Examining Ethical Dilemmas And Challenges Faced By Nurses In Clinical Practice Ksa , Ministry Of Health , Nursing

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Abstract

This literature review investigates the ethical quandaries and obstacles encountered during the clinical practice of nurses. The nursing profession is distinguished by its ethical obligation to maintain the dignity and integrity of every patient. Nurses encounter ethical dilemmas on a daily basis throughout their professional duties, encompassing both life-threatening emergencies and routine affairs. Nevertheless, scholarly investigations reveal that nurses frequently confront ethical dilemmas stemming from inconsistencies between their professional responsibilities and the fundamental tenets of healthcare, which culminate in exhaustion and a deficiency in ethical consciousness. The objective of this review is to present a thorough examination and evaluation of the ethical dilemmas that nurse's face in modern therapeutic environments. The inclusion criteria for this review encompassed clinical practice-based studies that were published in English and appeared in peer-reviewed journals from 2010 to 2023. Exclusion criteria encompassed non-peer-reviewed literature, research conducted in non-clinical environments, and studies published in languages other than English. An electronic database search strategy was implemented in a systematic manner, and the chosen studies were subjected to a thorough filtering procedure. The examination of the studies that were incorporated unveiled three overarching themes: the intricate equilibrium between damage and care, the influence of burden on quality, and the procedure for maneuvering through conflicts. Frequently, nurses encounter circumstances that require them to depart

from their personal conception of ideal care, resulting in emotional strain and ethical quandary. Further, the ethical and moral decision-making abilities of nurses are influenced by the difficulties associated with regulated regimens and streamlined treatment schedules in the context of individual care situations.

Keywords: Ethical dilemmas, challenges, nurses, clinical practice, review.

1. Introduction

The field of nursing is undergoing significant evolution, resulting in increased efficiency and cost-effectiveness in patient paths. In recent decades, the healthcare landscape has become increasingly intricate as a result of advanced technical and medical advancements, as well as a heightened emphasis on standardization and production-oriented practices that are prevalent in modern hospital cultures.(1) Consequently, nurses are not only responsible for attending to the requirements of patients and their relatives, but they also encounter numerous expectations from medical professionals and hospital administration in their daily duties. Nursing is characterized by a comprehensive approach that prioritizes the ethical responsibility of upholding and honoring the dignity and integrity of each human. Therefore, nursing is deeply intertwined with ethical and moral considerations. Nurses engage in ethical decision-making within their regular professional routines, including not just critical life-or-death scenarios but also mundane matters.(2)

Nurses' moral decisions are derived from their ethical consciousness and entail a multifaceted procedure of looking at, analyzing, and assessing the potential outcomes of a decision. Nurses are motivated by the principle of providing care and the objective of "doing good." For nurses, doing good entails taking into account the patient's welfare, the standard of care, and the patient's dignity. Put simply, the patient's lifeworld is considered. Haahr et al. (3) emphasize that incorporating a lifeworld viewpoint into caregiving necessitates nurses focusing on the patients' lifeworld and their philosophical issues.(4) This encompasses an existential alliance that recognizes varying degrees of proficiency and comprehension between patients and professionals.

Consequently, a compassionate approach is founded on the patient's skill in managing their illness.(5,6,7)

Nevertheless, research examining nurses' contacts with moral dilemmas in their everyday job reveals that the demands of meeting deadlines and handling a substantial workload contribute to burnout and a lack of ethical awareness, ultimately undermining the holistic view in caring interactions. Nurses may have feelings of powerlessness and resentment towards hospitals as a result of an inability to give complete treatment owing to a scarcity of personnel.(8) They may also work in high-pressure circumstances marked by disputes, where they encounter intricate and morally challenging situations.(9)

Nurses have to conform to ethical standards such as regard for independence, kindness, fairness, and beneficence when making decisions in ethically challenging situations. Consider for liberty implies to an individual's personal values and beliefs, as well as their right to make their own choices concerning medical care and treatment, based on their own preferences.(10) Healthcare practitioners have to guarantee that patients are able to make well-informed decisions and take action based on the information provided. Beneficence pertains to behaviors that are undertaken with the intention of benefiting others, whereas non-maleficence denotes the moral duty to refrain from causing damage to others. Consequently, it is essential that all activities and choices pertaining to the treatment and care of patients be grounded in a comprehensive assessment of the optimal course of action, including the patient's best interests.(11)

