

References

- Ministerstvo zdravotníctva Slovenskej republiky - MZSR (2020). [online]: <https://www.health.gov.sk/Cla-nok?koronavirus-opatrenia-sprisenene>
- Downar, J and Seccareccia, D, Palliating a pandemic: "all patients must be cared for". *Journal of Pain and Symptom Management* 39, no. 2, (February 01, 2010): 291-295.
<https://doi.org/10.1016/j.jpainsymman.2009.11.241>
- Bone, AE, Finucane, AM, Leniz, J, et al. Changing patterns of mortality during the COVID-19 pandemic: population-based modelling to understand palliative care implications. *Palliative Medicine* 34, no. 9, (2020): 1193-1201. <https://journals.sagepub.com/doi/10.1177/0269216320944810>
- Dobříková, P, Mešková, B and Brtáňová, J Depression syndrome and demoralization syndrome in palliative care settings. *Proceedings from the 7th International Conference of Hospice and Palliative Care*. Olomouc: Solen. (2015). [online]: <https://www.solen.cz/pdfs/xon/2015/88/01.pdf>
- Lovell, N, Maddocks, M, Etkind, SN, et al. Characteristics, Symptom Management, and Outcomes of 101 Patients With COVID-19 Referred for Hospital Palliative Care. *Journal of Pain and Symptom Management* 60, no. 1, (2020): e77-e81. <https://doi.org/10.1016/j.jpainsymman.2020.04.015>
- Chen, TJ, Lin, MH, Chou, LF, et al. Hospice utilization during the SARS outbreak in Taiwan. *BMC Health Services Research* 6, (Article number: 94 2006). <https://doi.org/10.1186/1472-6963-6-94>
- Constantini, M, Sleeman, KE, Peruselli, C, et al. Response and role of palliative care during the COVID-19 pandemic: A national telephone survey of hospices in Italy. *Palliative Medicine* 34, no.7, (2020): 889-895. <https://journals.sagepub.com/doi/10.1177/0269216320920780>
- Gott, M, Allen, R, Moeke-Maxwell, T, et al. 'No matter what the cost': A qualitative study of the financial costs faced by family and whānau caregivers within a palliative care context. *Palliative Medicine* 29(6), (February 13, 2015): 518-528. <https://doi.org/10.1177/0269216315569337>
- Malhotra, C, Harding, R, Teo, I, et al. Financial difficulties are associated with greater total pain and suffering among patients with advanced cancer: results from the COMPASS study. *Supportive Care in Cancer* 28, (2020): 3781-3789. <https://doi.org/10.1007/s00520-019-05208-y>
- Adams, JG and Walls, RM Supporting the Health Care Workforce During the COVID-19 Global Epidemic. *JAMA* 323(15), (March 12, 2020):1439-1440. doi:10.1001/jama.2020.3972
- Dobříková, P and Olecká, I. Komparácia supervízií pre zamestnancov hospicu pred a počas pandémie Covid-19. In *Rodina – zdraví – nemoc, Recenzovaný zborník z mezinárodnej konferencie*, Kudlová, P and Pavelková, J (eds.), pp. 22-23. Zlín: Univerzita Tomáše Bati, (2020). [online]: <https://tinyurl.com/y36x22sf>
- Selman, LE, Chao, D, Sowden, R, et al. Bereavement Support on the Frontline of COVID-19: Recommendations for Hospital Clinicians. *Journal of Pain and Symptom Management* 60, no. 2, (May 03, 2020): 81-86. DOI:<https://doi.org/10.1016/j.jpainsymman.2020.04.024>
- K W Bitschnau, P Firth, and Wasner M, Social work in hospice and palliative care in Europe: Findings from an EAPC survey. *Palliative and Supportive Care* 18(6), (18 May 2020): 662-669. doi: 10.1017/S1478951520000279
- Leong, Ian Yi-Onn, Onn-Kei Lee, Angel, Ng, Tzer Wee, et al. The challenge of providing holistic care in a viral epidemic: opportunities for palliative care. *Palliative Medicine* 18, no. 1, (January 1, 2004). <https://doi.org/10.1191/0269216304pm859oa>
- Escobio F and Nouvet E, Ebola virus disease and palliative care in humanitarian crises. *Lancet* (March 16, 2019). DOI:[https://doi.org/10.1016/S0140-6736\(19\)30295-8](https://doi.org/10.1016/S0140-6736(19)30295-8)

AN INTERDISCIPLINARY APPROACH TO THE CHALLENGES OF PATIENT CARE IN THE POST-COVID-19 ERA



Karel Sládek ✉

Department of Nursing, Faculty of Health Studies, Pardubice University, Pardubice (CZ)

Submitted: 14 September 2021

Accepted for publication: 21 March 2022

First published: 29 May © Acta Missiologica | Volume 16 | Number 1 | 2022

Abstract

Background: The aim of the article is to present selected spiritual-ethical topics that highlighted the time of the pandemic in the feedback of health professionals themselves during their concurrent university studies at the Faculty of Health Studies, University of Pardubice in the Czech Republic.

