VALIDADE DO CONTEÚDO DO INSTRUMENTO DE PESQUISA SOBRE QUESTÕES ÉTICAS NA CONDUÇÃO DA PANDEMIA DE COVID-19**CONTENT VALIDITY FOR THE RESEARCH INSTRUMENT REGARDING ETHICAL ISSUES IN HANDLING THE COVID-19 PANDEMIC****VALIDITAS ISI INSTRUMEN PENELITIAN TENTANG MASALAH ETIKA DALAM PENANGANAN PANDEMIK COVID-19**SURYADI, Taufik^{1*}; KULSUM, Kulsum²¹ Department of Forensic Medicine and Medicolegal, Faculty of Medicine, Universitas Syiah Kuala, Indonesia.² Department of Anaesthesiology and Intensive Care, Faculty of Medicine, Universitas Syiah Kuala, Indonesia.

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RESUMO

Na pandemia de COVID-19, o tratamento médico pode causar problemas éticos relacionados à disponibilidade de médicos, instalações hospitalares limitadas, problemas de exames de diagnósticos, equipamentos de proteção individual, falta de compreensão do público e falta de conscientização pública na prevenção e redução do risco de contratação do COVID-19. É necessária pesquisa relacionada a essas questões éticas, envolvendo médicos como sujeitos de pesquisa. Em todo estudo, é necessário um instrumento válido para responder ao problema de pesquisa. Um dos métodos de validade do instrumento é a validade de conteúdo. A validade de conteúdo é evidência essencial para apoiar a validade de uma ferramenta de medição, como um questionário para pesquisa. Este instrumento de pesquisa teve como objetivo determinar a capacidade dos médicos de identificar quatro princípios éticos básicos e suas atitudes em relação ao tratamento do COVID-19. Em um estudo de ética médica no tratamento da pandemia do COVID-19, um teste de validade de conteúdo foi realizado envolvendo 9 especialistas, sendo 5 bioeticistas e 4 especialistas do COVID-19. A validade de conteúdo foi realizada em 36 pontos de afirmações relacionadas a questões éticas que surgiram no manejo da pandemia COVID-19. Os resultados da validação dos 36 itens do enunciado obtiveram um IVC inicial de 0,646, mas foram eliminados 7 itens porque o CVR estava muito longe do valor crítico. Após a eliminação, havia 29 itens da afirmativa utilizados como instrumento de pesquisa com um IVC de 0,738. O valor médio da concordância entre os avaliadores nos itens do enunciado foi de 0,78, e o valor médio da proporção da relevância dos itens do enunciado foi de 0,83 (valor de recomendação 0,90). No teste de confiabilidade pelo método alfa de Cronbach, o valor do coeficiente de confiabilidade foi de 0,732 ($0,70 < r > 0,90$), pode-se afirmar que a validade de conteúdo do questionário é válida e confiável para este instrumento de pesquisa.

Palavras-chave: *validade de conteúdo, COVID-19, ética médica, instrumento de pesquisa.***ABSTRACT**

In the COVID-19 pandemic, medical handling can cause ethical problems related to the availability of doctors, limited hospital facilities, diagnostic test problems, personal protective equipment, lack of public understanding, and a lack of public awareness in preventing and reducing the risk of contracting COVID-19. Research is needed relating to these ethical issues by involving doctors as research subjects. In every study, a valid instrument is required to answer the research problem. One of the methods of instrument validity is content validity. Content validity is essential evidence to support the validity of a measuring tool such as a questionnaire for research. This research instrument aimed to determine the ability of doctors to identify four basic ethical principles and their attitudes towards handling COVID-19. In a study of medical ethics in managing the COVID-19 pandemic, a content validity test was carried out by involving 9 experts consisting of 5 bioethicists and 4 COVID-19 experts. The validity of the contents was carried out on 36 points of statements related to ethical issues that arose in handling the COVID-19 pandemic. The results of the validation of the 36 statement items obtained an initial CVI of 0.646, but 7 items were eliminated because the CVR was too far from the critical

value. After elimination, there were 29 statement items used as a research instrument with a CVI of 0.738. The average value of the agreement between the raters on the statement items was 0.78. The average value of the proportion of the relevance of the statement items was 0.83 (recommendation value 0.90). In the reliability test using the Cronbach's alpha method, the value of the reliability coefficient was 0.732 ($0.70 < r_i < 0.90$), it can be stated that the content validity of the questionnaire is valid and reliable for this research instrument.

