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Being prevented from providing good care : a conceptual analysis of moral stress among health care workers during the COVID-19 pandemic

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Additional file 2. Table of content analysis

Subcategories	Categories	Themes	Main theme
	1. Not being taken seriously	**1. Seeing, but being prevented to act; feeling insufficient/inadequate and constrained in the profession**	**"Being prevented from providing good care."**
Frustration at not being heard			
Not being taken seriously			
Not being trusted in professional judgment			
Highlighted problems but management did not see/hear			
Inaction from management despite clarifying problems			
No possibility to address political decisions			
Inconsistent directives, ignorance, not being listened to, not trusted			
Tried and acted according to experience but it was not enough	**2. Feeling inadequate/insufficient**		
Tried to provide good care but felt insufficient			
Felt powerless in certain situations			
Powerlessness when being ill yourself			
Dissatisfied patients			
Unreasonable demands at work that were never met			
Doing all you can, but the patient dies anyway			
Colleagues felt unwell but could not support them			
Cannot treat patients aged above 70 years			
That patients did not receive appropriate care			
Not being able to provide dental care to elderly who needed it			
Not being allowed to help even though you can			
Not being able to provide rehab to patients in risk groups			
Energy was not sufficient to cope with certain situations			
Not being able to follow up patients the way you should due to avoiding too many visits			
The lack of physical proximity when patients asked for it felt difficult			
Users felt lonely and isolated, could only partially help			
Being there for other patients			
Inadequacy during difficult conversations, a challenge to do it at a distance			
Not being physically present for next of kin, ill patients and dying patients			
Essential care was deprioritized by others or by me as other things needed to be done, leaving me with a feeling of unfinished work			
Not being able to sit with a dying patient			
Preventing next of kin from meeting their next of kin and not being able to hug or touch them when they showed worry and sadness			
Important instances were inaccessible and basic care of chronic patients was put on hold			
Witnessed situations that went against my moral conviction, where I did not have the means or resources to have an influence			
Not enough time or resources to provide individual care, unable to meet needs			
Lack of time, many people were lonely during the pandemic and needed to talk to someone			
Forced to work with COVID care and it was immoral to pause the care of other patients			
No possibility for follow-up of care which was given or planned			

Doing investigations/reports for the Social Insurance Agency [Försäkringskassan] for non-patients			
Acted as a doorman instead of writing charts and doing other work which had to be done later			
It was frustrating not being able to accept ordinary patients to help them with their legitimate but non-life-threatening situations			
Was trained in making decisions against my moral compass and know that patients probably died needlessly due to that			
No time to recover or reflect on things that you quickly had to act upon			
So many patients died			
Poor working environment with a lot of stress			
The care of parents where their child did not survive			
Video assessment of patients with breathing difficulties			
Sending home patients with a runny nose due to COVID-19			
Patients within elderly care could not get an individual assessment by a doctor			
The staff that I am a manager for felt guilty in that they could work as usual			
Lack of time to care for the elderly and especially to listen to them			
The time pressure was as bad as always			
Very sick patients, a lot of solitary work without help and that you were not competent to do	**3. Acting outside one's area of competence**		
Relocations of staff			
Thrown into a new workplace without introduction			
Managing work that you are not used to			
Forced to work in an area where you are not competent			
Lack of knowledge among other staff members			
Left alone with work that you cannot do			
Take care of ICU patients without the right competence			
Lack of competence led to lower quality of care			
Worked without experience but was forced to do my best anyway			
Uncertainty due to lack of knowledge			
Not being able to follow routines due to not having a mandate			
Receiving patients with COVID in radiology			
Relocated to nursing home but lacked competence in working with elderly			
Lack and unclarity of routines led to erroneous decisions	**1. Decision-making**	**2. "Someone or something hindered me"; organizational structures as an obstacle**	
Could not limit risk of transmission due to insufficient decisions			
According to me, others made incorrect decisions without listening			
Premature discharges of patients from inpatient care			
Management making decisions that must be followed even though they do not work			

Defending the employer externally even though you do not agree with them			
Carrying out the manager's decision which you feel is inhumane in relation to the patient			
Following others' decisions despite knowing it will not work in the long run			
Doctor decisions which went against my values			
Changed medical guidelines for oncology care			
Had to make morally right decisions which were against routines			
Deciding whether ill staff members should work			
Forced to made decisions on uncertain grounds which could cost lives and affect my co-workers' mental and physical health			
Feeling lonely in responsibility and decisions			
Seeing decisions that must be made but not being included in decision-making			
As manager, you felt alone with your decisions			
Lack of support in decision-making			
Could not make any decisions on my own			
Forced to make medical decisions without knowledge			
Forced to follow substandard drug prescriptions			
Forced to pursue a course of action despite knowing it will cause stress for colleagues, but having to observe recommendations			
Management did not make any overall decision, so we at the frontline were left with the difficult prioritizations			
The patient decided what we should do			
Not related to COVID work, but it is difficult with care of dementia patients regarding moral stress and what is right			
Needing to request payment from patients with poor finances			
Lack of certificate for compulsory care within psychiatric care leading to psychosis			
	2. Teamwork		
Poor communication between professions			
Colleagues who behaved poorly with patients			
Co-workers providing poor support			
Lack of initiative from co-workers and the manager			
Frustration among colleagues which makes collaboration difficult			
The managers put too much pressure on the staff			
Colleagues who do not do their job			
I pressured co-workers to work with inexperienced colleagues, which I normally do not stand for			
Poor coordination by doctors led to wasting of PPE			
Dangerous co-workers who do not perform triage well and thus put their colleagues in a dangerous position			
New colleagues became paralyzed, had to work more and longer to compensate			
Witnessing maltreatment without documentation			