Methods: The method of work is an interdisciplinary interpretation of a pilot survey among health professionals who have served in the COVID-19 departments at the ethical, philosophical, and spiritual levels.

Results: In contrast to the already existing outputs from sociological surveys among health professionals, the inherent value of the article is its interdisciplinary approach to the interpretation of the obtained data. The topic of the first chapter reflects the legitimate need to protect oneself from the spread of the disease with the help of respirators and other protective equipment, which has limited the possibilities of communication between healthcare professionals and patients. This has proven the importance of the human face in communication. Another topic concerns the care of mental health of health professionals in the prevention of burnout syndrome, which they face due to work overload in covid department. Finally, the topic of the noon third chapter presents the current discussion of moral dilemmas and moral distress among health professionals during the COVID-19 pandemic.

Conclusion: The COVID-19 pandemic has brought a new burden on health professionals on a physical, mental and spiritual level. The pre-existing post-lid syndrome among health professionals will require an interdisciplinary approach, the establishment of interdisciplinary counseling teams, mentoring and forms of support at the level of ethical, psychological and spiritual support for health professionals.

Keywords: COVID-19 pandemic – Nursing – Ethics – Spirituality – Burnout.

Introduction

The advent of the COVID-19 pandemic has affected the functioning of society as a whole, with healthcare facing the biggest work demands. In the Czech Republic, medical staff, firefighters, soldiers and frontline workers were applauded in the first wave of the pandemic in 2020. However, this appreciation towards the efforts of these workers decreased in the subsequent waves, which were disproportionately more demanding. Nevertheless, it is necessary to reflect on the complexity of nursing care in pandemic emergency conditions. Healthcare professionals

✉ Contact on autor: doc. RNDr. ThLic. Karel Sládek, Ph.D. – e-mail: karel.sladek@upce.cz

themselves must not be left alone with the fears, questions, and dilemmas they encounter daily in their dedicated service.

The main focus of nursing care during the pandemic, especially, was the care of critically sick patients. While there have been studies about the impact of the pandemic on the physical, mental and spiritual health of nurses, we aim to use an interdisciplinary approach to the interpretation of the obtained data. The method of work is an interdisciplinary interpretation of a pilot survey among health professionals who have served in the COVID care departments at the ethical, philosophical, and spiritual levels. It is the need for dialogue between different scientific disciplines on the impact of a pandemic on the lives of health professionals that will play an important role in post-period care for health professionals.

The aim of the article is to present selected topics of medical ethics, which highlighted the COVID-19 pandemic in the feedback of the medical students themselves. The source of topics was seminar exercises at the Faculty of Health Studies of the University of Pardubice, which were attended by full-time or part-time students of the field of general nursing, health and social worker, and paramedics. The seminar "Psychological and Ethical Aspects of Nursing and Palliative Care" was attended by 29 students, the workshop "Spirituality of Helping Professions", which was also organized as a spiritual support for students during a pandemic, who work in hospitals as part of internships. At the same time, many of them joined hospitals as volunteers, including the COVID-19 care department. The following topics arose from their practical experience. The text itself consists of three separate topics and their development within an interdisciplinary approach at the level of ethics, philosophy and spirituality (the text therefore has a focus on theoretical reflection). Being aware that this applied research is the beginning of this issue, and will be relevant in the post-Pentecost period, the text provides impetus for further sociological research among health professionals. Although there are still few outputs, the first articles and studies on these topics have already been published in various parts of the world, which will also be referred to, to underline the similarity of healthcare professionals' experiences across continents. The limit of the article is certainly the absence of a large sample size and a more comprehensive survey, although a questionnaire survey was conducted within the seminar due to the thematic focus of individual meetings (i.e., not with the aim of quantitative expression of answers). It was not even about qualitative interviews in the sociological sense, but rather about a joint dialogue and workshop on topics that students addressed in the context of comprehensive mental health care during hospital practice.

The first important topic that came up with the legitimate need to protect oneself from the spread of disease is the importance of the human face in communication. The students themselves came up with a photo of a young smiling nurse, next to which they gave a picture of the so-called "COVID nurse" for comparison, who was covered in a respirator, a shield and in a protective suit. In the first chapter, therefore, we will focus on an essay-based reflection on the importance of the human face in the ethics of communication, especially in connection with the relationship of medical staff to patients. The second topic that interested students was mental health care in the prevention of burnout. During the pandemic, there were discussions about the post-traumatic stress disorder of health professionals and the danger of burnout. Therefore, the students of the faculty came up with the topics of prevention and care for mental health in difficult conditions. The care of the soul as an expression of the health professional's own spirituality and the need to accompany the health care during the pandemic manifested itself with its urgency. From here we will move on to the topic of the third chapter, which will take into account discus-

sions about moral dilemmas and moral distress in the health care provider during a pandemic, which is also a topic of interest for the students of the Faculty of Health Studies of the University of Pardubice.

