Received: 15 June 2022 | Accepted: 24 March 2023

DOI: 10.1111/inr.12844

OPINION PIECE OF INTERNATIONAL INTEREST

International Nursing Review WILEY

Nurses and global health responsibility: In light of the COVID-19 pandemic and the war in Ukraine

Catharina Lindberg RNIC, PhD, Senior lecturer[1] | **Berit Støre Brinchmann RN, PhD, Professor**[2]

[1]Department of Health and Caring Sciences, Linnaeus University, Växjö, Sweden

[2]Department of Nursing and Health Science, Nord University and Nordland Hospital, Bodø, Norway

Correspondence
Berit Støre BRINCHMANN, RN, PhD, Professor, Department of Nursing and Health Science, Nord University and Nordland Hospital, Bodø, Norway.
Email: berit.s.brinchmann@Nord.no

Abstract

Aim: The aim of this paper was to reflect on global ethical challenges for nurses in light of the COVID-19 pandemic and the war in Ukraine and to discuss 'Nurses and Global Health', a new element in the revised ICN Code of Ethics for Nurses, 2021, and its implications for nurses.

Background: The authors participated in the latest revision of the Code. When we were revising the ICN Code of Ethics, there was neither an ongoing pandemic nor a war in Europe.

Sources of evidence: Relevant scientific articles and other academic literature, documents from international organisations, and authors' views.

Discussion: The discussion emanated from our reflections on how to actually apply the ICN Code of Ethics, i.e., moving the words from the document itself into everyday practice, in light of the COVID-19 pandemic and the war in Ukraine. In the Code, the nurse's responsibility is highlighted, but there is little or no instruction on how to undertake it.

Conclusion and implications for nurses: The ICN Code of Ethics needs to be operationalised through ethical reflection and discussion in all contexts where nurses work, from policy level to the care environment.

KEYWORDS

Code of ethics, COVID 19, global health, implications, nurse, responsibility, war in Ukraine

BACKGROUND

This paper had its origin in our participation in the latest revision (2018–2021) of the International Council of Nurses Code of Ethics for Nurses (International Council of Nurses, 2021), referred to hereafter as the Code. We are two Scandinavian nurses working within nursing education and research, and members of the Ethical Boards for Nurses in Sweden and Norway, respectively, who met at the ICN office in Geneva during the initial work with this revision of the Code. The first International Code was adopted by the ICN in 1953 and has been revised several times (International Council of Nurses, 2021). A code ought always to be seen as a work in progress and therefore must be revised at regular intervals and '…will only have meaning as a living document if it can be applied to the realities of nursing and health care in particular settings' (Tschudin & Steviano, 2019, p. 155). Together with representatives from the ICN and 11 other nurses from every continent, we constituted the Steering Committee for the 2021 revision of the Code. We had the privilege of being part of this team working to bring to light important ethical issues relating to the nursing profession and putting these in writing to form the basis of the revised Code.

When we were revising the Code, there was neither an ongoing pandemic, with its lockdowns and isolation, nor a war in Europe. Nevertheless, the focus of the discussions reflected issues such as globalisation, climate change, refugees and pandemics. Our discussions led to the creation of a new element

TABLE 1 Element 4: Nurses and Global Health.

4. NURSES AND GLOBAL HEALTH	
4.1	Nurses value health care as a human right, affirming the right to universal access to health care for all.
4.2	Nurses uphold the dignity, freedom and worth of all human beings and oppose all forms of exploitation, such as human trafficking and child labour.
4.3	Nurses lead or contribute to sound health policy development.
4.4	Nurses contribute to population health and work towards the achievement of the United Nations Sustainable Development Goals (SDGs). (UN, n.d.)
4.5	Nurses recognise the significance of the social determinants of health. They contribute to, and advocate for, policies and programmes that address them.
4.6	Nurses collaborate and practise to preserve, sustain and protect the natural environment and are aware of the health consequences of environmental degradation, e.g. climate change. They advocate for initiatives that reduce environmentally harmful practices to promote health and well-being.
4.7	Nurses collaborate with other health and social care professions and the public to uphold principles of justice by promoting responsibility in human rights, equity and fairness and by promoting the public good and a healthy planet.
4.8	Nurses collaborate across countries to develop and maintain global health and to ensure policies and principles for this.

The ICN Code of Ethics for Nurses (International Council of Nurses, 2021, p. 18).

in the Code, Nurses and Global Health, which is not only new to the Code but also particularly relevant to the present global situation (see Table 1). ICN Chief Executive Officer Howard Catton (2022), highlights, and reminds us of, nurses' global responsibility, when pointing out the importance of nurses' engagement in global preparedness and planning for future pandemics, conflicts and wars.