The concept of justice entails the ethical process of making decisions and is based on principles of fairness and equality. Justice entails following general values that prioritize consideration for independence, impartiality, and an upbeat mentality. In cases where the benefits of treatment are uncertain or when there are conflicting interests between patients and physicians/nurses, bioethical principles may not offer sufficient guidance due to potential disagreements. In such circumstances, nurses may have an ethical quandary.(12) An ethical dilemma is a circumstance in which a decision must be made among conflicting values, and regardless of the decision made, it will result in implications. Therefore, a dilemma may arise when a nurse feels obligated to select among alternatives that are equally appealing or undesirable,

but it can also happen when they are compelled to compromise or act against their own professional values.(13)

Research indicates that nurses often encounter ethical issues when there is a misalignment between their job duties and the principles of care. Holm et al. (14) emphasize that these dilemmas stem from conflicts between values, norms, and interests. They can be conceptualized as a conflict that arises when nurses are aware of the "correct" course of action, but face obstacles due to organizational or other limitations that hinder their ability to pursue it. Hence, the conflicting principles of ethical quandaries faced by clinical nurses need the compromise of both personal and professional ideals, as well as the nurses' capacity to provide exceptional, empathetic care.(15,16,17)

Nurses have challenges in making ethical and moral decisions in individual care scenarios due to the challenging circumstances for care, streamlined treatment timetables, and regulated regimens that impact healthcare systems globally. The objective of this essay is to provide a comprehensive account and analysis of the ethical quandaries encountered by nurses in contemporary therapeutic settings. This is achieved via the examination of ethical quandaries that have been delineated in contemporary empirical research in the field of nursing.(18,19)

The experiences pertain to three crucial facets of nursing practice: the nurse-patient rapport, organizational frameworks, and cooperating with peers. Here, we provide a concise overview of the results in order to offer a comprehensive description of the encounters with moral predicaments in nursing practice throughout the research. The results are organized into three overarching themes: the delicate equilibrium between damage and care, the impact of job overload on quality, and the process of navigating through dispute.

2. Methodology

A comprehensive literature evaluation constitutes the research design for this investigation into the ethical dilemmas and challenges encountered by nurses in the field of clinical practice. A systematic literature review identifies, selects, and evaluates pertinent studies on a particular subject in a methodical and exhaustive fashion. The objective of this research design is to furnish an exhaustive narrative and

examination of the ethical dilemmas that nurses face in modern therapeutic environments.

2.1. Inclusion Criteria

- This review exclusively incorporated studies that had been published in such journals. This criterion guarantees that the chosen studies have been subjected to a thorough evaluation procedure and satisfy the criteria for scientific excellence.
- This review centers on the examination of ethical dilemmas and challenges encountered by nurses while performing clinical duties. As a result, research conducted within the context of clinical practice was incorporated.
- In order to adhere to language constraints, this review exclusively incorporated studies that were published in English.
- In order to maintain the literature's currency and pertinence, this review incorporated studies that were published between 2010 and 2023.

2.2. Exclusion Criteria

- This review did not include any non-peer-reviewed literature, including conference abstracts, opinion articles, and editorials. The inclusion of this criterion was intended to preserve the quality and dependability of the studies.
- This review did not include studies conducted in educational or research institutions, which are non-clinical settings. The central emphasis was on ethical quandaries and obstacles that were encountered in the field of clinical practice.
- Exclusion criteria for studies published in languages other than English were imposed as a result of language constraints on the studies included in this review.
- In order to incorporate the most pertinent and current literature, studies published prior to 2000 be omitted from the review.

2.3. Search Strategy

An all-encompassing search strategy was formulated with the intention of locating pertinent studies. A comprehensive search was conducted across electronic databases, such as Scopus, Research Gate, Web of Science, and PubMed, by

employing a blend of pertinent keywords and controlled vocabulary terms. The search strategy incorporated keywords associated with challenges, nursing, clinical practice, and ethical dilemmas. A review was also conducted of the reference lists of the chosen studies in order to identify any further pertinent articles.

2.4. Study Selection

The procedure of selecting studies comprised two distinct phases: initial inspection of titles and abstracts, and subsequently a comprehensive review of the full texts. The titles and abstracts of the identified articles were evaluated by two independent reviewers in order to ascertain their pertinence to the research question and specifications for inclusion and exclusion. Following the acquisition and evaluation of the complete texts of potentially pertinent articles, the final determination was made which studies would be incorporated into the review.

