decisions about which patients would receive ventilators, ICU beds, or other life-saving interventions. This moral burden was exacerbated when nurses had to communicate these decisions to patients and their families, who were often distressed, confused, and grieving. The emotional toll on nurses in these situations was immense, as they were required to remain compassionate and professional while grappling with the ethical weight of their decisions.
- *Patient Trust:* The process of triage and resource allocation, particularly when life-saving resources were limited, had the potential to erode trust in healthcare systems. Families who saw their loved ones denied critical care due to resource shortages could lose faith in the fairness and transparency of the healthcare system. To mitigate these risks, it was essential for healthcare providers to maintain open, clear communication with patients and their families, explaining the criteria and processes behind resource allocation decisions. Transparent communication helped build understanding, even in cases where the outcomes were devastating, and was crucial for preserving patient and family trust in the integrity of the healthcare system.

2.5 Balancing Risk and Safety

2.5.1 Health and safety of healthcare workers

Throughout the COVID-19 pandemic, nurses and other frontline healthcare workers have been

tasked with balancing their professional obligation to care for patients with the imperative of protecting their own health. This balancing act has been complicated by the heightened risk of exposure to the virus, as nurses were in constant contact with infected individuals, often in high-risk environments like intensive care units. Compounding this risk was the shortage of personal protective equipment (PPE) in many regions, which left healthcare providers more vulnerable to infection. The ongoing risk to their health, along with concerns about bringing the virus home to their families, placed significant ethical and emotional strain on nurses, who had to prioritize patient care while navigating personal safety concerns.

2.5.2 Ethical concerns

- *Personal Safety vs. Professional Duty:* A key ethical dilemma for nurses during the pandemic has been balancing their duty to care for patients with the potential threat to their own safety. The risk of contracting COVID-19 was especially acute in the early phases of the pandemic, when PPE was in short supply and the full extent of transmission was not well understood. Nurses, who are ethically committed to providing care even under difficult circumstances, faced the tension between fulfilling their professional responsibilities and protecting themselves from harm. The ethical question of whether nurses should be required to care for patients in the absence of adequate PPE also raised broader concerns about the obligations of healthcare institutions. Healthcare providers have a duty of care to ensure a safe working environment for their staff, and failure to provide sufficient protective equipment or protocols risked violating that responsibility, exacerbating the ethical complexities [16].
- *Informed Consent:* Another ethical issue was whether healthcare workers were fully informed of the risks they were taking. While many nurses understood the general hazards associated with working during a pandemic, questions arose about whether they had sufficient information and protection to give informed consent to their own risk exposure. This raised concerns about whether nurses were being asked to accept excessive risks without proper safeguards, such as adequate PPE, infection control measures, and mental

health support. The challenge for healthcare institutions was ensuring that workers were not only aware of the risks but also had the necessary protections to mitigate them. Ethical practice demanded that nurses should not be placed in high-risk environments without being fully informed of their exposure risks and provided with adequate safety measures.

2.5.3 Impact on healthcare workers

- *Burnout and Mental Health:* The pressure of balancing risk and safety during the pandemic has taken a toll on nurses' mental health. The constant fear of exposure, combined with long working hours, patient deaths, and insufficient protective resources, contributed to severe burnout among healthcare workers. Many nurses reported heightened anxiety, stress, and exhaustion, which only increased over the course of the pandemic. Managing these challenges requires a focus on supporting the mental health of nurses, both through direct mental health interventions and by addressing systemic issues such as understaffing, long shifts, and inadequate rest. Ensuring that nurses receive adequate mental health resources, including counseling and stress management programs, has been crucial to helping them cope with the emotional and psychological demands of their roles.
- *Retention and Recruitment:* The ethical concerns surrounding personal safety during the pandemic have had far-reaching implications for the retention and recruitment of healthcare staff. Many nurses have chosen to leave the profession, either temporarily or permanently, due to concerns over their safety and the long-term mental health effects of working in high-risk environments. This exodus of experienced nurses has created staffing shortages in many regions, further straining healthcare systems already stretched to their limits by the pandemic. For healthcare institutions to maintain a stable workforce, it is vital to ensure that nurses feel safe and supported in their roles. This includes providing adequate PPE, clear communication about risks, and ongoing support for their mental and physical well-being. Addressing these ethical and practical concerns is critical to

attracting new recruits and retaining experienced staff in the long term [16].

