Ethical Decision-Making Model by Hospital Nurses Providing Nursing Care to COVID-19 Patients

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Abstract

Nurses often experience ethical dilemmas in decision-making while providing nursing care to clients, especially COVID-19 patients. This study aimed to identify an ethical decision-making model used by hospital nurses in East Nusa Tenggara (ENT) Province, Indonesia, in providing nursing care to COVID-19 patients. This article is based on a research and development cross-sectional study. The population comprised 330 hospital nurses who provided nursing care to COVID-19 patients in ENT. The sample was derived via two-stage cluster sampling and consisted of 175 respondents. The research was conducted from January to June 2022. The independent variables were consequences of actions, deontological ethics, intuition, and the stigma towards COVID-19 patients. Furthermore, the sub-variables of deontological ethics were generosity, justice, autonomy, honesty, and obedience. Meanwhile, the dependent variable was ethical decision-making. Data was collected using questionnaires as instruments. The authors analed the data partially with chi-square and simultaneously with multiple logistic regression tests. There were correlations between the consequences of action and ethical decision-making (p=0.003). In addition, there were correlations between generosity, justice, autonomy,

honesty, and obedience and ethical decision-making (p=0.001). Furthermore, there was a correlation between intuition and ethical decision-making (p=0.0001). Moreover, there was a correlation between the stigma towards COVID-19 patients and ethical decision-making (p=0.0001). Multiple logistic linear test results showed that the significant variables in the ethical decision-making model were generosity (p=0.0001), autonomy (p=0.0001), justice (p=0.001), and honesty (p=0.0001). In conclusion, generosity, autonomy, justice, and honesty have a 40% influence on ethical decision-making by hospital nurses in East Nusa Tenggara in providing nursing care to COVID-19 patients.

Keywords: ethical decision-making; hospital nurses; nursing care; COVID-19 patients

Introduction

The World Health Organization (WHO) declared COVID-19 a pandemic. COVID-19 has spread to more than 110 countries, with the number of incidents until March 2021 being 126,890,642. In addition, the incidence of new cases was 518,201, and the number of fatalities was 2,778,619 (WHO 2021). Indonesia had the 20th highest incidence of COVID-19, with 1,501,083 confirmed cases, 1,336,818 recovered, and 40,581 deaths (KPCPEN 2021). Furthermore, the number of confirmed cases in East Nusa Tenggara was 12,181, with 330 fatalities and 9,847 recovered (WHO Indonesia 2020). The COVID-19 pandemic causes medical and economic problems as well as ethical issues. Furthermore, the most prominent issue related to the disease is ethical decision-making. Doctors and nurses must immediately make decisions when providing care to COVID-19 patients (Tumanggor 2021). The risk of exposure to infection in health providers who improve the health status of COVID-19 patients is also crucial (Morley et al. 2020).

Doctors and nurses have been infected and have died from COVID-19. The International Council of Nurses predicted that more than 90,000 health workers worldwide have been infected with COVID-19. The American Centers for Disease Control and Prevention announced that 9,282 (19% of 49,370) health providers were infected with COVID-19 (Harrison et al. 2020). In addition, infected health workers reached 10% in Italy, 20% in Spain, and 5.8% in Malaysia. Furthermore, approximately 721 to 2,488 health workers in Indonesia were COVID-19 positive (Azalita, Marlina, and Halimuddin 2021).

Nurses are responsible for providing quality nursing care, especially for COVID-19 patients. They conduct assessments, monitoring, patient positioning, health education, and collaboration in drug administration. In addition, nurses assist patients in meeting their daily needs, such as fluids, nutrition, elimination, and personal hygiene. Furthermore, they perform screening, emergency management, and isolation for COVID-19 patients by collaborating with other health providers (Liu et al. 2020).

The motivation of nurses in providing care to COVID-19 patients is influenced by empathy for patients and families and the determination to ensure the safety of patients and healthcare providers in the workplace (Wihardja, Arif, and Lina 2021). In addition, another predisposing factor is the regulation to protect health providers who treat COVID-19 patients. Adequate personal protective equipment, policies at health facilities, and health protocols make nurses feel safe and comfortable. As a result, they have the willingness and drive to work optimally in providing care to COVID-19 patients (Wihardja, Arif, and Lina 2021). Furthermore, appropriate compensation also increases the nurses' motivation to provide optimal services during the COVID-19 pandemic, even though nurses feel anxious about the risk of COVID-19 transmission (Darma Yanti, Susiladewi, and Pradiksa 2020).

