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Nurses' Experiences and Ethical Dilemmas in the COVID-19 Pandemic: A Phenomenological Study

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ABSTRACT

This study aimed to explore the nurses' experiences and ethical dilemmas during the early stages of the COVID-19 (Novel Coronavirus Disease) pandemic in Türkiye. Nineteen nurses from seven different provinces in Türkiye were recruited using purposive and snowball sampling. We conducted qualitative research with an interpretative phenomenological design, collecting data through semi-structured, in-depth videoconference interviews from June to September 2020. Three themes emerged concerning experiences: "a range of emotions," "factors affecting nursing services," and "a change in the perspective of nurses." Three themes also emerged regarding ethical dilemmas: "Is the priority to benefit or not harm?", "Is the priority not to harm or justice?", and "Is the priority to benefit, not harm, or respect autonomy?" During this period, nurses experienced intense negative emotions such as fear, anxiety, and sadness. Solidarity, team collaboration, and management support facilitated nursing care. As reported by nurses, challenges in nursing care were attributed to the use of personal protective equipment, limited resources, and physical inadequacies. Nurses frequently faced ethical dilemmas involving the prioritization of benefiting patients, avoiding harm, upholding justice, and respecting patient autonomy while caring for individuals infected with COVID-19.

COVID-19 Pandemisinde Hemşirelerin Deneyimleri ve Etik İkilemler: Fenomenolojik Bir Çalışma

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ÖZET

Bu çalışmanın amacı, Türkiye'de COVID-19 (Yeni Koronavirüs Hastalığı) pandemisinin erken döneminde hemşirelerin yaşadıkları deneyimleri ve etik ikilemleri ortaya çıkarmaktır. Türkiye'nin yedi farklı ilinde bulunan hemşireler (n=19) amaçlı ve kartopu örnekleme yöntemi kullanılarak seçilmiştir. Bu çalışmada, yorumlayıcı fenomenolojik tasarımlı nitel araştırma yürütülmüştür. Veriler, Haziran-Eylül 2020 tarihleri arasında yarı yapılandırılmış, derinlemesine video konferans görüşmeleri yoluyla toplanmıştır. Deneyimlerle ilgili üç tema ortaya çıkmıştır: "bir dizi duygu", "hemşirelik hizmetlerini etkileyen faktörler" ve "hemşirelerin bakış açısında değişiklik". Etik ikilemlerle ilgili üç tema ortaya çıkmıştır: "Öncelik yarar sağlamak mı yoksa zarar vermemek mi", "öncelik zarar vermemek mi yoksa adalet mi" ve "öncelik yarar sağlama- zarar vermeme mi yoksa özerkliğe saygı duymak mı". Pandemi sürecinde hemşireler korku, kaygı ve üzüntü gibi olumsuz duyguları yoğun olarak hissettiklerini belirtmişlerdir. Dayanışma, ekip iş birliği ve yönetim desteği hemşirelik bakımını kolaylaştıran faktörler olarak ifade edilmiştir. Hemşirelerin ifadelerine göre, kişisel koruyucu ekipman kullanımı, sınırlı kaynaklar ve fiziksel yetersizlikler hemşirelik bakımını zorlaştırmıştır. Hemşireler, COVID-19 ile enfekte olmuş bireylere bakım verirken yarar sağlama, zarar vermeme, adalet ve özerkliğe saygı etik ikilemleri ile karşılaştıklarını belirtmişlerdir.

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INTRODUCTION

COVID-19 cases began to be reported in Wuhan City, China, in December 2019, and the World Health Organization (WHO) declared it a global pandemic on March 11, 2020 (World Health Organization, 2019). Following this declaration, the world witnessed nurses working tirelessly on the front lines with same dedication and effort they have displayed in previous disasters, wars, and outbreaks. In Türkiye, the infection spread rapidly after the first case of COVID-19 was reported on March 11, 2020. From the first case until September 2020 (the data collection date for this study), Türkiye recorded 362,800 COVID-19 cases and 9,799 COVID-19-related deaths (The Ministry of Health of Türkiye, 2020). This study was initially planned in the early stages of the COVID-19 pandemic in April 2020, when the impact on Türkiye and its healthcare system remained uncertain. Clinical nurses, nurse managers, academicians, and professional organizations have actively contributed to the fight against COVID-19 in Türkiye (Baykara & Eyuboglu, 2020).

