

# Intensive Care Nurses' Ethical Challenges Caring for People with COVID-19: A Qualitative Study

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**Received** : 28 April 2021  
**Accepted** : 15 August 2021

## ABSTRACT

**Purpose:** The purpose of this study was to analyze the ethical challenges experienced by nurses, who provide care for COVID-19 patients in intensive care units.

**Methods:** Qualitative phenomenological method was used with in-depth interviews, focusing on the concept of "ethical challenges". The study was conducted with 15 nurses working in Adult Intensive Care Units who were members of a National Nursing Association. The data were collected through the personal information form and in-depth interviews involving 5 questions regarding ethical challenges. The interviews were recorded in writing and then turned into a written document. Analysis of the open-ended questions was performed using the content analysis was done by Giorgi's phenomenological method analysis.

**Results:** Five themes and nine sub-themes have emerged as a result of in-depth interviews. Themes were defined as the Concept of Ethical Dilemma, Conditions in which an Ethical Dilemma is Experienced, Ethical Challenges in a Newly Defined Infectious Disease, Guiding Ethical Principles, and the Ways to Cope with an Ethical Dilemma. Sub-themes were identified as the conflict of interest, patient rights, patient privacy, role confusion, professional incompetence, non-maleficence, beneficence, confidentiality, and professional ethics.

**Conclusion:** The nurses expressed that they had an ethical difficulty and ethical dilemma in a newly defined infectious disease. It is of importance to set international standards on the priority of care and the quality of care, which will eliminate ethical dilemmas for care during the pandemic.

**Keywords:** COVID-19, ethical challenges, intensive care nurses, phenomenological method

## Yoğun Bakım Hemşirelerinin COVID-19'lu Hastalarda Yaşadığı Bakım Etiği Sorunları: Nitel Bir Çalışma

### ÖZET

**Amaç:** Bu çalışma Covid-19 pozitif tanısı ile yoğun bakım ünitelerinde yatan hastalara bakım veren hemşirelerin deneyimlediği etik sorunların derinlemesine bireysel görüşmeler ile analiz edilmesi amacıyla planlandı.

**Yöntem:** Bu çalışmada "etik sorunlar" kavramı merkez alınarak derinlemesine bireysel görüşmeler yapıldığı nitel fenomenolojik yöntem kullanıldı. Çalışma Erişkin Yoğun Bakım ünitelerinde çalışan 15 hemşire ile yürütüldü. Veriler kişisel veri formu ve etik challenges sorgulayan 5 sorunun yer aldığı derinlemesine görüşmeler ile toplandı. Görüşmeler yazılarak kayıt altına alındı ve sonrasında yazılı doküman haline getirildi. Açık sonlandırılmış soruların analizi Giorgi'nin fenomenolojik içerik analizi yöntemiyle yapıldı.

**Bulgular:** Yapılan derinlemesine görüşmeler sonucunda beş tema, dokuz alt tema ortaya çıkmıştır. Temalar; Etik İkilem Kavramı, Etik İkilem Yaşanılan Durumlar, Yeni Tanımlanan Bir Bulaşıcı Hastalıkta Etik Sorunlar, Yol Gösterici Etik İlkeler, Etik İkilemde Baş Etme Yolları şeklinde belirlendi. Alt temalar; çatışma yaşama, hasta hakları, hasta mahremiyeti, rol karmaşası, mesleki yetersizlik, zarar vermeme, yarar sağlama, gizlilik ve meslek etiği olarak saptandı.

**Sonuç:** Hemşireler, yeni tanımlanan bulaşıcı bir hastalıkta etik zorluk yaşadıklarını ve etik ikilem yaşadıklarını ifade ettiler. Bu bulgular ışığında salgın sürecinde bakıma yönelik etik ikilemleri ortadan kaldıracak olan bakımın önceliği ve bakımın niteliği konularında uluslararası bir standart belirlenmesi önerilmektedir.

**Anahtar Kelimeler:** COVID-19, etik sorunlar, yoğun bakım hemşireleri, fenomenolojik yöntem

The group of patients in intensive care, which are specialized units, consists of vulnerable patients whose general condition is variable and who need intensive nursing care (1,2). In addition, intensive care units are highly complex units that use high technology, which require up-to-date knowledge and skills constantly (3). Such reasons play a fundamental role in the frequent and significant medical and ethical challenges in intensive care (4). Ethical challenge is a concept that covers situations such as ethical dilemma and conflict of interest (5,6). Health professionals, patients and patient relatives may face ethical challenges in the care and treatment process of this vulnerable, high-risk group (1,7,8). Studies revealed that intensive care nurses usually experience an ethical challenge in issues such as obtaining informed consent, the protection of patient's privacy, allocating of medical resources in a fair manner, informing patients about the process of diagnosis and treatment, care of terminally-ill patients, and the protection of patient rights (9-12).