However, nurses face various issues in providing nursing care, including work overload, nursing mistakes, and the image of nurses. In addition, nurses experience emotional stress and anxiety, resulting in trauma (Li et al. 2020). A survey from the Faculty of Nursing at the University of Indonesia, collaborating with the Indonesian Mental Health Nurses Association, reported that 140 nurses had been humiliated while treating COVID-19 patients in hospitals. Negative stigma also applied to other health providers who treated COVID-19 patients, resulting in rejection from the community. This rejection may have been due to the government's lack of education to the public about preventing the spread of COVID-19 (Yusriani 2020).

Nurses often experience ethical dilemmas in decision-making while providing nursing care to patients (Rivai 2021). Ethical issues can create tension between healthcare professionals and patients as well as their families. Thus, the ethical decision-making model used by nurses, especially when providing nursing care to COVID-19-positive patients, is essential. This study aimed to identify an ethical decision-making model used by hospital nurses in East Nusa Tenggara (ENT) Province, Indonesia, in providing nursing care to COVID-19 patients.

Problem Statement

Nurses must make the right decisions in providing nursing care. The right ethical decision-making model can prevent transmission to self and family. Ethical decisions are made when nurses provide nursing care to patients, families, and communities. What is the ethical decision-making model used by nurses in caring for patients with COVID-19 in hospitals in ENT?

Aim of the Study

The purpose of this study was to determine the model of ethical decision-making used by nurses in providing care to patients with COVID-19 in hospitals in ENT.

Methodology

Study Design

This paper is based on a descriptive, cross-sectional, research-and-development study.

Population

The population was 330 hospital nurses who provided nursing care to COVID-19 patients in ENT. The research was conducted from January to June 2022.

Samples/Participants

The sample was 175 respondents who were obtained using two-stage cluster sampling. The sample size was obtained by using the Slovin formula.

$n = N / (1 + (N \times e^2))$
$n = 330 / (1 + (330 \times 0,5^2))$
$n = 330 / (1 + (330 \times 0,0025))$
$n = 330 / (1 + 0,8)$
$n = 330 / 1.8$
$n = 175$

In the first stage, we selected hospitals with many COVID-19 in-patient cases. The hospitals were Prof. Dr. W. Z. Johannes Kupang Regional General Hospital, Umbu Rara Meha Regional General Hospital, Komodo Regional General Hospital, Ende Regional General Hospital, MGR Gabriel Manek, SVD Regional Public Hospital Atambua, T.C Hillers Regional General Hospital, and Waikabubak Regional General Hospital.

Instruments

The instrument used in this study was a questionnaire. It consisted of six sections. Section one contained questions regarding the characteristics of respondents. Section two consisted of seven statements regarding the consequences of actions. Section three contained 20 statements regarding deontological ethics (generosity, justice, autonomy, honesty, and obedience). Section four had 12 statements regarding intuition, and section five included seven statements regarding the stigma towards COVID-19 patients. Section six consisted of 10 statements regarding ethical decision-making. The instrument used a Likert scale with alternative answers in sections two and five, namely "strongly agree" (score=4), "agree" (score=3), "disagree" (score=2), and "strongly disagree" (score=1). Meanwhile, alternative answers in sections three, four, and six were "always" (score=4), "often" (score=3), "sometimes" (score=2), and "never" (score=1). The total score of ≥ 8 in section two meant that the respondent considered the consequences of actions, while a score of < 9 indicated that they did not. A total score of ≥ 18 on the generosity sub-variable in section three meant that the respondent had adequate generosity, while < 18 was inadequate. A total score of ≥ 12 on the sub-variable justice in section three indicated that the respondent had adequate justice, while

