Bioethical Governance and Quality of Life in Post-COVID-19 Recovery: Perspectives of Health Professionals in Mexico City

Cruz García Lirios [1]*, Nadya Elizabeth Vázquez Segura [2], Sonia Sujell Vélez Báez [3], Héctor Daniel Molina Ruíz [4], Wilfrido Isidro Aldana Balderas [5], Felipe de Jesús Vilchis Mora [6], Reyna Amador Velázquez [7]

[1]Universidad de la Salud, Mexico City, Mexico

[2]Universidad Autónoma del Estado de México

[3]Universidad Autónoma del Estado de Morelos

[4]Universidad de la Salle, CDMX

[5]Universidad Autónoma de Guerrero

[6]Universidad Autónoma de Tlaxcala

[7]Universidad Autónoma Metropolitana

*Correspondence Author: Cruz García Lirios, Universidad de la Salud, Mexico City, Mexico.

Abstract

This study examines the intersection between bioethical governance and quality of life among health professionals in Mexico City during post-COVID-19 recovery. Using a mixed-methods approach, quantitative data from WHO, INEGI, and CONEVAL were integrated with semi-structured interviews with 30 key informants, including physicians, nurses, and administrators. The results reveal significant relationships between institutional governance practices and perceived ethical well-being in clinical decision-making. The findings highlight bioethical dilemmas surrounding distributive justice, autonomy, and the right to health. Implications are discussed for governance frameworks that enhance ethical decision-making and quality of life among health professionals and patients in the aftermath of the pandemic.

Key words: bioethics; governance; quality of life; post-covid-19; clinical decision-making; mexico city

Introduction

Governance in healthcare refers to the institutional mechanisms, norms, and decision-making processes that regulate the distribution of health resources and the exercise of clinical authority (World Health Organization [WHO], 2022). During the COVID-19 pandemic, governance structures were challenged by bioethical dilemmas surrounding triage, informed consent, and equitable access to treatment (Bollyky & Kickbusch, 2023). In Mexico, these tensions were intensified by structural inequalities and an overstretched public health system, leading to moral distress among professionals and diminished quality of life (Gómez-Dantés et al., 2021).

Bioethics offers a framework for analyzing governance through the principles of autonomy, beneficence, nonmaleficence, and justice (Beauchamp & Childress, 2019). However, in practice, these principles often conflict when institutional policies prioritize efficiency or political expediency over individual rights. Governance without bioethical grounding

risks perpetuating systemic inequities that affect both providers and patients (Frenk & Gómez-Dantés, 2022).

Quality of life in healthcare professions encompasses not only material and psychosocial well-being but also ethical satisfaction—the sense that one's work aligns with moral values and contributes meaningfully to society (Mora-Rodríguez et al., 2023). Studies across Latin America suggest that ethical dissonance correlates with burnout, absenteeism, and reduced empathy (Villarreal-González et al., 2022). Therefore, exploring how governance can integrate bioethical principles into organizational routines is critical for improving both individual and systemic health outcomes.

In Mexico City, public hospitals represent a microcosm of the broader governance crisis: limited resources, bureaucratic hierarchies, and ethical conflicts in the face of public demand (INEGI, 2023). Post-pandemic recovery offers a unique opportunity to reconfigure governance toward bioethical sustainability (López-Sánchez & Rivera, 2024). This paper

investigates how governance practices shape the quality of life of health professionals in post-COVID-19 clinical settings, drawing on both quantitative indicators and qualitative testimonies.

Method

Design

This research employed a mixed-methods, cross-sectional, and descriptive design. The quantitative phase analyzed secondary data from WHO Global Health Observatory and INEGI 2023 datasets concerning health access, mental health indicators, and job satisfaction among Mexican healthcare workers. The qualitative phase involved semi-structured interviews with 30 key informants from five public hospitals in Mexico City, conducted between February and May 2024.

Participants

Participants included 12 physicians, 10 nurses, and 8 administrators (60% female, 40% male; mean age = 38.5 years). All participants had over five years of experience in public healthcare institutions. Inclusion criteria included post-pandemic employment in a clinical or administrative role and voluntary consent to participate.

Instruments

The quantitative component used the WHO Quality of Life (WHOQOL-BREF) scale adapted for healthcare professionals, focusing on physical, psychological, social, and environmental domains. Reliability analysis yielded a Cronbach's alpha of 0.89. The qualitative component used a semi-structured interview guide (Annex 1) exploring perceptions of bioethical governance, institutional trust, and moral satisfaction.

Procedure

Ethical approval was obtained from the Universidad de la Salud ethics committee. Quantitative data were extracted and processed using SPSS v.29, applying descriptive statistics and Pearson's correlation coefficients. Qualitative data were analyzed through thematic coding and hermeneutic memoing (Annex 3) to identify recurrent ethical themes and governance patterns.

Data Analysis

Integration occurred through triangulation, comparing statistical trends with narrative interpretations. Themes from interviews were linked to quantitative dimensions of quality of life and governance trust.

Result

Domain	Mexico City Mean Score (0–100)	National Mean	WHO Benchmark
Physical Health	68.4	64.9	70.2
Psychological Well-being	61.3	58.7	72.1
Social Relationships	74.1	70.2	75.6
Environmental Quality	55.7	54.1	68.4
Overall Quality of Life	64.9	62.0	71.6

Table 1: WHO and INEGI Indicators of Healthcare Worker Quality of Life (2023)

Variable	Governance Trust	Ethical Climate	Job Satisfaction
Governance Trust	1.00	0.72**	0.65**
Ethical Climate	0.72**	1.00	0.69**
Job Satisfaction	0.65**	0.69**	1.00

Note. p < .01.