Studies have reported that nurses experience a wide range of complex emotions, including fear, anxiety, and sadness, primarily due to the responsibility of being at the forefront of the battle against a novel infection (Demir & Şahin, 2022; Gunawan et al., 2021; Liu et al., 2020; Sahin et al., 2021; Sezgin et al., 2021; Silverman et al., 2021; Wang et al., 2020). Factors such as teamwork, colleague support, and management support are essential in facilitating nursing care services.

The unequal distribution of limited resources, challenges in using personal protective equipment (PPE), and the inability to provide family-centered holistic care have significantly complicated nursing care and the fight against infection (Akkuş et al., 2022; Cacchione, 2021; Gunawan et al., 2021; Liu et al., 2020; Sezgin et al., 2021; Sperling, 2021a; Wang et al., 2020;). Consequently, these care-related difficulties have given rise to ethical dilemmas for nurses, forcing them to make ethical decisions (Gebreheat & Teame, 2021; Miljeteig et al., 2021; Robert et al., 2020) and have presented ethical challenges to nurses who felt that their professional values were under threat (Rezaee et al., 2020).

Numerous studies have explored nurses' experiences caring for individuals infected with COVID-19 in Türkiye (Akkuş et al., 2022; Demir & Şahin, 2022; Sezgin et al., 2021). However, this study is distinctive in combining nurses' experiences and ethical dilemmas. It is believed to be crucial to unveil nurses' experiences to understand better the underlying processes that lead to the ethical dilemmas nurses encounter. As a result, this study offers an in-depth insight into the experiences and challenges faced by nurses who unexpectedly find themselves on the front lines of a battle against an unfamiliar disease. We believe that our research will significantly contribute to preparedness for future outbreaks by drawing lessons from experiences and ethical dilemmas nurses faced during the early phase of the COVID-19 pandemic. The primary objective of this study was to explore nurses' experiences and ethical dilemmas in Türkiye during the initial stages of the COVID-19 pandemic.

METHOD

Research Design

This study employed qualitative research with an interpretative phenomenological design, aiming to unveil hidden meanings within participants' experiences rather than merely describing an individual experience. These meanings are not immediately apparent to the participants but are derived from their stories. Therefore, the individual's relationship with the environment and context is essential (Creswell & Poth, 2016).

Participants

Many nurses care for individuals infected with COVID-19; their experiences are shared and unique. The snowball sampling method was employed to capture the shared experiences of this group (Creswell & Poth, 2016). Consequently, participants were recruited through purposive and snowball sampling. We engaged nurses with varying genders, marital statuses, and professional backgrounds who worked in different units (ICU, ward) across hospitals in seven distinct regions in Türkiye. This diversity allowed us to capture various experiences related to caring for individuals with COVID-19. Once we reached data saturation, signifying that no new insights were emerging, we concluded the data collection process. Data saturation determined our sample size, and the study was conducted after interviews with 19 nurses (Table 1).

