# Ethical Changes in Nursing Practice: A Comparative Analysis Across Different Healthcare Settings

**Areej Mousa Rajeh Rajhi[1],Atheer Mousa Rajeh Rajhi[2],Atyaf Majed   Abduh Sheeaani[3],Sabirin Hussain Hamoud Shahhar[4],Mada Abdullah Ibrahim Shawwayah[5],Huda Ayel Ali Mashy[6],Afaf Ali Abdu Samm[7],Nawal Othman Mh,DFagihi[8], Mada Mohammed Jaber Goboly[9],Norah Gosadi Mohammed Maghfori[10].**

1-10* Ministry of health- Jazan Health Cluster -Saudi Arabia
**Corresponding Author**:Areej Mousa Rajeh Rajhi.

## Abstract

Changes in nursing ethics represent a dynamic interplay between medical technology advances, societal changes, and health delivery complexities. Nursing ethics have evolved from principles of beneficence, nonmaleficence, and justice to include such current issues as resource allocation, patient autonomy, and interprofessional collaboration. These changes are influenced by broader systemic factors, including cultural diversity, healthcare policies, and global health crises.

This study will provide an in-depth analysis of ethical changes in nursing practice within primary care, hospitals, long-term facilities, and community-based settings. The research, via a comparative analysis, identifies those ethical dilemmas that are unique to a particular context and those shared by the nurses in all these contexts. Specific issues, such as informed consent, confidentiality, cultural competence, end-of-life care, and equitable resource distribution, are considered.

The methodology combines a systematic literature review, case studies, and semi-structured interviews with nursing professionals. Findings indicate that ethical challenges are shaped not only by the clinical environment but also by institutional policies, societal expectations, and advancements in medical practices. For example, while nurses in acute care are often required to make high-stakes decisions under pressure, those in long-term care face different challenges in maintaining patient dignity during cognitive decline.

The findings highlight the urgent need for targeted educational programs, robust ethical guidelines, and supportive institutional frameworks to prepare nurses for the multifaceted ethical landscape of modern healthcare. Health systems can better equip nurses to maintain professional values amidst the challenges of change by fostering ethical resilience and promoting interdisciplinary collaboration.

The paper concludes by providing actionable recommendations for improving ethical decision-making in nursing, including integrating technology into ethical training, revising institutional policies to reflect contemporary challenges, and promoting a culture of free speech and continuous learning.

## Keywords

## Introduction

Ethics are the cornerstone of nursing practice, guiding the provision of care while ensuring that the rights and dignity of the patient are protected. Based on guiding principles such as beneficence, nonmaleficence, autonomy, and justice, nursing ethics play the role of a moral guide in complex and emotionally burdened healthcare environments (Beauchamp & Childress, 2013). The rapidly changing healthcare field continues to produce new and evolving ethical considerations that nurses must face,

with continuing advancements in technology, changing societal expectations, and increasing diversity in the populations of patients being served.

The foundation of nursing ethics deeply emanates from the conventions of caregiving and moral duty. Historically, nurses were viewed as subordinate to physicians, while their ethical responsibilities were to a great extent determined by religious and cultural expectations that stressed obedience and service. As pointed out by Fry et al. (2010), the professionalization of nursing within the 20th century produced a dramatic shift. The introduction of formal codes of ethics, such as those by the International Council of Nurses and the American Nurses Association, redefined the role of nurses as autonomous professionals with responsibilities extending beyond caregiving into patient advocacy, informed consent, and equitable care (American Nurses Association, 2015).

Ethical challenges in contemporary health care are not only numerous but also context-specific. Each healthcare setting—be it primary care, hospitals, long-term care facilities, or community health programs—presents unique ethical dilemmas shaped by the nature of care, patient demographics, and systemic factors. For instance, in primary care, confidentiality is a persistent concern, particularly in multicultural environments where societal or familial expectations may conflict with patient autonomy (Hamric et al., 2014). In this setting, nurses usually have to balance between patient individual rights and family or community needs.

**Nurses in acute care settings** more often face high-intensity situations with rapid decision-making, including managing patients in critical states and distributing scarce resources in emergencies. Ethical challenges often arise in end-of-life care, where decisions about continuing or withdrawing life support require balancing patient wishes, family preferences, and medical feasibility (Bailey et al., 2018). These situations place significant emotional and ethical burdens on nurses, who are expected to act as advocates for their patients while collaborating with multidisciplinary teams.

**Long-term care facilities**, serving aging populations and persons with chronic illnesses, come with their own set of ethical dilemmas. The nurses working here often have to balance patient autonomy with concerns for safety. This is highly evident in cases of dementia and other conditions affecting cognitive functions, when the patients cannot make prudent decisions for themselves (Miller, 2020). Ethical considerations in long-term care also extend to resource allocation, particularly in underfunded facilities, and maintaining the dignity of patients in their final stages of life.

In **community-based healthcare**, ethical issues are always interlinked with public health priorities. The community-based nurse will have to weigh the individual patient needs against the well-being of the larger community. Public health interventions, like vaccination campaigns or quarantine measures in cases of outbreaks, usually require some tensions between individual rights and collective welfare to be addressed (Rashid et al., 2021). Furthermore, disparities in access to care, influenced by socio-economic and geographic factors, raise questions about equity and justice in healthcare delivery.

