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Understanding physicians' moral distress in the Covid 19 pandemic

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Abstract

Moral distress is a significant problem for health care professionals, resulting in reduced job satisfaction, burnout and job retirement. This study aims to explore the experiences of emergency physicians related to moral distress during the Covid-19 pandemic. We conducted in-depth semi-structured interviews of 25 physicians working in the emergency department to describe their experiences related to moral distress. Data were analyzed using thematic analysis through the six-step process. Three major themes were identified: (I) The impact of the Covid-19 pandemic on moral distress; (II) The effect of moral distress on physicians; (III) Suggestions to prevent/reduce moral distress. In light of the results of our study, the moral distress experienced by physicians has been exacerbated due to the increase in the factors causing moral distress during the pandemic period.

Keywords: Covid-19, moral distress, pandemic, physicians

1. Introduction

The novel infectious disease Covid-19 was first seen in China in December 2019. The virus spread rapidly around the world and affected many people. In this process, the large numbers of infected patients loaded into the emergency services increased, and healthcare professionals, especially those working in the emergency services, have struggled on the front lines. The Covid-19 disease has led to new challenges for physicians, nurses, respiratory therapists, social workers, patients, and their families (1-3). They faced many unprecedented levels of death, changes to care delivery, and provided community-centred care rather than patient-centred care. Besides these situations, they are obliged to provide infection prevention practices and social distancing precautions (2). Therefore, they limited face-to-face interaction with the patient and their families; they had to use protective equipment, limiting them from interacting with the patient (1, 2, 4). With this, they experienced excessive workload, difficulties in accessing high-quality personal protective equipment (5), death anxiety (death of family, colleagues, patients) (1), witnessed patients dying in isolation away from loved ones (6), worried about not being able to do enough for Covid-19 patients (7). Many health care professionals fear being contaminated with the coronavirus in the ED, infecting and losing their patients, families, and colleagues (9), and the anxiety of something terrible happening (8). Most of the time, they could not offer quality care to their patients and felt a conflict between fear and conscience (1). These situations brought ethical problems to clinical settings. This process inevitably contributed to increased moral distress in the emergency department. Moral distress includes a range of moral events and is related to various ethics-related distress experiences of healthcare professionals (10,11), particularly among physicians who had to force choices that conflicted with their values and ethical values (12-15). Some physicians had to make difficult triage decisions, life and death decisions and prioritize which patients got life-saving equipment on account of limited resources; they may have to decide to stop the support of some to save others, such as ventilators, dialysis, and hospital beds, etc. (16-18). In addition, they were forced to do unethical behaviour they did not want to do due to the pressure from the patients' families or social pressure. More easily withhold or withdraw from their job and/or coworkers, inappropriate treatments, and rapidly changing guidelines-protocols regarding Covid-19 are added to the table and cause exacerbated moral distress among physicians (4, 16, 19). During the pandemic, physicians reported high anxiety levels (20) and moral distress (15). They were highly prone to exposure to potentially moral injury events related to physical and emotional impact (21). In a study on healthcare professionals during this period, moral distress is related to family, fear of infecting others, and work-related concerns (7). Moral distress is a multidimensional phenomenon that can characterize a variety of negative physical and

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psychological effects on healthcare professionals (4,9). According to studies carried out during the pandemic, there are numerous negative emotions associated with moral events such as burnout, compassion fatigue, frustration, guilt, weakness, despair, regret, anger, grief, anxiety, helplessness, shame, embarrassment, loss, sadness, fear, sleep difficulties, post-traumatic stress disorder symptoms and anguish (7, 22, 23). Moral distress also causes job-patient dissatisfaction, decreasing care quality, and even wanting to leave their profession and position (22, 24). Starting with this point, we aimed to explore the experiences of emergency physicians related to moral distress during the Covid-19 pandemic.

2. Material and Methods

2.1. Aim

This study aims to explore the experiences of emergency physicians related to moral distress during the Covid-19 pandemic.

2.2. Study Design

This exploratory qualitative study explicitly employed the moral distress that emergency physicians experienced during the Covid-19 pandemic.

2.3. Data collection and sample

This study was carried out in a research and training hospital's emergency department from August to December 2021. In this study, emergency physicians were selected based on the purposive sampling method. The data was collected through 25 semi-structured in-depth interviews by second author. The inclusion criteria were as follows: (1) Being an emergency physician; (2) Having worked for at least one year in the emergency department in the Covid-19 pandemic process; (3) Volunteering to participate in this study. The socio-demographic information of the 25 physicians is shown in Table 1.

