

# Questioning potential ethical issues: facts on a hospitalized psychiatric patient with Covid-19

Cuestionamiento de posibles problemas éticos: hechos sobre pacientes psiquiátricos hospitalizados con Covid-19

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## Abstract

**T**he contradiction in the principles of handling psychiatric inpatients with Covid-19 accompanied by changes in managerial policies has the opportunity to create ethical challenges for nursing. However, minimal studies have described potential ethical issues during the care of mentally ill patients suffering from COVID-19. Therefore, maximum synergy is needed in handling Covid-19 in people with mental health conditions. Subsequently, potential ethical problems can be reduced and prevented. This study explores nurses' perspectives on potential ethical issues based on their experiences caring for Covid-19 patients undergoing psychiatric inpatient care. The results of this qualitative research data collection were analyzed using conventional content analysis according to Lundman and Graneheim. Data collection was carried out for fifteen in-depth interviews by considering data saturation. According to the convenience sampling technique, a head nurse was interviewed twice and conducted thirteen interviews with five nurses. During in-depth interviews, recordings were made and documented into transcripts for further analysis step by step to generate themes. The central theme formulated is the potential for ethical problems supported by three parts: ineffective psychiatric treatment, lack of managerial support for the patient's mental condition, and the complexity of the situation nurses face. Awareness, sense of responsibility, and self-confidence of nurses accompanied by management support facilitate the improvement of the physical and psychological conditions of psychiatric patients of Covid-19 patients.

**Keywords:** Covid-19, Ethical Issues, Psychiatric Nursing, Pandemic, Mental Health

## Resumen

**L**a contradicción en los principios de manejo de pacientes psiquiátricos internados con Covid-19 acompañada de cambios en las políticas gerenciales tiene la oportunidad de crear desafíos éticos para la enfermería. Sin embargo, estudios mínimos han descrito posibles problemas éticos durante la atención de pacientes con enfermedades mentales que padecen Covid-19. Por lo tanto, se necesita la máxima sinergia en el manejo de Covid-19 en personas con condiciones de salud mental para que los posibles problemas éticos puedan reducirse y prevenirse. Este estudio explora las perspectivas de las enfermeras sobre posibles problemas éticos en función de sus experiencias en el cuidado de pacientes con Covid-19 que reciben atención psiquiátrica. Los resultados de la recopilación de datos de esta investigación cualitativa se analizaron mediante el análisis de contenido convencional según Lundman y Graneheim. La recolección de datos se llevó a cabo durante quince entrevistas en profundidad considerando la saturación de datos. De acuerdo con la técnica de muestreo por conveniencia, una enfermera jefe fue entrevistada dos veces y realizó trece entrevistas con cinco enfermeras. Durante las entrevistas en profundidad, se realizaron grabaciones y se documentaron en transcripciones para su posterior análisis paso a paso para generar temas. El tema central formulado es el potencial de problemas éticos sustentado en tres temas: tratamiento psiquiátrico ineficaz, falta de apoyo gerencial para la condición mental del paciente y la complejidad de la situación enfrentada por los enfermeros. La conciencia, el sentido de responsabilidad y la confianza en sí mismos de las enfermeras acompañadas del apoyo de la gestión facilitan la mejora de las condiciones físicas y psicológicas de los pacientes psiquiátricos de pacientes con Covid-19.

**Palabras clave:** Covid-19, Cuestiones Éticas, Enfermería Psiquiátrica, Pandemia, Salud Mental

## Introduction

The outbreak of Covid-19 is still causing a spike in deaths even though the pandemic has occurred since the end of 2019 in Wuhan, China. Indonesia cannot be separated from the impact of a pandemic. Although the government has carried out various maximum and intensive efforts since the beginning of the pandemic, victims have fallen<sup>1,2</sup>. The Covid-19 pandemic can change the pattern of mental health service delivery in a lot of effort. Populations with increased anxiety stimulate outbreaks of psychiatric crises. Various research explains the effects felt by Covid-19 sufferers are physical and psychological aspects<sup>3,4</sup> and need adaptation in dealing with it, as Roy explained the importance of adaptation as a coping mechanism in completing a change.<sup>5</sup> The outbreak of Covid-19 cases can affect various groups of people, including psychiatric patients. Several mental hospitals have reported instances of Covid-19 in inpatient psychiatry<sup>3</sup>.