3. PATIENT AUTONOMY AND CONSENT

3.1 Challenges in Respecting Autonomy

The COVID-19 pandemic has introduced significant challenges in upholding patient autonomy, particularly in critical care settings where patients are often too ill to communicate or make decisions independently. The rapid deterioration of some patients' conditions, combined with the isolation measures imposed to prevent virus transmission, has disrupted normal processes of obtaining informed consent and facilitating decision-making. Critically ill patients are frequently unable to participate in discussions about their care, leading to ethical dilemmas about how best to respect their autonomy and ensure their wishes are honored.

3.2 Ethical Issues

- *Informed Consent:* Obtaining informed consent in the context of a pandemic has been one of the most challenging aspects of patient care. The urgency of many situations, especially in intensive care units (ICUs), has made it difficult to engage patients in meaningful discussions about their treatment options. For patients who were conscious but severely ill, the high-pressure environment and the need for rapid decisions have made it harder for healthcare providers to ensure that patients or their designated surrogates are fully informed and involved in decision-making. Moreover, the high volume of patients requiring emergency interventions, coupled with limited staffing, has strained the ability of healthcare teams to spend adequate time on these crucial conversations. Nevertheless, respecting patient autonomy requires making every effort to obtain informed consent, even when time and resources are limited. Ensuring that patients understand the risks and benefits of treatments, including potential experimental therapies, has been essential in maintaining ethical standards of care [17].
- *Decision-Making Capacity:* Assessing the decision-making capacity of patients who are critically ill or cognitively impaired has added another layer of complexity to respecting patient autonomy during the

pandemic. Many COVID-19 patients experience delirium or cognitive impairment, especially those on ventilators or sedatives, making it difficult for healthcare providers to ascertain whether they are able to fully comprehend their treatment options and provide informed consent. In such cases, clinicians must carefully evaluate whether patients have the capacity to make their own decisions or if a surrogate decision-maker, such as a family member or legally authorized representative, should be involved. This evaluation must be done ethically and promptly to avoid delaying critical care, but it also must be handled with sensitivity to ensure that the patient's rights and preferences are respected to the fullest extent possible.

3.3 Impact on Patient Care

- *Patient Experience:* The pandemic has significantly impacted the patient experience, particularly in terms of how involved patients have been in decisions about their care. The restrictions on in-person communication, combined with the high acuity of many COVID-19 cases, have meant that patients may feel less involved in their treatment choices. For patients unable to communicate or participate in decision-making, the risk of being subjected to treatments without their explicit consent may affect their overall satisfaction with care. Healthcare providers must therefore strive to find ways to incorporate patient preferences, even in the most challenging circumstances. Clear communication about treatment options, alternative therapies, and potential outcomes, when possible, can help bridge the gap between clinical urgency and patient involvement. Ensuring that patients feel heard and respected, even when decisions must be made quickly, is crucial to maintaining patient trust and dignity throughout their care experience.
- *Family Involvement:* One of the most emotionally challenging aspects of the pandemic has been the restrictions on family visits and the limitations on involving family members in decision-making processes. In many cases, patients were isolated from their loved ones for extended periods, complicating the ability of family members to advocate for their preferences

and be involved in discussions about their care. This isolation has created an ethical dilemma: how to ensure that patients' values and wishes are honored when they cannot communicate, and their families are not physically present. To address this, healthcare providers have turned to remote communication technologies, such as video calls, to involve families in care discussions and decision-making processes. Although not ideal, these alternatives have been crucial in maintaining a connection between patients and their families, ensuring that care aligns with patients' personal values and goals [17].