Table 1. Socio-demographic characteristics of the participants

Participants	Age	Gender	Workıng times as a physıcıan	Working times in the emergency department
1. Participant	28	Male	23 month	23 month
2. Participant	27	Male	1 year	1 year
3. Participant	27	Female	20 month	20 month
4. Participant	35	Male	8 year	3 year
5. Participant	25	Female	1 year	1 year
6. Participant	36	Male	10 year	10 year
7. Participant	27	Male	2 year	2 year
8. Participant	37	Male	13 year	12 year
9. Participant	29	Male	16 month	16 month
10. Participant	32	Male	10 year	10 year
11. Participant	28	Female	3 year	3 year
12. Participant	29	Male	1,5 year	1,5 year
13. Participant	25	Female	1 year	1 year
14. Participant	25	Male	1 year	1 year
15. Participant	29	Female	3,5 year	1 year
16. Participant	36	Male	8 year	7 year
17. Participant	27	Female	3,5 year	3,5 year
18. Participant	28	Male	23 month	15 month
19. Participant	30	Female	7 year	4 year
20. Participant	28	Male	4 year	4 year
21. Participant	25	Male	1 year	1 year
22. Participant	29	Female	4 year	4 year
23. Participant	36	Female	10 year	6 year
24. Participant	38	Male	9 year	6 year
25. Participant	32	Male	4 year	3 year

2.4. Ethical approval

Before starting the study, written permission was obtained from the hospital, Ministry of Health and Ethics Committee (E-15386878-044-24640). All participants were informed about the purpose of the study, and audio recordings would be taken during the interviews. They were also informed that their names would not be used in the voice recordings of the interviews and that the data collected would be used only for this study.

2.5. Data collection

Semi-structured in-depth interviews took approximately 20–35 minutes. The interviews were conducted by the second author in a private room outside the emergency services. At

the beginning of each interview, the purpose of the study was described, and a code name was assigned by the interviewer to each participant. The interviews were conducted following open-ended questions. The interview questions were:" Share with me your experiences related to moral distress during the Covid-19 pandemic", "How did you feel when you experienced moral distress", and "What do you think were the factors that caused you to have this experience? "and "What are your suggestions to reduce/prevent moral distress?". The interview continued according to the answers provided by the physicians, more in-depth questions such as "what do you mean?", and "please detail and/or explain more about this issue' ' were asked.

2.6. Data analysis

Data were analyzed using thematic analysis according to Braun and Clark's six-step process (25). All interviews were recorded and transcribed, and the transcripts were checked according to the original sound to familiarise with the data. Then we carefully read the transcripts several times to build and examine them line by line in detail and assign paragraphs or segments of the text. Descriptive codes were found for meaningful statements. The same meanings unit were grouped and named. Then, major themes and sub-themes were formed, reviewed, and discussed by all researchers. Both of them were revised by comparing with the participants' statements. Then, final changes were conducted on the themes and subthemes.

2.7. Rigour

Rigour was established by following the four criteria defined by Lincoln and Guba (1985); credibility, dependability, transferability, and confirmability (26). All coding was done by the second author to ensure consistency. Interview transcriptions were analyzed independently, and all authors reviewed identified themes several times to provide credibility. Confirmability and transferability were ensured by the original interview recordings and reflection notes taken by the second author during the data collection process.

3. Results

Of the 25 participants, nine were women, and sixteen were men. Their ages ranged from 25 to 38 (mean 29.92, SD 4.13). The length of experience in physicians ranged from one to thirteen years (mean 12.6, SD 5.9), and the length of experience in the emergency department ranged from 1–12 years (mean 5.3, SD 3.3) (Table 1). While 80% (n=20) of the participants thought about quitting their job, 20% (n=5) did not. Thematic analysis revealed the following three major themes; (I) The impact of the Covid-19 pandemic on moral distress; (II) The effect of moral distress on physicians; (III) Suggestions to prevent/reduce moral distress.

3.1. Theme 1: The impact of the Covid-19 pandemic on moral distress

In the direction of the participant statements, the effects of the Covid-19 pandemic on moral distress were grouped as "inappropriate working conditions", "inappropriate management of pandemic process", and "situations/problems stemming from society and management".

Sub-Theme 1: Inappropriate working conditions

The participants stated that an inappropriate working environment prepared the ground for moral distress during the pandemic period due to long/variable working hours, restrictions on personal rights (inability to use leave, resignation, etc.), insufficient number of health personnel, and inadequate physical conditions (emergency service capacity, lack of medical equipment). Regarding this theme, participant statements are as follows:

"We are undergoing a burnout due to unwilling people to obey the rules taken to protect public health and inappropriate working conditions. In addition, there were restrictions on many personnel rights of healthcare workers and an increase in working tempo density due to the pandemic. These situations prepare a ground for developing morally distressing events (Participant 6).