Table 1
Characteristics of The Participants (n = 19)

Nurses	Age	Gender	Marital Status	Work experience	Days worked in the COVID-19 ward before the interview	COVID-19 department	Original department
1	25	Female	Single	5 months	75	ICU	Internal medicine ICU
2	35	Female	Married	13 years	28	Unit	ICU
3	43	Female	Married	22 years	14	Unit	Chest surgery ICU
4	43	Female	Married	20 years	56	Unit	Physiotherapy unit
5	23	Female	Single	8 months	84	ICU	Emergency Service
6	26	Female	Single	5 years	70	ICU	Cardiovascular surgery ICU
7	23	Female	Single	1 year 7 months	28	Unit	Geriatrics-Rheumatology unit
8	33	Female	Married	9 years 9 months	31	ICU	Cardiovascular surgery ICU
9	23	Female	Single	1 year 7 months	90	Emergency Service	Brain Surgery unit
10	26	Female	Single	3 years	75	Unit	Cardiology unit
11	28	Male	Married	5 years	90	ICU	Chest diseases ICU
12	27	Male	Single	8 years	120	ICU	Chest diseases ICU
13	26	Female	Single	4 years	60	ICU	Obstetric unit
14	20	Female	Single	3 years	119	Unit	Operating room
15	39	Female	Single	12 years	180	Unit	Chest diseases unit
16	24	Female	Single	8 months	140	ICU	Internal medicine ICU
17	35	Female	Married	15 years	90	Unit	Urology unit
18	40	Female	Married	18 years	90	ICU	Wound care
19	24	Female	Single	1 year	28	Unit	Oncology unit

COVID-19=Coronavirus Disease 2019; ICU=Intensive Care Unit

The key criterion for participant selection was that they must have experience with the phenomenon and are willing to engage in the research process. As such, the inclusion criteria were (1) providing nursing care to individuals infected with COVID-19 and (2) giving informed consent to participate in the study.

Research Instruments and Processes

The study was initiated in April 2020, during the early stages of the pandemic, when the impact on Türkiye and its healthcare system was uncertain. Due to the geographical remoteness of some participants and their work in COVID-19 clinics, data collection was conducted via semi-structured, in-depth, one-to-one video conference interviews from June and September 2020. All interviews were recorded with the participants' consent, both in audio and video formats, and typically lasted 45–60 minutes. Open-ended follow-up questions were used to obtain detailed descriptions (Table 2).

Table 2
Semi-structured Interview Form

1.	How does working in the COVID-19 units affect your emotions?
2.	What challenges and advantages do you encounter in your work in COVID-19 units?
3.	In your experience in the COVID-19 units, what do you believe you can or cannot do to benefit or avoid harming your patients?
4.	What can you or cannot do to uphold patient autonomy in the COVID-19 units?
5.	How do you perceive your ability to provide fair nursing care to patients in COVID-19 units, and what limitations do you encounter?
6.	Could you share some ethical dilemmas you've faced while working in COVID-19 units?
7.	Personally and professionally, what have you gained from your experiences in COVID-19 units?

Data Analysis

Moustakas' (1994) phenomenological data analysis method was used for data analysis. The analysis process involved the following steps: (1) identifying significant statements, (2) grouping common statements, (3) thematizing the meaning units, (4) constructing structural and textural descriptions, and (5) synthesizing structural and textural descriptions (Merriam, 2013; Moustakas, 1994). The findings were presented in the form of context, themes, and sub-themes. Thematic tables were created, supported by direct quotations from the interviews. To assure confidentiality, each participant was assigned a code (e.g., N1, N2, N3 …). The study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines for reporting.

Validity and Reliability

To ensure validity and reliability of the study, various strategies were employed. Effective interviews were crucial for accurately presenting participants' experiences related to the phenomenon. Therefore, the prior expertise of the researchers played a significant role. Two experienced researchers, well-versed in nursing ethics and qualitative research, conducted the interviews.

The written texts were transcribed from the interview records, and all researchers familiarized themselves with the in-depth interviews to gain a comprehensive understanding. They reviewed the responses to the questions in the semi-structured interview format, identified the significant statements expressing opinions and perceptions, and cathegorized them into thematic groups. For added rigor, each interview was independently analyzed by two researchers who cross-checked their analyses.

Informed Consent

Participants were informed about the study's purpose and told they could withdraw from the study at any time. Then, informed consent forms were sent to them electronically. Verbal and written consent were obtained from the participants before the video conference.