Psychiatric patients have been disturbed emotionally, behaviorally, and effectively. Hallucination, self-concept disturbance, or interaction disorder are common problems for people with mental disorders. Developing a trusting relationship between nurse and patient is the foundation of caring for psychiatric patients<sup>6-8</sup>, and this accomplishment determines the quality of nursing psychiatric implementation. Therapeutic communication becomes an interactive instrument for nurses according to the patient's state<sup>6,9</sup>. Psychiatric care policies are undergoing improvements and modifications throughout the Covid-19 pandemic, and nursing care is a necessity to comply with health protocols.

Several research has stated that implementation of health protocols resulted in minimal interaction with psychiatric patients<sup>10,11</sup>.

The family perspective as a system has an urgent process with interlinkage inside family members to optimize patients' mental health. Family involvement in caring for patients has positive implications because the family is obliged to ensure continuity of care that has been done in the hospital<sup>12</sup>. Moreover, when a patient is discharged, the family becomes the genuine caregiver for the patient. Unfortunately, however, families become less involved during the pandemic, and there are limitations to interacting with nurses.

Nurses are obliged to be caring towards their patients regardless of any aspect. Psychiatric nurses must consider the complexity of components<sup>13,14</sup>. Therapeutic commu-

nication must implement in the mental health nursing corridor to improve the psychological state of psychiatric patients<sup>9,15</sup>. On the other hand, the principle of treating Covid-19 requires minimizing interaction and maintaining social distance.<sup>16,17</sup> This contradictory circumstance confronts psychiatric nurses with complexities. Furthermore, it can create ethical problems with numerous implications for the patient's state. The ethical principles that must be considered include autonomy, beneficence, non-maleficence, and justice<sup>18-21</sup>.

The previous study considering ethical cases during the Covid-19 pandemic in psychiatric inpatient rooms is still limited; hence this study intends to explore potential ethical problems in psychiatric nursing care for Covid-19 sufferers. Therefore, this article will present the potential ethical issues regarding psychiatric nursing care for patients with Covid-19 based on an exploration of the situation in Indonesia. Significantly, this article will provide alternative solutions; therefore, psychiatric nursing care can still be provided even though the patient also suffers from Covid-19.

## Materials and methods

The researcher used open questions to find out the participants' experiences in treating psychiatric patients with Covid-19. These questions were asked to develop a trusting relationship between researcher and participants; thus, more intense interaction could be well facilitated. Participants were then asked to describe their experiences of treating psychiatric patients suffering from Covid-19 more precisely, including problems, controversies, and issues correlated with research objectives through a more in-depth exploration. According to the agreement with the participants, the in-depth interview took place in the head nurse's room for 35-50 minutes. The researcher conducted two in-depth interviews with one head nurse and 13 times interviewed five nurses. The discussion based on data from previous interviews continues recruitment of participants until it reaches data saturation. The researcher did not repeat coding after not finding new data when conducting the thirteenth interview on nurses.

Conventional content analysis has carry-out data analysis stage, Lundman and Graneheim's stages<sup>22</sup>. The researcher conducted a qualitative content analysis to classify the contents of text data systematically. Theme formulation is based on visible and hidden text. Sequentially, this method's steps include writing and typing the voice recordings

of interviews. Read the interview text several times to understand the contents and meaning of the interview. Each interview excerpt was extracted and expressed in coded form, and several codes with almost the same purpose were combined. Coding is done on all units and merging on similar principles. After the merging stage, several similar principal codes are grouped into a broader category. At the scene of formulating the central theme, the determination occurs abstractly. The research protocol has been declared to have passed the ethical review by the Palembang Health Polytechnic Ethics Committee.