Stressed by co-workers' fear of COVID-19			
When you witness co-workers not acting in accordance with routines despite nudging			
Problems in the team when staff refused to work with COVID-19 patients			
Manager did not think PPE was needed	**3. Information and communication by organizational management**		
Poor collaboration between the state and outpatient care			
Mixed messages from management			
New directives and guidelines which are not locally adoptable			
Insufficient decisions from authorities			
Discussions in the team due to it not being easy to grasp information despite clear directives and training			
Lack of knowledge among management led to decisions based on feelings, not evidence			
Unclear directives			
Non-decisions, management has almost avoided coming to the workplace			
Employer making decisions which are against the rules/regulations			
Responsible for communicating information			
Lack of information regarding guidelines and routines			
Lack of knowledge and time to gain new knowledge			
Unsatisfying communication or a complete lack of guidance			
Waiting for directives and the action plan not being in line with science/research results			
Care instances acting differently			
Insufficient supervision			
Closest manager provided poor support			
Lack of initiative from the manager			
The managers did not coordinate their actions			
Lack of leadership taking responsibility			
Managers' disinterest for patients/users			
A challenge to lead a hospital, not working at the frontline, to change ways of working at the wards			
Rapid changes in routines which had not been adopted at all instances			
Responsible for how things are planned and performed, information from different authorities has varied			
Unclear management			
Regulations about where to seek care, health advisors [Vårdguiden] have often sent patients to us, which we have no control over			
Difficult to assess whether the staff acted in line with new decisions			
Lack of knowledge within the disaster management (Katastrofledningsnämnden) led to decisions based on feelings and not evidence			
A collision between county, primary care and residential housing, a lack of communication between instances			
Collaboration with other wards, difficult to plan for a pandemic and gather everyone amid all the concern			
Felt like responsible personnel had underestimated the situation			

Other authorities'/instances' decisions have affected safety			
Balancing different needs and risks	**1. Priority setting**	**3. "The pandemic hindered us"; pandemic-related obstacles**	
Too much administrative work			
Prioritizing patients and refusing to give care which we would otherwise give was difficult			
A challenge regarding leadership, a conflict to provide care without risking the health of the personnel			
Prioritization of COVID patients over our patients resulted in diminished patient safety at the dialysis ward			
Difficult prioritization when several things happened at once			
Prioritizing between patients who were waiting for surgery			
Routines were prepared for various situations, but initially difficult to promote the next best thing due to lack of materials			
Choosing between mental wellbeing and the risk of infection for my client			
Could not book patients above 70 years for examination			
Lack of PPE and other materials such as hand disinfection and gloves	**2. Lack of resources**		
Lack of staff			
Lack of ventilators			
There was no oxygen to give to the residents			
Substandard PPE, had to organize things ourselves			
Lack of co-workers due to sick leave and care of children			
Work with colleagues who are new and lack education (such as care assistants)			
Lack of staff and management cut down on staff/made savings to increase profit this year. Even though we protested and said that we are already on minimum staffing and need to prepare for the pandemic			
Promised next of kin that we could give good care at home, but we did not even have access to oxygen			
Lack of staff and overcrowding of patients are the two biggest problems in clinical medicine regardless of the COVID-19 situation			
Have been forced to work above the regulated maximum hours due to co-workers' sickness or stress			
Powerlessness regarding changes of schedules and being ordered to work (recovery time)			
In hindsight, I felt a bit too effective in emptying my ward to accept new patients			
The care then and there was right, but would not be acceptable now, we performed war-time care, which we are not used to			
Requesting staff to work overtime			
Lack of adequate sampling at the start [of the pandemic]			
Meaningfulness during COVID-19 work, but frustration regarding lack of resources in ordinary care/work			
Ill staff members were allowed to work			

