

Original Article

Difficulties and Ethical Problems Nursing Students while Caring for Patients with COVID-19

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Abstract

Background: During a pandemic, one of the vital members of healthcare teams are nurses. Since nurses are in close contact with people with COVID-19, they are in the chain of infection transmission. It is important for student nurses to maintain their health while providing care services in line with their responsibilities during the pandemic

Aim: This descriptive study was carried out to identify the difficulties that nursing students may experience while caring for a patient with COVID-19 diagnosis and the ethical problems they may encounter.

Method: Students were informed about the purpose of the study and after their consent was obtained, the study was conducted with 195 students who accepted to participate. The questionnaire used in the study was prepared by the researchers after conducting literature study.

Results: The average age of the participants was 21.81 ± 1.93 . While caring for patients with COVID-19, almost all of the participants, 92.8% will not have difficulty in keeping the patient information confidential, %86.7 is not afraid of being stigmatized, 78.5% believe that teamwork is important and 92.3 % will receive consent from the patient during the care process.

Conclusions: Almost all of the student nurses indicated that they do not intend to leave the profession during the pandemic process and can provide care without discrimination. Student nurses prefer to make decisions that benefit the patient, and give importance to teamwork considering their professional values and patient rights.

Keywords: Nursing student, COVID-19, possible difficulties, ethical and moral distress.

Introduction

One of these unusual situations is infectious diseases that cause a pandemic. Historically, pandemics affected societies and left deep scars (Simonds & Sokol 2009; Çobanoğlu 2020).

Corona Virus Disease 2019 (COVID-19) has affected all health systems and resources on an international scale (Whitfeld, MacQuarrie, & Boyle, 2020). The first Covid-19 case in Turkey was detected by the Ministry of Health on March 10, 2020 and the first death caused by the virus took place on March 15, 2020. Two weeks later, on April 1, 2020, the Republic of Turkey Ministry of Health announced that the virus

spread to every province in the country. It is essential to identify and implement innovative strategies in the management of the pandemic (Whitfeld, MacQuarrie, & Boyle, 2020).

During a pandemic, one of the vital members of healthcare teams are nurses. Since nurses are in close contact with people with COVID-19, they are in the chain of infection transmission. It is important for nurses to have sufficient knowledge and awareness about COVID-19 prevention and protection procedures in breaking the infection chain (Nemati, Ebrahimi, & Nemati, 2020). In the process of breaking this chain, nurses experience different global scale

professional problems, psychological problems and ethical dilemmas due to the nature of the event in context of protecting and improving public health.

Some of the difficulties faced by the nurses include inadequate personnel, fatigue due to long working hours, burnout, problems arising due to insufficient consumable materials, emotional difficulties due to isolation and anxiety about being infected and stigmatized (Draper et al., 2008; Simond & Sokol, 2009).

In his study, Mazanec (2020) listed the difficulties that nurses might experience during the COVID-19 pandemic as

- (1) use of equipment while providing care to all patients according to their needs,
- (2) limited medical materials, equipment, hospital beds, etc. in the institution,
- (3) emotional trauma caused by witnessing patients dying without their families due to visitor restrictions,
- (4) experiencing large number of or frequent deaths, changes in workload and working conditions, fatigue while fulfilling professional obligations and anxiety about risking their health and health of their families.

In an extraordinary situation, nursing students close to graduation will be involved in the process to increase nursing workforce capacity (Cusack, Arbon, & Ranse, 2010). Therefore, it is important to plan trainings during nursing education for students to have sufficient knowledge in approaches to extraordinary situations (Nilsson et al., 2016).

In a study on nursing students' experiences of exposure to pandemic influenza A, participants expressed that they were afraid of becoming infected with the H1N1 virus during clinical practices, being hurt by the negative reactions of others and stigmatized in case of sickness and had concerns about treatment costs if they got sick (Kang, Chae, Hyun, & Singh-Carlson, 2012).