"I was desperate because of the restrictions such as not being able to take leave or resign" (Participant 18).

"Sometimes I feel I cannot do my job properly due to the high patient density, inappropriate physical conditions, and the prolonged pandemic process that makes us fatigued (Participant 23).

Sub-Theme 2: Failure to properly manage the pandemic process

The participants stated that some deteriorations occurred in the functioning of healthcare services due to a lack of proper management of the pandemic process. They especially stated that transferring the patients to the emergency for Covid-19 diagnostic tests increased the work burden in emergencies. In addition, they stated that situations such as lack of planning, admission of patients to emergency services without emergency indications, and constantly changing and uncertain protocols regarding the Covid-19 process (diagnosis, treatment, prevention, vaccine, etc.) affected the management of the pandemic process. The participant statements regarding this theme are as follows:

There is an additional provision in the universal declaration of physician's rights saying that "the time a physician allocates for one patient is a minimum of 15 minutes which administrative measures cannot shorten". It is impossible not to experience moral problems unless we meet this standard. Specifically for the Covid-19 pandemic, I believe that the increase in patient numbers and the already insufficient number of staff together with lack of planning negatively affect the functioning of healthcare services inevitably" (Participant 17).

"During the first months, there was only one physician in a very busy patient circulation, without a defined rest time in

24 hours, dealing with anamnesis, filling out forms, giving information to more than 100 patients, sampling for PCR, requesting tests, observing, evaluating the results and consultations in which condition the brain and body are under a great burden. As such, we do not even have time to inform patients. Although things work this way all over the world, it is not in line with professionalism in health." (Participant 12).

"From a Covid-19 aspect, I agree that those with serious complaints such as shortness of breath apply to the emergency services; however, I sadly saw that the entire burden was again on the emergencies as always and this responsibility was not shared with our colleagues in both family medicine and other institutions and organizations. Covid diagnostic tests for people with symptoms started to be performed only in emergencies, and patients from many other outpatient clinics were directed to the emergencies for a test without even being examined. We had to examine all patients referred to the emergency with personal protective equipment to determine the emergency. This increased the workload of emergency physicians (Participant 22).

Sub-Theme 3: Situations originating from society and management

The participants expressed the social and management-related situations that cause moral distress during the pandemic process as follows; the pressure of the management, inappropriate demands of the management, unfair treatment, not being respected and valued, not being appreciated, lack of support from the management to the healthcare professionals, the pressure and violence on healthcare professionals by the society, lack of timely and correct information by the management to the society, laying at all of the burdens to the healthcare professionals, and unconscious behaviours of the society.

"Situations such as the burden on our shoulders in business life, excessive responsibility, not being valued, appreciated, and ignorance of material and moral rights cause moral distress-related problems. In addition, these situations were not only present during the pandemic period, but they existed earlier but before, but they got denser during this process" (Participant 6)

Even people who do not need urgent intervention are intervened due to the demands of the managers. For example, we send an ambulance, or when an intensive care bed is evacuated, another patient is admitted to the intensive care unit, not the one who needs it most." (Participant 25)

"Even if we accept that the pandemic process is a state of emergency where healthcare professionals are given the actual responsibility, we could not see the necessary respect and support. It was a great responsibility for us where all the workload of the pandemic was tried to be compensated with our self-dedication. This was made a necessity and shown to the public as a normal situation. This greatly increased the times we felt stuck between our self-dedication while doing our job and our burnout." (Participant 5)

"The pressure and violence coming from the society on healthcare professionals negatively affects our performance." (Participant 2)

"I think that the managers and the media did not share some data (such as vaccines, number of cases) transparently with the society and healthcare professionals during the pandemic. I think that all information about the pandemic period should be shared on the website of the Ministry of Health, news sources, and public spots through a transparent system. Or else, information pollution occurs in social media about this process in the society, and people do not want to be vaccinated, they are worried..." (Participant 10)

3.2. Theme 2: The effect of moral distress on physicians

In line with the statements of the participants, it was determined that the moral problems experienced during the pandemic period affected the physicians in terms of exhausting (physical, emotional, spiritual, psychological), fatigue, not enjoying life, feeling worthless, desire to leave the profession (resigning), feelings of regret and guilt, sadness, burnout, decrease in job satisfaction, distrust against management, feeling of dilemmas, ignorance, questioning the profession and one's self.

It affected us in every way. It wore off and took away our joy of life" (Participant 8).