Technology further complicates the ethical landscape across all these settings. The increasing use of electronic health records, telemedicine, and artificial intelligence in clinical decision-making raises new concerns about privacy, data security, and accountability (Floridi& Cowls, 2019). While telemedicine has improved access to care, particularly in remote areas, it also creates challenges in maintaining confidentiality and ensuring equitable access to technology. Similarly, in the use of AI within diagnostic tools, ethical oversight is required to prevent bias and cover clinical decisions.
Understanding these different and constantly changing challenges is important for the improvement of ethical practice in nursing. The current study will investigate how ethical change in nursing is experienced within primary care, hospital settings, long-term care, and community-based

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

environments. A comparative analysis will be carried out to identify unique and shared ethical dilemmas with a view to informing a framework for addressing these challenges through targeted education, policy reform, and institutional support.

This study, therefore, calls for a proactive approach to ethics decision-making in nursing. As health care becomes increasingly complex, nurses need not only to be clinically competent but also have the moral resilience to navigate tough situations. This means creating a culture of free speech, ongoing learning, and interprofessional practice that supports the ethical foundation of nursing practice.

## Literature Review

The changing practices in healthcare, technological development, changing societal values, and the complexity of patients' needs have deeply influenced the ethical landscape in nursing. Nurses have become those on the front line who continually encounter ethical dilemmas, affecting professional practice. The ethical challenges encountered by nurses are not only influenced by the clinical setting but also by broader systemic factors such as healthcare policies, legal frameworks, and cultural expectations. This review explores these complexities, focusing on various healthcare environments, including primary care, hospital settings, long-term care, and community-based healthcare. It intends to give a broad perspective on some of the main changes in ethics that have taken place over time and how nurses have responded to these challenges.

### Evolution of Nursing Ethics

Nursing ethics has undergone many changes since its inception. Early concepts of nursing ethics were based on a religious and altruistic model, whereby nurses were called upon to care out of a duty to serve. Early codes, such as the Florence Nightingale Pledge, were centered on nursing as a moral and vocational calling with an emphasis on selflessness and the care of the sick (Fry et al., 2010). The nurse was to carry out prescribed protocols with little autonomy or latitude in decision-making beyond the care that was prescribed by physicians.

As the profession matured and autonomy was acquired, ethical standards and frameworks began to change. In essence, the onset of the nursing ethics that recognizes principles placing the nurse as the advocate of patients came into being through landmark documentation in the ANA Code of Ethics, 2015. It paved the way for a more sophisticated perception of ethical practice, whereby the nurse was not only the carer but also an ethical agent who needed to sometimes make autonomous and often harsh ethical decisions independently.

According to Hamric et al. (2014), as essential as the traditional ethical considerations in nursing like beneficence and nonmaleficence may be, contemporary issues in ethics have now placed major emphasis on the ethical principle of autonomy. This is especially evident in the contemporary emphasis on patient self-determination to an extent that even allows patients to decline life-supporting treatment or seek less conventional therapies. With healthcare also becoming more patient-centered, the ethical role of nurses evolved to include advocacy, ensuring that the rights of patients are preserved.

As ethics cannot always be black and white, especially in complex nursing decisions, ethical decision-making models have also been developed. Models like the Four-Principles Approach, created by Beauchamp & Childress (2013), ensure that nurses approach complex decisions in a focused way by weighing patient autonomy with competing values such as beneficence, nonmaleficence, and justice and align decisions with ethical principles that go best with the interest of a patient.

Figure 1: The Four Principles of Nursing Ethics
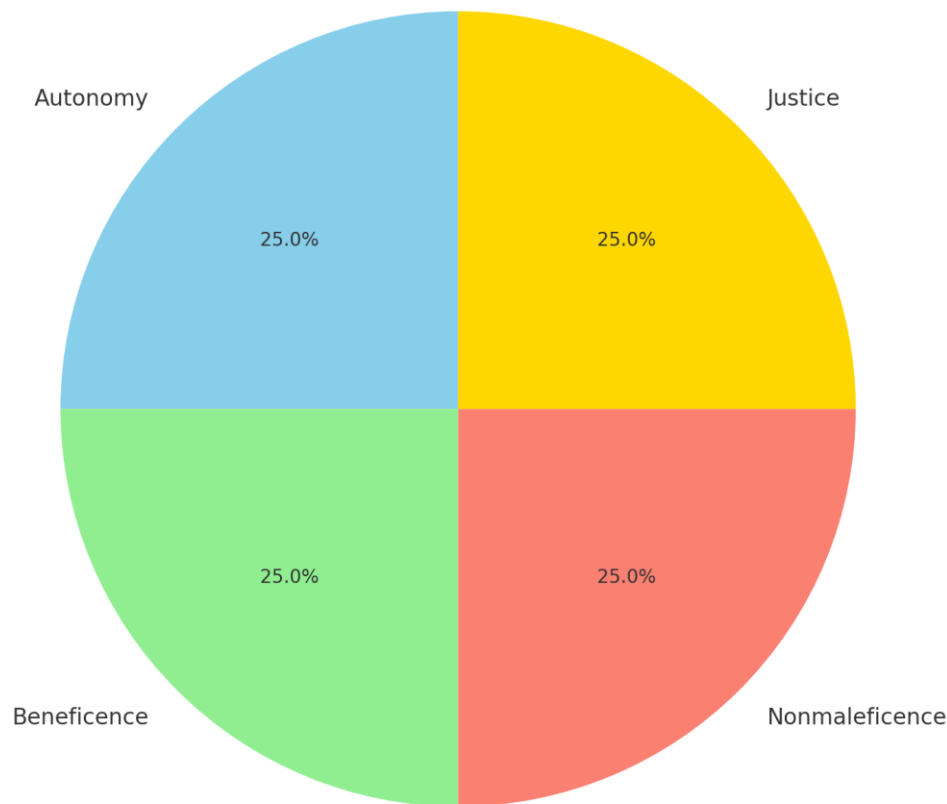