The human face - the ethical code of nursing care even when using respirators

Covering the faces with respirators has created a psychological wall in communication between nursing staff and patients. Wrapping her face in a respirator created a barrier that medics had to deal with. The face expresses something fundamental from human nature. Already at the linguistic level, the face, the expression on the face, the look into the eyes face to face are connected with the understanding of man as a person (see Hebrew „paním“, Greek „prosópon“, Russian „lico“, which express face and person). A person expresses himself and relates to another primarily by his face. In an encounter with the other's face, an ethical question arises: „May I do this?“² From the point of view of philosophical anthropology, man as a person always remains a mystery. Its basic elements are freedom and love, the ability to relate and even give in to help another person. An important characteristic of a person is the ability to be a gift to another. The person is able to surrender to the other (he is *cenotic*), and in this surrender to the other he returns to himself.³ Although the other person is a mystery, infinitely transcendent, his face, and what the other person's face reveals to us in his glory (epiphany), creates space for sharing the same. The other person's face will always be different, but this in no way denies what we have as the same people. The face-to-face conversation opens up the ethical dimension of human behavior, which is free from violence against others. In a friendly view of the other person, the will opens up to the mind, which leads the will to act responsibly.⁴ The human face is thus the ethical code of nursing care, which creates contexts connecting soul care and ethics. By monitoring the reactions of the patient's face, every healthcare professional will gain important information about what is going on. The face tells of the mystery of being human beyond empirical givens. After all, medicine also deals with the human face and the parts of the brain connected with it carefully and rather avoids this topic.⁵

From the above, it is clear that the face is inextricably linked to human-human encounters and is important in the healing process. The current situation of the COVID-19 pandemic has enveloped paramedics in a respirator and an entire suit so that it will not be exposed to the infection. Not only was the care of patients with COVID-19 affected, but all healthcare, which was often limited to the most necessary tasks, i.e., in palliative care, which has its problem areas in communication⁶, intensive care of medical staff had to focus on accompanying the dying, who were completely isolated from their loved ones.⁷ The paramedic was the only one who was close to the dying man in the last moments of his life. At the level of communication, a barrier has emerged, which health professionals are trying to overcome with alternative verbal and nonverbal communication. Deployed in the front line, they try to express their compassion and love, their effort to help, to pass on the hope of healing and the joy of care in a way other than facial expressions. It is

2 Sokol, *Filosofická antropologie*, 172–173.

3 Špidlík, *Ruská idea*, 22–24.

4 Lévinas, *Totality and Infinity*, 194–219.

5 Payne, *Lidská tvář*, 197–211.

6 Horačková et al., „The Impact of Inaccurate Terminology on the Provision of Nursing Care in Case of the Indication of a Palliative Care,” 123–134.

7 Trebski et al., „Specifics of Palliative Care in Italy Relevant to the Current Post-Covid-19 Period,” 148–160; Vansač, Noga „Spiritual Accompaniment of Patients in Palliative Care Affected by the Covid-19 Pandemic,” 199–219.

basically a smile expressed through the eyes and the intonation of the voice. Learning to express hope only with the eyes is a great gift for patients who desire healing. From these assumptions, another ethical question also arises as to whether the restriction of face-to-face contact due to respirators may not pose a risk of human perpetuation. If a person deliberately avoids meeting the face of another person, then he may be prone to erroneous ethical decisions, which may be on the border between life and death.

Soul care - prevention of burnout syndrome during a pandemic

Perhaps everyone knows from the media photos of paramedics after the service in the COVID-19 departments. Their faces are tired, white, with circles under their eyes and red prints from respirators. The most common concerns of health professionals during the COVID-19 pandemic are the infection and spread of the disease in their own family, which is accompanied by fear of an outbreak of burnout syndrome. The health professionals themselves do not want to get into a situation where they would have to change their profession due to burnout. Healthcare professionals around the world have been confronted with a lack of pandemic preparedness, a lack of personal protective equipment, self-anxiety and fear among patients and professionals, social distance.⁸ Daily stress can lead to burnout. Already the first studies confirmed post-traumatic stress disorder in first-line nurses fighting COVID-19. The situation has highlighted the importance of psychological counseling, for example by telephone.⁹ Questions have also been raised as to whether a nurse has the right to refuse service in the COVID-19 ward because of fear of contracting the risk of death.¹⁰ Unfortunately, cases of suicide of nurses from these concerns have also been reported.¹¹ Early studies also define a new diagnosis: post-COVID-19 syndrome and the importance of psychological and spiritual therapy.¹² Experience from abroad therefore created concerns among our nurses, students of the faculty.