Keywords: *content validity, COVID-19, medical ethics, research instrument*

ABSTRAK

Pada kondisi pandemic COVID-19, penanganan medik dapat menimbulkan masalah etika terkait ketersediaan dokter, keterbatasan fasilitas rumah sakit, masalah uji diagnostik, alat pelindung diri, kurangnya pemahaman masyarakat, serta kurangnya kepedulian masyarakat dalam mencegah dan mengurangi resiko tertular COVID-19. Diperlukan penelitian terkait isu etik tersebut dengan melibatkan dokter sebagai subjek penelitian. Dalam setiap penelitian dibutuhkan instrumen yang valid untuk menjawab masalah penelitian. Salah satu metode validitas instrumen adalah validitas isi. Validitas isi merupakan bukti esensial untuk mendukung validitas suatu alat ukur seperti kuesioner untuk penelitian. Instrumen penelitian ini bertujuan untuk mengetahui kemampuan dokter dalam mengidentifikasi empat prinsip dasar etika terkait COVID-19 dan sikapnya terhadap penanganan COVID-19. Dalam kajian masalah etika kedokteran dalam penanganan pandemi COVID-19 dilakukan uji validitas isi dengan melibatkan 9 orang ahli yang terdiri dari 5 ahli bioetika dan 4 ahli COVID-19. Validitas isi dilakukan terhadap 36 butir pernyataan terkait masalah etika yang muncul dalam penanganan pandemi COVID-19. Hasil validasi 36 item pernyataan diperoleh Content Validation Index (CVI) awal sebesar 0.646, tetapi 7 item dieliminasi karena Content Validation Ratio (CVR) terlalu jauh dari nilai kritis CVR. Setelah dilakukan eliminasi, terdapat 29 item pernyataan yang digunakan sebagai instrumen penelitian dengan CVI sebesar 0.738. Rata-rata nilai kesepakatan antar penilai pada item pernyataan adalah 0,78, dan nilai rata-rata proporsi relevansi item pernyataan adalah 0,83 (nilai rekomendasi 0.90). Pada uji reabilitas dengan menggunakan metode Cronbach's alpha didapatkan nilai koefisien reabilitas 0.732 ($0.70 < r_i < 0.90$), maka dapat dinyatakan bahwa validitas isi kuisioner ini valid dan reliabel untuk instrument penelitian ini.

Kata kunci: *validitas isi, COVID-19, etika kedokteran, instrumen penelitian*

1. INTRODUCTION:

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), originally named novel coronavirus or 2019-nCoV, is one of the single-stranded ribonucleic acid (RNA) viruses which are known to infect humans. This virus causes Coronavirus Disease 2019 (COVID-19), which is an infection of the lower respiratory tract that has the potential to cause the novel coronavirus (2019-nCov) - infected pneumonia (NCIP), which is severe and possibly fatal in humans. This pathogen was identified from the patient's throat swab sample. Types of diagnostic tests that can be performed currently being performed to detect coronavirus are reverse-transcription polymerase chain reaction (RT-PCR), real-time PCR (rRT-PCR), and reverse transcription loop-mediated isothermal amplification (RT-LAMP) (Nicola *et al.*, 2020; Harapan *et al.*, 2020; Jamil *et al.*, 2020).

COVID-19 was declared a pandemic on March 11, 2020 by the World Health Organization (WHO). Currently, the COVID-19 pandemic is the biggest challenge for the health sector worldwide (McGuire *et al.*, 2020). The handling of the COVID-19 pandemic has raised issues of

medical ethics that are of concern to all groups, including the general public (Montazeri, 2020). The spike in COVID-19 cases has overwhelmed health systems around the world. This increasing number of cases requires treatment in hospitals with limited facilities, the results of which may not be as expected, especially for patients with comorbidities or those over 80 years of age. (Xafis *et al.*, 2020).

From a public health view of point, the pandemic condition raises several ethical challenges in the form of public distrust of this pandemic condition, a lack of public knowledge about the dangers of this outbreak, and a lack of public awareness about the importance of preventing the spread of COVID-19 through several programs that have been delivered by health workers (Asghari and Tehrani, 2020). Several efforts to control the spread of COVID-19 were carried out with large-scale social restrictions, travel restrictions, social distancing, quarantine to lockdowns (Xafis *et al.*, 2020).

Issues related to medical ethics that arise include confirmed or probable COVID 19 patient who refuses to preventive, diagnostic and therapeutic measurement (Asghari and Tehrani, 2020), patients other than COVID-19 who are

rejected by the hospital because the hospital is full, particularly access to intensive care resources (Huxtable, 2020), personal information on COVID-19 patients, the spread of false information (Yusof *et al.*, 2020). This raises ethical challenges when the health system has reached its maximum capacity to handle the influx of patients during a pandemic (McGuire *et al.*, 2020).

In the spread of the COVID-19 pandemic throughout the region, in practice, there may be an inability to meet needs and spread it. A shortage of hospital beds, labor, medicine, and equipment is one of the limited resources in a pandemic. As the number of COVID-19 cases increases, discussions regarding ventilator allocation criteria have emerged in several countries. In making decisions about resource allocation, a balance between benefits and equity must be met. Increased balance in allocating ventilators for people who have a better chance of survival (Robert *et al.*, 2020).