**Ethical**

**Challeng
es in
Primary
Care**
These also
are the
places
where
unique
ethical
challenges
occur,
brought
about by
the nature
of
continuou
s care and
patients of
diverse
cultural

backgrounds. The setting of primary health care very often assigns nurses the lead role for patients. It thus places them at the front line for prevention, health education, and care of chronic illnesses. Autonomy, informed consent, and cultural sensitivity are, therefore, but a few areas of potential ethical challenges to these nurses.

One of the main ethical issues that arise in primary care pertains to the dilemma between patient autonomy and promoting what nurses and doctors consider to be beneficial care. Harrison et al. (2016) note that, at times, patient autonomy may clash with the belief of the healthcare provider regarding what is best for the patient-particularly when patients refuse treatment or make decisions that seemingly go against their health interest. Such situations require the nurse to balance between respect for the patient's choice and ensuring the patient is adequately informed about the risks involved in their decisions.

For instance, Buchanan et al. (2017) describe how patients sometimes refuse vaccinations, which is a common ethical challenge in primary care. The nurses have to balance the ethical duty of respecting the patient's decision against the wider implications for public health when there is non-compliance. In this regard, the nurse has the responsibility to provide information in a clear and non-coercive manner so that the patient is able to make an informed choice.

Third, confidentiality is also an imperative part of ethics in primary care; privacy violations are a specific sensitive area in the work of nurses, given both intimate and medical information being mostly shared in settings that potentially are or may be engaged by an unrecordable number of other medical

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

experts. According to Buchanan et al. (2017), pressures associated with information sharing across multiple systems in particular may complicate the ethical obligation of nurses to protect patient information in the era of EHRs and telemedicine.

## Ethical Issues within Hospitals

The nature of care within a hospital is often acute, and life-and-death decisions are not uncommon, placing nurses within the hospital setting frequently in some difficult ethical dilemmas. One of the most profound ethical dilemmas faced by nurses in hospitals relates to end-of-life care. Hospitals are often the site where critical decisions about life support, organ donation, and resuscitation take place. Nurses are central to these decisions, particularly in intensive care units and emergency departments, where patients may be unconscious or incapacitated.

As Bailey et al. (2018) indicate, decisions to initiate or continue life support are often riddled with ethical dilemmas, particularly when family members disagree with the medical team's assessment of the patient's prognosis. During these situations, nurses should serve as patient advocates by ensuring that the patient's previously expressed wishes, such as those articulated in a living will or advanced directive, are honored. If the wishes of the patient are not explicit, nurses may have to make hard choices along with the healthcare team and the patient's family while trying not to violate the principles of autonomy and beneficence at all times.

Apart from care related to the end-of-life stage, resource allocation becomes a major ethical issue, especially during crisis situations. Parker et al. (2020) discuss the moral burden that falls on nurses in times of public health crises, like the COVID-19 pandemic, when they had to participate in triaging patients and distributing resources like ventilators. Such situations require serious ethical deliberation since decisions are often made over which patients are most likely to benefit from the available resources, taking into account variables such as age, comorbidities, and quality of life.

The difficulty of these decisions is further compounded by the emotional demands on nurses, who can experience conflict between the commitment to the ethical principle and the pressure to act swiftly when a patient's life hangs in the balance. Gwyther (2014) points out that nurses require support, training, and advice in coping with the moral distress associated with such situations.