COVID-19 is a respiratory disease can be transmitted from human to human when a person with COVID-19 coughs/exhales or with small droplets spreading through the mouth, causing people to be admitted to intensive care due to severe respiratory distress (13,14). Nurses have to face the ethical challenges of treating infectious diseases, such as fear of getting infected when providing care and treatment for COVID-19 patients, failure of treatment, and high mortality rates (15). In addition, due to the increased number of patients and burden of work in relation to COVID-19 outbreak, nurses experience inadequacy and encounter numerous ethical challenges such as patient triage to make room for critically ill patients in the intensive care unit, treatment refusal by the patients or patient relatives and their demands for clinical discharge despite the vital risks, limited resources, and the provision of patient's privacy (12,15,16).

This study aims to analyze the ethical challenges experienced by nurses, who provide care for COVID-19 patients in intensive care units, through in-depth interviews. The results of this study will allow us to evaluate the current status and identify the requirements in this area.

## MATERIAL AND METHODS

### Design

In this study, phenomenological method was used among the qualitative research designs in which in-depth interviews were conducted to reach reproducible and valid inferences by focusing on the concept of "ethical challenges".

### Sampling

The research population was composed with nurses working in Adult Intensive Care Units who were members of a National Nursing Association. Since there is no specific sample size in phenomenological research, the research is terminated when the data begin to be repeated, that is, and when the researcher obtains satisfactory data (when there is no new information). Since the data in this study repeated after 15 nurses, the study was completed with 15 nurses. Research inclusion criteria for nurses include working in intensive care unit, provision of care to inpatients with a positive diagnosis of COVID 19 for at least three months, and agreeing to participate in the study.

### Data collection

A Personal Information Form and a Semi-Structured Interview Form were used to collect study data.

**Personal Information Form:** This form asks the age, the total working years, and the working years in intensive care.

**Semi-Structured Interview Form:** This form asks 5 questions aimed at learning the nurses' views on the care of COVID-19 patients; (a) What does the concept of ethical dilemma mean to you? (b) What is the most common situation you encounter in patient care that causes an ethical dilemma? (c) What are the ethical challenges you experienced in relation to a newly identified infectious disease? (d) What are the guiding ethical principles when you encounter an ethical dilemma? (e) How do you deal with situations where you encounter an ethical dilemma?

The study data were collected between September 2020 and October 2020. Due to the COVID-19 contagion, the interviews were conducted live in an online platform. After the interview, nurses were asked if there were issues they wanted to add or remove in order to get participant confirmation, and their answers were reviewed again. The responses of the nurses were presented as is in the results section. Semi-structured interviews were recorded with the permission of the participants, and their statements were written in Microsoft Word. Each interview lasted 25-40 minutes.

### Analyses

The data obtained from semi-structured interviews were thematically analyzed. The content analysis of the interviews obtained in the study was conducted via Giorgi's phenomenological method analysis. Giorgi's

phenomenological method analysis (17,18) was performed in 4 stages. First, all interview reports were read and re-read to understand the text content in a general sense (open coding). Second, the reports were re-read from a phenomenological perspective of reduction, and divided into smaller units, and meanings were formed through modifications and transformations (vertical coding). In the third step, the meaning units were further analyzed until the meanings of the phenomenon were revealed, and that is, meaningful units were obtained (selective coding). In the final step, the significant units were converted into the essence and components of the phenomenon. The meaning of the phenomenological study developed successfully during the analyses (18,19). The numbers indicated at the end of the statements are the participant numbers given to the nurses.

### Rigor

Four methods were followed to establish the validity and reliability of the study: (a) To provide variety, the data were collected in in-depth interviews method. (b) The quotations from the interviews were represented in their original form, without being interpreted. (c) The data were coded by two independent researchers, and, for internal reliability, Cohen's Kappa coefficient was measured. (d) The records of the interviews were saved for confirmation purposes in terms of external reliability. (e) This study was reported according to the COREQ (Consolidated criteria for reporting qualitative research) 32-item checklist (19).