The COVID-19 pandemic has caught the attention of both the medical community and the public, which has raised several problems not only related to medical but also related to medical ethics and humanities. The medical profession emphasizes ethical competence, morals, and medical professionalism. This is because these competencies will support the participation of health workers in patient safety, which is central to better medical services (Suryadi and Kulsum, 2020).

Seeing the importance of physician's knowledge regarding ethical issues in handling the COVID-19 pandemic, research on this topic is needed. To be able to do research, a valid instrument is needed so that the research results can be accounted for scientifically (Yusoff, 2019). One of the instrument validity tests is done by using content validity. Content validity is carried out by expert panels that understand the research problem (Cabatan *et al.*, 2020). Some literature requires a minimum of 5 experts to validate the instrument (Rodrigues *et al.*, 2017; Cabatan *et al.*, 2020).

Content validity is an instrument content validation technique by assessing the relevance of the questions or statements in the questionnaire to be filled in by the respondent. The results of the content validity are beneficial for researchers in ensuring that the questionnaire is following the questions, objectives and benefits of the study (Rodrigues *et al.*, 2017; Yusoff, 2019).

This paper aimed to address the following research objectives: (1) to develop a

questionnaire that will describe the relationship between a knowledge of physician regarding ethical issues and their attitude in handling the COVID-19 pandemic, (2) to determine the content validity of the questionnaire.

2. MATERIALS AND METHODS:

This study used an instrument development design to develop and determine the content validity of the questionnaire (see Appendix). The steps in determining content validity can be carried out in six stages, namely: (1) preparing content validity forms, (2) determining experts who will review content validity, (3) asking reviewers to assess the relevance of statement items, (4) reviewing domain and items, (5) determining the score of each statement item, (6) calculating Item Content Validity Index (I-CVI), Scale Content Validity Index (S-CVI), Content Validity Ratio (CVR), and Content Validity Index (CVI) (Yusoff, 2019; Cabatan *et al.*, 2020).

2.1. Preparing content validity form

The purpose of the instrument was to develop a comprehensive tool to describe the ability of a physician to identify ethical issues in handling COVID-19. The content validity form consists of 3 parts, namely the first part about statement items regarding ethical issues in handling COVID-19, the second part about four basic ethical principles (beneficence, non-maleficence, justice and autonomy), and the third part regarding the statement of the respondent's attitude towards the issues with a 5-point Likert scale, namely the value 1 = *strongly disagree*, 2 = *disagree*, 3 = *doubtful*, 4 = *agree*, 5 = *strongly agree*.

The content validity form is structured so that reviewers easily understand the contents of the questionnaire and can provide appropriate assessments and make suggestions for correcting sentences in the questionnaire. Instructions for filling in content validity, reviewers are asked to provide an assessment of the parameters/item statements by looking at the relevance (suitability) with existing aspects. For the relevancy scale, a 4-point Likert scale was used. The rating ranges from 1 to 4 with the following details: value 1 = *not relevant*, 2 = *somewhat relevant*, 3 = *quite relevant*, 4 = *very relevant*. Ratings of 1 and 2 are considered content invalid while ratings of 3 and 4 are considered content valid (Rodrigues *et al.*, 2017; Zamanzadeh *et al.*, 2017, Amaya *et al.*, 2016).

2.2. Determining experts who will review content validity

The selection of who will review and criticize the validity of the content of the research instrument is usually determined by looking at professional skills and research-related expertise (Yusoff, 2019). The experts were selected based on the following criteria: (1) holder of a master's or doctoral degree, (2) specialist or consultant in medicine, (3) five or more years of academic faculty experience, (4) had experience in the field of bioethics and had possessed national certificate as bioethics teacher, (5) had experience in handling COVID-19 pandemic (Cabatan *et al.*, 2020). In this study, content validation was carried out by involving 9 experts experienced in their fields (4 people from outside the institution where the research was carried out) consisting of 5 bioethicists and 4 medical experts in handling COVID-19. The characteristics of the 9 experts can be seen in table 1.

2.3. Asking reviewers to assess the relevance of statement items

In this questionnaire content validity test was carried out using an online system. The researcher sent the questionnaire content validity form via email or other social media. Researchers provide information related to the research conducted and ask the experts for approval to participate as validators. Before assessing the relevance of the research instrument, the researcher explains the research questions, the objectives, and the benefits of the research. In the content validity assessment carried out, experts have agreed verbally and are willing to fill in and validate the statement items in the content validation form. Experts are given the freedom to provide their views regarding the relevance of each item and are also asked to give suggestions for improvements both in grammar and the content of the statement (Masuwai *et al.*, 2016).

2.4. Reviewing domain and items

In this study, an assessment of a questionnaire that will describe the relationship between a knowledge of physician regarding ethical issues and their attitude in handling the COVID-19 pandemic was conducted. In the content validity form, an explanation has been given about what the experts should judge. Experts provide comments on each questionnaire statement according to their expertise. On the validity of the contents of this questionnaire, the experts provided an opinion on ethical issues that

arose in each statement item. Experts write their suggestions in the column that has been provided. These suggestions are used to improve the relevance of the questionnaire content (Zamanzadeh *et al.*, 2017). Some of the corrections needed to improve the questionnaire content consisted of grammatical suitability, clarification of confusing terms, correction of word choice, correction of sentence structure, the suitability of letter size, and suitability of the structure of the questionnaire content. (Masuwai *et al.*, 2016).