RESULTS

The sample comprised 19 nurses, including 17 females and two males, aged 23 to 43. Their work experience varied from 5 to 22 years, and the number of days worked in COVID-19 units ranged from 14 to 180 days (Table 1). Data analysis revealed three main themes related to the nurses' experiences: a spectrum of emotions, factors influencing nursing services, and a shift in nurses' perspectives. Table 3 shows the main themes, sub-themes, and supportive statements associated with each theme.

Table 3
Themes and Sub-Themes Related to The Nurses' Experiences and Ethical Dilemmas.

Context	Themes: Main theme	Themes: Theme	Sub-theme	Statement
EXPERIENCES	A range of emotions	Fear	Fear of infecting families Fear of death Fear of being infected	*My partner and I stayed in separate rooms for two weeks. (N6)* *The first time I was going (to the ICU), I thought… This might be the end for me! (N8)* *Going inside with a mask and bodysuit, especially double masks… Sometimes three masks, N95 mask, a surgical mask underneath, and another N95 mask on top. (N15)*
		Anxiety	Unknown work environment Presence of a disease with a variable course	*When I got called on the first day of intensive care, my hands and feet were shaking as I did not know what to expect. (N10).* *Normally, the patient gradually gets worse, and we see the process. This is not the case with the COVID-19 patients. They suddenly come to that point, which is very interesting. (N10)*
		Sadness/guilt	Sadness/guilt about not being able to provide spiritual/mental care Sadness/guilt about not being able to protect patient autonomy	*I think we couldn't support them very well because we were thinking about ourselves and considering whether we stayed too long in the room... I think we couldn't give them a sense of compassion, I mean, not fully. (N1)* *Most of them wanted to be discharged. They wanted to continue their treatment at home, but they had respiratory distress, so this was not allowed. (N3)* *They wanted their doors to stay open all the time. But you know, this was a risk for us. (N1)* *Our patients were not allowed to have them (have their families stay with them). (N1)* *We watch patients through cameras … how much privacy can we have in care (like this). (N7)* *There are patients who open their tops/covers constantly; female patients, especially their breasts, are exposed a lot. Some women were constantly pushing the covers. There are also patients with very high fevers. I.e., their fevers are in the 40s and not dropping, and we cannot cover them. (N7)*
	Factors affecting nursing	Facilitating factors	Solidarity between nurses Collaboration with other healthcare professionals Management support	*We thought of our friends as much as we thought of ourselves. We were warning each other… 'put on your glasses, don't go like that'. (N11)* *Nursing Services organized everything very quickly. (N10)* *They gave us a 15-day training … they said that when cases escalate, everyone will have intensive care experience, and everyone will learn to care for Covid patients in the ICU. (N17)*

	Problems in patient care due to PPE	*The vision gets blurred (we work) without being able to breathe, without seeing. There are times when I am not sure about the procedure I am doing. It is already a big problem to open that vein line because the goggles get steamed. (N2)* *Even entering (the patient's room) takes ten minutes at least… take off the bodysuit after every room, put on a new one, take off the gloves, apply disinfectant, renew your gloves when entering the other room, put on your bodysuit, renew your shoe covers. (N4)* *You are so covered (in protective equipment) that your voice is not heard. You know, even our speech is hard to understand. (N5)* *They don't know who we are. They keep asking: Are you the previous nurse? Have you changed (shifts)? (N2)*
Complicating factors	Physical problems due to PPE	*“I felt like I will pass out in 20 min, all the time. You know, you are sweating, you feel like you can't breathe.” (N7)* *“When I stayed in those clothes for half an hour, it was as if my nose was breaking; that's how those goggles hurt. The mask made my nose hurt badly. It also irritated my cheeks, turning them red. I.e., half an hour is more than enough; I mean, when I stay there (ICU) for two hours or two and a half hours, obvious wounds start to appear on my cheeks or my nose.” (N14)* *“The staff wiped the goggles we used at first with chlorhexidine and handed them over to us. The chlorhexidine burned our eyes so much that within 15 min, our eyes started to water, our noses started to run, the fogging, pressure sores on our skin.“ (N8)*
	Problems due to limited resources	*“There was not much organization at the beginning. I.e., there was chaos. Things were given in limited quantities. We didn't know what to do.” (N10)* *“Once, we stuffed patient incontinence pads into the pillowcases and created pillows to position the patients.” (N8)* *“You are racing against time, so you cannot do some things all at once. We could not complete (care). Once, three patients came at the same time. We intubated three patients at the same time. We were shouting for help, calling everyone for help.” (N10)* *“It's challenging to watch with two people when you have fifteen patients... and you can't catch up, you can't keep the fever of eight or nine patients down from 39–40. We come in and out (of the ICU) all the time; we can't catch up. I mean, we had a shortage of staff.“(N4)*
	Physical inadequacies related to the healthcare environment	*“The suspected patient and other patients were using the same toilet and the same sink… Some rooms were in the form of wards, so they all used one facility in the ward system.” (N1)* *“It is an old system, there are single rooms, ... no matter how much we look at the patient, we cannot see the patient clearly.” (N8)*