### Ethics approval

The research approval was obtained from \_\_\_ University Scientific Research and Publication Ethics Committee (Ethics Committee meeting date: September 9th, 2020, decision no:2020/32/2). After obtaining the approval of the ethics committee, written consents of the participants were obtained. The names of the nurses were kept confidential, and instead of names, the participant (intensive care nurses- ICN) numbers were used at the end of the statements.

## RESULTS

Of the nurses involved in the study, 13 were female and 2 were male. The average age of the participants was  $32.57 \pm 6.36$  (min 23 - max 46), the total working year average was  $8.63 \pm 6.18$  (min 4 - max 27), and the average working years in intensive care was  $4.11 \pm 3.18$  (min 3 - max 12).

The five main themes and nine sub-themes were determined according to the interviews with the nurses. The main themes were identified as the Concept of Ethical Dilemma, Conditions that cause an Ethical Dilemma, Ethical Challenges in a Newly Identified Infectious Disease, Guiding Ethical Principles, Ways to Cope with an Ethical Dilemma (Table 1).

Table 1. List of themes and sub-themes	
Themes	Sub-themes
Concept of Ethical Dilemma	1.Conflict of Interest
Conditions that cause an Ethical Dilemma	1.Patient Rights 2.Patient Privacy 3.Role Confusion
Ethical Challenges in a Newly Identified Infectious Disease	1.Professional incompetence
Guiding Ethical Principles	1.Non-Maleficence 2.Beneficence 3.Confidentiality
Ways to Cope with an Ethical Dilemma	1.Professional Ethics

### MainTheme 1: Concept of Ethical Dilemma

#### Sub-themes 1. Conflict of Interest

The nurses described the concept of ethical dilemma as having a conflict of interest in choosing the right action. An examination of the statements of intensive care nurses revealed that they had difficulty deciding which option was better when there are two or more options. Nurses have stated that they may have conflicts with patients, patient relatives, and physicians in different situations and encounter an ethical dilemma.

"It can be difficult to decide which patient needs more care when providing care for patients with COVID-19." (ICN 4).

"Patient relatives want to stay with their patients with COVID-19, and then they want to leave the patient and move on with their lives. When we try to explain the situation, we experience conflicts with patient relatives." (ICN 3).

## *MainTheme 2: Conditions that cause an Ethical Dilemma*

### **Sub-themes 1. Patient Rights**

The nurses expressed an ethical dilemma about the neglected of patient rights. According to the statements of the intensive care nurses, patient rights are neglected since it is impossible in most cases to communicate with critical patients, inform them about the treatment and care plans, and obtain their consent.

“I try to provide current treatment regime without wasting time without being able to provide detailed information about the treatment in COVID-19 patients, and patients are forced to give consent since they have no other option.” (ICN 8).

“I can’t communicate with COVID-19 patients whose condition is critical, I can’t get their approval for the care practices, I’m just trying to make sure their condition doesn’t get worse” (ICN 10).

### **Sub-themes 2. Patient Privacy**

The majority of intensive care nurses stated that they encountered an ethical dilemma regarding the violations of patient privacy. Nurses stated that due to the rapid increase in the number of patients, they started to provide care for patients above the capacity of intensive care beds, and neglected patient privacy.

“Due to the increase in the number of patients I provide care for, I cannot pay attention to patient privacy in treatment and care practices” (ICN 9).

“I cannot consider patient privacy a priority in order to be able to work effectively and quickly in the COVID-19 intensive care unit where I work” (ICN 9).

### **Sub-themes 3. Role Confusion**

The nurses all expressed the role confusion as the most common ethical dilemma. Nurses explained their views on situations in which they encountered an ethical dilemma as follows.

“Apart from a few physicians, mostly the nurses deal with patients, and often nurses do the practices that the physicians should do. First, we did not interfere with the ventilator to attract doctors to care for patients. Then, the hospital management told us that we needed to perform every intervention possible. As a result, currently, other than 2 physicians, others see the patient only to perform routine checks and do not perform any practice.” (ICN 12).

## *MainTheme 3: Ethical Challenges in a Newly Identified Infectious Disease*

### **Sub-themes 1. Professional Incompetence**

According to the nurses, the common ethical challenge encountered when providing care for patients with a newly identified infectious disease was identified as professional incompetence. Nurses stated that they were providing care to COVID-19 patients for the first time, and that they did not have enough experience. They also stated that they felt professional incompetence when they did not see signs of improvement in patients after providing patients the necessary treatment and care.