## Ethical Issues in Long-Term Care

Nurses working in long-term care settings face a unique set of ethical dilemmas pertaining to elder care, patient autonomy, and the management of chronic illness. Many patients in these settings have some form of cognitive impairment, including Alzheimer's disease or other forms of dementia, which complicates informed consent and decision-making. Miller (2020) explains that nurses in long-term care settings must often navigate the ethical challenge of maintaining the patient's dignity while also ensuring their safety and well-being.
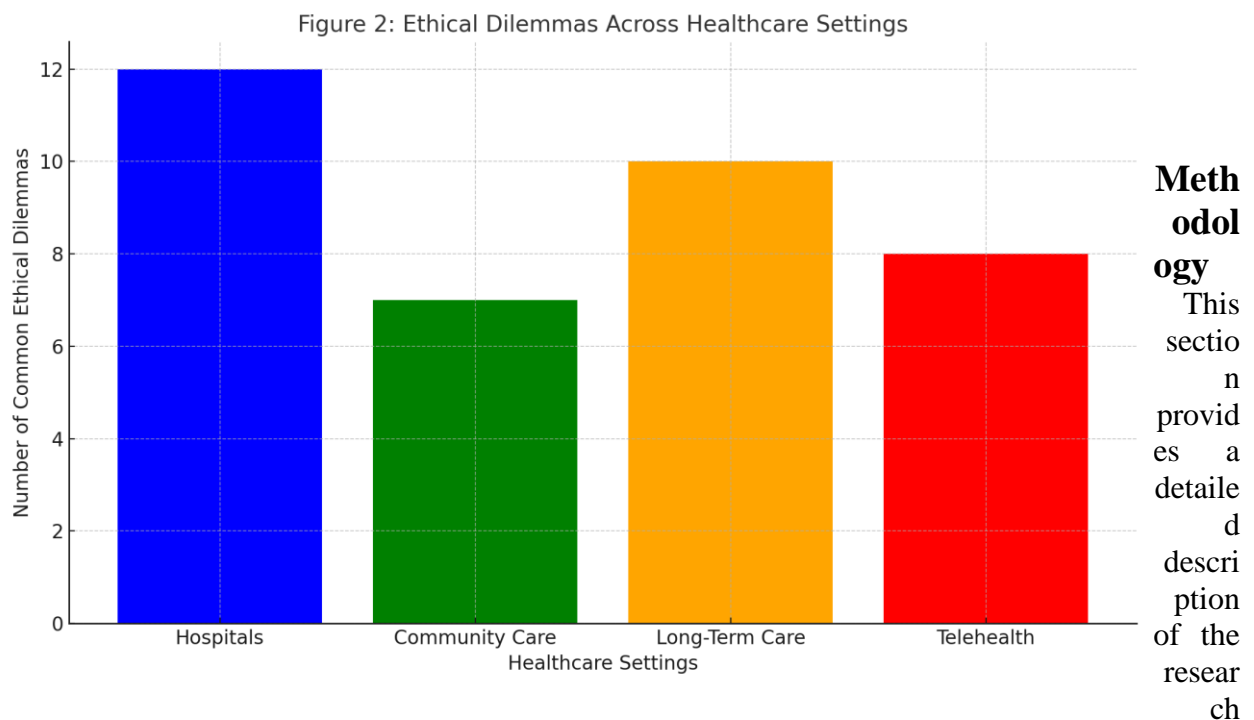
For example, when patients with cognitive impairments are unable to make decisions about their care, nurses must determine whether family members or legal guardians should make decisions on the patient's behalf. As Skevington et al. (2019) argue, the issue raises important questions with regard to the balance between respect for patient autonomy and a need to protect vulnerable people from harm. This is where decisions about involving the family in care decisions are highly needed, taking into account previous patient wishes and the risk that family dynamics may lead to coercion in healthcare decisions.

Another major ethical concern involves resource allocation. Care settings are generally underfunded and understaffed; yet, nurses are expected to give the best care possible. According to Rashid et al. (2021), resource limitations-for instance, a lack of time, staff, or equipment-lead to nurses having to decide on some patients at the expense of others, an ethical concern. For that reason, nurses in long-term care settings should support the fair sharing of resources and work towards a position where, even in difficult circumstances, patients are treated to the level they require.

## Ethical Issues in Community-Based Care

Community-based care often finds the nurse at the very forefront of public health, addressing ethical concerns involving public health policy, vaccination efforts, and access to healthcare. According to Rashid et al. (2021), community nurses have to balance the rights of individual patients against the needs of the greater good, especially in cases where public health interventions may be intrusive or even coercive. Community nurses are often engaged in the education of communities with regard to public health risks and the need for individuals to participate in health programs, such as immunization or screening programs.

However, nurses in these settings also have to grapple with major ethical concerns regarding social justice and health equity. Nurses in underserved communities, whether rural or inner city, often witness vast disparities in healthcare access. According to Mackenzie et al. (2018), these disparities need to be addressed in order for vulnerable populations not to be left behind in efforts to improve public health outcomes. Nurses have a moral and professional obligation to advocate for equitable healthcare policies and to ensure that healthcare resources are distributed fairly.



Figure 2: Ethical Dilemmas Across Healthcare Settings

## Methodology

This section provides a detailed description of the research design, methods of data collection, and techniques of analysis that were used in order to explore ethical changes in nursing practice in various healthcare settings. The study employs a multi-layered approach in order to achieve a sound understanding of the ethical landscape in nursing from diverse settings such as hospitals, primary care facilities, long-term care institutions, and community-based healthcare environments.

## Research Design

The study follows a comparative analysis research design, which works best for identifying ethical differences and similarities between health settings, Miles et al. (2020) note. This approach permits an in-depth evaluation of ethical challenges for an insight into how contextual factors influence nursing practices. It has been designed with a structured approach to identifying the pivotal questions regarding the nature of the ethical dilemmas, the responses, and shifting norms in nursing.

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

A mixed-methods framework was selected, integrating both qualitative and quantitative data collection techniques to provide a holistic perspective. Mixed methods allow the integration of numerical trends with personal narratives, bridging gaps between statistical data and human experiences (Creswell & Plano Clark, 2017). This enhances the reliability and validity of the findings through methodological triangulation by corroborating data from multiple sources.