< 12 was inadequate. A total score of ≥ 15 on the sub-variable autonomy in section three meant that the respondent had adequate autonomy, while < 15 was inadequate. A total score of ≥ 15 on the honesty sub-variable in section three indicated that the respondent showed adequate honesty, while < 15 was inadequate. A total score of ≥ 15 on the sub-variable obedience in section three meant that the respondent showed adequate obedience, while < 15 was inadequate. A total score of ≥ 12 in section four indicated that the respondent had good intuition, while < 12 was poor. A score of ≥ 30 in section five showed that the respondent did not have a stigma against COVID-19 patients, while < 30 showed that COVID-19 patients were stigmatised. A validity test is carried out to determine whether a questionnaire is valid or not. The validity test of this instrument was carried out at Naibonat Hospital and SK Lerik Hospital in January 2022. We distributed questionnaires to 31 nurses. The result found that 15 question items were not valid. Thus, we removed these items from the questionnaire. Furthermore, the reliability test was carried out on valid question items. A variable is reliable when the answers to questions are always consistent. We used the statistical analysis of Cronbach's alpha coefficient. The result showed Cronbach's alpha value > 0.7 (r alpha > r table), so the questionnaire was reliable.

Data Collection

Data were collected face-to-face using a close-ended questionnaire. The questionnaire consisted of informed consent, information on the research objective, and other knowledge that respondents needed to be aware of before agreeing to participate. In addition, we gathered data about age, sex, education, period of work, and job status as characteristics of respondents.

Data Analysis

The authors analysed data partially with chi-square and simultaneously with multiple logistic regression tests with Statistical Package for the Social Sciences (SPSS) software.

Ethical Consideration

This study obtained ethical feasibility from the Health Research Ethics Commission of Poltekkes Kemenkes Kupang with certificate number LB.02.03/1/0036/2022.

Results

Most respondents were in early adulthood (54.86%) and female (70.9%). Most graduated with a nursing diploma (53.1%) and were government employees (50.3%) with more than four years of work experience (see Table 1).

Table 1: Characteristics of respondents

Characteristics of respondents	Frequency	Percentage (%)
Age		
Late adolescence (17–25 years old)	26	14.86
Early adulthood (26–35 years old)	96	54.86
Late adulthood (36–45 years old)	49	28
Early older adult (46–55 years old)	4	3.28
Sex		
Male	51	29.1
Female	124	70.9
Education		
Nursing Diploma	93	53.1
Bachelor of Nursing	77	44.0
Master of Nursing	5	2.9
Period of work		
< 1 year	15	8.6
1–2 years	34	19.4
2–3 years	27	15.4
> 4 years	99	56.6
Job status		
Government employees	88	50.3
Non-government employees	87	49.7
Total	175	100

In addition, most respondents did not consider their actions' consequences (57.2%). Respondents who did not consider the impacts of their actions had poor ethical decision-making (32%). In addition, there was a correlation between the consequences of actions and ethical decision-making (p=0.003) (see Table 2).

Table 2: Crosstabulation between the consequences of actions and ethical decision-making, as well as a chi-square test result

The consequences of actions	Ethical decision-making		Total	P
	Poor	Good		
No	56 (32%)	44 (25.2%)	100 (57.2%)	0.003
Yes	25 (14.2%)	50 (28.6%)	75 (42.8%)	
Total	81 (46.2%)	94 (53.7%)	175 (100%)	

Furthermore, most respondents showed adequate generosity (67.4%), justice (72%), autonomy (53.7%), honesty (60%), and obedience (69.7%). Participants with adequate generosity, justice, autonomy, honesty, and obedience showed good ethical decision-

making. In addition, there were correlations between generosity, justice, autonomy, honesty, and obedience and ethical decision-making (p=0.001) (see Table 3).

Table 3: Crosstabulation showing correlations between generosity, justice, autonomy, honesty, and obedience and ethical decision-making, also the chi-square test results