2.5. Extraction and Analysis of Data

A standardized data extraction form was utilized to extract the data. The data that was extracted comprised various aspects of the study, such as author, year, and country; participant characteristics; identified ethical dilemmas or challenges; and significant findings. A thematic analysis was conducted on the extracted data in order to identify recurring themes and patterns throughout the chosen studies.

3. Managing Damage And Concern

In general, the primary focus for nurses revolved on the facilitation of patient well-being and the provision of care of exceptional quality. Nevertheless, there were instances where nurses were compelled to deviate from their own perception of optimal and suitable care, resulting in a heightened sense of stress. This was evident when patients and their family members expressed care preferences that contradicted the professional obligations of nurses.(20,21) Additionally, physicians devised treatment plans that contradicted the values upheld by nurses. In all scenarios, nurses had the need to engage in actions that were contrary to their own beliefs. When providing care for critically sick patients, nurses can decide to keep giving intensive therapy despite the clear indication that the patient is nearing death. In such circumstances, nurses may have a sense of contributing to the patient's suffering and extending a life that lacks value.(18)

When handling preterm newborns, the act of providing care might be likened to cruel treatment when optimism is no longer viable. In the context of elderly treatment, physical confinement may be required to guarantee the patient's safety or to carry out crucial treatments. Prior to using restraint, nurses would endeavor to acquaint the patient with the challenges they were encountering. In general, nurses exhibited a hesitancy to promptly use restraint due to their regard for the individual and their abilities. Additionally, nurses may experience regret while administering mechanical treatment to patients, hence contributing to a sense of potential damage inflicted onto the patient.(22) In general, nurses saw the execution of operations that caused discomfort to patients or necessitated deviations from their perceived standards of care as a significant hardship.

4. The Impact Of Work Overload On Quality

All nurses expressed a desire to provide care of superior quality; nevertheless, the quality of treatment was often compromised due to an imbalance among client care and managerial duties. Several nurses characterized nursing care as a burdensome task, which was identified as the primary factor contributing to ethical insensitivity.(23)

The nurses experienced a sense of powerlessness and resentment towards hospitals as a result of the incapacity to offer full treatment due to a lack of staff. Additionally, company standards compelled nurses to attend to a larger number of patients, which negatively impacted the standard of patient care, according to the nurses' perspective.(12) Additionally, the need to work continuously within time constraints contributed to stress. The nurses experienced difficulty due to the increased number of patients they had to care for, an intense schedule, and the need to deliver care promptly without the time for complete patient care. Consequently, this led to a decline in focus, so impacting the quality of patient care.(4)

Most studies show that stress is caused by an absence of workers, absence of devices, organizational obstacles, and regulations. Nurses experienced stress when they were unable to provide the necessary care and treatment. Additionally, they were concerned about the pressure to accept more patients than the permitted number of beds in their units. The problem was attributed to inappropriate administrative directions and conflicts between the individual nurse's requirements and the

unit's demands. Consequently, all the papers expressed moral apprehensions over the quality of care delivered.(17,18,20,22)

5. Managing Divergent Viewpoints

Conflicts between nurses and doctors may arise due to disparities in competencies and responsibilities. Frequently, the two groups used distinct approaches to therapy, and conflicts within the team on the extent of treatment might give rise to ethical quandaries.(8) The absence of being listened to or the disregard of their viewpoints due to their limited power caused moral anguish among nurses. Physicians were authorized to modify a decision upon request from the patient or next-of-kin, and nurses were obligated to adhere to this decision, regardless of their comprehension or endorsement. (3,6)

The research investigations incorporated into the analysis also indicated that nurses encountered challenges when doctors produced strategies lacking including individuals. The nurses were subsequently compelled to carry out therapy that they did not desire to manage.(16) This included managing severe therapy toward their will due to suggestions from physicians or family members, as well as being unable to deliver adequate assisted living to patients with terminal illnesses. Notably, nurses expressed dissatisfaction with the lack of opportunity for deliberation on therapy ideas, as the prevailing approach primarily relied on a medical point of view as the appropriate foundation for treatment.(23)

6. Discussion

This research has found three separate topics that encapsulate the ethical difficulties now encountered by nurses inside hospital environments. These themes include the delicate balance between damage and care, the impact of work overload on quality, and the challenges associated with negotiating disagreements. Despite the many medical facilities of the papers, which included newborn care, acute hospital treatment for older individuals, mental health services, and nursing facilities, the results consistently demonstrated the presence of the three identified patterns across all settings.