Patients with suspected COVID-19 need monitoring, difficult with PPE. A need for someone to be with the patient all the time but resources were lacking			
Sampling without proper PPE (were lacking at the workplace)			
Was pregnant and supposed to avoid COVID patients, but this changed when more people became infected			
Discharged without being confirmed COVID negative			
When certain co-workers stayed at home due only to fear of contracting the disease			
Not allowing staff to use PPE even though they worked close to patients, e.g., for taking samples. The patients were not COVID-19 patients, but you never know, especially as most of our patients use intravenous drugs			
Quick discharge from hospital to nursing home which counteracted next of kin's involvement			
Sending patients to another hospital due to space restrictions			
Patients had to stay home due to space restrictions			
The staff did not have time, they isolated those who could, contact mostly for food and toilet visits			
Letting staff take sick leave "just in case," which led to overtime and high workloads for others			
Working despite a lack of PPE and staff			
Had to re-use PPE several times			
A lack of gloves, soap, paper and hand disinfection			
We did not receive any PPE, bought it myself but was told not to use it, which I did anyway			
Transporting elderly patients to hospitals far away			
	3. Infection prevention measures		
Visiting restrictions for next of kin to severely sick patients			
Limitation of activities			
Met worried and frustrated next of kin due to visiting restrictions, this took time from patient care			
PPE feels like a barrier between caregiver and patient			
Isolation of patient with high risk of falling			
Cancellation of visiting restrictions leading to increased risk of transmission			
Gave cancer diagnosis without next of kin being present			
Bad news could only be communicated by phone			
Next of kin not respecting visiting restrictions			
Doctors never performed "bedside" individual assessments			
Isolation preventing social contacts			
Difficult to explain restrictions to dementia patients			
No partners could be present during delivery [delivery ward]			
Forcibly isolating a patient in a room			
Worried about spreading the disease to severely ill patients			

In prehospital care: only performing compressions in cases of cardiac arrest due to risk of transmission			
Patient who cannot receive certain treatment due to the staff's risk of contracting the disease			
Not being able to do medical assessment through video calls, could not meet patients due to risk of infection			
Got infected at work and transmitted the disease to next of kin, felt guilty and worried			
Hard to find time to change clothes between all the sick patients			
Patients who refused isolation despite positive COVID-19			
Making the situation understandable to a dementia patient, why they cannot do this or that			
Restraining dementia patients			
Forcibly isolate patients who do not understand why			
Compulsory care			
Denying care to patients and assessment by the doctor even though this would usually have been offered			
Supposed to wear PPE even though that does not work with autistic children			
The daily work with patients, such as motivating talks and moral support, has been set aside due to all the restrictions			
Hard to make decisions regarding limiting a person's life to protect them against a virus when the person does not understand what a "virus" is or why daily life has to change			
Omitted care to newborns due to a cold and not being allowed to make home visits			
Spending time on changing clothes before approaching a cardiac arrest or critical patient			
Being a risk of infection to the most fragile patients			
Working with more distance and not having time due to restrictions and isolations, the patients' mental health has worsened			
Healthy people had to stay in their rooms to avoid risk of transmission			
Have to put up with crying, screaming, and bad words from next of kin			
Not being able to perform certain clinical assessment through video calls as we could not meet infected patients at the health care center because they were triaged to a so-called infection hub [infektionsnod]			
Those of us who work in outpatient care have not been allowed to use PPE. Patients should be viewed as healthy, as should we, when we are here			
Working at two clinics, was prevented from going to the other one as we should not mix personnel. I could not help these patients			
When my co-workers provide patient care without PPE even though a patient has suspected COVID-19, and when there are not enough scrubs for the extra staff.			
Residents in a nursing home could not dine together even though they could keep physical distance. Social distancing from co-residents created loneliness			

Consequences of visiting restrictions for patients who need support from next of kin in practically and mentally difficult situations			
That residents could not get critical care at the hospital			
Working in home environment, difficult to manage PPE and waste			
Not being able to participate in the care and supervision of personnel due to risk of infection			
Separation of COVID-19-positive parent from diseased newborn (non-COVID)			
Patients were wrongly classified as palliative and did not receive help	**4. Limitations regarding end-of-life care**		
Palliative care without the patient being aware			
Only palliative care could be given			
Loneliness in end-of-life care			
Too much medical efforts for the patient, only for the sake of the family			
How the deceased were treated at the beginning of the pandemic. This changed and became more humane			
Doctors do not dare make decisions regarding cessation of life support			
That elderly people were not allowed to go to hospital but should receive palliative care instead			
Participating in prolonged suffering despite trying to influence this			
Providing palliative care in cases where it otherwise would not be given. The patient had been alert days before, but palliative care was ordered as oxygen was not available			
Consequences of visiting restrictions in palliative care, counteracting the individual's right to have someone beside them in their last hours			
Did not work as a team. The doctors promoted palliative care until next of kin came and saw that we "did everything we could." The doctors ignored the patient's best interests			
Conversations with next of kin in end-of-life care, which only a few of them could attend			
Saying no to next of kin who want to be with the dying patient			
When next of kin could not accompany a patient to the hospital even though the patient would probably die of their condition			
Understaffing of nurses resulted in long waiting times for adequate end-of-life care			