Generosity	**Ethical decision-making**		**Total**	*P*
	Poor	**Good**		
Inadequate	46 (26.2%)	11 (6.3%)	57 (32.6%)	0.0001
Adequate	35 (20%)	83 (47.4%)	118 (67.4%)	
Total	81 (46.2%)	94 (53.7%)	175 (100%)	
Justice	**Ethical decision-making**		**Total**	
	Poor	**Good**		
Inadequate	38 (21.7%)	11 (6.3%)	49 (28%)	0.0001
Adequate	43 (24.6%)	83 (47.4%)	126 (72%)	
Total	81 (46.3%)	94 (53.7%)	175 (100%)	
Autonomy	**Ethical decision-making**		**Total**	
	Poor	**Good**		
Inadequate	60 (34.3%)	21 (12%)	81 (46.3%)	0.0001
Adequate	21 (12%)	73 (41.7%)	94 (53.7%)	
Total	81 (46.3%)	94 (53.7%)	175	
Honesty	**Ethical decision-making**		**Total**	
	Poor	**Good**		
Inadequate	59 (33.7%)	11 (6.3%)	70 (40%)	0.0001
Adequate	22 (12.6%)	83 (47.4%)	105 (60%)	
Total	81 (46.3%)	94 (53.7%)	175 (100%)	
Obedience	**Ethical decision-making**		**Total**	
	Poor	**Good**		
Inadequate	40 (22.9%)	13 (7.4%)	53 (30.3%)	0.0001
Adequate	41 (23.4%)	81 (46.3%)	122 (69.7%)	
Total	81 (46.3%)	94 (53.7%)	175 (100%)	

Almost half of the respondents had good intuition (49.7%). In addition, respondents with good intuition demonstrated good ethical decision-making (32%). Furthermore, there was a correlation between intuition and ethical decision-making (p=0.0001) (see Table 4).

Table 4: Crosstabulation showing correlations between intuition and ethical decision-making, as well as the chi-square test result

Intuition	Ethical decision-making		Total	P
	Poor	Good		
Poor	50 (28.6%)	38 (21.7%)	88 (50.3%)	0.0001
Good	31 (17.7%)	56 (32%)	87 (49.7%)	
Total	81 (46.3%)	94 (53.7%)	175 (100%)	

Most respondents did not display stigma towards COVID-19 patients (54.9%). In addition, respondents who did not show stigma towards COVID-19 patients demonstrated good ethical decision-making (36%). Furthermore, there was a correlation between the stigma towards COVID-19 patients and ethical decision-making (p=0.0001) (Table.5).

Table 5: Crosstabulation showing correlations between the stigma towards COVID-19 patients and ethical decision-making, as well as the chi-square test result

Stigma towards COVID-19 patients	Ethical decision-making		Total	P
	Poor	Good		
Yes	48 (27.4%)	31 (17.7%)	79 (45.1%)	0.0001
No	33 (18.9%)	63 (36%)	96 (54.9%)	
Total	81 (46.3%)	94 (53.7%)	(100%)	

The multiple logistic linear test results showed that the significant variables in the ethical decision-making model were generosity (p=0.0001), autonomy (p=0.0001), justice $(p$=0.001$)$, and honesty (p=0.0001). In addition, when the generosity of nurses was increased by 1, the tendency to display ethical decision-making in terms of providing nursing care to COVID-19 patients increased 0.117 times (OR=0.117). Furthermore, when the nurse's autonomy was increased by 1, the tendency towards ethical decision-making when providing nursing care to COVID-19 patients increased 0.072 times (OR=0.072). Moreover, when the nurse's justice was increased by 1, the tendency to display ethical decision-making while providing nursing care to COVID-19 patients increased 0.129 times (OR=0.129). Finally, when the nurse's honesty was increased by 1, the tendency to show ethical decision-making while providing nursing care to COVID-19 patients increased by 0.039 (OR=0.039) (Table 6).

Table 6: Multiple logistic regression test

Variable	B	SE	Wald	Df	Sig.	Exp (B)	95% C.I. for EXP (B)	
							Lower	Upper
Generosity	-2.148	0.605	12.614	1	0.0001	0.117	.036	.382
Autonomy	-2,635	0.561	22.043	1	0.0001	0.072	.039	.433
Justice	-2.047	0.617	11.015	1	0.001	0.129	.024	.215
Honesty	-3.237	0.586	30.468	1	0.0001	0.039	.012	.124
Constant	3.789	0.581	42.484	1	0.0001	44.193		