It is important for student nurses to maintain their health while providing care services in line with their responsibilities during the pandemic. Determining the difficulties and ethical problems that students who are about to graduate face during the COVID-19 pandemic will contribute

to the measures to be taken and the content of the training they need.

Research Questions

Do nursing students have ethical problems while caring for a patient diagnosed with COVID-19?
What are the difficulties that nursing students experience while caring for a patient diagnosed with COVID-19?

Methods

Research Design: This descriptive study was carried out in order to determine the difficulties and ethical problems that third year nursing students may experience if they care for patients diagnosed with COVID-19.

Place and Features of the Research: The research was carried out with 206 3rd year nursing students of a university. After taking "Ethics in Nursing" class in person for the first seven weeks of the spring 2019-2020 semester, students completed the class through distance learning due to COVID-19 pandemic. Students completed this class in a total of 28 hours.

The Universe of the Study: The research population consisted of 206 3rd year nursing students enrolled in the "Ethics in Nursing" course of a university nursing department during the spring semester of the 2019-2020 academic year.

Study Sample: The goal was to reach at least 164 volunteer students that meet the inclusion and exclusion criteria between May 10, 2020 and May 30, 2020 taking into account possibility of 20% participant loss. Students were informed about the purpose of the study and after their consent was obtained, the study was conducted with 195 students who accepted to participate. The study reached 94.6% of the universe. 9 students who did not accept to participate in the study, 1 student without an e-mail address and 1 student who filled out the questionnaire form incompletely were not included in the sample.

Data Collection Tools: The questionnaire used in the study was prepared by the researchers after conducting literature study (Whitfeld, MacQuarrie, & Boyle, 2020; Çobanoğlu 2020; Nemati, Ebrahimi, & Nemati, 2020). The questionnaire consisted of 20 questions; including 5 questions measuring descriptive characteristics of nursing students and 15 questions identifying the difficulties and ethical problems student nurses may experience caring for the patients with COVID-19.

Application and Collection of the Questionnaire: The application phase of the research was carried out via e-mail communication. Students were informed about the study in writing. Those students who agreed to participate in the study were sent the questionnaire via e-mail and asked to send it back to the researchers after filling it out.

Data Analysis: Statistical analysis of the data was done using STATISTICA Version 13.3. Data was analyzed using descriptive data, mean, standard deviation, median, minimum and maximum values. Categorical variables were summarized with number and percentage calculations.

Ethical Aspect of the Research: Ethics committee approval for the study was obtained from a university ethics committee in accordance with the national ethical code standard. Also Republic of Turkey Ministry of Health Scientific Research Platform approval was received on 09.05.2020.

Results

Difficulties nursing students may experience while caring for patients with COVID-19

The average age of the student nurses was 21.81 ± 1.93 (min: 19, max: 34) where 57.9% were women, 92.9% were single and 81.2% received training about COVID-19.

Almost all of the student nurses, 97.9%, stated that if they were working as nurses at the moment, they would not leave the nursing profession due to the COVID-19 outbreak (Table 1).

When asked what their reasons were for not leaving the profession, 53.6% stated "Being a nurse means helping the patient and the needy, whatever the situation is. That's our duty.", 25.4% stated "I wouldn't make such a decision when there are patients who need us.", 8.8% stated "There will always be difficult times, we have to stay and fight together instead of leaving.", 7.3% stated "I will perform my job to the best of my ability.", and 5% stated "I would try to be more beneficial to people in this process due to my profession and personality." As can be seen on Table 1, 82.6% of student nurses stated that they would not want to stop working in a clinic with COVID-19 cases and work in a non-COVID-19 clinic (Table 1). The three reasons stated the most by the student nurses on why they would not want to change clinics were "I do my duty, I think my duty is

sacred." (n = 86), "I do not discriminate against any patient. It is against the professional ethics to do so." (n = 48), "If I was to want to work in another clinic, there would be no nurses to work in clinics with COVID-19 patients." (n = 11).