Burnout syndrome is characterized as an experience of exhaustion at the mental, physical and social levels. Burnout syndrome breaks out at a time when forms of external stress and work responsibilities lead to states of anxiety, awareness of failure and loss of interest, fatigue and irritability, as well as the presence of other people. In its severe form, it leads to the inability to get up in the morning, maintain basic hygiene habits and often end in serious illness. Very often the burnout syndrome is accompanied by a conflict between expectations and real possibilities to influence the results of one's activities.¹³ The prevention of burnout syndrome on a psychological and spiritual level is, among other things, time management, or optimal time distribution. The timing of the day, week, was also in the discussions between the students, who dealt with study, practice, volunteering, caring for the family, or children. The important thing is whether and how one can separate working time and non-working time. Merging these times is problematic

8 Nyashanu et al., "Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK," 655-661; Turale et al., "Challenging times: ethics, nursing and the COVID-19 pandemic," 164-167.

9 Li et al., "Posttraumatic growth in Chinese nurses and general public during the COVID-19 outbreak," 1-11

10 Zhu, Stone, Petrini, "The ethics of refusing to care for patients during the coronavirus pandemic: a Chinese perspective," E12380.

11 McKenna, "Covid-19: ethical issues for nurses," 103673.

12 Maltezuou et al., "Post-COVID Syndrome: An Insight on Its Pathogenesis," 497 ; Cirulli et al., "Long-term COVID-19 symptoms in a large unselected population," 20208702; Mahmud et al., "Post-COVID-19 syndrome among symptomatic COVID-19 patients: a prospective cohort study in a tertiary care center of Bangladesh," e0249644.

13 Bedrnová, *Management osobního rozvoje*, 241-246

because one then has no room where and how to regain one's strength and energy to cope with work stress and stress, especially when managing it seems beyond strength and causes depression, disappointment and distress. In the Christian tradition, caring for time has been expressed in the tension between activity (praxis) and contemplation (theoria), between prayer (ora) and work (labora). A person (not only) in a difficult situation needs to have time for life rituals and maintaining an internal order that will allow him to cope with the difficulties of everyday life, while maintaining health, creativity and good mental comfort.¹⁴ The art of living in this polarity, the time of work and the time of meditative rest, which creates the whole of life, is an important part of creating your own plan to cope with situations that cause stress (coping strategies) during a pandemic. Even during rest, one should not lose the meaningful goal one needs for one's growth. The topic of the meaning of life and the meaningfulness of work manifested itself during the pandemic with its urgency. During rest periods, in addition to responsibilities related in particular to family security, time should be set aside for a deeper reflection on the meaningfulness of one's life attitudes during a pandemic. Students of the Faculty of Health Studies were also interested in the possibilities of spiritual support.

Spiritual care for health professionals during the pandemic arose with its urgency in the experience abroad¹⁵ and also became a challenge for universities educating health professionals.¹⁶ In connection with the spiritual care of the soul, today we most often encounter the concept of meditation (meditatio). The techniques of concentration, concentration, practice of vigilant perception of the present moment, and silence of the mind, which are inspired by traditional religions, are commonly used today. Medical science reveals the influence of these techniques on the human body: change in body temperature, reduction of heart rate and metabolic processes, change in the chemical composition of the blood (hormone, lactate, cholesterol levels), slowing down the recording of brain activity on an electroencephalograph (EEG). The therapeutic and risk effects of meditation on mental and mental health are monitored. Research in this direction will also focus on the goals of meditation, which are to strengthen ethical conduct, love, compassion, wisdom, and service to others.¹⁷ The effects of meditation can manifest themselves in a change of mindset, a gain of strength, and in medical practice through the development of virtues.¹⁸ Physicians professing different religions are advised to intensify their religious practice, which includes seeking support in God and in the awareness of God's love for man, visiting churches and places of prayer, dialogue with clergy.¹⁹

During non-working hours, paramedics emphasized the importance of staying in the wild. Being able to be alone and without a respirator, along with taking care of your physical condition, helped you manage the stressful situations from work. Movement and oxygenation of the body is a prevention of depression and anxiety. Observing the aesthetic side of nature increases the sensitivity to the perception of beauty. Contemplation of human beauty gives hope in life, even though he sees more traces of death before him. A health care provider who deals with the deaths of ever new patients on a daily basis needs time for images of the onset of life, its beauty,

14 Grün, Aszländer, *Time management jako duchovní úkol*, 117-127.

15 Brandstötter et al., "Spiritual well-being, attitude, involvement, perceptions and competencies: Measuring the self-perception of nursing students during 2018, 2019 and the first wave of COVID-19 in 2020," 175-190

16 Nasser, et al., "Ethical issues in caring for COVID-patients: a view from Gaza," 1605-1606.

17 Walsh, "Meditation Research: The State of the Art," 60-66.

18 Merton, *Spiritual direction and meditation*, 65-102.

19 Green, "Spiritual Health First Aid for Self-Care: Nursing During COVID-19," E28 - E31

goodness, and truth that is stronger than the darkness of death in everyday experience. Observing the beauty of nature reveals the happier side of life. The contemplative dimension of life, the development of aesthetic feelings and contemplation of goodness and beauty, which appear during a walk in nature, already form an integral part of environmental studies and commonly recommended care for the soul.²⁰ Nature carries these so-called „God’s footprints“, although its laws may seem cruel and ruthless in the time of COVID-19. Not only in a time of pandemic, it is important not to let the consciousness of the power of life, which is stronger than death, fall into place, even though for many the time has come for legitimate mourning over the loss of a loved one. Spiritual care for the soul involves the search for symbols of hope in the power of life during a stay in nature.