3.4 Psychological Impact

3.4.1 Emotional toll on nurses

The COVID-19 pandemic has had a profound psychological impact on healthcare workers, particularly nurses, who have been on the front lines of care. Nurses have borne the emotional weight of caring for critically ill patients, often with little to no improvement in their condition. This constant exposure to suffering, coupled with witnessing high mortality rates, has created a deeply distressing work environment. Nurses also had to manage the immense uncertainties of the pandemic, including fears of contracting the virus themselves, concerns about the well-being of their families, and the general unpredictability of disease progression. This combination of factors has contributed to significant emotional strain, leaving nurses grappling with stress, anxiety, and emotional exhaustion.

3.4.2 Ethical concerns

- *Moral Injury*: A major ethical concern arising from the pandemic is the phenomenon of moral injury, where nurses experience emotional and psychological distress because their actions conflict with their deeply held moral beliefs. This has often occurred when nurses were forced to make triage decisions that determined which patients would receive lifesaving care when resources were scarce. For nurses committed to providing care to all patients, these decisions were not only professionally challenging but personally devastating. The emotional toll of having to prioritize some patients over others, especially when all were in dire need, led

to a sense of guilt and moral conflict. Moral injury has become a significant source of psychological distress for many nurses, affecting their mental well-being long after the acute phases of the pandemic [16].

- *Support Systems*: To help nurses cope with the immense psychological and ethical challenges they have faced, access to mental health support and counseling has been essential. Institutions that have provided a supportive work environment, including access to mental health services, stress management programs, and peer support groups, have been better equipped to help nurses mitigate the emotional impact of the pandemic. These support systems have been critical in helping nurses process the trauma of the pandemic, manage stress, and recover from the psychological toll of their work. Ensuring that nurses feel supported and valued is not only essential for their well-being but also for retaining a skilled and effective workforce.

3.4.3 Impact on patient care

- *Compassion Fatigue*: The relentless demands of the pandemic have led to compassion fatigue in some nurses, where the constant exposure to suffering, illness, and death has diminished their ability to empathize with patients. Compassion fatigue occurs when healthcare providers become emotionally depleted from continuously caring for others, leading to a reduction in their capacity to provide compassionate care. This phenomenon has direct consequences for patient care, as it can lead to a decrease in the quality of interactions between nurses and patients, resulting in less personalized and empathetic care. Addressing compassion fatigue through mental health support, adequate rest, and emotional debriefing sessions is critical for maintaining the quality of care that patients need and deserve [18].
- *Work-Life Balance*: Another significant issue that has emerged during the pandemic is the disruption of nurses' work-life balance. The long hours, increased patient loads, and emotional demands have made it difficult for many nurses to find time for their personal lives. This imbalance has contributed to burnout, affecting both their personal well-being and

job satisfaction. The inability to disconnect from work, combined with the high-intensity nature of their job, has taken a toll on their physical and emotional health. Creating policies that promote a healthy work-life balance, such as providing adequate time off, flexible scheduling, and emotional support, is crucial to ensuring nurses' overall health and job satisfaction. A healthier work-life balance would not only benefit nurses but also improve patient outcomes by allowing healthcare providers to deliver care with renewed energy and compassion [18].

4. STRATEGIES FOR ADDRESSING ETHICAL CHALLENGES

Addressing the ethical challenges that nurses have faced during the COVID-19 pandemic requires an integrated approach that combines ethical guidance, emotional support, and practical resources. This multifaceted strategy ensures that nurses can manage the complexities of their roles while maintaining their own well-being and upholding patient care standards.

4.1 Ethical Guidelines and Support

4.1.1 Development of ethical guidelines

The creation of comprehensive ethical guidelines plays a pivotal role in assisting nurses as they navigate difficult decisions, such as resource allocation and ensuring patient autonomy. These guidelines help clarify the criteria for making ethical choices, reducing the emotional burden on nurses by providing a structured approach to resolving dilemmas. Clear ethical frameworks serve as a guide, offering consistency and direction for healthcare professionals when they are faced with overwhelming and time-sensitive decisions.

4.1.2 Ethics committees and counseling services

Having immediate access to ethics committees and counseling services allows nurses to receive guidance when confronting complex ethical situations. These committees can offer expert opinions, while counseling services provide the emotional support necessary to manage the psychological stress associated with making life-or-death decisions. By facilitating collaborative decision-making processes, ethics committees

and counseling services help to mitigate feelings of isolation and moral injury in nurses [19].