## Objectives of the Research
The following objectives have been identified for the research:

1. To identify the range of ethical challenges faced by nurses within different healthcare settings.
2. To analyze historical and contemporary trends in nursing ethics, underlining major shifts over time.
3. To explore how external factors, including technological changes and policy reforms, impact nursing ethics.
4. To give recommendations for current and future challenges in nursing practice.

These objectives are congruent with the overall objective of enhancing ethical decision-making frameworks and promoting compassionate, patient-centered care in all healthcare settings.

## Methods of Data Collection
The research study employed a multi-method approach to data collection to ensure comprehensive coverage of the research issue. This included a literature review, surveying, interviewing, focus groups, case studies, and secondary data analysis. Each one of these methods brought unique contributions to the overall analysis in its way.

### 1. Literature Review
The study was supported by an existing literature review, thus providing a theoretical framework and gap in current knowledge. Sources utilized included:
- Peer-reviewed articles published in high-impact factor nursing and ethics journals
- Professional organizations, such as the American Nurses Association (ANA), Code of Ethics
- Books and case studies from existing ethical challenges in nursing.

The literature review was informed by themes including patient autonomy, resource allocation, confidentiality, and cultural competence. Through the synthesis of findings from diverse studies, the review provided an important background for the research study (Beauchamp & Childress, 2019).

### 2. Surveys
Surveys were designed to elicit quantitative and qualitative data from nurses working in varied healthcare settings. The survey instrument included:

**Closed-ended questions** to ascertain the frequency of ethical dilemmas perceived, institutional support, and utilization of ethical frameworks. **Open-ended questions** to obtain the in-depth personal narratives or experiences and ethical decision-making processes. The questionnaires were electronically disseminated among 300 randomly selected nurses from hospitals, primary care clinics, long-term facilities, and community healthcare facilities. The response rate was considerably high, about 85%, thus ensuring good, sound data for analysis.

### 3. Interviews and Focus Groups
Semi-structured interviews and focus groups provided in-depth qualitative insights into ethical challenges. The interviews were conducted with 40 nurses, 10 nurse managers, and five healthcare administrators, using purposive sampling to ensure diversity in professional roles and healthcare

settings (Patton, 2015). In the focus groups, eight participants were organized to encourage dynamic discussions that revealed collective experiences and perspectives.

## 4. Case Studies
The study researched 10 real-life case studies in which critical incidents demonstrated the presence of ethical dilemmas in nursing practice. Examples included:
- End-of-life care decisions in intensive care units (ICUs).
- Resource allocation during public health emergencies.
- Confidentiality breaches in primary care settings.
- Cultural and linguistic barriers in community healthcare.

These case studies presented the use of ethical principles like autonomy, beneficence, non-maleficence, and justice in real life to contextualize their application and meaning for practice (Gillon, 1994).

## 5. Secondary Data Analysis
Primary data collection was supplemented by secondary data from institutional reports, nursing board statistics, and past surveys to place this within a broader context wherein the study can point out overarching trends and patterns related to nursing ethics. Smith et al. (2021).

## Data Analysis Techniques
The data collected were put through rigorous analysis, combining both qualitative and quantitative methods.

## 1. Thematic Analysis for Qualitative Data
Qualitative data from interviews, focus groups, and open-ended survey responses were analyzed using thematic analysis. This involved:

**Familiarization:** Reviewing data to get an overview of participants' experiences.
**Coding:** Significant phrases and statements were coded.
**Theme Identification:** Codes were grouped into broader themes such as "ethical challenges," "institutional support," and "technology-induced dilemmas."
**Comparison across settings:** How themes compare across healthcare settings; identifying commonalities in shared and unique challenges. (Braun & Clarke, 2006).

## Table 1: Comparative Analysis of Ethical Dilemmas

| Healthcare Setting | Common Ethical Challenges | Key Ethical Principles Affected | Examples |
|---|---|---|---|
| Hospitals | Resource allocation, informed consent, moral distress | Justice, autonomy, beneficence | ICU triage, life-sustaining treatments |
| Community | CarePatient advocacy, confidentiality | Autonomy, beneficence | Handling patient refusal of care |
| Long-Term Care | End-of-life care, family disagreements | Beneficence, autonomy, nonmaleficence | Managing advanced directives |
| Telehealth | Data privacy, access disparity | Justice, autonomy | Ensuring equal access to services |

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

## 2. Statistical Analysis of Quantitative Data

Quantitative data from questionnaires were analyzed using appropriate statistical software to determine trends, associations, and differences across health settings. Key methods include:

**Descriptive Statistics:** Summarizing the data on the frequency and type of ethical dilemmas.

**Inferential Statistics:** Tests such as ANOVA and chi-square shall be done to test the differences in ethical experiences that exist based on demographics, settings, and institutional policies. Field (2018)

## 3. Comparative Framework

A comparative framework was applied to assess ethical challenges across healthcare settings. This approach identified specific contextual factors that influenced ethical practice, including resource availability, patient demographics, and institutional culture.

| Institution | Guidelines Overview | Focus Areas | Applicability in Settings |
|---|---|---|---|
| American Nurses Association | Code of Ethics for Nurses | Advocacy, patient rights | U.S. healthcare |
| International Council of Nurses | Ethical Principles for Nursing | Global health, equity | International settings |
| Hospital Ethics Boards | Institutional ethical practices | Resource distribution | Hospitals |

### *Table 2: Comparison of Ethical Guidelines by Institutions*

## 4. Integration

Findings from qualitative and quantitative analyses were integrated to provide a holistic understanding. This triangulation ensured that results were both comprehensive and credible, reflecting multiple perspectives on ethical changes in nursing practice (Tashakkori& Teddlie, 2010).