“I’m trying to provide COVID-19 patients the treatment and care they need by putting myself in danger, but seeing that it doesn’t work makes me feel inadequate.” (ICN 2).

“It saddens me to see my nurse mates infected one by one. Due to the shortage of nurses, they are constantly assigned. This causes inadequacy and fatigue.” (ICN 1).

## *MainTheme 4: Guiding Ethical Principles*

### **Sub-themes 1. Non-Maleficence**

All nurses stated the principle of non-maleficence as a common guiding principle. Intensive care nurses noted that they did not want any more harm, especially to patients suffering from respiratory distress during the challenging process of treatment of COVID-19 disease. Nurses defined the principle of non-maleficence as the harm to the patient due to inexperience and lack of necessary measures.

“My priority when providing care and treatment for patients with COVID-19 is to prevent them being harmed.” (ICN 1).

“Patients with COVID-19 already have shortness of breath, and I make efforts to avoid further harm in the treatment and care process.” (ICN 5).

### **Sub-themes 2. Beneficence**

Many of the nurses stated the principle of beneficence as the second guiding principle. Nurses have defined the beneficence principle as providing safe nursing care to the individuals they treat and provide care, through up-to-date knowledge and technological means.

“Since patients experience respiratory distress, I try to perform practices that will be beneficial and will relieve them.” (ICN 3).

“COVID-19 is quite a new and unknown disease. Therefore, I have to follow constantly updated treatment protocols, new regulations, and current news.” (ICN 7).

### **Sub-themes 3. Confidentiality**

According to the statements of the intensive care nurses, the third subtheme is the confidentiality principle regarding the guiding ethical principles in patient care.

“Since COVID-19 is an infectious disease, it is important to both keep patient confidentiality and provide the necessary information to the authorities.” (ICN 11).

## **MainTheme 5: Ways to Cope with an Ethical Dilemma**

### **Sub-themes 1. Professional Ethics**

According to the nurses, the professional ethics theme has emerged related to the path followed in cases where there is an ethical dilemma. Nurses have stated that they primarily aim to meet their professional obligations when providing care for patients.

“When providing care for patients, I try to act by thinking about the obligations required by my profession, and the things I can do with my knowledge and skills”. (ICN 10).

“Since COVID-19 is an infectious disease, I need to both protect myself and provide the patient with the necessary care. This challenges me sometimes, but I try to fulfill the requirements of my profession by considering about the patient and his/her family.” (ICN 11).

## **DISCUSSION**

Intensive care nurses expressed their views on ethical dilemma in the theme of experiencing conflicts. Ethical dilemmas in health care occur when there is a conflict between the two choices in professional actions and patient care decisions (20). Conflicts of interest are among the most common ethical challenges in studies that investigate the ethical dilemmas experienced by nurses in intensive care units (11,12). Selection of patients with stable condition for hospitalization in order to open room for patients with critical condition in the intensive care units due to COVID-19 outbreak, fair use of respiratory support devices, assigning nurses to perform the duties of physicians, treatment refusal of patients and patient relatives, and their discharge demands despite the vital risks cause ethical dilemma for nurses and leads to conflict of interest with physicians and patient relatives (12,16,21). In this context, it is recommended to set an international standard on the priority of care and the quality of care, which will eliminate the ethical dilemma.

Intensive care nurses have cited ethical dilemmas with themes of patient rights, patient privacy and role confusion. The importance attached to patient rights and patient privacy has led to many ethical dilemmas due to the COVID-19 outbreak (16,22). During the pandemic, patients’ rights to receive information about treatment and care plans, the right to choose a physician/nurse and treatment, and the right to keep their personal information confidential are violated (15). In addition, individuals were deprived of their decision-making rights, considering that patients whose condition was critical and unable to communicate gave consent and accepted treatment (23). As advocates of patient rights within the health care system, nurses play a role in informing patients and obtaining their consent, freeing the medical process from unnecessary procedures, and ensuring that the actions taken are in favor of the patient in general (24). During the pandemic, nurses’ efforts to effectively defend patient rights and at the same time provide qualified care to patients also cause nurses to experience a role confusion with physicians.