4.2 Resource allocation frameworks

4.2.1 Transparent decision-making

- Implementing transparent and equitable resource allocation frameworks is critical to ensuring fairness and consistency in decision-making. Such frameworks should prioritize key ethical principles like justice, equity, and maximizing patient outcomes, allowing healthcare professionals to make resource-related decisions with clarity and confidence. Transparency in these frameworks fosters trust among patients, families, and healthcare workers by clearly outlining how and why decisions are made in critical situations.
- *Stakeholder Involvement:* Including a diverse group of stakeholders—such as healthcare providers, administrators, community leaders, and patient advocates—in the development of resource allocation frameworks helps ensure that the decisions reflect the values and needs of both healthcare workers and the broader community. This collaborative approach enhances the legitimacy of decisions and ensures that ethical considerations are balanced with practical realities [19].

4.2.2 Protective measures and training

- **Adequate PPE Supply:**
Securing and distributing adequate personal protective equipment (PPE) is essential for safeguarding healthcare workers. Ensuring a continuous and reliable supply of PPE allows nurses to perform their duties without compromising their safety. Ongoing education about proper PPE usage, as well as updates on infection control protocols, further protects both staff and patients from COVID-19 transmission.
- **Infection Control Training:**
Providing regular, comprehensive infection control training ensures that nurses are equipped with the knowledge and skills needed to manage COVID-19-related risks effectively. By incorporating the latest guidelines and best practices, infection

control training enables nurses to minimize transmission risks, protect themselves and their patients, and feel more confident in their ability to manage complex situations [19].

4.2.3 Mental health support

- **Access to Mental Health Resources:**

Given the psychological toll of the pandemic, offering easy access to mental health resources—such as counseling, peer support groups, and stress management programs—is crucial for the well-being of nurses. These resources help nurses process their experiences, manage stress, and prevent burnout, ensuring that they can continue providing high-quality care without compromising their mental health.

- **Creating Supportive Environments:**

Fostering a supportive work environment that prioritizes the mental health of nurses is essential for their long-term resilience and job satisfaction. This includes promoting work-life balance, recognizing the need for mental health days, and offering flexible scheduling where possible. Supportive environments also include leadership that acknowledges the emotional and ethical challenges nurses face, creating a culture where seeking help is encouraged and mental health is treated as a critical component of workplace well-being [20].

5. CONCLUSION

The COVID-19 pandemic has underscored the indispensable role of nurses in managing patient care under unprecedented conditions. As the frontline caregivers, nurses have provided essential care while confronting a range of ethical challenges that have tested their resilience on both personal and professional levels. Navigating these complexities—such as making resource allocation decisions, balancing personal risk with professional duty, preserving patient autonomy, and coping with significant psychological stress—has been integral to the healthcare system's response to the crisis.

To ensure that nurses are supported in their roles and can continue delivering quality care, it is crucial to address these ethical challenges

through comprehensive strategies. Establishing clear and actionable ethical guidelines will provide the direction and clarity nurses need during crises. In addition, providing access to ethics committees and mental health resources will help nurses manage the moral and emotional burdens they face. Ensuring that protective measures, such as adequate PPE and infection control training, are available further safeguards the health and safety of healthcare workers.

The insights gained from the pandemic offer valuable lessons for future public health emergencies. Strengthening ethical frameworks, enhancing support systems, and improving resource allocation processes will better prepare healthcare systems for future crises. These actions will not only benefit nurses and other healthcare workers but also improve patient care and outcomes in the long term. By addressing the challenges revealed by the pandemic, healthcare systems can build a more resilient workforce capable of navigating the complexities of any future global health threats.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

The author(s) hereby declare that NO generative AI technologies, such as Large Language Models (ChatGPT, COPILOT, etc.), and text-to-image generators have been used during the writing or editing of this manuscript.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Gebreheat G, Teame H. Ethical Challenges of Nurses in COVID-19 Pandemic: Integrative Review. *J Multidiscip Healthc.* 2021;14:1029-1035. DOI: 10.2147/JMDH.S308758. PMID: 33986597; PMCID: PMC8110276.
2. Turale S, Meechamnan C, Kunaviktikul W. Challenging times: ethics, nursing and the