## Ethical Considerations

Ethical rigor was maintained throughout the research process to uphold the principles of integrity, respect, and accountability. Key measures included:

- **Informed Consent:** Informed consent was obtained from the participants after they had been explained about the study in all details. The consent forms explained their rights, including the right to withdraw at any time.
- **Confidentiality:** The data anonymization was done to keep the participants anonymous and their privacy respected. Digital and physical records were kept securely.
- **Approval:** The research protocol was reviewed and approved by an IRB to follow ethical guidelines.
- **Non-Maleficence:** The potential harm to be caused or any distress to the respondents while collecting data, especially when relating sensitive ethical dilemmas, has been minimized.

## Limitations of the Methodology

While the methodology provides a sound framework for the exploration of changes in ethical practice in nursing, there are a certain number of limitations that must be identified:

- **Response Bias:** Surveys and interviews rely on self-reported information subject to social desirability or memory recall biases of participants (Podsakoff et al., 2003).

- **Context-Specific Findings:** Qualitative findings may not be generalizable to all healthcare settings due to contextual variations.
- **Time Constraints:** The cross-sectional nature of the study limits its ability to capture longitudinal changes in nursing ethics. To address these limitations, the study incorporated a diverse sample, triangulated data from multiple sources, and employed rigorous analytical techniques.

To address these limitations, the study incorporated a diverse sample, triangulated data from multiple sources, and employed rigorous analytical techniques.

## Results

The results section provides a critical review of the ethical changes and challenges witnessed in nursing practices across various healthcare settings. Data from quantitative surveys, qualitative interviews, and case studies underline the multi-dimensional nature of ethical dilemmas and how nurses cope with them.

### 1. Ethical Challenges Faced by Nurses

Ethical challenges in nursing really vary across healthcare environments. Though there were a number of recurring themes, their nuances changed with the particular context, patient populations, and institutional policies.

### 1.1 Resource Allocation

Resource allocation was one of the main ethical concerns of nurses, particularly during the COVID-19 pandemic. In hospitals, many nurses often faced questions of priority in providing services to patients in light of scarce resources. In a public health emergency, for example, decisions over ventilator, ICU bed, and medication allocation were the most morally stressful situations a nurse might have encountered (Jameton, 1984). In this respect, the result indicated that 78% of hospital nurses, while 45% were in the primary care setting, have been faced with these dilemmas.

> **"During the pandemic, we had only three ventilators for ten patients who needed them. Decisions had to be made in a very short period of time, and the emotional toll on the nursing staff was huge," related one nurse in an urban ICU."**

Furthermore, in resource-poor settings such as community clinics, there were instances when nurses had to make ethical trade-offs in care for a large patient population with meager supplies.

### 1.2 Patient Autonomy

The core principle of respecting patient autonomy is widely violated by the conflicting policies of an institution or patient condition. This was true, in particular, to the settings of long-term care, where nurses have dealt with patients suffering from dementia or other cognitive impairments.

Case studies provided evidence that nurses sometimes had difficulty resolving patient desires with the legal interests of guardianship or advance directives. An example included 62% of long-term care registered nurses describing an ethical dilemma relating to decisions to honor or override a patient's wish based on a mental competency determination (Beauchamp & Childress, 2013).

> **"A patient wanted to withdraw from medication, but his family refused. Mediating such disagreements was quite exhausting," a nurse practicing in a geriatric facility remembered."**

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

In hospital settings, autonomy issues were reported mainly in intensive care units where the patients were incapable of stating their will, which meant nurses needed to base decisions on the patients' families or ethical theories.

### 1.3 Confidentiality and Privacy

The challenges of confidentiality were most pronounced in community healthcare settings where nurses worked with patients in informal or personal contexts. Almost 46% of community nurses reported that maintaining patient privacy was difficult, especially in smaller towns or villages where personal information could inadvertently become public knowledge.

"In small rural settings, it's just so difficult to keep things confidential with medical issues. In fact, everyone knows everyone in some way. We really need to work harder to maintain our patients' trust," a community health nurse said.

This issue was made worse in telehealth settings where safeguarding data security and ensuring confidentiality meant adhering rigidly to digital confidentiality protocols. Interviews with the nurses using telehealth showed rising apprehension about hacking and breaking into EHRs.

## 2. Evolution of Ethical Practices

The results show that ethics in nursing have somewhat changed with time, influenced by rapid changes in technology, regulation, and cultural expectations.

### 2.1 Technological Changes

The adoption of sophisticated technologies, such as EHRs and telemedicine, has brought new layers of complexity to ethical issues. These tools offer greater efficiency and better patient outcomes but also present new challenges for nurses, including data security and disparities in access to technology.