The aim of the paper was to reflect on global ethical challenges for nurses in light of the COVID-19 pandemic and the war in Ukraine, and to discuss 'Nurses and Global Health', a new element in the revised ICN Code of Ethics for Nurses, 2021 and its implications for nurses.

DISCUSSION

Nurses and global ethical issues

The worldwide pandemic has led to many research publications on different ethical issues arising from it such as access to vaccines (Igoumenidis & Suhonen, 2021), visitor restrictions in the ICU (Wendlandt et al., 2022) and in nursing homes (Hartigan, 2021), which had a negative impact on patients and their families as well as on nurses. The pandemic not only influenced the care of patients being treated for a COVID-19 infection and their families, but also affected other patient groups not similarly prioritised. A current review shows that COVID-19 has also had an impact on global mental health (Torales et al., 2020). Access to health care is not equal across populations in the world, and the difference between rich and poor countries is usually considerable, with the ongoing pandemic making these inequalities even greater. Benach (2021) states that:

> COVID-19 has all of the characteristics for us to consider it not only a viral pandemic, but a "systemic pandemic of inequality" in health according to class, gender, age, ethnicity, migration status, and place of residence. (p. 51)

At the beginning of the pandemic, when the routes of infection and treatment were unclear, many nurses and other health care personnel had to care for infected patients without knowing the risk to their own health, demonstrating their willingness to offer care in such a crisis. These spontaneous altruistic actions undoubtedly saved the lives of many patients (Slettmyr et al., 2022). Nevertheless, many nurses suffer from moral distress and moral injury (Hossain & Clatty, 2021) as a consequence of their high workload, difficulties in creating a caring relationship, and of having to endure shortcomings in care in not being in a position to do their very best for every patient during the pandemic.

There are many wars in the world, and we take the war in Ukraine simply as an example in our, otherwise war-spared, part of the world. The war in Europe, and the fastest-growing European refugee crisis since the Second World War, affect not only the people of Ukraine and Russia but also those of the neighbouring countries and all the countries receiving these refugees. Europe is facing a humanitarian catastrophe, with thousands killed and wounded. Millions of people, who until very recently lived lives much like ours, are now obliged to flee. Most European nurses cannot travel to countries neighbouring Ukraine to receive refugees crossing the borders, but many Ukrainian refugees will come to various places in Europe. Many of them will be traumatised and in need of health care, having experienced suffering greater than we can imagine. Myhrvold (2015) discusses nurses' ethical responsibility towards refugees in jurisdictional issues such as care for the undocumented, arguing that, for nurses, caring is boundaryless. She also discusses the ways in which '…differentness, extensive losses, and feelings of hopelessness 'and of helplessness are significant phenomena' (Myhrvold, 2006, p. 135) that can impact our efforts to create a truly inclusive ethics of care.

As nurses, we are specially trained to provide care. By virtue of our education and training, nurses can provide care to those who need it. We can also lead, administer and delegate to volunteers. And we can, and should, speak out in public, both cooperating with and influencing our politicians. Nurses are not usually engaged in politics; nevertheless, most politicians would benefit from more knowledge and understanding from out of nurses' experience and expertise.

We are aware that COVID-19 and the war in Ukraine are two completely different contexts. Nevertheless, they are both examples of our living in a global environment where pandemics and wars have consequences both locally and internationally, involving, for example, the fair distribution

of vaccine, access to energy and economic issues, such as the financial impact on individual households worldwide. The COVID-19 pandemic and the war in Ukraine have also given rise to global ethical challenges in human relations. Suddenly, we can more easily identify ourselves with the vulnerability of isolation, or with people on the run, and reflect on how best to support and care for, and about, vulnerable people.

Nurses and global health: Implications for nurses

Returning to the Code, and to the statements in the fourth element of the Code (Table 1), we find that some statements are quite understandable, statement 4.1, for example, which concerns values such as '…human rights, and the right to universal access to health care for all', and 4.2 which refers to '…upholding the dignity, freedom and worth of all human beings and opposing all forms of exploitation' (International Council of Nurses, 2021, p. 18). These statements are described at an individual level, which is how most nurses perform their daily work. The rest of the statements are at a policy, national or international level, and are therefore more distant from the regular nurse. They concern: health policy development; population health and work towards the achievement of the United Nations Sustainable Development Goals; social determinants of health; preserving, sustaining and protecting the natural environment; collaborating with other health and social care professions and the public, both nationally and internationally, in maintaining global health (International Council of Nurses, 2021, p. 18). These statements are to be discussed among nurses linked to curricula, to research and to politics. Still, the fourth element raises more questions than answers as addressing and implementing this global perspective on nursing care is complicated.