"Theoretical and practical knowledge and experience we have about the emergency created a routine expectation from us. Due to the new process during the pandemic period, the unreliable and slippery ground caused us to be stuck between a constantly changing work schedule, treatment methods, and new procedures instead of this routine. In addition to the intense working conditions and the loss of our rights, the pandemic period caused physical and psychological fatigue for many of us." (Participant 5).

"I cannot enjoy life. There is a serious state of fatigue and exhaustion" (Participant 7).

"Despite not being physically affected, it made me feel worthless for myself and my profession emotionally and spiritually" (Participant 19).

"In all aspects, it was an exhausting process that I cannot count how many times I thought about resigning. Even when our physician friends were infected, we tried not to disrupt the hospital by working overtime due to our insufficient number of employees. To be able to take a 1-week annual leave, we had to work at the hospital every day or every other

day before or after they leave. I remember the times when I was working in the emergency as the only doctor and at the same time went to collect samples from the accumulating patients for the covid test every hour. While I was taking samples for the test, some patients needed urgent intervention in the emergency. Why was a test that had nothing to do with the emergency response, such as the Covid test, given to the emergency doctors? After a while, this process wears people out so much that they start to give up on everything" (Participant 22).

"The situation of not being treated equally due to the conditions causes guilt and sadness in me." (Participant 14).

3.3. Theme 3: Suggestions to prevent/reduce moral distress

The recommendations to eliminate/reduce moral distress in line with the statements of the participants are grouped as "regulation of working conditions at emergencies", "appropriate behaviour of managers", and "public awareness".

Sub-Theme 1: Regulation of emergency service working conditions

Many participants expressed their ideas about eliminating/reducing moral distress, which was associated with working conditions in emergency services. The participants made some suggestions such as preventing the misuse of emergency services, imposing penal sanctions, reducing patient density and working hours, increasing the number of personnel, having a stable working schedule, standardizing practices, and protecting the personal rights of healthcare professionals.

"Working conditions of emergencies must be improved, and the number of patients must be reduced" (Participant 1).

"It must be possible to carry out urgent applications without going beyond the standards, nor considering special requests" (Participant 4).

"Compliance with generally accepted preventive and treatment methods will reduce our dilemma" (Participant 19).

"First of all, the working conditions of the employees must be improved." (Participant 5).

"There must be sanctions against the unnecessary use of emergency services by individuals in the community" (Participant 17).

"The number of healthcare professionals must be increased to alleviate the intense working conditions" (Participant 16).

"Hospitals and emergencies must be used in line with the intended purpose. Citizens who do not have an emergency, in other words, a "life-threatening" complaint, can be examined by their family doctors, and a covid test can be done there. This process (meaning the pandemic) will not end; the burden on the emergencies must be reduced; otherwise, resignations will be unpreventable and experienced doctors will not be available in the emergency services. I say all these sincerely as a physician who loves this profession and is on the brink of resigning within 4 years" (Participant 22).

"The number of personnel must be increased, working hours and conditions must be reduced to a humane level. There must be an environment where we can do our job without any pressure" (Participant 24).

"There must be stability in our work schedule. Our resting periods such as holidays and vacations must be respected. Thus, our burnout will be reduced" (Participant 6).

Sub-Theme 2: Managers exhibit appropriate behaviour

Some offers of the participants to eliminate/reduce moral distress were discussed under the sub-theme of "an exhibition of appropriate behaviours by the managers". About this issue, the participants stated that there must be managers who treat everyone fairly, focus on solving the problems, defend the rights of employees, and do not have a punitive understanding.

"Managers must do their job properly and be fair" (Participant 4).

"I use all my means to solve these problems, but this is not enough. This situation will be solved through the improvement of conditions by the authorities, not by individual means" (Participant 8).

"The management approach must be far from populism, human-oriented, and protect and watch over the employee instead of seeking for faults" (Participant 25).

Sub-Theme 3: Raising awareness of the society

The participants stated that moral distress could be eliminated/reduced by raising awareness in the society about the use of emergency services, appropriate attitudes and behaviours towards healthcare professionals (verbal and physical violence, rude orders), observing the necessities of the pandemic period, and increasing the education level. The statements of the participants on this subject are as follows:

"In my opinion, raising awareness about the necessities of the pandemic and bringing more appropriate sanctions to integrate these necessities into daily life will reduce our conflict with the public" (Participant 6).

"The education level of the society must be increased" (Participant 7).