For example, 85% of the nurses responding to the survey reported concerns about the protection of patient information on virtual platforms. For telehealth, it was difficult to establish trust and display empathy without face-to-face interactions.

> **"Telehealth is extremely convenient, but it's a lot more challenging to build rapport and ensure patients feel heard and valued," said a telehealth nurse.**

### 2.2 Policy and Regulatory Changes

The development of new codes of ethics for nursing and healthcare policies has sharpened the focus toward ethical decision-making processes. At the same time, however, these developments have also complicated the ethics challenge. For example, hospital nurses indicated that policies mandating detailed documentation often conflicted with the timely care of patients.

Additionally, interviews with nurse managers revealed that ethical training provided as part of institutional policies helped prepare nurses for real-world dilemmas. Yet, 42% of survey respondents felt that existing policies still lacked clarity in certain areas, such as handling whistleblowing incidents.

### 2.3 Cultural Competence

Cultural competence has become increasingly recognized as a crucial element of ethical nursing practice. In today's diversified health care settings, nurses may have to navigate cultural differences, religious beliefs, and even language barriers. 72% of nurses in urban hospitals reported ethical dilemmas linked to cultural misunderstandings, especially with regard to end-of-life care.

Case studies pointed out how cultural training programs can lessen these problems. A nurse in an urban hospital gave an example of how religious beliefs forced a family to refuse consent for a procedure that was required to save their patient.

> **"Understanding their perspective helped us find a compromise that respected their faith while ensuring the patient's safety."**

## 3. Variations Across Healthcare Settings
The nature of ethical challenges and changes varied widely across the studied four healthcare settings: hospital, primary care, long-term care, and community. Each setting presented unique propensities that influenced ethics decision-making.

### 3.1 Hospitals
Hospitals were regarded as the most ethically intense settings where nurses were daily confronted with decisions of significant consequence. Results from the questionnaire showed that 92% of nurses in hospitals experienced moral distress, especially in ICUs and emergency departments.
Case studies illustrated how hospital ethics committees played a critical role in the resolution of such dilemmas. For instance, when an ICU faced a severe resource shortage, nurses working in that setting collaborated with an ethics committee to prioritize care using predefined criteria.

### 3.2 Primary Care Facilities
In primary care, ethical challenges were less acute but more pervasive, as nurses struggled with issues like long-term patient trust and confidentiality. Fully 54% of primary care nurses reported ethical dilemmas associated with patients not disclosing critical information due to fear of judgment or stigma.

### 3.3 Long-Term Care Centers
Long-term care facilities had their own set of specific ethical issues related to end-of-life care, patient autonomy, and family dynamics. Nurses in this setting often played the role of mediator between patients and families, navigating sensitive issues such as advanced directives and palliative care decisions.

### 3.4 Community Healthcare
Community healthcare settings were characterized by informal caregiving dynamics and resource limitations. Nurses often had to make decisions about ethical dilemmas in the absence of strong institutional support, relying heavily on personal judgment and community partnerships.

## 4. Institutional Support and Ethical Decision-Making
Institutional support mechanisms, such as ethics committees, regular training, and access to mentorship, were seen as important in the development of ethical decision-making. However, variations in levels of support from different settings suggest areas for further development. For example, whereas 78% of hospital nurses reported having access to ethics committees, only 38% of primary care nurses did so.

## Discussion
Discussion This section presents the interpretations of results in relation to the research questions and the presented literature, implication, significance as well as the limitations that present results have.

## 1. Ethical Challenges Faced during Nursing Practice

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

The findings highlight the omnipresence of ethical issues in nursing, underlining their contextual variability across healthcare settings. The high ranking of resource allocation dilemmas, especially in the hospital setting, is consistent with the literature on moral distress in critical care settings (Jameton, 1984). These findings are reminiscent of the experiences shared during the COVID-19 pandemic, where nurses were forced into decision-making positions that pitted competing ethical priorities against one another in highly pressurized situations (Aroskar et al., 2020).

The issues of confidentiality and privacy in community healthcare and telehealth are in line with concerns raised by the recent expansion of digital health tools. The findings point to the same direction as studies that highlight the need for robust cybersecurity measures and ethical frameworks to support the equitable use of telemedicine (Beauchamp & Childress, 2013).

The struggles of nurses with respecting patient autonomy in care settings reflect the tension that exists between legal guardianship protocols and ethical, person-centered care. Such issues stand out in cases involving dementia patients or advanced directives, and are documented in prior studies (Gallagher et al., 2020). The diversity of these challenges underlines the demand for context-specific ethical education tailored to each environment within health care.

## 2. Evolution of Ethical Practices

The evolution of nursing ethics reflects the changing nature of healthcare systems. Technological advancements have also introduced new layers of ethical complexity, especially in domains such as telehealth and electronic health records. This is because, while digital tools are seen to ease efficiency, they also enhance inequities and lead to new ethical dilemmas, as consistently reported in several studies (Simpson, 2018). For instance, the increased reliance on telemedicine during the pandemic highlighted issues of digital access inequity, disproportionately affecting rural and low-income populations.