## Results

### Characteristics of Participants

**Table 1. Description of Participant Characteristics**

| No. | Participant | Position   | Sex | Age (yrs) | Marital status | Caring for Covid-19 patients (Month) |
|-----|-------------|------------|-----|-----------|----------------|--------------------------------------|
| 1.  | A           | Head nurse | F   | 33        | M              | 6                                    |
| 2.  | B           | Nurse      | F   | 38        | M              | 4                                    |
| 3.  | C           | Nurse      | M   | 35        | M              | 4                                    |
| 4.  | D           | Nurse      | M   | 30        | M              | 5                                    |
| 5.  | E           | Nurse      | M   | 32        | M              | 4                                    |
| 6.  | F           | Nurse      | F   | 30        | M              | 4                                    |

F = female M= male

Based on data collection results, it is known that there are similarities in characteristics of participants, in terms of age, willing to work long to treat psychiatric patients with Covid-19.

### Theme formation

**Table 2. Theme formation**

| Primary categorization  | Secondary categorization   | Theme   | Main theme  |
|---|--|---|---|
| Nurses interact with patients only when delivering food and medicine to patients.                             | Inability to develop a trusting relationship between nurse and patient.            | Ineffective nurses psychiatric treatment.       | The potential for ethical problems                            |
| Nurses cannot establish a meeting contract with the patient.  |  |   |   |
| Lack of patient cooperation with the presence of nurses.  |  |   |   |
| Nurses cannot explain their purpose in helping patients.  | Limited communication with patients.   |   |   |
| The nurse's message is conveyed to the patient via the microphone.  |  |   |   |
| Nurses cannot apply therapeutic communication techniques.   |  |   |   |
| Nurses cannot explore patient problems.   | Minimal family involvement in overcoming the patient's mental condition            |   |   |
| Nurses are aware of the impact of a lack of communication with patients.                                      |  |   |   |
| Nurses cannot provide explanations to families for patient psychiatric care.                                  |  |   |   |
| Nurses do not have the opportunity to teach families how to communicate with patients.                        | Limitation to provide mental nursing care to patients                              |   |   |
| Nurses do not have the opportunity to teach patients how to expel hallucinations.                             |  |   |   |
| Nurses do not have the opportunity to teach how to express anger constructively.                              |  |   |   |
| Nurses cannot teach patients how to socialize with others   |  |   |   |
| Nurses cannot explain to patients how to increase their self-esteem   |  |   |   |
| Nurses cannot provide group activity therapy for patients   |  |   |   |
| The policy emphasizes that nurses do not communicate with patients  |  | Policies focus on handling covid -19 symptoms   | Lack of managerial support for the patient's mental condition |
| Nurses are assigned to prioritize evaluating the improvement of the patient's condition due to Covid-19 cases |  |   |   |
| management does not provide facilities for modifying psychiatric care   |  |   |   |
| Facilities provided by management inpatient rooms are beds and bathrooms.                                     |  |   |   |
| Management regulations require nurses only to visit patients three times a day                                |  |   |   |
| Patients can only do monotonous activities in their room  |  |   |   |
| Communicating can only be done for a moment according to the rules  | Time is not allocated to treat the patient's mental health                         |   |   |
| Regulations require nurses to monitor patient conditions through CCTV cameras                                 |  |   |   |
| Nurse feels discomfort  | Changes in the focus of care that do not prioritize the patient's mental condition | The complexity of the situation faced by nurses |   |
| Nurses feel guilty for not being able to interact with patients   |  |   |   |
| Nurses realize that psychiatric nursing care is very lacking  |  |   |   |
| Nurses must wear personal protective equipment  | Changes in the appearance of the nurse's uniform                                   |   |   |
| Nurses must pay attention to the completeness of wearing personal protective uniforms                         |  |   |   |
| Nurses try to adjust to the use of uniforms   |  |   |   |
| Nurses must monitor the patient's physical condition  | The increased workload of nurses   |   |   |
| Nurses feel that the patient's condition is more to be considered   |  |   |   |
| Nurses are required to pay more attention to the patient's Covid condition                                    |  |   |   |
| Nurse giving psychiatric and covid medicine   |  |   |   |

**A**ccording to data collection and analysis, this study has produced a central theme regarding potential ethical problems experienced by psychiatric patients during the Covid-19 pandemic. The main article is based on the abstraction of three parts: ineffective nurses' psychiatric treatment, lack of managerial support for the patient's mental circumstance, and the complexity of the situation nurses face.