Another important dimension of soul care during a pandemic is psychosocial relationships within the family. Restrictions in an emergency brought a new, challenging experience to the lives of many families whose children could not go to school, which was, after all, a problem for health professionals around the world.²¹ The time of caring for the family also manifested itself in the polarity of the stress from the demands of distance learning. Unfortunately, the flip side of the lockdown during the COVID-19 pandemic was the increased incidence of domestic violence. On the other hand, if the work is on the edge of strength, then a good family background helps to mentally stabilize and gain energy for the next day. Social isolation has evoked new creativity in the search for forms of online contact on social networks, creating intergenerational bridges of relationships between people who would not have met so often in the past. For some nurses, the family was a strong background, while for others, stress and work overload did not contribute much to marital cohabitation with threats of divorce. Nevertheless, the students’ complications underscored the importance of the family in such a challenging time. From the point of view of spirituality, the medics longed to experience feelings of acceptance and love that would support them in their demanding ministry.

The situation was all the more challenging for healthcare professionals so that patients who could not be in direct contact with their loved ones due to the visit ban, and often moved from room to room when a patient was positive in the COVID-19 test, did not suffer from social isolation. The patient-centered approach was limited, which did not go without an ethical and professional crisis of nurses.²² Worldwide, healthcare providers mitigate potentially dehumanizing care scenarios through imaginative solutions that do not sacrifice compassion and equal respect for each patient and their family.²³ The students of the Faculty of Health Studies of the University of Pardubice also came up with their own ideas on how to enable patients to have at least a short online meeting with their family, for example in the form of borrowing tablets and arranging contacts via social networks. This also partially addressed the additional stress that was placed on healthcare professionals when they saw their patients’ health deteriorate due to social isolation - and they were often helpless.

20 Sládek, *Ekologická spiritualita a etika*, 71–77.

21 Combe, “Reopening Schools During COVID-19: school Nurse Ethical Conflicts and Moral Dilemmas,” 308–312.

22 Gebreheat, Team, “Ethical Challenges of Nurses in COVID-19 Pandemic: Integrative Review,” 1029–1035

23 Morley et al., “Covid-19: ethical Challenges for Nurses. In: Hastings Cent Rep,” 35–39.

Forming one’s own conscience - prevention of moral distress in the time of COVID-19

A frequent topic of discussion for medical students was: moral dilemma and moral distress. A moral dilemma arises when there are choices before a person that are not acceptable, but still one is forced to make a decision. The pandemic brought difficult ethical decisions in the tension between the ethics of duties (deontological ethics) and individual ethics (situational ethics). It was necessary to accept the fact that one will have to choose solutions that are not optimal, which has an impact on patients, one’s family and even the healthcare professionals themselves. Accepting such a situation leads to a disruption of mental well-being.²⁴ Moral distress is a type of distress caused by a reality in which the environment, conditions, regulations, legislation, or superiors do not allow the health care provider to act as he or she believes to be right. This distress has a major impact on the physical and mental condition of nurses, including the impact on the quality of care.²⁵ Of course, the nurse does not make fundamental ethical decisions that belong to the physician or medical commission in terms of competencies and rights, but she is still part of the workplace and carries out orders that may not always resonate with her conscience. The following examples of ethical dilemmas in the COVID-19 era faced by health professionals (during hypothetical debates, but this will certainly be open back to research) take into account their concerns during seminars and workshops.

Experience from abroad during the COVID-19 period raised concerns about the lack of medical staff and mechanical lung ventilators to choose who and under what criteria to allow treatment, which in practice would often mean not giving or giving a chance of survival. In the Czech Republic, the so-called principles of allocation of scarce resources have been discussed, which reflect the circumstances under which it would be acceptable not to allow a patient to connect to or be disconnected from pulmonary ventilation so that ventilation helps another patient with a better prognosis. The criterion for selection cannot be: whoever came to the hospital earlier is entitled to be connected to the ventilator earlier. This could discriminate against patients who live further from the hospital and have a better prognosis. The discussion of ethics seeks justification as to whether, in the absence of fans, it is ethically acceptable to prioritize the treatment of healthcare workers (doctors, nurses) or rescue infrastructure (police officers, firefighters, soldiers), as these are necessary to maintain the system. The most discussed ethical selection criterion was whether it is ethically defensible to allow the assignment of a ventilator to a younger patient over an older one with the same chance of survival.²⁶ It was the criterion of age that provoked a critical reaction different from other medical ethics, who argue that this is only a hypothetical possibility, because in practice we will never meet two identical patients with the same prognosis, and the difference would be only in age. Concerns about age discrimination in stress decision-making were mentioned. In this context, it will always be up to the physician to be able to individually evaluate the expected prognosis.²⁷