	A change in the perspective of nurses	Nurse's gains	Professional development gains Personal development gains	*“Actually, I felt satisfaction from a professional perspective…I mean, even though I tested positive, yes, I am still happy to be a part of the pandemic team.” (N12)* *“I have become more patient. In the past, it was difficult to wear a gown and enter the room, even to contact patients. Now, after entering the patient's room with so much equipment and trying to give care in some way, I have seen that patient care is more valuable.” (N5)* *“…After three months, I feel so strong now, I can do anything. I can work anywhere...” (N16)*
		Profession's gains	A Change in the Society's perception of nursing	*“Actually, I feel like our name (nurses) became more prominent during the pandemic.” (N5)* *“For the first time in this period, I felt valuable.” (N16)*
ETHICAL DILEMMAS	**Is the priority to benefit or not harm?**	Benefit the patient-not harm the nurse	The risk of harming the nurse with practices that will benefit the patient	*"…if the patient eats by mouth, you feed (the patient) and stay (with him) … I mean, I experienced this. Every minute I stand here is a risk for me …" (N7)* *"…We weren't ambulating (patients), for instance. That is, to protect both the patients and us. I must ambulate, but it is forbidden…" (N9)*
		Benefit the patient-not harm the patients' families	Risk of harming the patients' families with practices that will benefit the patient	*"…I don't think the patient families are very aware of the risk because they want to come and stay with their patients…" (N16)* *"…I wash the patients if it is all right… When they have respiratory distress, you must stop yourself …" (N7)* *"…oral care should be done, but the patient should not drink water as well…" (N2)*
		Benefit the patient-not harm the patient	Risk of harming the patient with practices that will benefit the patient	*"…patients are already unable to tolerate the position due to respiratory distress… and are in the prone position… I relieve the saturation, but when I rotate the patient, there are pressure injuries on that side that cannot be staged…." (N1)* *"…they (doctors) do not want to put the patient to sleep, or they do not provide full sedation. The patient is fighting there, between, by himself…" (N9)* *"…high oxygen causes many thirsts. You wet the mouth (of the patient), he is not satisfied… That's a problem..." (N10)*
		Benefit the society- not harm the patient	Risk of harming the patient with practices that will benefit the society	*"…in fact, a few people didn't want to stay. For example, a patient tried to escape… security caught him and brought him back…" (N6)*