4. Discussion

The emergency department is a crowded, uncontrolled-unpredictable, stressful environment in which physicians make critical decisions under pressure in a short time. They are faced with unethical challenges and are exposed to moral distress, which can have negative outcomes. The present study was conducted on physicians' experiences with moral distress during the pandemic. In our study, the factors that may cause the formation of moral distress were associated with inappropriate working conditions, failure to manage the pandemic process properly, and the situations originating from society and management. It has been stated that many factors such as directing all cases to the emergency service due to lack of planning during the Covid-19 pandemic, demolition of all applications related to the process to emergency services, the uncertainties experienced in this process, and changing protocols cause problems in the functioning of the health service. In addition, the inappropriate demands of the managers, the unequal distribution of resources to the patients, the pressure exerted on the health workers by the society, the fact that the society was not informed correctly in the process, and the unconscious behaviour of the society also caused the moral distress to be exacerbated. Compared to other studies conducted on pandemic period; working long hours and excessive workload, lack of personal protection equipment (PPE), difficulties access to clean (PPE) (4), lack of treatment guidelines, lack of control, unavailability of Covid-19 testing capabilities, uncertain most of the patient deaths, clinical status (27), worrying spreading to their patient or family, lack of training to allocate scarce resources (5), social or family pressure, poor communication with colleagues and patients (16), etc. were found to be associated with increased stress. These constraints make physicians' clinical or triage decisions difficult, likewise who will die/ who will live (16,17). All this originated the stage for developing events that cause moral distress (22).

In this study, physicians experienced anxiety, distress, fatigue, regret, guilt, sadness, burnout, decreased desire to work, and request to resign due to moral distress in this period. According to the quantitative results, most physicians considered quitting due to moral distress. In addition, it has also been revealed that they experienced distrust towards managers, feeling in between, neglect, and questioning their profession and themselves. These effects have been associated with moral distress in many studies (11, 19, 24). At the peak of the first wave, cognitive, emotional, and physical stress symptoms almost doubled among healthcare professionals (7,9,20). Several recent studies have shown that during the pandemic, healthcare professionals had a higher level of stress and post-traumatic stress disorder, fear of being infected and infecting their families, emotional-mental exhaustion, burnout, depressive symptoms, sleep disturbances, psychological impact on professionals working in emergency departments (28-30). These symptoms may be related to the timing of studies. For example, one study found that physicians have high levels of injurious moral events and are prone to it during the pandemic (21). After the pandemic, moral distress levels were generally low among healthcare professionals (15). Our study was conducted from August to December 2020, during which time the epidemic in Turkey had been controlled. Therefore, our findings -effects of moral distress on emergency physicians- are less severe than other studies. In interviews, physicians reported that they devised individual solutions for situations that caused moral distress without the support of managers. Considering the factors that will reduce or prevent the development of moral distress in our study, it is expected that the working conditions of the emergency service will be improved and that the managers should be fair, solution-oriented, and supportive of health professionals. It has come to the fore that it is very important to raise society's awareness in this direction (not using the emergency services unnecessarily, their behaviour towards healthcare workers, etc.), especially during such crisis periods. Some studies have suggested that to resolve moral distress, healthcare professionals mostly tried to cope by taking support from their colleagues, friends, and families (31). To diminish moral distress, managers should identify the factors that create stress in the workplace, implement support programs to alleviate the stress experienced and allow healthcare professionals to express themselves more comfortably (31, 32). However, in this process, they had limited contact with their family and friends due to isolation, and most of them reported engaging in stress reduction activities, such as physical activity/exercise, talk therapy, virtual support groups, and religious/ spiritual practices (3, 27). Looking at the studies related to coping with moral distress; all levels of government, hospital management, and the community promote readiness to protect healthcare workers in the Covid-19 pandemic, adopting more guidelines for defining appropriate care, end-of-life applications, appropriate end-of-life treatments, end of life decision making, work to decrease the role of hierarchy (16, 27).

The study has some limitations. The study was conducted in one hospital's emergency department with small groups. And the participants had different cultural values and work experience. Therefore, the findings of this study cannot be generalized the other research results.

According to findings, working during the Covid-19 pandemic, participants reported negative impacts on them. The moral distress experienced by physicians has been exacerbated due to the increase in the factors also leading to cause moral distress during the pandemic period. Suggestions to reduce/prevent moral distress included regulating a supportive work environment, the need for qualified managers, and raising public awareness about this issue.

Conflict of interest
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Authors' contributions
Concept: S.K.K., A.K., Design: S.K.K., A.K., Data Collection or Processing: S.K.K., A.K., Analysis or Interpretation: S.K.K., A.K., Literature Search: S.K.K., A.K., Writing: S.K.K., A.K.

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