

# Moral and Ethical Distress on Healthcare Providers in the Time of Covid-19

Ghalia A. Malki<sup>1</sup>, Nadiah A. Baghdadi<sup>2</sup>

<sup>1</sup>Dietrich School of Arts and Sciences, Biology Department, University of Pittsburgh, Pittsburgh, Pa, USA

<sup>2</sup>Nursing Management and Education Department, College of Nursing, Princess Nourah Bint Abdulrahman University, Riyadh, Saudi Arabia

---

**Abstract:** From the day that healthcare providers enter the field they take an oath to put patients first. This does not come without risk to themselves and their families. Everyday healthcare providers are exposed to hazards in many forms. Whether said healthcare providers is an ER nurse in a highly affected area, or in a rural area that is not greatly being affected, they all face many hazards. In the time of Covid 19 the need for healthcare providers has increased. With the increased need for healthcare providers, the risks that come with the job have also increased. Along with that the moral stress of the safety of oneself and safety of patients is at an even greater strain than before. The Purpose of this paper is to outline the pathogens and hazards present to healthcare providers prior to the current world crisis and highlight the current expert guidelines for updated PPE guidelines as well as the strain of moral and ethical dilemmas during this crisis.

**Keywords:** healthcare providers, Covid 19, PPE guidelines, moral stress, patients.

---

## 1. INTRODUCTION

As a healthcare provider, one must go through intensive training and follow standardized practices on healthcare. Said training includes a section on patient safety and infectious diseases. These guidelines are put in place by agencies like the World Health Organization (WHO), and the Center for Disease Control and Prevention (CDC) to “prevent and reduce risks, errors and harm that occur to patients during provision of health care” (Patient Safety). While these guidelines protect the patient they also highlight some of the few hazards that healthcare workers are faced with.

One of the main and obvious hazards a healthcare provider possesses is to their family members. According to an article in the *American Journal of Nursing*, healthcare providers have been cautious about the transmission of infections outside the workplace (Agnew). As a healthy person, said provider may not show any signs or symptoms of exposure, but those hazardous agents may make their way home by a variety of ways. These contaminations are called “take home toxins” and PPE and precaution guidelines are put in place to try and contain these types of disease spreading. The article highlights the importance of personal hygiene and taking precautions when leaving the workplace.

In addition to the spread of possible infections, there is also the spread of possible hazardous toxins. An article in the *European Journal of Cancer Care* shows how the handling and exposure to chemotherapeutic agents can be toxic and harmful to healthcare workers. The article showed that “Different health problems have been experienced, deriving from the respiratory, central nervous system, reproductive, gastrointestinal and musculoskeletal system,” (CONSTANTINIDIS) as a result of the exposure to these toxins. This goes to show that many of the substances healthcare providers are exposed to have unknown effects. This goes to show that there are hazards everywhere whether they be the silent unknown, or the loud and infectious.

This relates greatly to the current world crisis of COVID-19. This virus is one whose effects are still being studied and is a fastly developing infection. It poses a threat to healthcare providers with compromised immune systems as a result of genetic health problems, or things like diabetes. COVID has also been seen to affect more people with risk factors. Like

**International Journal of Novel Research in Interdisciplinary Studies**

Vol. 7, Issue 6, pp: (12-14), Month: November – December 2020, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

other infections, COVID can be carried by a healthy person and they would not be affected. And like other infections, the carrier can pass it on to others and if the others are vulnerable they show symptoms and are affected. This is no different with COVID-19. In fact, it seems to be even more prominent due to its long incubation period. According to WHO, COVID is a virus that most people infected with it tend to recover without special treatment, but “Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness” (Coronavirus). As a result, healthcare providers are now more aware of the hazards that they may be exposing loved ones to.

Before these times, people going into the field knew what they were putting themselves at risk of, but now they much choose between their oath, their own health, or the health of loved ones. The threat to themselves could come from risk factors they have such as compromised immune systems or risk factors like smoking or age. In this case, if they get sick or are symptomatic, the virus could be life threatening. The possible threat to loved ones who are immunocompromised comes from the fact that they could be carriers and potentially pass it on, despite taking preliminary precautions. So, these workers must now take extra caution to protect themselves and others.