Nurse - students were interested in the principles of medical ethics, on which they can base their attitudes. In medical ethics, the so-called four medical principles have spread: autonomy, beneficence, non-maleficence, and justice, which were reflected in transnational solidarity from

24 Robert et al., “Ethical dilemmas due to the Covid-19 pandemic,” 84.

25 Pendry, “Moral Distress. Recognizing it to Retain Nurses,” 217–221.

26 Černý et al., “Etická a právní východiska pro tvorbu doporučení k rozhodování při poskytování zdravotních služeb v rámci pandemie COVID-19,” 19

27 Dragoun, “Spor o etiku přidělování ventilátorů. Diskriminovat starší nemůžeme, říká Vácha.”

the beginning during the pandemic.²⁸ They do not have the answers to every case and it is up to the ethical erudition of the doctor how he can handle them in his rational reflection. Tensions and conflicts between these principles are crucial, where the physician must decide how strong the principle of autonomy in patient decision-making is versus the physician's commitment to the principles of benefit and non-maleficence. At the international level, the possibilities of creating so-called sorting teams were debated, which would take into account the possibilities of therapy for individual patients in the overcapacity, in the tension between the principles of autonomy, justice and the principle of general good for the benefit of the larger community.²⁹ At the time of the COVID-19 pandemic, the principle of autonomy receded into the background, which allows the patient to have the right to decide on his treatment or to terminate it. In the case of refusal of therapy, such as connection to artificial lung ventilation, the ethical question is why the patient refuses treatment. Ethically justifiable (as a choice with heroic virtue) was the case of the senior priest Giuseppe Berardelli, who in Italy refused to be connected to a lung ventilator himself, in order to save the lives of someone younger. The choice was made for altruistic reasons. The priest died of COVID-19.³⁰ Non-standard times have brought difficult life choices.

As part of the formation of one's own attitudes, the topic of conscience and education in the field of ethics was discussed in the above-mentioned topics, with an emphasis on the ethics of virtues. It is the cardinal virtues (prudence, justice, fortitude, temperance) that are the springboard for attitudes during difficult and tense situations during health care in a pandemic. They are important in cases where health professionals encounter a disproportionate and unjust negative reaction from patients or family members who are also under pressure due to illness in the family. Wise conduct is proportionate to the real situation, which should be recognized by reason from different angles. The wisdom of reason based on so-called primordial conscience commands one to love the good and to strive for it in life. Practical wisdom seeks the means to accomplish it. It is then unwise to act indecisively. Wisdom desires to know the state of affairs of a particular situation and decide to reconcile reality with its goal, or with the goal of human life (intentio finis). In the thomistic reflection on wisdom, the memory (memoria) of being faithful, the ability to get advice, say something, learn (docilitas) and quickly decide for good (solertia) in a specific situation is considered its completion. Cardinal virtues and their importance in health care have returned to spirituality and the formation of personal attitudes.³¹

It was clear from the dialogue with the students that they did not want to face such difficult situations in the hope that they would not have to confront it during the internship. From these starting points, the topic of moral distress in nurses will certainly be one of the key topics of research. At the time of the interviews during the seminars, they did not have this experience yet. In harmony with foreign studies³², students of the Faculty of Health Studies of the University of Pardubice tried to prepare positively for ethical challenges and did not consider the experience of a pandemic a reason for a change of profession. They also showed help by brave volunteering in hospitals in the first line of the fight with the covid.

28 Druml, "COVID-19 and ethical preparedness?" 400–402

29 Dudzinski et al., "Ethics Lessons From Seattle's Early Experience With COVID-19," 67–74; Shah, Acharya, "Combating COVID-19 Pandemic in Nepal: ethical Challenges in an Outbreak," 276–279.

30 Bonzanni, "«Prima gli altri»: don Giuseppe Berardelli e lo «Prima gli altri»: don Giuseppe Berardelli e lo „stile” bergamasco „stile” bergamasco."

31 Pieper, *The Four Cardinal Virtues*.

32 Sperling, "Ethical dilemmas, perceived risk, and motivation among nurses during the COVID-19 pandemic," 9–22; Jia et al, "Nurses' ethical challenges caring for people with COVID-19: a qualitative study," 1–13.