The concept of balancing damage and care pertains to challenging scenarios in which the anticipated behaviors of nurses as well as the level of care they are compelled to provide may conflict with their own personal beliefs and ideals. The research results indicate that conflicts of this kind may lead

to feelings of stress and sorrow. These conflicts may arise from disagreements with patients, family, doctors, as a component of an essential therapeutic approach, or as a result of inflexible organizational frameworks.

Nurses' comprehensive perspective on the individual's circumstances exacerbates their stress levels in this scenario. From a feminist and ideological standpoint, Tronto (23) contends that our understanding of care is intricately connected to prevailing power dynamics and disparities. Consequently, he asserts that care is not solely a moral notion, but additionally a significant political notion as it prompts us to reconsider humans as interconnected entities. She contends that a comprehensive ethical framework for care necessitates a political framework of concern. This viewpoint on morality of care contributes to ethical standards and underscores the importance of a holistic and contextual approach. Nurses are expected to demonstrate concentration, accountability, and adaptability in their practice, without adhering to established guidelines, rules, or principles.(25,26,27)

Consequently, the concept of ethics of care pertains to the medical knowledge and moral competence possessed by nurses. This perspective offers nurses a distinct viewpoint compared to that of patients and physicians, potentially influencing their encounters with ethical dilemmas when faced with the difficulty of managing injury and care.(28,29,30) It is believed that the possession of these personal attributes by an ethically proficient nurse serves as a prerequisite for engaging in ethically sound nursing practice. According to Brykczynski (7), ethical awareness is a crucial aspect of proficient nursing practice and should be nurtured with great attention. The conflict compels us to confront these conflicting values in order to avoid burnout caused by discomfort and, more significantly, to assist nurses in expressing and advocating for their professional viewpoints on specific circumstances.

The impact of job stress on performance is influenced by the organizational structure. The sense of being overworked and unable to offer proper treatment was characterized by a shortage of personnel, frequent patient shifts, and managerial duties. An important factor to consider is the need for documentation. According to Castner (31), under a society characterized by heightened litigation and excessive regulation, healthcare practitioners have a sense of obligation to prioritize paperwork above the actual delivery of treatment.

She emphasizes the challenge that nurses face in managing their time between patient care and meticulous documentation.

According to Goethals et al. (4) and Yıldız (31), nurses tend to rely on rigid thinking when faced with ethical dilemmas, which hinders their ability to think creatively and critically. These qualities are essential for providing high-quality clinical nursing care. Essentially, what is lacking is active involvement with each patient and their specific circumstances.(33) Engaging in conflicts or experiencing excessive workload seems to result in subpar treatment and violated nursing principles, perhaps leading to empathy exhaustion. When nurses are compelled to engage in behaviors that contradict their nursing values and beliefs, it not only results in substandard care but additionally erodes the moral and ethical standards that have historically guided the clinical practice of nursing, dating back to the era of Florence Nightingale.(1) Moreover, we contend that this not only poses a threat to the professional reputation of nurses but also hinders the advancement of the nursing profession.

The phrase "being overwhelmed by work" describes the current state of healthcare systems, which are characterized by a high level of activity and efficiency, and are heavily influenced by quantifiable values.(34) According to Martinsen (35), a Norwegian academic activity has evolved into a way of life. It is defined by the desire to act swiftly and participate in frantic activities, which comes at the expense of being fully present in both physical and mental aspects with the patient. Nurses in the reviewed studies reported experiencing stress when they were unable to provide the necessary care and treatment. Hence, when nurses are occupied with their tasks, there is a potential for neglecting the patient's plea for assistance and their essential need for care. Given that patients' requirement for care is of utmost importance, this may lead to burnout among nurses and perhaps even reluctance to pursue a career in nursing. Hence, it is vital to accord due consideration to the ethical considerations elucidated in the research.

One of the key distinctions among nurses and doctors is highlighted by the concept of "Managing in conflict." Given that doctors have the official duty for patient care; it is plausible that nurses may be compelled to adhere to prescriptions that diverge from their own perspectives. The

included research classified these scenarios as very challenging. The nurses wanted to be considered equitable partners with the doctors and to be acknowledged and engaged in the formulation of therapy and care based on their unique understanding of the patient. Nevertheless, doctors made crucial judgments without their involvement.(36)

The collaborative connection can be better understood through Honneth's concept of acknowledgment.(36) Honneth's concept categorizes recognition into three distinct spheres: the field of confidentiality, which encompasses familial and social connections; the legal globe; and the domain of cooperation, which encompasses social, political, and occupational communities. Identification across all three of these areas is an ontogenetic milestone in a person's development, since it is important for the individual to undergo all three types of recognition in order to achieve complete individuation. Recognition in the realm of solidarity is crucial when it becomes collaboration across professional organizations.