Intensive care nurses have stated the guiding ethical principles with themes of non-maleficence, benevolence, and confidentiality. Ethical principles are guiding principles for medical personnel in solving ethical problems; and, a study reported that ethical principles (28.19%) rank first in the guidelines nurses use to solve ethical problems they encountered (25,26). In the COVID-19 pandemic, beneficence, fairness, non-maleficence, autonomy, privacy principles are the basic principles adopted within the scope of ethics. The ethical main goal in the provision of basic health care is to provide the greatest benefit possible to the largest number of patients (12). During the pandemic process, priority requirements of patients should be determined and the ethical principles of beneficence-fairness should be taken into account for the correct allocation of limited resources (27). In accordance with the privacy principle, the patient's secrets should not be disclosed to anyone else without his/her permission. Given high morbidity, mortality rates and the degree of contagion of COVID-19, however, confidentiality should be limited to public health interests (16,21). It is also important that hospital systems report positive cases to public institutions so that the data needed to allocate resources and make treatment and care decisions accurately.

According to the statements of intensive care nurses, the theme of professional ethics has emerged related to the path followed in cases where there is an ethical dilemma. Professional ethics is the requirement for employees of the same profession all over the world to comply with the rules of conduct that they practice with respect to social benefits (28). Professional ethics in nursing is important for developing a moral perspective towards ethical challenges encountered in nursing practice, protecting patient rights, and ensuring patient safety (29). Three generally accepted principles in professional ethics (principles of beneficence, fairness and respect for the individual) are the basic principles that guide nurses when providing care for patients. When proper protective clothing is available in accordance with these principles, it is considered to be the ethical duty of a professional intensive care nurse to provide care to COVID-19 positive patients (16). Given the risk of transmission without proper protective equipment, it is recommended that each nurse should develop the individual reasoning ability to assess personal risks when providing care for a COVID-19 positive patient.

#### *Limitations of the study*

Phenomenology studies may not result in precise and generalizable findings in accordance with the nature of qualitative research. However, they can reveal examples,

explanations, and experiences that will provide results that will help us better recognize and understand a phenomenon. The generalizability of the findings in the current study is limited by its qualitative nature as well as the fact that it only covers responses from 15 nurses.

## **CONCLUSION AND IMPLICATIONS FOR NURSING PRACTICE**

Intensive Care Nurses' have to face the ethical challenges of treating infectious diseases when providing care and treatment for COVID-19 patients. The in-depth interviews with nurses who provide care for COVID-19 patients in intensive care units revealed that the nurses experience ethical challenges in issues such as conflict of interest, patient rights, patient confidentiality, role confusion, professional incompetence, non-maleficence, beneficence, privacy and professional ethics.

In light of these themes, it is of importance to set international standards on the priority of care and the quality of care, which will eliminate ethical challenge for care during the pandemic. It is also recommended that nurses be provided with proper protective equipment, informed regarding current treatment and care practices, and that each nurse assesses their personal risk rating accordingly when providing care for a COVID-19 positive patient.

## **REFERENCES**

1. Amiri E, Ebrahimi H, Asghari Jafarabadi M, et al. Relationship between nurses' moral sensitivity and the quality of care. *Nursing ethics* 2019; 26(4): 1265-73. DOI: 10.34172/JCS.2020.015
2. Nora D, Rigon C and Zoboli Eş Vieira MM. Moral sensitivity of nurses assessed through scoping review. *Cogitare Enferm* 2017; 22(2):e47162. DOI: 10.5380/ce.v22i1.47162
3. Roshanzadeh M, Borhani F and Mohammadi S. Moral sensitivity and moral distress in critical care Unit Nurses. *Medical Ethics Journal*, 2017; 10(38):19-28.
4. Moon JY and Kim JO. Ethics in the Intensive Care Unit. *Tuberc Respir Dis (Seoul)*. 2015;78(3):175-9. DOI:10.4046/trd.2015.78.3.175
5. Larkin ME, Beardslee B, Cagliero E, et al. Ethical challenges experienced by clinical research nurses: a qualitative study. *Nurs Ethics* 2019; 26(1): 172-84. DOI:10.1177/0969733017693441
6. Ejder Apay S, Gürol A and Gür E. Midwifery students' reactions to ethical dilemmas encountered in outpatient clinics. *Nurs Ethics*. 2020;27(7): 1542-55. DOI:10.1177/0969733020922875
7. Lantos JD. Ethical problems in decision making in the neonatal ICU. *New England Journal of Medicine*, 2018; 379(19): 1851-60. DOI: 10.1056/NEJMr1801063
8. Lusignani M, Gianni ML, Re LG, et al. Moral distress among nurses in medical, surgical and intensive-care units. *Journal of Nursing Management*, 2017, 25(6): 477-85. DOI: 10.1111/jonm.12431
9. Yönt GH, Korhan E A, Dizer B, et al. Determination of Ethical Problems Experienced by Nurses in the Intensive Care Units. *Türkiye Klinikleri J Med Ethics*. 2013;21(2):74-8.