What does it mean that we as nurses should '…participate in human rights efforts, helping vulnerable populations, providing universal education, and mitigating hunger and poverty' (International Council of Nurses, 2021, p. 19)? And how could this be done? Is it, for example, possible for nurses to contribute to a more equal distribution of vaccine and advanced medical equipment? During the COVID-19 pandemic, an ethical dilemma for the individual nurse could emerge when vaccine was missing, and they could not fulfil their mission to their fellow human beings. However, the decisions about the distribution of vaccine are made at a higher organisational level. The tendency in crises seems to be that every country looks after their own inhabitants first, risking that vulnerable populations in other parts of the world are not prioritised. This is a paradox as, if we do not get a fair distribution of vaccine, we will never overcome the pandemic. Therefore, nurses cannot work only at the front line but need to have influence at a higher level, holding leading positions in healthcare organisations nationally and internationally, such as the European Union, the World Health Organization and the United Nations.

Each element of the Code is followed by an appendix with examples of how to apply that particular element. In the appendix about nurses and global health, nurses' responsibility for peace is addressed. Nurses as members and leaders of National Nurses Associations are expected to '…collaborate globally, nationally and regionally with governments and nursing agencies to further the ends of global peace and justice and ameliorate the causes of illness' (International Council of Nurses, 2021, p. 20). In the work of nurse educators and researchers, the task of promoting peace diplomacy and peace building in communities locally and globally is implicit. But how can nurses in the frontline '… embed the concepts of peace, peace diplomacy and peace building into their everyday practice' (International Council of Nurses, 2021, p. 20)? Nurses working in war zones are expected to care for enemy soldiers as well as their own soldiers in that all humans have the right to be treated the same following the Universal Declaration of Human Rights (United Nations, n.d.) and the ICN Code of Ethics for Nurses declaring that nurses '…support and respect the dignity and universal rights of all people' (International Council of Nurses, 2021, p. 7). Nurses might also meet soldiers or other persons as refugees in a distant country. People who have fled war do not always have the necessary documents required to access health care. Despite this, it happens that nurses and other health care staff provide care to these people, but in their spare time. Based on the Code, this can be seen as ethically correct, but at the same time, it involves a violation of legislation, which can lead to an ethical dilemma (Myhrevold, 2015). Nevertheless, we have been told by nurses that they find caring for these vulnerable people as the most meaningful task that they have experienced during their work.

Addressing questions concerning peace building is imperative. However, nurses' responsibility relating to peace and peace building is not self-evident and can be difficult to achieve at all levels of nursing, especially for the individual nurse. All these questions are grand questions that remind us of our responsibility as humans, and as nurses, in the world. However, there is no specific right answer as to how we should undertake this responsibility in practice.

CONCLUSION

Nurses' global health responsibility is even more relevant today than when revising the Code. In this paper, we have discussed the new element of the Code, Nurses and Global Health, with examples from global ethical challenges for nurses in relation to COVID-19 and the war in Ukraine.

Nurses worldwide provide care and support and can bring comfort and relief. The Code must protect the core values of nursing and specify what good practice should be. It should not only be fine words on a piece of paper but must be applied directly to our professional practice and be a guide for good professional nursing at every level. Nurses have a global responsibility that we cannot escape. In Europe, we are now facing up to this responsibility, and nurses have not, for many years, met such challenges in our part of the world. As Levinas

(2002) writes, responsibility is about an ethical duty when you face the other in that you have to answer to another person's needs. Vulnerable people in need of care must be seen as the other. His thoughts are simple; however, he gives no helpful instruction on how best to actually do it. In a way, it is the same when it comes to the Code, as the Code sets out the nurse's responsibility but gives very little or no guidance on how this is to be done. Therefore, the Code needs to be operationalised by means of ethical reflection and discussion in all contexts in which nurses work, from the policy level to the care environment. 'Normally, we are responsible for our own actions, but in ethical responsibility, we must assume responsibility for the Other' (Clancy & Svensson, 2007, pp. 159–160). We have no other choice.

AUTHOR CONTRIBUTIONS

Study design: BSB, CL; data collection: not applicable; data analysis: not applicable; study supervision: not applicable; manuscript writing: CL, BSB; critical revisions for important intellectual content: CL, BSB.

CONFLICTS OF INTEREST STATEMENT

The authors declare no potential conflicts of interest with respect to the authorship and/or publication of this article.

FUNDING INFORMATION

No funding.

ORCID

Catharina Lindberg RNIC, PhD https://orcid.org/0000-0001-7552-2717

Berit Støre Brinchmann RN, PhD https://orcid.org/0000-0001-6541-4931

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How to cite this article: Lindberg, C. & Brinchmann, B.S. (2023) Nurses and global health responsibility: In light of the COVID-19 pandemic and the war in Ukraine. *International Nursing Review*, 70, 141–144. https://doi.org/10.1111/inr.12844