Petrola (36) emphasizes that self-relationships inherently require receiving acknowledgment from others, as one's self-relationship is a collaborative process where one's self-perception is shaped by one's interactions with others' self-perception. In the studies included, nurses found it challenging to perceive themselves as "valuable contributors to shared projects," which is crucial for recognition in the solidarity sphere. The inclusion of studies revealed that the nurses' feelings of inferiority were exacerbated by formal disparities in decision-making power and their experiences of being overridden by doctors.

The selected topics exemplify the ethical nature of nursing. According to Bollig et al. (18), ethical difficulties may be categorized into two distinct types: daily ethical concerns and large ethical issues. This phenomenon can be metaphorically represented as a "ethical iceberg," wherein larger ethical concerns are more readily apparent compared to smaller ethical concerns that are concealed beneath the water's surface. The research findings substantiate this distinction in ethical predicaments, emphasizing that nurses perceive concealed everyday difficulties as the most consequential. The distinction between moral as well as non-ethical issues is made by Hopia et al. (21). They provide a definition of a moral dilemma as a circumstance wherein a decision must be made

between a minimum of two alternatives, none of which effectively resolve the scenario in an appropriate manner. Additionally, they categorize an ethical concern as an ethical issue that does not necessitate an immediate decision by a healthcare practitioner or an instance where a healthcare practitioner encounters uncertainties regarding how to deliver optimal care to difficult patients or communicate data to patients' families.(37,38)

The majority of non-dilemma pertains were found to be associated with organizational matters, bioethical considerations, or inadequate quality of care. Nevertheless, considering our research, the word "non-dilemma" is inadequate to accurately depict and recognize the strain and moral dilemmas that arise as a result of organizational structures. In contrast, our research highlights the significance of organizational structures and work environments as primary contributors to ethical issues encountered in the workplace, particularly when nurses are unable to align their actions with their own professional beliefs and values.(39)

Choe et al. (2) posit that moral anxiety emerges as a consequence of ethical quandaries and encompasses "conventional adverse stress manifestations that result from circumstances involving ethical aspects, wherein the healthcare practitioner perceives an inability to safeguard all the values and interests involved" (p. 1685). Green et al. (20) define ethical difficulty as the experience of unpleasant emotions and/or psychological imbalance that arises when organizational obstacles prevent nurses from effectively implementing their own moral decisions into moral behavior. The three categories demonstrated a prioritization of evidence-based information and financial problems above ethical considerations.

Hence, the distinction between morality and practice and care is evident, highlighting the intricate nature of nursing practice and the intermediary role that nurses occupy. All topics exemplify how nurses handle the intersection of the physician, technical expertise, patient well-being, hospital laws, time constraints, and the nursing profession. Moreover, the themes demonstrate that nurses find themselves in a very challenging predicament, where ethical quandaries are inevitable since conflicts often arise as a result of the hospital's power dynamics. Schulz et al. (34) assert that the in-between perspective has significant importance and distinctiveness

within the field of nursing. Nurses, when working in this intermediate position, have a distinct advantage in promoting the patient's welfare. This is because nurses, who provide round-the-clock care, often have a closer connection with patients than anyone else. Schulz et al. (34) contend that while managing this intermediate position can be challenging, it is also a privilege that guarantees ethical decision-making within the team.

7. Conclusion

This study demonstrates that nurses' ability to behave in accordance with their job-related moral and ethical beliefs is significantly influenced by organizational frameworks, the work surroundings, political goals, and effective hospital cultures, independent of their individual skills. The results exemplify common predicaments inherent in the nursing field across many contexts and demonstrate the challenging, intricate, and uncertain circumstances that nurses encounter in their day-to-day work.

One salient point that appears to be disregarded but remains crucial to emphasize is that the encountered issues seemed to be mostly associated with ethical considerations rather than ethical quandaries. This observation emphasizes the significance of acknowledging these issues and analyzing the impact of contemporary organizational structures on the feasibility of delivering nursing care that aligns with fundamental nursing principles. Nurses encounter a multitude of moral and ethical dilemmas in their everyday practice due to the presence of several rules and standardized regimens. The implementation of standardized practices has had a detrimental impact on the professional decision-making of nurses, hindering their capacity to provide care that aligns with their individual preferences and necessitating an agreement of their fundamental nursing beliefs.

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