10. Teixeira C, Ribeiro O, Fonseca AM, et al. Ethical decision making in intensive care units: a burnout risk factor? Results from a multicentre study conducted with physicians and nurses. *J Med Ethics* 2014;40(2):97-103. DOI: 10.1136/medethics-2012-100619
11. Kırşan M, Yıldırım D, Ceylan B. et al. Ethical Problems in Intensive Care Units: A Systematic Review *Türkiye Klinikleri J Med Ethics*. 2018;26(2):57-65.
12. Akın Palandöken E. COVID-19 Pandemisi ve Hemşireler için Etik Sorunlar. *İzmir Kâtip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi* 2020; 5(2): 139-42.
13. World Health Organization. What are the symptoms of COVID-19, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>
14. Chan JF, Yuan S, Kok KH, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet* 2020; 395(10223): 514–23. DOI:10.1016/S0140-6736(20)30154-9
15. Yuxiu J, Ou C, Zhiying X, et al. Nurses' ethical challenges caring for people with COVID-19: A qualitative study. *Nurs Ethics* 2020;28(1):33-45 DOI:10.1177/0969733020944453
16. Leblebicioğlu H and Nair Aktaş F. Covid-19 Salgınıyla Mücadele: Yoğun Bakım Hemşireliği Meslek ve Kişisel Etik Perspektifi. *Yoğun Bakım Hemşireliği Dergisi* 2020;24(EK-1):73-80.
17. Giorgi A. The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *J Phenomenol Psychol* 1997;28:235-60.
18. Giorgi A. Concerning the application of phenomenology to caring research. *Scand J Caring Sci* 2000;14:11-5.
19. Tong A, Sainsbury P and Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19:349-57.
20. Fry TS. *Conceptual Themes Basic To Cancer Nursing*, Cancer Nursing: A Comprehensive Textbook, Bird, S (Ed.), Philadelphia, W.B. Saunders Company, 1991.
21. Kiraner E, Terzi B, Türkmen E, et al. Experiences of Turkish Intensive Care Nurses during the COVID-19 Outbreak. *HEAD Journal of Education and Research in Nursing* 2020;17(3):284-6.
22. Robert, R., Kentish-Barnes, N., Boyer, A. et al. Ethical dilemmas due to the Covid-19 pandemic. *Ann. Intensive Care* 2020;10(84):1-9. DOI:10.1186/s13613-020-00702-7
23. Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *JAMA* 2020; 323: 1061–9. DOI:10.1001/jama.2020.1585
24. Scott PA. *Key Concepts and Issues in Nursing Ethics*. Galway, Ireland. Springer International Publishing AG, 2017.
25. University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group. 2005. Stand on guard for thee: Ethical considerations in preparedness planning for pandemic influenza. Available at: [http://www.jcb.utoronto.ca/people/documents/upshur\\_stand\\_guard.pdf](http://www.jcb.utoronto.ca/people/documents/upshur_stand_guard.pdf)
26. Altaker KW, Howie-Esquivel J and Cataldo, JK. Relationships among palliative care, ethical climate, empowerment, and moral distress in intensive care unit nurses. *AJCC*, 2018; 27(4): 295-302. DOI: 10.4037/ajcc2018252
27. Turale S, Meechamnan C and Kunaviktikul W. Challenging times: ethics, nursing and the COVID-19 pandemic. *Int Nurs Rev* 2020 Jun;67(2):164-7. DOI:10.1111/inr.12598
28. Hakko A and Madenoğlu Kivanç M. Creating Ethical Behaviors in Nursing Management. *Journal of Health and Nursing Management* 2018;5(3):227-32 DOI:10.5222/SHYD.2018.227
29. Barkhordari-Sharifabad M, Ashktorab T and Atashzadeh-Shoorideh F. Ethical leadership outcomes in nursing: A qualitative study. *Nurs Ethics*. 2018;25(8):1051-63. DOI:10.1177/0969733016687157