2.5. Determining the score of each statement item

To complete the review that has been carried out, the experts are requested to determine the score of each statement item. After the experts have finished reviewing the contents of the questionnaire, the experts are requested to send the review results to the researcher (Yusoff, 2019). Each item is declared valid if more than 70% of the number of experts assesses the content of the statement as relevant to the research objectives (Amaya *et al.*, 2016).

2.6. Calculating I-CVI, CVR, and CVI

By looking at the degree of agreement of all reviewers for each item of the questionnaire statement. Cohen's Kappa index (CKI) can be determined. CKI is often referred to as the inter-rater agreement, most easily indicated by a percentage (Masuwai *et al.*, 2016). CKI also has the same meaning as the item Content Validity Index (I-CVI) (Yusoff, 2019).

In determining the validity of the instrument, it was carried out using the content validity ratio (CVR) according to Lawshe equation. CVR is a method that aims to find out whether a test is valid so that it can measure what we want to measure. Equation 1 is used to calculate the Lawshe CVR:

$$CVR = \frac{ne - \frac{N}{2}}{\frac{N}{2}} \quad (\text{Eq.1})$$

Information: ne = number of experts who agree; N = The number of all validating experts. Based on this equation, the CVR value for each point can be obtained. The meaning of this Lawshe equation is: If the validator who agrees is less than half of the total number of validators, the CVR value is negative; if the validator who agrees is precisely half of the total number of validators, the CVR value is zero; and if the validator who agrees is more than half of the total

number of validators, the CVR value is between 0 – 1 (Hendryadi, 2017; Rodrigues *et al.*, 2017).

Each point is accepted if the point has a value greater than the critical value of CVR and/or greater than I-CVI. The CVR value obtained from the calculation results were compared with the critical value of the CVR based on the number of validators as listed in Table 2. (Ayre and Scally, 2014; Bashooir and Supahar, 2018).

Table 2. CVR Critical Value (one-tailed, $\alpha = 0,05$)

Number of Validators	Proportion agreeing essential (I-CVI)	CVR Critical Value
5	1	1
6	1	1
7	1	1
8	0,875	0,775
9	0,889	0,778
10	0,900	0,800

After identifying each point using CVR, then calculating the CVI, which is the average of the CVR value. The CVI was calculated using equation 2:

$$CVI = \frac{\sum CVR}{\text{Number of test items}} \quad (\text{Eq. 2})$$

3. RESULTS AND DISCUSSION:

3.1. Identification of ethical issues

Identification of ethical issues based on the four basic principles of ethics is beneficence, non-maleficence, justice, and autonomy. These principles have a profound effect, not only in medical ethics academically but also in their application in clinical situations to make ethical clinical decisions. Recognizing ethical issues will make it easier for doctors to deal with difficult situations and get through them well and correct according to relevant ethical principles (Henky, 2018). According to the assessment by the panelist, ethical issues related to the COVID-19 pandemic can be seen in Table 3.

Table 3. Basic ethical principles

Basic ethical principles	Number of statement items
Beneficence	S1,S2,S4,S5,S6,S8,S9
Non-maleficence	S10,S14,S15,S21
Justice	S7,S12,S16,S17,S18,S19, S20,S22,S23,S24,S25,S26, S27,S29,S30,S34
Autonomy	S3,S11,S13,S28,S31,S32, S33,S35,S36

Panelists grouped the four basic principles of ethics based on the suitability of statement items with each basic ethical principle (Page, 2012). The principle of beneficence is always related to kindness, providing benefits, convenience, affection and attention. The principle of non-maleficence relates to preventing risk, harm, damage, loss, or injury. The principle of justice relates to justice, equal rights, protection against discrimination, abuse, disease transmission, and several things related to the social context. The principle of autonomy talks about respect for human dignity, protection of vulnerable people, and granting the right to individual freedom (Afandi, 2017; Page, 2012; Pozgar, 2020).

In the context of handling the COVID-19 pandemic, many things are related to ethics, including discrimination and stigmatization of patients infected with COVID-19, patient rejection by community members, and information that is not following reality (Yusof *et al.*, 2020). From the hospital side, ethical problems that arise are limited human resources and facilities and lack of personal protective equipment (McGuire *et al.*, 2020).

3.2. Item Content Validity Index (I-CVI) and Scale Content Validity Index (S-CVI)

Content validity was determined by calculating for I-CVI and S-CVI from an experts rating (Cabatan *et al.*, 2020). I-CVI is the number of experts who agree divided by the number of experts (Yusoff, 2019; Rodrigues *et al.*, 2017). The I-CVI should be 0.889 or higher, with nine experts. I-CVI lower than 0.889 were deleted or revised (Ayre and Scally, 2014; Bashooir and Supahar, 2018; Cabatan *et al.*, 2020).