The model equation of ethical decision-making by hospital nurses in providing nursing care to COVID-19 patients was:

$$P = \frac{1}{1 + 2.7^{-(3.789-2.148(G)-2.635(A)-2.047(J)-3.237(H))}}$$

= 40%
G = generosity
A = autonomy
J = justice
H = honesty

The calculation of the model equation showed that 40% of the decision-making model by hospital nurses in providing nursing care to COVID-19 patients was influenced by generosity, autonomy, justice, and honesty. In addition, when all independent variables were constant, the value of ethical decision-making by hospital nurses was 3.789. Furthermore, when a nurse was less generous, assuming other variables were consistent, it would reduce the value of ethical decision-making by 2.148. Moreover, when a nurse lacked autonomy, considering other variables were constant, it would reduce the value of ethical decision-making by 2.635. In addition, when a nurse was unfair, assuming other variables were stable, it would reduce the value of ethical decision-making by 2.047. Last, when a nurse was not honest, considering other variables were constant, it would reduce the value of ethical decision-making by 3.274.

Discussion

Our findings showed a correlation between the consequences of actions and ethical decision-making (Table 2). Decision-making is very crucial to solve problems in an organisation. It is beneficial for determining strategies to overcome issues. Thus, decision-making is a systematic approach to a problem. The steps involved in decision-making are collecting facts and data, searching for alternative solutions, and taking actions that, according to calculations, are the most appropriate (Ikhsan 2019). Based on the consequentialist ethical theory, a decision is ethically or morally right when it brings positive outcomes (Brooks 2000). In other words, measuring good and bad goals is based on the consequences of actions (Hermawan and Hanun 2018). Definitions of

positive outcomes include happiness, pleasure, health, beauty, knowledge, and so on. In contrast, the adverse outcomes include unhappiness, misery, illness, and ignorance. Thus, judgments about decisions or actions that are good or right (ethical) or bad/wrong (unethical) are made by considering whether they have a good or bad impact (Weruin 2019).

Most respondents did not consider their actions' consequences. At the beginning of the COVID-19 pandemic, nurses generally experienced obstacles in providing nursing care services. This was due to a lack of knowledge, experience, and supporting facilities and infrastructure. In addition, nurses may have felt afraid and anxious about providing nursing care (Mulyaningsih 2022). These barriers may make it difficult for nurses to consider the consequences of their actions. However, nurses have made various efforts to overcome these barriers when working in the COVID-19 isolation room. Support from management, family, and loyalty to the profession are the main strengths of nurses in providing nursing care to patients with positive COVID-19 (Santoso, Sunarto, and Supanti 2021).

Furthermore, respondents who did not consider the impacts of their actions demonstrated poor ethical decision-making (Table 2). Based on the consequentialism approach, stakeholders must analyse the advantages and disadvantages of a decision. It is essential to make decisions based on good consequences. A decision is considered ethical when the beneficial consequences (positive consequences) are more significant than the adverse consequences (negative consequences) (Ikhsan 2019).

This study revealed that most hospital nurses in East Nusa Tenggara who provided nursing care to COVID-19 patients had adequate generosity. Nurses provide nursing care by prioritising patient safety, listening and paying attention to individual clients' complaints and needs, and respecting client decisions even though they are contrary to the nurse's opinions. In addition, they motivate clients with respect and patience so they do not lose hope and encourage clients to do positive/useful things when they are ill. Our findings also found that participants with adequate generosity showed good ethical decision-making. Furthermore, there was a correlation between generosity and ethical decision-making. The essence of generosity is the responsibility to do good that benefits others and to avoid acts that harm others. It is in line with the principle of beneficence in nursing ethics. Beneficence must be implemented in providing nursing care in all health facilities (Ose 2017).

Generosity creates empathy in nurses towards patients, especially for patients with confirmed COVID-19. Although there are restrictions on the interaction between nurses and patients, nurses can show their caring through meeting patient needs with health protocols (Yustisia, Utama, and Aprilatutini 2020). Empathy means nurses can understand COVID-19 patients' feelings when experiencing pain or shortness of breath. In addition, nurses also empathise with the grief of the client's family, who mourn when

the client dies (Yustisia, Utama, and Aprilatutini 2020). Thus, empathetic nurses will provide wholehearted nursing care to patients.

Therapeutic communication is the embodiment of nurses' empathy and generosity. It can build the nurse-patient relationship and help overcome patient problems. However, therapeutic communication with COVID-19 clients has a high risk of transmission (Dwi 2016). COVID-19-confirmed patients need friendly nurses who always greet patients even though they use personal protective equipment (Dwi 2016). Furthermore, therapeutic communication will improve the quality of service to patients. Thus, nurses must implement therapeutic communication with clients during the COVID-19 pandemic (Kurniasih, Titihalawa, and Savitri 2022).