Our study revealed that 86.7% of student nurses were not afraid of being stigmatized by others because they gave care to a patient with COVID-19 (Table 1). Three mostly stated reasons for that were; "I don't care about being stigmatized by others just because I care for a patient with COVID-19." (n = 101), "I do my job without hesitation. Caring for a patient with COVID-19 is not a situation that will cause stigma." (n = 23), and "Those who do stigmatize must question themselves. This is their problem." (n = 18).

Student nurses of 61.5% indicated the feelings they will experience while giving care as "heroism, success, happiness, joy, fear, anxiety, concern and loneliness" (Table 1). Students feel that way because of high infection and fatality rates, and lack of sufficient information due to the newness of the disease. More than half of the students stated they will feel positive once patients with COVID-19 start recovering and the rate of infection decreases.

When asked what they would do if they have problems in taking sufficient isolation measures to protect themselves and the patient while giving care, 53.8% of the student nurses stated, "I would do my best, and I would contact the hospital management if the necessary support and equipments are insufficient.", 18.5% stated "I would do my best.", 13.8% said, "I would worry. I would emphasize good hygiene and check for contamination.", 7.7% stated, "I would get angry and not work.", and 6.2% stated "I would wait for problems to be resolved". (Table 1).

Ethical problems nursing students may experience while giving care to patients with COVID-19

As can be seen on Table 2, 63.7% of the student nurses stated that they knew that the patient with COVID-19 had the right to special care and treatment and they would not have difficulty in providing it (Table 2). Student nurses stated, "Nursing is a professional profession, I will not have difficulties related to care due to the requirements of the profession." (n = 69); "The difficulties are not as bad as they seem." (n = 16)

and “If the conditions are good, I will not have difficulty in providing care.” (n = 9).

It was determined that 77.7% of student nurses will not have any difficulties in identifying or empathizing with the patient with the diagnosis of COVID-19. Students' responses were “It's not difficult to empathize.” (n = 50), “This disease can happen to everyone; after all, it may be me or my family instead of that patient.” (n = 50) and “Empathizing is a part of my job.” (n = 34).

Almost all, 99% of the students stated that they would be patient and understanding while caring for patients with COVID-19 diagnosis. Students' reasons for being patient were “No one wants to be there, we can overcome the problem only with patience and understanding.” (n = 72), “This is a requirement of my profession.” (n = 55), “I would take the same approach towards these patients like all other patients.” (n = 26), “I would treat others the way I want to be treated.” (n = 7).

When asked if they would have difficulty keeping the patient information with COVID-19 diagnosis confidential during the care process, 92.8% of the students stated they wouldn't. The students stated “They should remain confidential due to patient rights.” (n = 99) and “Confidentiality exists in patient rights. Violation of confidentiality does not comply with nursing ethics and morals.” (n = 51).

Also, 70.1% of the students stated that they would not have difficulty in providing information about the care process to the patient with the diagnosis of COVID-19. The students stated “Within the framework of professional values, the patient has the right to receive information.” (n = 88) and “It affects patient awareness and acceptance and the positive course of treatment.” (n = 32).

Our results revealed that 65.1% of the students would not have difficulty in fulfilling the patients' requests during the care process. Students expressed, “Depending on the wishes of the patient, I try to fulfill them as much as I can.” (n = 65), “I do my duties without

discrimination.” (n = 31), and “I am responsible for the patient since they don't have any companions. I fulfill reasonable requests.” (n = 10).

It was determined that 61.7% of the students will not have difficulty in meeting the expressed and unmet care needs of the patients during the care process. All of the students stated, “The duty of the nurse is to give care and to fulfill their responsibilities in accordance with their professional ethical values.”

Almost all of the students, 92.3% indicated that they would receive patient consent before implementing patient care decisions. Students' opinions about obtaining consent were, “Every patient has a right to be informed about the treatment they will receive and to give approval. The consent needs to be registered to have a legal basis.” (n = 111), “I get consent as much as possible so that I can better determine the necessary care of the patient.” (n = 32), and “I do not want to decide on my own.” (n = 10).