Creating and developing a trusting relationship between nurses and patients is a crucial foundation in optimizing the psychological state of psychiatric patients. Previous research suggests that patient trust significantly initiates the patient's readiness to express his feelings and cooperatively follow the nurse's guidance in solving his problems.<sup>6,23</sup> Unfortunately, efforts to build and develop trusting relationships are experienced during caring for mentally ill patients with Covid-19. Previous research has shown that patient trust significantly initiates patients' readiness to express their feelings and cooperatively follow the nurse's guidance in solving their problems. Unfortunately, efforts to build and develop a trusting relationship experienced throughout caring for mentally ill patients with Covid-19 are still not optimal. Based on observations at the research site, during the Covid-19 pandemic, nursing care was provided only in the form of giving medicine. Training guidance to improve a patient's psychiatric situation, which must begin with an initial contract, was not carried out with the excuse of avoiding the spread of Covid-19 cases. Whereas helping to restore a patient's mental disorder must begin with fostering mutual trust by forming an agreement on the form of exercise that it can be done to improve patient's condition. Establishing a meeting contract means appreciating the patient and has implications for increasing patient's contribution to follow-up care. This aspect has received less attention in Covid-19 form, and nurses can only interact with patients when delivering patients' medicine and food to his room. Nurses do not have the opportunity to explore feelings and help patients, which means that nurses are willing to help patients overcome their problems<sup>4,28</sup>. The harmful impact of uncooperative patients towards nurses has formed automatic while patients have not been trusted<sup>6,7,24</sup>. Patients seem disinterested when nurses deliver food and medicine to their wards. Even nurses greet patients, and they do not respond to it. Furthermore, low conditions rarely found in psychiatric hospitals occurred during the pandemic, namely two cases of patients who had to receive intravenous fluid treatment. In such situations, due to provisions on social distancing during the pandemic, the implementation of interactions between nurses and patients is a restriction, specifically only when giving drugs and checking the adequacy of intravenous fluids.

The discrepancy between theory and implementation of psychiatric care raises a dilemma; nurses cannot communicate intense directly with patients because policy regulates the distance to communicate with patients. In the field, in conveying information, nurse communication is always one-way through a microphone. Likewise, nurses use CCTV (closed circuit television) cameras to observe patient behavior, which is also management policy.

Treatment for psychiatric patients only pays consideration to protect patients and nurses in avoiding coronavirus transmission but does not improve patient's mental condition. As the results of previous research, Covid-19 treatment in a mental hospital setting can raise ethical problems<sup>18,19</sup>; psychiatric treatments during Covid-19 cause patients to feel socially isolated lonely<sup>25</sup>. Improving the condition of psychiatric patients depends on the quality of intense interaction through therapeutic communication techniques. Without therapeutic communication, the patient's psychological improvement will not occur optimally. Facial expression, communication, attitude becomes a significant component in interpreting a patient's feeling.

The contribution of the patient's family is very significant in improving the patient's mental state<sup>26</sup>. The family is assumed to have the best understanding of changes in the patient's condition, behavior, response, or habits. The significance of the magnitude of family involvement impact certainly cannot be ignored. However, neglect of the importance of nurses to communicate with patients' families has occurred. Families do not get adequate information about the care of psychiatric patients while at home. A minimal hospital visit policy prevents nurses from involving families in care decisions. That can hinder the understanding of the family in providing continuity of care at home under the nurse's guidance<sup>27</sup>. The results of previous studies have shown that continuous care can reduce cases of depression.<sup>28</sup> Continuity of psychiatric patient care at home is essential; therefore patient's psychological state can be enhanced.

Aggressive patients must get skills training to channel their energy express anger that does not hurt people or cause damage to the surrounding environment<sup>29,30</sup>. Unfortunately, facts in mental hospitals show that nurses cannot teach patients to control their aggressive behavior. Subsequently, there have been patients getting angry when nurses were about to put an intravenous fluid drip.

Psychiatric patients eventually must return to activity; hence they seek independent treatment and return to their activity daily living; consequently, guidance is needed in dealing with their problems independently when behavioral or psychiatric disorders arise. Group activity therapy is a form of modality therapy for psychiatric patients that will make them learn and solve their problems in groups of patients<sup>31</sup>. Policies on the Covid-19 state have prevented nurses from teaching these skills. The lack of nurse interaction results in the ineffective implementation of nursing and organizational factors that contribute to the quality

of psychiatric services. Management reinforcement determines the effect of nursing services<sup>32,33</sup>. The policy at the hospital limits the nurse-patient interaction schedule to only three times a day, namely morning, afternoon, and evening. Interaction can only be done to provide drugs, food, and drinks. This condition, of course, can hinder patient's healing process because nurses should be given the opportunity by still paying scrutiny to health protocols when interacting with patients<sup>34</sup>.