Is the priority not to harm or justice?	Limited resources	The small number of nurses compared to the workload. Low quantity of care materials compared to the number of patients. The physical environment of the clinics is not suitable for pandemic conditions	*"...Are we going to turn this patient or not? He is 88 years old and has different diseases" (N8)* *"...And the single materials are critical. That is, you should send the single material to sterilization every time..." (N7)* *"...a positive case was hospitalized next to a regular patient who got furious. He (the negative one) cried out; I'll be discharged anyway; my test was negative; why you are putting a positive case next to me, rightfully...." (N3)*
Is the priority to benefit, not harm, or respect autonomy?	Patient privacy Patient autonomy	A failure to protect patient privacy to benefit the patient. A failure to protect patient autonomy to benefit the patient	*"...patients have very high fevers. Their fevers are in the 100 º F, and we cannot reduce them nor cover the patients. We just put a small pillowcase on their private parts..." (N7)* *"...Patient families... they say they want to get information about their patients...We were mostly caught in a dilemma..." (N8)* *"...Since most of our patients were intubated, we used physical restraint. We couldn't take the risk that they would pull the tube..." (N7)*

* PPE: personal protective equipment; ICU: intensive care unit; PCR: Polymerase Chain Reaction

The Themes of Experiences

A Range of Emotions

Nurses' statements resolved around the common themes of "fear", "anxiety", and "sadness/guilt". Their primary fear was centered on the risk of infection, the possibility of infecting their families, and their fear of their mortality. Anxiety stemmed from dealing with an unfamiliar disease in a new work environment and the unpredictability nature of the disease progression in patients. In addition, the nurses who thought that they could not provide adequate spiritual/mental care stated that they felt sadness/guilt. Another reason for nurses' sadness/guilt was the limitation of patient autonomy. Nurses also expressed sadness and guilt, particularly when they felt unable to provide sufficient spiritual and mental care. The limitation of patient autonomy was another source of sadness and guilt among nurses.

Factors Affecting Nursing Services

Nurses' accounts revealed two primary themes: "facilitating factors" and "complicating factors." They highlighted that cooperation among colleagues, collaboration with other healthcare professionals, and support from management were facilitators of nursing services. Conversely, nurses encountered challenges in patient care due to factors such as limited visibility of their practices caused by personal protective equipment (PPE), discomfort in movement, and the time-consuming process of donning and doffing equipment. Additionally, inadequacies in limited resources, including PPE, time, care materials, the number of nurses, ICU beds, and physical constraints within the healthcare environment further complicated nursing services.

A Change in the Perspective of Nurses

Nurses' accounts revolved around two shared themes: "nurse's gains" and "profession's gains." They reported that the experience made them feel stronger and more patient, enhancing their personal resilience. Nurses expressed an improved understanding of how to organize and respond in a potential pandemic scenario. Moreover, they noted a positive shift in the public perception of the nursing profession, with increased support from the community.

The Themes of Ethical Dilemmas

This study defined three themes related to the nurses' ethical dilemmas (Table 3).

Is The Priority to Benefit-Not Harm?

Our study found that most nurses experienced many ethical dilemmas because of the possibility that some practices that benefited the patient might harm the patients, nurses, patient families, and society. One of the dilemmas that nurses often faced was the decision regarding the practices that would provide the most benefit to the patient, such as the nursing practices that caused pain to patients with respiratory distress, inability to sedate patients, difficulty in giving oral care to patients who should not drink water, patients' pressure sores from the positions given to relieve breathing (especially the prone position), and high doses of oxygen causing patients to be thirsty.

Is The Priority Not to Harm or Justice?

Nurses consistently voiced concerns regarding "limited resources." They described ethical dilemmas stemming from the tension between providing equitable care and preventing harm due to the insufficient number of nurses in proportion to the workload, the scarcity of care materials relative to the number of patients, and inadequate physical conditions within the clinics.

Is The Priority to Benefit, Not Harm or Respect Autonomy?

Nurses' statements gathered around the common themes of "patient privacy" and "patient autonomy". Nurses stated that they experienced ethical dilemmas between benefiting the patients and

protecting their physical privacy as they were kept under constant observation and should not cover themselves because of hyperthermia. Nurses also stated that they experienced an ethical dilemma between giving information on the phone to patient families who could not visit their patients and protecting the privacy of patient information. The nurses reported that the physical restraints, which they used to prevent patients from harming themselves unknowingly by removing their medical devices, caused a violation of patient autonomy and left them in a dilemma.