In addition, most respondents showed adequate justice in providing nursing care to COVID-19 patients (Table 3). Nurses treat patients based on the severity of the patient's illness and provide time for each client to express their feelings and experiences. The study results also indicated a correlation between justice and ethical decision-making. The realisation of social justice in the health sphere requires the participation of all health professionals, including nurses (Hosseinzadegan, Jasemi, and Habibzadeh 2021). Nurses do not discriminate against COVID-19 patients based on social status and family relationships. Justice in healthcare requires the principle of equality. Thus, equality is a fundamental ethical requirement of nursing practice (Rivai 2021). However, lack of personnel and equipment are obstacles to patient fairness. In addition, a lack of support from organisations is another barrier (Hosseinzadegan, Jasemi, and Habibzadeh 2021).

Furthermore, there was an association between autonomy and ethical decision-making among hospital nurses in East Nusa Tenggara. Most respondents had adequate autonomy in providing nursing care to COVID-19 patients. When caring for COVID-19 patients, nurses display independence in making independent decisions based on their authority, overcoming client nursing problems, and being free to carry out duties according to their authority and responsibility. However, almost half of the respondents lacked autonomy in providing nursing care to COVID-19 patients. As a result, inadequate authority can be an obstacle to professional practice. In addition, a nurse's moral character affects autonomy when making decisions (Rivai 2021).

Moreover, there was an association between honesty and ethical decision-making among hospital nurses in East Nusa Tenggara. Most respondents showed adequate honesty in providing nursing care to COVID-19 patients. The NHPCO (National Hospice and Palliative Care Organization) states that hospital care requires honesty from medical personnel to COVID-19 patients. Because the treatment of COVID-19 patients requires quarantine, families are not allowed to accompany them. It makes patients ask a lot of questions regarding the development of their health. However, almost half of the respondents were not honest when providing nursing care to COVID-19 patients. This can be due to the principles of honesty and beneficence in nursing care leading to ethical dilemmas. Nurses provide nursing care to COVID-19 patients with

full responsibility for accelerating the healing process, meeting patient needs, paying attention to patient comfort, and documenting the patient's condition. In addition, nurses must state the truth and not lie to COVID-19 patients.

There was an association between obedience and ethical decision-making among hospital nurses in East Nusa Tenggara. COVID-19 is an infectious disease, so nurses need to be obedient to standard operating procedures (SOP) when providing nursing care. Most respondents were obedient in giving nursing care to COVID-19 patients. Obedience is the behaviour of individuals who obey the rules, norms, guidelines, and orders. It is influenced by pressure, punishment, and rewards (Hamdiah and Umar 2021). Respondents in this study adhered to the procedures for treating COVID-19 patients, caring for COVID-19 patients with great care, and always being ready to help clients according to their complaints and needs. However, almost half of the respondents showed inadequate obedience in providing nursing care to COVID-19 patients (Sasi, Sriatmi, and Kusumastuti 2022). This could be due to some hospitals' insufficient availability of personal protective equipment. In addition, nurses still do not have sufficient experience managing COVID-19 patients.

This paper showed a correlation between intuition and ethical decision-making (p=0.0001). Decision-making based on intuition is essential when a confusing situation occurs. Almost half of the respondents had good intuition. It may be due to the experience and education of nurses. Most respondents worked for more than four years and graduated with a nursing diploma. Intuition is a research-based decision-making process based on the knowledge and experience of nurses. Thus, respondents with good intuition showed good ethical decision-making. Intuition is crucial when nurses collect data in the ethical decision-making process (Pretz and Folse 2011). It is more than just a hunch. Nurses integrate analysis and intuition to assess data during the decision-making process. Furthermore, good decision-making results improved the quality of patient care, especially in COVID-19 patients (Melin-Johansson, Palmqvist, and Rönnberg 2017).