Furthermore, because the patient is in a Covid-19 pandemic, management determines the arrangement of the room by placing only one patient in each room. This situation has implications for patients' mental illness due to the unavailability of facilities provided by management. Furthermore, because the patient was being treated during the Covid-19 pandemic, hospital management made room arrangements by placing only one patient. In addition, therapy given to psychiatric patients was only drug therapy, actually they need psychoeducation, or behavioral therapy. Whereas in patients who have psychological disorders, psychotherapy is needed for someone who has generalized anxiety disorders<sup>35</sup>. and efforts to enhance mental health can be done by providing psychoeducation<sup>36</sup>. The lack of comprehensive therapy has implications for improving patients' mental health<sup>16,37</sup>. Limited use of facilities and activity guides will not improve the patient's ability to control his thoughts, behavior, and emotions<sup>38</sup>. Communication facilities have tremendous implications for improving mental health by considering preventing transmission of Covid-19. Communication during a pandemic can be facilitated by providing a separate microphone, encouraging patients to express their feelings. In addition, management can equip simple audiovisual facilities to teach skills through video displays. Patients can follow video instructions even if the nurse does not directly guide them.

The patient's monotonous activities resulted in boredom, annoyed, and triggered aggressive behavior<sup>18</sup>. The various conditions that have been discussed are related to several ethical principles. Firstly, autonomy gives the patient freedom to decide according to personal values.<sup>39</sup> Secondly, the moral code of beneficence believes that nurses as service providers must benefit patients<sup>20,40</sup>. Nurses should simultaneously carry out psychiatric nursing care for mentally disturbed Covid-19 patients to improve the Covid-19 pandemic. The phenomenon shows the incompatibility of psychiatric care with Covid-19, although psychiatric disorders cannot be considered simple<sup>14</sup>. It is conceivable that neglect of psychiatric nursing care due to being more focused on treating Covid-19 triggers ethical problems. Family demands non-fulfillment of patient rights can develop into a big problem and lead to ethical dilemmas<sup>39,40</sup>.

The complexity of changing conditions faced by nurses is increasing workload, not only assigned to pay attention to patient's state in terms of giving psychiatric drugs but also providing nursing services related to Covid-19 pandemic. Nurses need to adapt in handling the changes

due to pandemics. No less important is the emergence of dissatisfaction due to work demands because of the policy to prioritize overcoming patients' physical suffering from Covid-19 over their mental conditions. This problem should not occur if nurses receive more intensive enrichment to provide nursing care to psychiatric patients suffering from Covid-19 while maintaining nursing safety. In addition, the hospital visit limitation policy prevents family involvement in patient care decisions. At the same time, family involvement is very crucial because the patient, as a sub-family system, will eventually be back with family. Changes in the patient's condition and problems will directly affect the resilience of the patient's family.

## Conclusions

**T**he Covid-19 pandemic is not only a health and economic issue but also it has an ethical issue. The impact of Covid-19 on psychiatric health-care services raises ethical questions and urgent solutions to formulate. Psychiatric nurses have a moral and ethical obligation to prevent harm in patients. Management must consider the impact of neglecting the ethical aspect. There is a solid reason to enhance continuing attention to the patient's psychiatric state to encourage psychiatric healing and counteract Covid-19 transmission. Nurses' awareness, sense of responsibility, and self-confidence accompanied by management support facilitate improving physical and psychological circumstances of psychiatric patients with Covid-19, equipping psychiatric nurses with knowledge about Covid-19 while still paying attention to patient's psychological form accompanied by managerial encouragement through modifications capable of fulfilling patient rights and minimizing potential ethical problems. It is necessary to modify the provision of psychoeducation, behavioral therapy, and patient's physical activity through providing television facilities in ward. Using CCTV, television and nurse directions via microphone, patients still receive more comprehensive care in physical and psychological aspects.

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