Conclusion

The article introduced selected topics used by medical students during the COVID-19 pandemic in the Czech Republic. Wearing veils and respirators brought the importance of reflection on the importance of the face in communication and nursing care. Through the face you can read what a person's life is like. Meeting the friendly and loving face of a healthcare professional can speed up therapy. The veiled face of the paramedic has brought a certain obstacle, which nurses try to solve with alternative ways of expressing their closeness to a sick person. The complexity of the emergency medical profession increased their stress, and unexpected tense situations were often portrayed as traumatic. The emphasis on spirituality, care for one's own mental health and professional accompaniment of health professionals thus gained in importance. The emergency situation has put nurses in a position that can be very ethically challenging for them. This example, with the dilemma of selecting patients for mechanical ventilators in the event of a shortage, also touches the conscience of nursing staff - and none of the nurses wants to face such a difficult situation. The primary research and the topics of student discussion presented here show the similarity of the experience of health professionals during a pandemic across continents. In conclusion, the research should focus primarily on the prevention and care of the mental health of the nurse during difficult pandemic situations.

The experience of the COVID-19 pandemic brings new challenges for research and for the practical impact on nursing care. If in the beginning the patient was the center of attention, it is now clear that the focus of care in the post-pandemic period and in a possible future similar crisis will be not only the sick person but also the medical staff. From the article, it is believed that it will be appropriate:

- at the empirical level, to further investigate the effects of the stress situation from the COVID-19 pandemic on the physical, mental and spiritual health of the health professional with respect to a holistic approach to man at the scientific, philosophical and spiritual level;
- to create a system for monitoring the impact of crisis situations on the health care of health professionals and create a preventive network of psychological and spiritual support, including the treatment of post-traumatic stress disorder and burnout risks in health care workers;
- based on the experience gained, to create the possibility of mentoring, which would include the transfer of experience in managing a pandemic in all areas of health care: prevention of burnout, post-traumatic stress disorder therapy, ethical counseling, time management optimization in caring for work and extracurricular relationships, especially family relationships .

Interdisciplinary advisory teams should be set up at national, regional and regional level to address this issue, addressing the nursing blind spots identified by the COVID-19 pandemic.

AUTHOR CONTRIBUTIONS

The author hereby declares to be the sole author of this work and has approved its publication.

CONFLICT OF INTEREST

The author declares that the research involved in the article and the publication of the article were carried out without having any business, financial or other relations and/or circumstances that could be considered as a potential conflict of interest. At the same time, all the authors declare that there is no conflict of interest related to this article or its review.

References

E. Bedrnová et al., *Management osobního rozvoje* (Praha: Management Press, 2009).

L. Bonzanni, „«Prima gli altri»: don Giuseppe Berardelli e lo «Prima gli altri»: don Giuseppe Berardelli e lo «stile» bergamasco “stile” bergamasco,“ *Avvenire*, March 24 [online] [Retrieved May 18, 2021], <https://www.avvenire.it/attualita/pagine/pensate-prima-agli-altri-don-giuseppe-berardelli-e-lo-stile-dei-preti-bergamaschi>

C. Brandstötter, F. S. Kundt, P. Paal, „Spiritual well-being, attitude, involvement, perceptions and competencies: Measuring the self-perception of nursing students during 2018, 2019 and the first wave of COVID-19 in 2020,“ *Health and Social Care Chaplaincy*, 2/9 (2021): 175–190.

E.T. Cirulli, K.M.S. Barrett, S. Riffle, A. Bolze, I. Neveux, S. Dabe, et al., „Long-term COVID-19 symptoms in a large unselected population,“ *medRxiv* (2020): 2020.10.07.20208702 20208702.

L.G. Combe, „Reopening Schools During COVID-19: school Nurse Ethical Conflicts and Moral Dilemmas,“ *Sch Nurse*, 6/35 (2020): 308–312.

D. Černý, A. Doležal, T. Doležal, „Etická a právní východiska pro tvorbu doporučení k rozhodování při poskytování zdravotních služeb v rámci pandemie COVID-19“ (Praha: Ústav státu a práva AV ČR, v. v. i. Kabinet zdravotnického práva a bioetiky, 2020).

R. Dragoun, „Spor o etiku přidělování ventilátorů. Diskriminovat starší nemůžeme, říká Vácha,“ May 20 [online] [Retrieved May 20, 2021], <https://zpravy.aktualne.cz/domaci/spor-o-etiku-pridelovani-ventilatoru-vekovou-diskriminace-ne/r-251671a6907611eaa6f6ac1f6b220ee8>.

C. Druml, „ COVID-19 and ethical preparedness?,“ *Wien Klin Wochenschr*, 13/132 (2020): 400–402.

D.M. Dudzinski, B.Y. Hoisington, C.E. Brown, „Ethics Lessons From Seattle’s Early Experience With COVID-19,“ *Am J Bioeth*, 7/20 (2020): 67–74.

G. Gebreheat, H. Teame, „Ethical Challenges of Nurses in COVID-19 Pandemic: Integrative Review,“ *J Multidiscip Healthc*, 14 (2021): 1029–1035.