More than $\frac{3}{4}$ of the participants, 78.5% stated that the nurse-physician-patient relationship is a very important component in the care and treatment practice and that they will not experience any difficulties in that. “In this challenging process, I become team-oriented and communicate positively while fulfilling my duties in the team.” (n = 74) and “I fully fulfill my responsibilities as a nurse in the team, I do not have any problems in the team.” (n = 43) were the two most frequent statements by the participants.

Our study revealed that half of the participants, 51.8% would have difficulty providing care to terminally ill patients when their general condition worsens. The students stated, “Knowing that someone will die soon makes me very sad. Being emotional and fear of loss affects the care I will provide.” (n = 54), “Even if I try, I would have difficulties not reflecting the situation to the patient.” (n = 20) and “I would have difficulties since this is a situation that I have not encountered before.” (n = 14).

Table 1 Difficulties nursing students may experience while caring for patients with COVID-19

If you were a nurse who cared for a patient with COVID-19	n	%
Leaving the nursing profession for a reason such as the COVID-19 outbreak		
Yes	4	2
No	191	98
Anxiety about infecting yourself and your relatives after giving care		
Yes	185	94.9
No	10	5.1
Leaving the clinic and wanting to work in a clinic without COVID-19 cases		
Yes	34	17.4
No	161	82.6
Fear of being stigmatized by others because you care for a patient with COVID-19		
Yes	26	13.3
No	169	86.7
Emotions you will experience while giving care		
Heroism, success, happiness, joy, fear, anxiety, concern, loneliness	121	61.5
Fear, helplessness, burnout, anxiety, concern	36	18.5
Joy, happiness, success, hope, pride	20	10.3
Hope, pride, fear, anxiety, concern	18	9.7
The attitude you will display in case of a problem in taking adequate isolation measures to protect yourself and the patient while giving care		
I would do my best and I would contact the hospital management if the necessary support and equipment were insufficient.	105	53.8
I would do my best	36	18.5
I would get angry and not work	15	7.7
I would wait for the problems to be fixed	12	6.2
I would worry. I would emphasize good hygiene and check for contamination.	27	13.8

Table 2 Ethical problems nursing students may experience while giving care to patients with COVID-19

If you were a nurse who cared for a patient with COVID-19	n	%
Having difficulty in fulfilling responsibilities although I know the patient has the right to special care and treatment		
Yes	70	36.3
No	123	63.7
Having difficulty in identifying or empathizing		
Yes	44	22.3
No	151	77.7
Being patient and understanding in the care process as a nurse		
Yes	193	99
No	2	1
Having difficulty in keeping the patient's information confidential		
Yes	24	12.4
No	171	87.6
Having difficulty in informing the patient about care process		
Yes	60	29.9

No	135	70,1
Having difficulty in fulfilling the patient's wishes		
Yes	68	34.9
No	127	65.1
Having difficulty in meeting the expressed and unsaid care needs of the patient		
Yes	75	38.3
No	120	61.7
Obtaining informed consent before implementing patient care decisions		
Yes	180	92.3
No	15	7.7
Although you believe that the nurse-physician-patient relationship is a very important component in the patient's care / treatment practices, it is difficult to do so.		
Yes	42	21.5
No	153	78.5
Having difficulty giving care to a terminal patient when their general condition worsens		
Yes	101	51.8
No	94	48.2

Discussion

Difficulties nursing students may experience while caring for patients with COVID-19:

Almost all of the student nurses stated that if they were currently working as a nurse, they would not leave the profession for such a reason as the COVID-19 outbreak. Professional commitment, values and responsibility duty were the reasons for not leaving with profession. In a study conducted with nursing students, 67.9% of them stated they would volunteer in case of a pandemic (Yonge, Rosychuk, Bailey, Lake, & Marrie, 2010). In another study, 79% of health professionals stated that they would continue to work during a pandemic (Barr et al., 2008). In a study conducted with healthcare professionals in the UK, one fifth of the participants stated they would not be willing to work during the flu epidemic when they have a high risk of infection and limited personal protection (Barr et al., 2008). According to Martin's (2011) study, nurses' fear of dismissal and threat anxiety were the reasons for continuing their work in pandemic clinics (Martin, 2011).