Our research found a correlation between the stigma towards COVID-19 patients and ethical decision-making. Stigma is a negative view of a specific condition. Social stigma and discrimination can correlate with COVID-19. COVID-19-positive individuals, their families, and health workers can experience stigma. Stigma can include labelling, stereotypes, separation, elimination of status, and discrimination (Livana, Setiawati, and Sariti 2020). However, most hospital nurses in this study did not have a stigma towards COVID-19 patients. Respondents who did not have a stigma towards COVID-19 patients showed good ethical decision-making. This condition is beneficial because patients' self-esteem will decrease when they are stigmatised (Yunere and Yaslina 2020). In addition, nurses can also experience psychological disorders such as anxiety and stress (Peratiwi and Subratha 2021).

Generosity, autonomy, justice, and honesty were significant variables in the ethical decision-making model used by hospital nurses in providing nursing care for COVID-19 patients. Generosity is closely related to caring. It is the basis for providing nursing care to COVID-19-positive patients. Thus, nurses can be ready to meet patients' needs in the COVID-19 isolation room. A generous nurse will be sensitive to assessing the client's needs, even though they have not expressed their needs because of reluctance or other reasons. Nurses need to meet the physical and psychosocial or spiritual needs of COVID-19-positive patients. Despite minimal contact with the patient, nurses are still ready to meet the patient's needs. In addition, they monitor the patient's condition through monitors and help each other as colleagues to provide total care to the patients (Yustisia, Utama, and Aprilatutini 2020).

Autonomy in ethical decision-making among hospital nurses while providing nursing care to COVID-19 patients means they value their abilities. Individuals have self-respect and dignity so that they can make decisions. Autonomy is the ability of the individual to regulate or determine something, resulting in respect for the individual. Based on the principle of autonomy, nurses must respect the patients' right to choose and decide on their treatment. In addition, individuals are allowed the freedom to determine their actions according to their decision. Autonomy gives the individual the capacity to make decisions (Wilson-Barnett 1988).

In addition, hospital nurses in this paper used the principle of justice in ethical decision-making. Justice is a principle that requires equality. This theory is called egalitarianism. Equality is the essential ethic of nursing practice. Nurses who apply justice are not necessarily judged as good by patients, but they still carry out these principles based on their autonomy. They commit to providing nursing care so that they can provide good outcomes for patients.

Furthermore, respondents in this research were honest in ethical decision-making while providing nursing care to COVID-19 patients. Honesty is an awareness of what is proper in an individual's role and behaviour. It is the absence of hypocrisy or falsehood that creates confusion and distrust. Honesty reflects integrity in life. In addition, it means no contradiction in thought, word, or action. When providing care to COVID-19 patients, it is essential to be honest. The nurse's honesty is reflected by empathy, calmness, and patience.

Nurses have concerns and anxiety about the transmission of COVID-19 when providing care to patients. This condition can affect the willingness and sincerity of nurses, as well as their communication. Thus, nurses must instill the values of professionalism. The role of nurses is crucial in treating COVID-19 patients. Nurses must develop various skills, knowledge, and professional attitudes. Nurses independently provide care to patients who are COVID-19 positive or who suspect being positive (Santoso, Sunarto, and Supanti 2021). A healthy coping mechanism in dealing with illness is a positive response to COVID-19 patients. It will help the client to obtain healing because,

psychologically, the client is patient and comfortable when being treated. On the other hand, it will allow nurses to focus on providing nursing care to COVID-19 patients (Yustisia, Utama, and Aprilatutini 2020).

Limitation

At the time of writing, there were still few research publications on ethical decision-making in providing nursing care to COVID-19 patients, so there were limitations to the discussion.

Implications

Research on ethics in nursing care needs to be developed, especially regarding infectious diseases. In addition, there should be interventions to increase nurses' generosity, justice, and honesty. These interventions include spiritual guidance, discussions, and seminars in nursing education, practice, and professional organisations. Furthermore, nurses must be free to make decisions according to their authority to increase their autonomy.

Conclusions

Generosity, autonomy, justice, and honesty have a 40% influence on ethical decision-making by hospital nurses in East Nusa Tenggara in providing nursing care to COVID-19 patients. Nurses can use this model when they face dilemmas in giving nursing care related to COVID-19, especially in ethical decision-making.

Declaration of Conflicting Interest

The authors have no conflicts of interest to declare.

Data Availability

The datasets in this study are available by sending a request to the authors via email.

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