- COVID-19 pandemic. International Nursing Review. 2020;67(2):164-7.
3. Ah H, Amm R, SG J. Nurses' ethical challenges when providing care in nursing homes during the COVID-19 Pandemic. Nursing Ethics. 2023;30(1):32-45.
 4. Nyashanu M, Pfende F, Ekpenyong M. Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK. J Interprof Care. 2020;34(5): 655–661. DOI: 10.1080/13561820.2020.1792425
 5. Shah A, Aacharya RP. Combating COVID-19 Pandemic in Nepal: ethical Challenges in an Outbreak. JNMA J Nepal Med Assoc. 2020;58(224):276–279. DOI: 10.31729/jnma.4959
 6. Whitemore R, Knafk K. The integrative review: updated methodology. J Adv Nurs. 2005;52(5):546–553. DOI: 10.1111/j.1365-2648.2005.03621.x
 7. Zhu J, Stone T, Petrini M. The ethics of refusing to care for patients during the coronavirus pandemic: A Chinese perspective. Nurs Inq. 2020;28(1):e12380. DOI: 10.1111/nin.12380
 8. Morley G, Grady C, McCarthy J, Ulrich CM. Covid-19: ethical Challenges for Nurses. Hastings Cent Rep. 2020;50(3): 35–39. DOI: 10.1002/hast.1110
 9. Jia Y, Chen O, Xiao Z, Xiao J, Bian J, Jia H. Nurses' ethical challenges caring for people with COVID-19: a qualitative study. Nurs Ethics. 2020;28(1):969733020 944453. DOI: 10.1177/0969733020944453
 10. Robert R, Kentish-Barnes N, Boyer A, Laurent A, Azoulay E, Reignier J. Ethical dilemmas due to the Covid-19 pandemic. Ann Intensive Care. 2020;10(1). DOI: 10.1186/s13613-020-00702-7
 11. Morley G, Dierckx de Casterlé B, Kynoch K, Ramis MA, Suhonen R, Ventura C, Arries-Kleyenstuber E. Ethical challenges faced by nurses during the COVID-19 pandemic: a scoping review protocol. JBI Evid Synth. 2023;21(5):970-976. DOI: 10.11124/JBIES-22-00247. PMID: 36692443; PMCID: PMC10173941.
 12. White JH. "It was never enough": the meaning of nurses' experiences caring for patients during the COVID-19 pandemic. Issues Ment Health Nurs. 2021; 42(12):1084–94.
 13. Ahmadidarrehsima S, Salari N, Dastyar N, Rafati F. Exploring the experiences of nurses caring for patients with COVID-19: a qualitative study in Iran. BMC Nurs. 2022; 21(1):1–7.
 14. Coşkun Şimşek D, Günay U. Experiences of nurses who have children when caring for COVID-19 patients. Int Nurs Rev. 2021;68(2):219–27.
 15. Cooper C, Booth A, Varley-Campbell J, Britten N, Garside R. Defining the process to literature searching in systematic reviews: a literature review of guidance and supporting studies. BMC Med Res Methodol. 2018;18(1):1–4.
 16. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al.. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021;372:n71.
 17. Oh Y, Gastmans C. Ethical issues experienced by nurses during COVID-19 pandemic: Systematic review. Nursing Ethics. 2024;31(4):521-540. DOI:10.1177/09697330231200564
 18. Liu X, Zheng J, Liu K, et al. Hospital nursing organizational factors, nursing care left undone, and nurse burnout as predictors of patient safety: actual equation modeling analysis. Int J Nurs Stud. 2018;86:82–89.
 19. Morley G, Grady C, McCarthy J, et al. Covid-19: ethical challenges for nurses. Hastings Cent Rep. 2020;50:35–39.
 20. Jang Y, Oh Y. Impact of ethical factors on job satisfaction among Korean nurses. Nurs Ethics. 2019;26: 1186–1198.

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