In the study, for the I-CVI calculation, twenty-nine items (80,56%) were marked as appropriate (17 items are valid and 12 items need to be revised), and the I-CVI's ranged from 0.44-1.00. Eight items had an I-CVI = 1.00, nine a score of 0.89, twelve a score of 0.78, six a score

of 0.67, and one a score of 0.44. Value range from 0 to 1 where I-CVI > 0.79, the item is relevant, between 0.70 and 0.79, the item needs revision, and if the value is below 0.70, the item is eliminated (Rodrigues *et al.*, 2017).

The S-CVI is the average of I-CVI of all items of the scale. S-CVI 0.90 or more for a scale to have excellent content validity is recommended (Cabatan *et al.*, 2020; Rodrigues *et al.*, 2017; Yusoff *et al.*, 2019). The value of relevance and agreement of each statement item can be seen in table 4. In Table 4, it is obtained that the average agreement value of all experts on statement items (S-CVI/ave) based on I-CVI is 0.78, and the average value of the proportion of relevance to statement items is 0.83.

3.3. Content Validity Ratio (CVR) and Content Validity Index (CVI)

All content validity (CVR and CVI) calculations can be seen in Table 5. For the CVR calculation, twenty-nine items (80,56%) were marked as remained (17 items are valid and 12 items need to be revised), and the CVR ranged from -0.11-1.00. Eight items had a CVR = 1.00, nine a score of 0.78, twelve a score of 0.56, six a score of 0.33, and one a score of -0.11. The CVR should be 0.778 or higher, with nine experts. CVR lower than 0.778 was deleted or revised (Ayre and Scally, 2014; Bashooir and Supahar, 2018).

In addition to calculating the CVR of each statement item, we also must calculate the CVI value. CVI value is the average result of the CVR value, namely 0.646. After calculating the CVR and I-CVI of each item, the results were several statement items that had to be eliminated even though, in fact, according to the researcher, the statement item was essential to answer the research question (can be seen in Table 6). These results indicate that of the 36 statements, there are 7 statements must be eliminated because the CVR and I-CVI are too small than the critical value (0,778). After 7 statements item was eliminated, CVI value is to be 0,738, and the S-CVI value is to be 0.814. From this CVI value, it can be stated that the instrument content validity is a high level.

3.4. Reliability test

One way to determine the reliability of the instrument is to determine the alpha coefficient value. Alpha reliability has a value range of 0 to 1, provided that an instrument is considered reliable if in preliminary research the reliability value of alpha is 0.70, in basic research is 0.80

and in medical research is 0.95 (Bashooir and Supahar, 2018). When using the Cronbach's alpha coefficient, the instrument is considered to be reliable if the coefficient value is between 0.70 to 0.90 (Yusup, 2018). In this study, the Cronbach's alpha coefficient value was 0.732, so it can be stated that the research instrument is reliable.

4. CONCLUSIONS:

The validation of the research instrument in the form of a questionnaire using the content validity conducted and assessed by experts had many advantages and the potential to be developed in various studies because the results of this validation were of very high quality. In this study, the validity of the contents of the questionnaire was found to be high in terms of the CVI value. To support the increase in content validity, it is necessary a reliability test was also obtained. With high-level content validity, it can make it easier for researchers to prepare their research, which, of course, will produce quality scientific work.

5. ACKNOWLEDGMENTS

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6. ETHICAL STATEMENT

Consent to participate has been obtained from the experts was verbally

7. COMPETING INTEREST

The authors declare that there are no competing interests related to the study

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Table 1. Characteristics of CVR test panelists.

No.	Expertise	Field to be reviewed	Institution
1.	Doctor of Bioethics and Medical Humanities	Ethical issues	Universitas Jendral Soedirman
2.	Doctor of Bioethics and Master of Medical Education	Ethical issues	Universitas Pembangunan Nasional
3.	Doctor of Bioethics and Forensic Medicine Specialist, Ethics and Medicolegal Consultant	Ethical issues	Universitas Indonesia
4.	Doctor of Medical Science and Obstetrician Gynaecologist, Consultant	Ethical issues	Universitas Muslim Indonesia
5.	Doctor of Medical Education, Master of Disaster Management	Ethical issues	Universitas Syiah Kuala
6.	Doctor of Medical Sciences and Pulmonologist and Respiratory Medicine, Consultant	Medical aspect of COVID-19	Universitas Syiah Kuala
7.	Anaesthesiology and Intensive Care Specialist, Neuro-Anaesthesiologist Consultant	Medical aspect of COVID-19	Universitas Syiah Kuala
8.	Chair of the Task Force Handling COVID-19 and an Anatomy-Histologist	Medical aspect of COVID-19	Universitas Syiah Kuala
9.	Member of the Task Force Handling COVID-19 and Microbiologist, Tropical Disease Expert	Medical aspect of COVID-19	Universitas Syiah Kuala