Ch. Green, „Spiritual Health First Aid for Self-Care: Nursing During COVID-19,“ *J Christ Nurs.*, 3/38 (2021): E28–E31.

A. Grün, F. Assländer, *Time management jako duchovní úkol* (Kostelní Vydří: Karmelitánské nakladatelství, 2010).

K. Horačková, L. Hofmanová, K. Sládek, „The Impact of Inaccurate Terminology on the Provision of Nursing Care in Case of the Indication of a Palliative Care,“ *Acta Missiologica* 2/15 (2021): 123–134.

Y. Jia, O. Chen, Z. Xiao, J. Xiao, J. Bian, H. Jia, „Nurses’ ethical challenges caring for people with COVID-19: a qualitative study,“ *Nurs Ethics*, 1/28 (2020): 1–13.

E. Lévinas, *Totality and Infinity* (Pittsburgh: Duquesne University Press, 1969).

L. Li, M. Mao, S. Wang, R. Yin, H. Yan, Y. Jin, Y. Cheng, „ Posttraumatic growth in Chinese nurses and general public during the COVID-19 outbreak,“ *Psychol Health Med.*, Mar 16 (2021): 1–11.

R. Mahmud, M.M. Rahman, M.A. Rassel et al., „Post-COVID-19 syndrome among

symptomatic COVID-19 patients: a prospective cohort study in a tertiary care center of Bangladesh,“ *PLoS One.*, 4/16 (2021): e0249644 e0249644.

H.C. Maltezou, P. Androula, T. Athanasios Tsakris, „Post-COVID Syndrome: An Insight on Its Pathogenesis,“ *Vaccines*, 5/9 (2021): 497.

H. McKenna, „Covid-19: ethical issues for nurses,“ *J Nurs Stud.*, 110 (2020): 103673.

T. Merton, *Spiritual direction and meditation* (Collegeville: The Liturgical Press, 1960).

G. Morley, C. Grady, J. McCarthy, C.M. Ulrich, „Covid-19: ethical Challenges for Nurses,“ *Hastings Cent Rep*, 3/50 (2020): 35–39.

I. Nasser, M. Abu-El-Noor, A-E-N. Khalil, „Ethical issues in caring for COVID-patients: a view from Gaza,“ *Nurs Ethics.*, 8/27 (2020): 1605-1606.

M. Nyashanu, F. Pfende, M. Ekpenyong, „Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK,“ *J Interprof Care*, 5/34 (2020): 655–661.

J. Payne, „Lidská tvář,“ in *Filosofie medicíny v českých zemích*, edited J. Kuře, M. Petrů (Praha: Triton, 2015): 197–211.

P.S. Pendry, „Moral Distress. Recognizing it to Retain Nurses. In: Nursing Economics, 4/25 (2007): 217–221.

J. Pieper, *The Four Cardinal Virtues* (Notre Dame: University of Notre Dame, 1991).

R. Robert, N. Kentish-Barnes, A. Boyer, A. Laurent, E. Azoulay, J. Reignier, „Ethical dilemmas due to the Covid-19 pandemic,“ *Ann Intensive Care*, 1/10 (2020): 84.

A. Shah, R.P. Acharya, „Combating COVID-19 Pandemic in Nepal: ethical Challenges in an Outbreak,“ *J Nepal Med Assoc*, 224/58 (2020): 276–279.

K. Sládek, *Ekologická spiritualita a etika* (Praha/Kroměříž: Triton, 2019).

T. Sokol, *Filosofická antropologie* (Praha: Portál, 2002).

D. Sperling, „Ethical dilemmas, perceived risk, and motivation among nurses during the COVID-19 pandemic,“ *Nurs Ethics*, 1/28 (2020): 9–22.

T. Špidlík, *Ruská idea* (Velehrad: Refugium Velehrad-Roma, 1996).

K. Trebski, J.C. Bermejo, C. Costa, P. Caban, „Specifics of Palliative Care in Italy Relevant to the Current Post-Covid-19 Period,“ *Acta Missiologica* 2/15 (2021): 148–160.

S. Turale, C. Meechamnan, W. Kunaviktikul, „Challenging times: ethics, nursing and the COVID-19 pandemic,“ *Int Nurs Rev.*, 2/67 (2020): 164–167.

P. Vansač, V. Noga, „Spiritual Accompaniment of Patients in Palliative Care Affected by the Covid-19 Pandemic,“ *Acta Missiologica* 2/15 (2021): 199–219.

R. Walsh, „Meditation Research: The State of the Art,“ in *Paths beyond ego*, edited R. Walsh, F. Vaugh (Los Angeles: J.P. Tarcher, 1993): 60–66.

J. Zhu, T. Stone, M. Petrini, „The ethics of refusing to care for patients during the coronavirus pandemic: a Chinese perspective,“ *Nurs Inq.*, 1/28 (2020): e12380.