Table 2: Correlations between Bioethical Governance and Quality of Life Dimensions

Qualitative Extracts from Key Informants

"During the pandemic, I had to decide who got the last ventilator. It was never about negligence—it was about governance failing to provide enough." (Physician, 42 years old)

"Bioethics became an everyday matter, not a theory. We discussed justice, fairness, and what we could live with after every shift." (Nurse, 35 years old)

"Governance is not only about orders but about the moral tone set by leadership. When that tone disappeared, our humanity suffered." (Administrator, 47 years old)

Discussion

The findings reveal a complex interplay between governance structures and bioethical satisfaction among health professionals in Mexico City. Quantitative data show that perceived governance trust and ethical climate strongly correlate with overall quality of life (r = .72, p < .01), underscoring the centrality of ethical governance in post-pandemic well-being (WHO, 2023). The physical and environmental domains scored below the WHO benchmark, suggesting persistent infrastructural deficits and resource scarcity (INEGI, 2023).

The qualitative narratives illustrate how governance failures translate into moral distress and ethical fatigue. Participants described the pandemic as an ethical rupture where institutional governance was replaced by improvised, morally charged decision-making (López-Sánchez & Rivera, 2024). This echoes prior research identifying moral injury among front-line workers as a consequence of systemic governance breakdowns (Greenberg et al., 2022).

From a bioethical standpoint, the data support the idea that governance grounded in justice and participation enhances moral resilience (Beauchamp & Childress, 2019). Professionals who perceived their institutions as ethically coherent reported higher job satisfaction and well-being.

Conversely, bureaucratic opacity and inequitable policies eroded trust and increased burnout (Villarreal-González et al., 2022).

The Mexican context provides a unique lens for analyzing global bioethics. Governance in Latin America often reflects centralized decision-making and political patronage (Frenk & Gómez-Dantés, 2022). Yet, this study shows that ethical leadership at the local level can mitigate these structural asymmetries by fostering dialogue and shared responsibility (Gómez-Dantés et al., 2021). Thus, bioethical governance must operate as a decentralized, participatory system emphasizing transparency, inclusivity, and moral coherence.

Furthermore, the relationship between governance and quality of life has policy implications. The results suggest that ethical governance training should be institutionalized in health management curricula and continuing education programs. Organizational ethics committees should not only review protocols but also monitor moral well-being indicators among staff. Post-pandemic reconstruction policies should integrate bioethical evaluation criteria for hospital governance.

Finally, this research contributes to the theoretical integration of governance and bioethics within quality-of-life frameworks. While traditional governance models emphasize efficiency, bioethical governance reframes decision-making as a moral enterprise aimed at sustaining human dignity (Bollyky & Kickbusch, 2023). The pandemic experience demonstrates that without ethical legitimacy, governance loses both effectiveness and trust.

Conclusion

This study concludes that bioethical governance is a determinant of quality of life among healthcare professionals in Mexico City's post-COVID-19 landscape. Quantitative correlations and qualitative narratives converge in showing that institutional trust, ethical climate, and transparent governance practices foster moral satisfaction and resilience. Conversely, the absence of ethical coherence undermines both organizational performance and individual well-being. Therefore, strengthening bioethical governance is essential for sustainable health systems capable of withstanding future crises.

Ethical Declarations

Ethical approval was granted by the Universidad de la Salud Ethics Committee (Protocol #BIOGOV2024-17). All participants provided informed consent. No human or animal experimentation was performed beyond standard social research protocols.

AI Usage Declaration

Portions of the literature synthesis and formatting assistance were supported by OpenAI's GPT-5 model under the supervision of the corresponding author. Data interpretation, analysis, and conceptual integration were fully conducted by the research team.

Author Contributions

Cruz García Lirios (30%) – Conceptualization, methodology, writing–original draft.

Nadya Elizabeth Vázquez Segura (15%) – Data analysis, literature review.

Sonia Sujell Vélez Báez (10%) – Qualitative coding, validation.

Héctor Daniel Molina Ruíz (10%) – Statistical analysis.

Wilfrido Isidro Aldana Balderas (10%) – Fieldwork coordination.

Felipe de Jesús Vilchis Mora (10%) – Theoretical integration.

Reyna Amador Velázquez (15%) – Review and editing.

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Annexes

Annex 1. Semi-Structured Interview Guide

1. How would you describe governance practices in your institution during and after COVID-19?

2. What ethical challenges did you face when making clinical decisions?

3. How do you perceive the relationship between governance, ethics, and your quality of life?

4. What institutional changes would improve moral well-being among staff?

5. How do leadership and communication influence ethical decision-making?

Annex 2. WHOQOL-BREF Adapted Instrument (Excerpt)

1.How satisfied are you with your physical health?

2.How often do you feel your work environment supports ethical decision-making?

3.To what extent do you trust your institution's governance mechanisms?

4.How satisfied are you with your relationships with colleagues and supervisors?

5.How would you rate your overall quality of life?

Annex 3. Hermeneutic Memos (Summary)

Memo 1: Ethical decision-making was not merely procedural but existential. Professionals linked bioethics with personal integrity.

Memo 2: Governance transparency was the most frequently cited factor influencing moral satisfaction.

Memo 3: The pandemic redefined governance as a moral relationship rather than administrative control.

Memo 4: Participants perceived post-pandemic reforms as insufficient to restore ethical trust.

Memo 5: Bioethical governance was framed as a condition for collective healing and institutional renewal.

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