Table 4. The value of relevance and agreement of each statement item

Items	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	Expert 7	Expert 8	Expert 9	I-CVI
S1	4	3	4	4	4	4	4	4	4	1,00
S2	1	3	4	4	4	4	4	4	4	0,89
S3	4	3	1	3	4	4	4	4	4	0,89
S4	4	4	4	4	4	4	4	4	4	1,00
S5	4	3	2	3	4	4	3	4	4	0,89
S6	1	2	3	3	4	4	3	4	4	0,78
S7	1	3	1	3	4	4	2	4	4	0,67
S8	2	2	1	2	4	4	4	1	4	0,44
S9	1	4	1	4	4	4	4	4	4	0,78
S10	4	4	1	3	4	4	4	4	4	0,89
S11	4	4	1	3	4	4	4	3	4	0,89
S12	4	4	2	3	4	4	4	3	4	0,89
S13	2	3	2	4	4	4	4	4	4	0,78
S14	2	3	2	4	4	4	4	1	4	0,67
S15	1	2	3	3	4	4	4	3	4	0,78
S16	1	4	2	3	2	4	4	4	4	0,78
S17	1	4	2	4	2	4	4	4	4	0,67
S18	1	4	2	4	2	4	4	4	4	0,67
S19	3	4	1	3	2	4	4	4	3	0,78
S20	3	4	1	3	2	4	4	4	4	0,78
S21	4	4	2	3	4	4	3	4	4	0,89
S22	3	3	3	3	4	4	4	4	4	1,00
S23	1	3	1	3	4	4	4	4	4	0,78
S24	2	3	4	3	2	4	4	4	3	0,78
S25	1	3	4	3	2	4	4	4	4	0,78
S26	3	3	4	3	2	4	4	4	4	0,89
S27	2	3	4	3	2	4	4	4	4	0,78
S28	4	4	4	3	4	4	4	4	4	1,00
S29	3	4	1	2	4	4	4	4	4	0,78
S30	3	4	1	2	4	4	4	1	3	0,67
S31	3	4	1	3	4	4	4	4	4	0,89
S32	4	4	4	3	4	4	4	4	4	1,00
S33	4	4	4	3	4	4	3	4	4	1,00
S34	3	4	3	3	4	4	4	4	4	1,00
S35	3	4	4	3	4	4	4	4	4	1,00
S36	3	4	4	3	4	4	4	4	4	1,00
S-CVI/ave: The average agreement value of all experts on statement items based on I-CVI										0,78
Proportion Relevance	0,58	0,92	0,44	0,92	0,69	1,00	0,97	0,92	1,00	
S-CVI/ave based on the average proportion of items judges as relevance across the nine experts										0,83

Table 5. Content Validity Ratio and Item-Content Validity Index

Item No.	Statement Items	Relevant (rating 3 or 4)	Not relevant (rating 1 or 2)	Number of agreement (Ne)	CVR	I-CVI	Interpretation
S1	Doctors who are not equipped with complete personal protective equipment (PPE) have the right to refuse to examine patients suspected of having COVID-19.	9	0	9	1	1,00	Appropriate
S2	Doctors who are not equipped with personal protective equipment (PPE) have the right to refuse to treat patients suspected of having COVID-19.	8	1	8	0,78	0,89	Appropriate
S3	Doctors may notify patient data to the general public to prevent the spread of COVID-19.	8	1	8	0,78	0,89	Appropriate
S4	The doctor has the right to ask about the patient's travel history for tracking purposes	9	0	9	1	1,00	Appropriate
S5	During a pandemic, using drugs on the market to treat COVID -19 patients is allowed even without going through the clinical trial stage.	8	1	8	0,78	0,89	Appropriate
S6	During a pandemic, taking drugs on the market to treat COVID -19 patients isolated independently in their homes is allowed even without a doctor's prescription.	7	2	7	0,56	0,78	Appropriate but need for revision
S7	Doctors who receive incentives (additional income) for treating COVID -19 patients do not violate the medical code of ethics.	6	3	6	0,33	0,67	Eliminated
S8	Doctors who transmit COVID-19 to their patients (who were not previously COVID-19 patients) receive ethical sanctions	5	4	4	-0,11	0,44	Eliminated
S9	Doctors have the right to receive protection while working during the COVID-19 pandemic	7	2	7	0,56	0,78	Appropriate but need for revision
S10	The doctor has the right to ask someone who is categorized as a suspect	8	1	8	0,78	0,89	Appropriate