DISCUSSION

Our study aimed to explore nurses' experiences and ethical dilemmas in the early phase of the COVID-19 pandemic in Türkiye. Nurses' experiences were grouped under three main themes: a) a range of emotions, b) factors affecting nursing services, and c) a change in the perspective of nurses. Nurses' ethical dilemmas were grouped under three main themes: 1) is the priority to benefit or not harm, 2) is the priority not to harm or justice, and 3) is the priority to benefit, not harm, or respect autonomy.

In this study, nurses expressed fears of being infected, infecting their families, and the possibility of dying. Consistent with prior research (Sperling, 2021b), nurses often reported concerns about the risk of infection and felt unsafe in their work environment, which led to some avoiding returning home to prevent potentially contaminating their families, thereby missing their loved ones (Gunawan et al., 2021; Sezgin et al., 2021; Wang et al., 2020). Consequently, they closely monitored their health. Additionally, nurses mentioned the anxiety of dealing with an unfamiliar disease in a new work environment and the unpredictable nature of the disease's progression, aligning with findings from previous studies (Gunawan et al., 2021; Silverman et al., 2021). Despite these uncertainties and unforeseen risks, healthcare professionals continued to bravely serve on the front lines, even amid their fears and anxieties.

In our study, nurses who believed they couldn't provide adequate spiritual or mental care expressed feelings of sadness and guilt. This resonates with findings from Silverman et al. (2021), who reported that nurses experienced moral distress when they felt unable to deliver exemplary patient care in challenging environments and couldn't fulfill their care responsibilities. Additionally, Liu et al. (2020) found that healthcare providers faced challenges in establishing strong patient relationships in stressful situations. Some of the common ethical dilemmas among nurses, as observed in previous research (Rezaee et al., 2020), were linked to their difficulties in providing spiritual care, demonstrating compassion, implementing family-centered care, and delivering holistic care. However, it's essential to recognize that during the pandemic, limitations on patient autonomy became unavoidable, as certain decisions had the potential to harm both individual patients and the broader society.

In our study, nurses highlighted the positive impact of cooperation among colleagues, collaboration with other healthcare professionals, and support from management on facilitating nursing services. This aligns with findings from Liu et al. (2020), who observed close teamwork and collaboration between physicians and nurses during the pandemic. However, some nurses expressed concerns about inadequate support and protection in their work environment during this period, as reported by Sperling (2021b). Sezgin et al. (2021) documented that nurses experienced financial, emotional, and spiritual dissatisfaction and feelings of worthlessness. The COVID-19 pandemic presented nurse managers with significant challenges in ethical decision-making, underscoring the importance of healthcare organizations learning from this experience in the post-pandemic era (Newham & Hewison, 2021).

Nurses in our study emphasized that patient care became more challenging due to limited visibility of their practices when wearing personal protective equipment (PPE), discomfort in movement, and the time-consuming process of donning and doffing equipment. This aligns with earlier

research that revealed healthcare professionals experienced moderate to severe stress due to compromised vision while wearing protective masks or goggles (Wang et al., 2020). Furthermore, the weight and rapid fogging of protective goggles were noted as issues (Liu et al., 2020). In the study by Liu et al. (2020), physicians and nurses expressed the physical and professional challenges of working long hours in PPE, including sweating and wet clothes that quickly turned cold. In our study, additional factors complicating nursing services included shortages of essential resources such as PPE, time constraints, insufficient care materials, a shortage of nurses, ICU bed availability, and physical limitations within the healthcare environment. This echoes the challenges highlighted in similar studies during the early phase of the pandemic, particularly the limited availability of N95 masks (Gunawan et al., 2021; Sezgin et al., 2021).