A large percentage of student nurses stated they would not stop working in a COVID-19 clinic even if possible to do so; for some the reason being sacredness of the profession, while others emphasize the necessity of patient rights and professional ethics. In a study conducted with nursing students, 70.7% of them stated that they

had sufficient knowledge and that if they were given an assignment, they would work during the pandemic by adhering to professional values (Yonge, Rosychuk, Bailey, Lake, & Marrie, 2010). In a study conducted in a psychiatric hospital in China, 77.1% of doctors and nurses working in the hospital wanted to care for psychiatric patients with COVID-19 (Shi et al.,

2020). In a study that determined the attitudes of nurses in the influenza epidemic, the majority stated that they were willing to work during the pandemic. It was predicted that the desire to work would decrease as the negative effects of the pandemic increase (Martin, 2011). Our research results indicate that student nurses' desire to take care of patients with COVID-19 is high. The vast majority of student nurses stated that they are not afraid to be stigmatized by others because they cared for the patient with COVID-19, and even if they do get stigmatized, they would not care.

In a study about the experiences of nursing students being exposed to influenza A, if they got infected, nursing students were excluded from the social environment and the family from time to time. Those students received negative reactions, got hurt in this situation and felt alienated (Kang, Chae, Hyun, & Singh-Carlson, 2012). Stigmatization may cause individuals to feel pessimistic, hopeless and weak. In addition, the stigmatized individual may think that they

deserve this attitude, feel guilt and embarrassment, and have anxiety and fears about the future. Stigmatization may also cause feelings of intense anger and desire to harm oneself or others (World Health Organization, UNICEF, IFFR, 2020).

We can say that more than half of the student nurses will experience complex emotions while giving care, and 1/5 of them will experience negative emotions such as fear, burnout and anxiety. Although they want to perform their duties in line with professional ethics, this process may emotionally tire nursing students. In Mazanec's (2020) study, nurses stated that intense stress due to the COVID-19 pandemic caused by increased workload, limited use of necessary resources, working in an area they are unfamiliar with, the changes in the health system and care process, uncertainty about the epidemic and frequent patient losses may lead to moral distress, burnout and compassion fatigue (Mazanec, 2020). In a study conducted with a medical school students in China, 75.1% of the students did not experience anxiety where those with relatives or acquaintances infected with COVID-19 were found to have higher anxieties (Cao et al., 2020). Another study showed that nurses were exposed to emotional trauma during the care of the patient with COVID-19 (Li et al., 2020). In line with the literature, ¼ of medical students and nurses have negative feelings during the pandemic.

More than half of them stated that they will do their job the best way possible if they experience problems in isolation measures to protect themselves and the patient while providing care. This emphasizes the fact that they will actually strive to demonstrate the principle of providing the highest level of benefit. Maximizing benefits during the COVID-19 pandemic can be explained as the process of saving individual lives by giving priority to patients who can survive the longest after treatment (Emanuel et al., 2020).

In a study conducted with interns and resident candidates, it was found that although the protective / preventive knowledge of the students about COVID-19 was at a high level, the moderate level of risk perception and behavior towards protection were inadequate (Taghrir, Borazjani, & Shiraly, 2020). In a study with different healthcare professionals, most of the participants stated that they were concerned

about passing the virus to their family members, especially to their parents, and 97.9% agreed that they would isolate if needed (Giao et al 2020). In a study, conducted to determine the attitudes of nurses in the influenza epidemic, 80% of the participants did not want to care for the patient when there was not enough equipment and thought this might affect the safety of their family. In the same study, nurses stated that they hesitate to provide care if they feel at risk (Martin, 2011).