On top of this moral dilemma concerning putting themselves and others at risk, there is the dilemma regarding shortage of everything in the hospital setting. All around the world there is a shortage of workers and equipment. As healthcare workers they much choose who takes priority in the hospitals and evidently, whether it be by choice or by force, some people must take priority and they must choose this precedence. This issue has been addressed by medical organizations. The CDC has created an outline of how and when to use PPE to minimize the shortage (PPE Burn Rate Calculator). The WHO and other organizations have all outlined how and when to prioritize patients and this is to lessen the need for healthcare providers to make this call. These guidelines and rules regarding patient care and personal protective equipment (PPE) and personal hygiene are all updated to accommodate for this current crisis.

To minimize the exposure to the virus, it is recommended that healthcare providers that come into contact with infected patients should follow the new standard for PPE as outlined by WHO and the CDC. The new standard is to wear gown, gloves, a face shield, or goggles, and a facemask/respirator for each patient that is seen along with following hand hygiene. The facemask/respirator should be extended under the chin and should cover the mouth and nose and should not be reused (Using PPE). The number one concern is that no skin should be exposed and the outlined guidelines for how to put on and take off the PPE should be followed (Using PPE).

The next recommendation is that the resources given to medical professionals should be made more readily available and utilized. These would help to minimize the toll of this crisis on their mental health and lives. It is important to know the toll that this climate will and can take on a person, that being amplified for those on the front lines. And to utilize the available resources and to make sure that the balance between duty and self is just that a balance (Managing mental health during COVID-19).

These guidelines and rules regarding patient care and personal protective equipment (PPE) and personal hygiene are all updated to accommodate for this current crisis and these updates are meant to lessen the toll and threat of this virus to healthcare providers.

**REFERENCES**

- [1] Patient Safety. (n.d.). Retrieved April 29, 2020, from <https://www.who.int/news-room/fact-sheets/detail/patient-safety>
- [2] Agnew, J. (2005). Protect Your Family. *AJN American Journal of Nursing*, 105(8), 88. <https://doi-org.pitt.idm.oclc.org/10.1097/00000446-200508000-00035>
- [3] CONSTANTINIDIS, T. C., VAGKA, E., DALLIDOU, P., BASTA, P., DRAKOPOULOS, V., KAKOLYRIS, S., & CHATZAKI, E. (2011). Occupational health and safety of personnel handling chemotherapeutic agents in Greek hospitals. *European Journal of Cancer Care*, 20(1), 123–131. <https://doi-org.pitt.idm.oclc.org/10.1111/j.1365-2354.2009.01150.x>
- [4] Coronavirus. (n.d.). Retrieved April 29, 2020, from [https://www.who.int/health-topics/coronavirus#tab=tab\\_3](https://www.who.int/health-topics/coronavirus#tab=tab_3)

**International Journal of Novel Research in Interdisciplinary Studies**

Vol. 7, Issue 6, pp: (12-14), Month: November – December 2020, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

- [5] Using PPE. (2020, April 3). Retrieved April 29, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- [6] PPE Burn Rate Calculator. (2020, April 7). Retrieved April 29, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- [7] Managing mental health during COVID-19. (n.d.). Retrieved April 29, 2020, from <https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19>
- [8] 2019-nCoV Preparedness. (2020, February 21). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>
- [9] Information for Healthcare Professionals about Coronavirus (COVID-19). (2020, April 23). Retrieved April 29, 2020, from <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- [10] Paton, N. (2015). Risk of blood-borne viruses from sharps continues, report claims. *Occupational Health*, 67(2), 5.
- [11] Pre-Meds, G. (2019, September 17). Nurses guide to personal protective equipment. Retrieved April 29, 2020, from <https://www.globalpremeds.com/blog/2014/11/19/nurses-guide-to-personal-protective-equipment/>