Nurses' statements in our study revealed that they gained both professionally and personally from the pandemic. In a study by Sezgin et al. (2021), nurses mentioned that they viewed this challenging period as an opportunity to acquire new skills and take on additional responsibilities. Similarly, nurses in Israel expressed no regrets about choosing nursing as their profession despite the stress and personal risks associated with providing care during the pandemic, as noted in the study by Sperling (2021a). Additionally, in the study by Liu et al. (2020), physicians and nurses on the frontlines against the pandemic expressed a sense of pride in their courage and ability to overcome difficulties.

The COVID-19 pandemic, rife with uncertainties, presented a significant ethical challenge to healthcare professionals, leading them to grapple with numerous ethical dilemmas while making decisions. Miljeteig et al. (2021) reported that many healthcare professionals encountered ethical dilemmas related to priority-setting. In our study, we found that the majority of nurses faced ethical dilemmas arising from the possibility that certain practices, although intended to benefit patients, might inadvertently harm patients, nurses, patient families, and society. Robert et al. (2020) observed that the inability to provide family-centered care in ICUs and the inability to involve families in decision-making during the early weeks of the COVID-19 pandemic were detrimental to both patients and their family members. Similarly, Gebreheat and Teame (2021) noted that the isolation of many patients who passed away before reuniting with their families presented a substantial ethical challenge for nurses. In a more recent study, Sperling (2021a) highlighted that nurses' anxiety while caring for COVID-19 patients created an emotional burden on them.

In our study, one common dilemma frequently encountered by nurses was the challenge of determining the best practices for the patient's benefit. Sezgin et al. (2021) noted that nurses often found themselves unable to reposition certain patients in bed promptly to prevent their health from deteriorating, resulting in situations where they had to accept the development of pressure ulcers to avoid exacerbating the patient's condition. Additionally, nurses expressed ethical dilemmas concerning the balance between providing fair nursing care and avoiding harm to patients due to limited resources. Gebreheat and Teame (2021) reported that nurses commonly grappled with ethical difficulties regarding the fair distribution of scarce resources.

Nurses in our study mentioned that using physical restraints to prevent patients from inadvertently harming themselves by removing medical devices posed a challenge by potentially violating patient autonomy and placing them in an ethical dilemma. Physical restraints are commonly employed in ICUs to ensure patient safety. Nevertheless, nurses often confront ethical dilemmas, as they must balance respecting patient autonomy and ensuring patient safety. It's essential to consider the trade-off between the benefits and potential harm associated with the use or non-use of physical restraints, taking into account both patient safety and patient autonomy.

CONCLUSION

During the early phase of the COVID-19 pandemic in Türkiye, nurses experienced a range of negative emotions, including fear, anxiety, and sadness. Solidarity among nurses, team collaboration, and management support facilitated nursing services. However, nurses had to contend with various challenges that made nursing services more difficult. These challenges included issues related to providing care while wearing personal protective equipment (PPE), resource limitations, and difficulties stemming from physical constraints. Nurses often found themselves at a crossroads, choosing between values like benefit versus harm, justice versus harm, and the balance between respecting autonomy and promoting benefit while avoiding harm. Consequently, they also experienced ethical distress. Despite these dilemmas, nurses managed to gain both personally and professionally during the pandemic.

LIMITATIONS

Several limitations of this study should be acknowledged. First, the study was conducted in only seven provinces in Türkiye, which may restrict its generalizability to other provinces within Türkiye and to other countries. Additionally, the use of video call interviews in this study made it challenging to capture nonverbal cues compared to face-to-face interviews.

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Ethical Approval

Ethics approval was granted by the Ethics Commission of Gazi University (approval number: 09.05.2020/ 91610558-604.01.02).

Conflict of Interest

There is no financial, personal or academically conflict of interest.

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Authorship Contributions

Design: G.E., A.B.K., Z.G.B., Data Collection or Processing: G.E., A.B.K., F.C.A., Analysis or Interpretation: G.E., A.B.K., Z.G.B., Literature Search: G.E., A.B.K., Writing: G.E., A.B.K., Z.G.B., F.C.A.

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