Ethical problems nursing students may experience while giving care to patients with COVID-19: As a result of the studies and this research, one of the factors that trigger anger and anxiety is insufficient isolation measures. The fact that more than half of the student nurses know that the patients with COVID-19 have the right to special care and treatment is an indication that they are trying to protect patient autonomy. Haddad (2020) emphasized that nurses should prioritize actions that would benefit the majority, not individual autonomy during the COVID-19 pandemic. Also, the fact that the healthcare professional could act less autonomously, and place importance in planning care to maximize the benefit of the greatest number of patients (Haddad, 2020).

The fact that ¾ of the student nurses stated that they would not have any difficulties in identifying or empathizing with the patient with COVID-19 diagnosis during care reveals that they have no fear of empathy. A study emphasized the importance of honoring health professionals and strengthening their compassion during the pandemic process and helping them overcome the empathetic distress and fears (Singer & Klimecki, 2014).

Almost all of the nursing students state that they would be patient and understanding in the care process of patients with COVID-19 diagnosis.

This is an indication of despite how difficult it is, they accept this process, and try to fulfill their duties and responsibilities in line with professional values.

It is pleasing that almost all of the students stated that they would not have any difficulty in keeping the information of the patient diagnosed with COVID-19 confidential which is an indication of students being aware of ethical principals in patient rights and autonomy and be

able to fulfill their defensive role in terms of patient rights and ethical values.

One fourth of the students may have difficulties informing the patient with the diagnosis of COVID-19 about the care process. In another study conducted with health professionals, the importance of interdisciplinary teamwork was emphasized in creating solutions to ensure patient safety and decision making to minimize difficult choices about the patient care during the pandemic (Baum & Zok, 2020). Zhang et al. determined the risk factors in health care during the COVID 19 pandemic as insufficient knowledge, work experience and working time (Zhang et al., 2020). It is thought that the communication difficulties experienced by student nurses during the pandemic may be caused by infection anxiety due to long time spent with the patient and inadequate communication skills with difficult patients.

In our study, less than half of the students stated that they would have difficulty meeting the stated and unsaid care needs of the patient with the diagnosis of COVID-19. Factors that can cause psychosocial stress in experiencing this difficulty are anxiety about being sick, transmitting the disease, and risk of death (Huang, Lin, Tang, Yu, & Zhou, 2020). Supporting patient autonomy is as important as meeting the needs in the care process. In this regard, the fact that almost all of the students stated that they will receive consent before the application of treatment is an indication of the fact that patient autonomy and informed consent are considered important.

The fact that $\frac{3}{4}$ of the students believed that team work is important in the care process of a patient with COVID-19 and that they will not have any difficulties is an indication that this process will be facilitated. It was emphasized in another study that interdisciplinary teamwork is important in minimizing difficult choices and ensuring patient safety in the pandemic process (Baum & Zok, 2020).

The fact that half of the students stated that they will have difficulty in providing care when the general condition of the patient with COVID-19 worsens can be considered as an indicator of their sensitivity to professional values. In the study conducted with medical students, the majority of students stated that patients diagnosed with COVID-19 should be treated in intensive care in case of increased complications (Ikhlaq, Bint-e-Riaz, Bashir, & Ijaz, 2020). In

line with our study and results, it can be said that nursing and medical school students took action by adopting the ethical principle of usefulness in the terminal period, but experienced some concerns.

Limitations: This research is limited to students of one nursing department; therefore, the results of the research cannot be generalized to any institution other than the institution the study was conducted in.

Conclusion: Our results revealed that the students did not intend to leave the profession during the pandemic. Even though the risk of transmission is high, the students stated that they could provide care to patients diagnosed with COVID-19 without discrimination. While the vast majority of student nurses stated that they would provide care to patients without the fear of being stigmatized, due to the high probability of transmission and the lack of knowledge about COVID-19, it was determined that they might have anxiety about transmission of the disease to them or to their relatives. Student nurses in general preferred to make decisions that benefit the patient, were aware of the importance of team work in the care process and considered professional values and patient rights. There is a need for educational programs for nursing students to improve their communication skills especially in empathy and dealing with difficult patients. The worries, fears and anxiety of the students can be reduced and prevented as a result of this education.

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