	or close contact with a probable/confirmed COVID-19 person to self-isolate.						
S11	A person categorized as a suspect or in close contact with a probable/confirmed COVID -19 person has the right to refuse self-isolation.	8	1	8	0,78	0.89	Appropriate
S12	A person categorized as a suspect or in close contact with a probable/confirmed COVID -19 person who does not want to perform self-isolation may be forcibly picked up.	8	1	8	0,78	0,89	Appropriate
S13	A person who has been confirmed as COVID-19 and refuses to be treated can be forced into isolation.	7	2	7	0,56	0,78	Appropriate but need for revision
S14	A person who has been confirmed COVID -19 can be forcibly picked up to be hospitalized.	6	3	6	0,33	0.67	Eliminated
S15	Someone who has symptoms similar to COVID-19 but there is no result of the swab being treated for COVID-19	7	2	7	0,56	0,78	Appropriate but need for revision
S16	Screening of body temperature in all public service places is needed to reduce the risk of spreading COVID-19	6	3	6	0,33	0,67	Eliminated
S17	Washing your hands with soap or hand sanitizer is needed to reduce the risk of spreading COVID-19	6	3	6	0,33	0,67	Eliminated
S18	Wearing masks at all public service places is necessary to reduce the risk of spreading COVID-19	6	3	6	0,33	0,67	Eliminated
S19	People who reject COVID-19 patients in their environment are violating social ethics	7	2	7	0,56	0,78	Appropriate but need for revision
S20	People who reject the dead bodies of COVID-19 patients are violating social ethics	7	2	7	0,56	0,78	Appropriate but need for revision
S21	COVID-19 vaccine trials can be carried out directly on humans.	8	1	8	0,78	0,89	Appropriate

S22	New non- COVID-19 patients should not be hospitalized because hospitals need a place to treat COVID-19 patients	9	0	9	1	1,00	Appropriate
S23	Non- COVID-19 patients who have been hospitalized should be discharged because hospitals need a place to treat COVID-19 patients	7	2	7	0,56	0,78	Appropriate but need for revision
S24	All rapid tests / RT-PCR should be made free so that all people can be examined for COVID-19 detection	7	2	7	0,56	0,78	Appropriate but need for revision
S25	COVID-19 and non-COVID-19 patients deserve the same treatment	7	2	7	0,56	0,78	Appropriate but need for revision
S26	Allocation of funding for health services is prioritized for COVID-19 patients	8	1	8	0,78	0,89	Appropriate
S27	Changes in professional care providers such as doctors, nurses and other health workers for COVID-19 patients are carried out regularly according to needs	7	2	7	0,56	0,78	Appropriate but need for revision
S28	Residents with a high risk of contracting COVID-19 have the right to refuse the rapid test / RT-PCR.	9	0	9	1	1,00	Appropriate
S29	COVID-19 patients who have a history of comorbid diseases are prioritized for hospitalization.	7	2	7	0,56	0,78	Appropriate but need for revision
S30	COVID-19 patients with a weak economic level are prioritized for hospitalization.	6	3	6	0,33	0,67	Eliminated
S31	COVID-19 patients who are elderly are prioritized for getting treatment at the hospital.	8	1	8	0,78	0,89	Appropriate
S32	Each person has the right to use or not use masks during a COVID-19 pandemic because this is an individual's autonomous right.	9	0	9	1	1,00	Appropriate
S33	Personal data of COVID-19 patients may be published.	9	0	9	1	1,00	Appropriate

S34	Lockdowns during a COVID-19 pandemic violate the rights of individual freedoms.	9	0	9	1	1,00	Appropriate
S35	Families of COVID-19 patients can forcibly bring COVID-19 patients home.	9	0	9	1	1,00	Appropriate
S36	Families of COVID-19 patients can forcibly take the dead bodies of COVID-19 patients.	9	0	9	1	1,00	Appropriate
CVR and CVI values for the 36 initial statement items					$\sum$ CVR= 23,27	$\sum$ I- CVI= 28,08	CVI= 0,646, and S-CVI= 0.780
CVR and CVI values after 7 statements are eliminated					$\sum$ CVR (ae)= 21,40	$\sum$ I- CVI (ae)= 23,62	CVI (ae)= 0,738, and S-CVI (ae) = 0,814

Table 6. List of eliminated statement

Items	Statements item was eliminated	Panelist comment
S7	Doctors who receive incentives (additional income) for treating COVID -19 patients do not violate the medical code of ethics.	Too obvious
S8	Doctors who transmit COVID-19 to their patients (who were not previously COVID-19 patients) receive ethical sanctions	Debatable
S14	A person who has been confirmed COVID -19 can be forcibly picked up to be hospitalized.	The essence of the statement is the same as the previous question
S16	Screening of body temperature in all public service places is needed to reduce the risk of spreading COVID-19	Tend to be medical, not ethical.
S17	Washing your hands with soap or hand sanitizer is needed to reduce the risk of spreading COVID-19	Tend to be medical, not ethical.
S18	Wearing masks at all public service places is necessary to reduce the risk of spreading COVID-19	Tend to be medical, not ethical.
S30	COVID-19 patients with a weak economic level are prioritized for hospitalization.	Ethical issues become clearer if reasons are added

QUESTIONNAIRE SHEET

1. Respondent data

- a. Serial number :
 b. Place of duty :
 c. Gender :
 d. Age :

2. Questionnaires

Choose the answer that suits your opinion by putting a cross mark (X) on the available answer choices.

Item No.	Statement Items	The relevancy scale	What ethical principles are contained in the statement?	What is your attitude towards that statement?
S1	Doctors who are not equipped with complete personal protective equipment (PPE) have the right to refuse to examine patients suspected of having COVID-19.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S2	Doctors who are not equipped with personal protective equipment (PPE) have the right to refuse to treat patients suspected of having COVID-19.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S3	Doctors may notify patient data to the general public to prevent the spread of COVID-19.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S4	The doctor has the right to ask about the patient's travel history for tracking purposes	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S5	During a pandemic, using drugs on the market to treat COVID -19 patients is allowed even without going through the clinical trial stage.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S6	During a pandemic, taking drugs on the market to treat	☐ Not relevant ☐ Somewhat relevant	☐ Beneficence ☐ Nonmaleficence	☐ Strongly disagree ☐ Disagree

	COVID -19 patients isolated independently in their homes is allowed even without a doctor's prescription.	☐ Quite relevant ☐ Very relevant	☐ Justice ☐ Autonomy	☐ Doubtful ☐ Agree ☐ Strongly agree
S7	Doctors who receive incentives (additional income) for treating COVID -19 patients do not violate the medical code of ethics.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S8	Doctors who transmit COVID-19 to their patients (who were not previously COVID-19 patients) receive ethical sanctions	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S9	Doctors have the right to receive protection while working during the COVID-19 pandemic	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S10	The doctor has the right to ask someone who is categorized as a suspect or close contact with a probable/confirmed COVID-19 person to self-isolate.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S11	A person categorized as a suspect or in close contact with a probable/confirmed COVID -19 person has the right to refuse self-isolation.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S12	A person categorized as a suspect or in close contact with a probable/confirmed COVID -19 person who does not want to perform self-isolation may be forcibly picked up.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S13	A person who has been confirmed as COVID-19 and	☐ Not relevant ☐ Somewhat relevant	☐ Beneficence ☐ Nonmaleficence	☐ Strongly disagree ☐ Disagree

	refuses to be treated can be forced into isolation.	☐ Quite relevant ☐ Very relevant	☐ Justice ☐ Autonomy	☐ Doubtful ☐ Agree ☐ Strongly agree
S14	A person who has been confirmed COVID -19 can be forcibly picked up to be hospitalized.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S15	Someone who has symptoms similar to COVID-19 but there is no result of the swab being treated for COVID-19	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S16	Screening of body temperature in all public service places is needed to reduce the risk of spreading COVID-19	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S17	Washing your hands with soap or hand sanitizer is needed to reduce the risk of spreading COVID- 19	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S18	Wearing masks at all public service places is necessary to reduce the risk of spreading COVID- 19	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S19	People who reject COVID-19 patients in their environment are violating social ethics	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S20	People who reject the dead bodies of COVID-19 patients are violating social ethics	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S21	COVID-19 vaccine trials can be carried out directly on humans.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S22	New non- COVID-19 patients should not be hospitalized	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice	☐ Strongly disagree ☐ Disagree ☐ Doubtful

	because hospitals need a place to treat COVID-19 patients	☐ Very relevant	☐ Autonomy	☐ Agree ☐ Strongly agree
S23	Non- COVID-19 patients who have been hospitalized should be discharged because hospitals need a place to treat COVID-19 patients	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S24	All rapid tests / RT-PCR should be made free so that all people can be examined for COVID-19 detection	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S25	COVID-19 and non-COVID-19 patients deserve the same treatment	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S26	Allocation of funding for health services is prioritized for COVID-19 patients	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S27	Changes in professional care providers such as doctors, nurses and other health workers for COVID-19 patients are carried out regularly according to needs	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S28	Residents with a high risk of contracting COVID-19 have the right to refuse the rapid test / RT-PCR.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S29	COVID-19 patients who have a history of comorbid diseases are prioritized for hospitalization.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S30	COVID-19 patients with a weak economic level are prioritized for hospitalization.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree

S31	COVID-19 patients who are elderly are prioritized for getting treatment at the hospital.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S32	Each person has the right to use or not use masks during a COVID-19 pandemic because this is an individual's autonomous right.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S33	Personal data of COVID-19 patients may be published.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S34	Lockdowns during a COVID-19 pandemic violate the rights of individual freedoms.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S35	Families of COVID-19 patients can forcibly bring COVID-19 patients home.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree
S36	Families of COVID-19 patients can forcibly take the dead bodies of COVID-19 patients.	☐ Not relevant ☐ Somewhat relevant ☐ Quite relevant ☐ Very relevant	☐ Beneficence ☐ Nonmaleficence ☐ Justice ☐ Autonomy	☐ Strongly disagree ☐ Disagree ☐ Doubtful ☐ Agree ☐ Strongly agree