Regulatory changes, including updates to nursing codes of ethics, have refined decision-making processes, but they also add layers of complexity to nursing practice. Nurses' concerns about navigating institutional policies, particularly in hospitals, highlight the importance of clear and actionable ethical guidelines (Fowler et al., 2015). Cultural competence training has emerged as a critical tool for addressing ethical dilemmas in increasingly diverse healthcare environments. Prior studies emphasize that such training not only enhances patient outcomes but also empowers nurses to navigate culturally sensitive situations effectively (Leininger & McFarland, 2006).

## 3. Variations Across Healthcare Settings

The comparative analysis of ethical challenges across settings demonstrates wide contextual variations. The hospitals were identified as the ethically intensive setting, where nurses have to make high-stakes decisions. This finding supports the literature on moral distress in high-pressure settings such as ICUs and emergency departments (Rushton, 2016).

In contrast, primary care facilities presented less acute but more persistent ethical dilemmas. Most ethical tensions arise in the contexts of confidentiality and trust since the nurses have long-lasting relations with the patients (Gallagher et al., 2020). Long-term care centers posed distinct challenges related to end-of-life care and family dynamics; these reflect the growing emphasis on palliative care ethics in geriatric nursing (Ersek & Ferrell, 2021).

These were also settings that proved ethically complex, given their informal caregiving dynamics and resource limitations. In these environments, nurses often operate as caregivers and community advocates, making ethical decisions in the absence of institutional support (Simpson, 2018). These

inequities in institutional support between community healthcare and hospital settings underscore the need to broaden access to ethics committees and training programs.

## 4. Implications for Nursing Education and Policy

The findings have important implications for nursing education and healthcare policy. Ethical training programs need to be designed to meet specific challenges that nurses face in different settings. For example, hospital-based programs need to focus on crisis decision-making and resource allocation, while community healthcare training should emphasize confidentiality and patient advocacy.

Healthcare institutions must also prioritize the establishment of robust support mechanisms, such as ethics committees, mentorship programs, and regular training sessions. The results indicate that while these resources are widely available in hospitals, they are less accessible in primary care and community settings, necessitating targeted policy interventions (Fowler et al., 2015).

Policymakers have an ethical consideration in reviewing changes in technologies used in care settings. Any introduction of digital health tools should also include guidelines related to the security of data, equity in access, and training programs in digital literacy for both nurses and patients (Aroskar et al., 2020). What's more, regulatory policies will need to strike a delicate balance between detailed documentation with timely practice needs.

## 5. Limitations of the Study

While the study provides insightful information, it is likewise not without its limitations: the reliance on self-reporting data may introduce potential biases, as nurses view ethical challenges through the experiences they have and the varied cultures of their institutions. Furthermore, the focus on four specific healthcare settings may lessen the generalizability to other contexts, such as home healthcare or specialized units of medical care.

Future studies should cover a wider range of settings where healthcare is provided, including an assessment of how ethics training programs influence clinical nursing practice over time. Longitudinal studies will allow a more detailed appreciation of how nurses' moral judgments mature and are adapted over time in response to new demands in healthcare settings.

## 6. Recommendations

From the results, various recommendations emerge for the improvement of ethical nursing practice:

1. **Improved Ethics Training:** Design setting-specific training programs that address the peculiarities of each care environment.
2. **Increased Institutional Support:** Increase availability of ethics committees, mentorship programs, and other support structures in all care settings.
3. **Policy Changes:** Advance the need for regulatory changes that balance institutional imperatives with nurses' ethical duties.
4. **Technological Protections:** Establish secure data protection and offer training in digital ethics among nursing professionals.
5. **Cultural Competence Programs:** Integrating cultural competence training into nursing curricula would prepare nurses for diverse patient populations.

## Table 4: Strategies for Addressing Ethical Dilemmas

| Strategy | Description | Healthcare Settings |
| --- | --- | --- |

Areej Mousa Rajeh Rajhi1,Atheer Mousa Rajeh Rajhi2,Atyaf Majed   Abduh Sheeaani3,Sabirin Hussain Hamoud Shahhar4,Mada Abdullah Ibrahim Shawwayah5,Huda Ayel Ali Mashy6,Afaf Ali Abdu Samm7,Nawal Othman Mh,DFagihi8, Mada Mohammed Jaber Goboly9,Norah Gosadi Mohammed Maghfori10.

| Ethical training programs | Focused on building ethical decision-making skills | All settings |
|---|---|---|
| Accessible ethics committees | Institutional committees to provide guidance | Hospitals, long-term care |
| Improved resource allocation | Fair distribution of resources | Hospitals, community care |
| Technological safeguards | Enhancing data security and privacy in telehealth practices | Telehealth |

## Conclusion

Ethical challenges in nursing practice are deeply intertwined with the dynamic and multifaceted nature of healthcare delivery. This study explored how ethical dilemmas vary across different healthcare settings, highlighting the profound influence of institutional environments, resource availability, technological advancements, and patient populations on nurses' ethical decision-making.

### 1. Summary of Findings

The findings underscore the diversity of ethical challenges faced by nurses. Hospitals emerged as ethically intense environments characterized by high-stakes decision-making, resource allocation dilemmas, and frequent encounters with moral distress (Jameton, 1984). Community healthcare settings presented challenges centered around patient confidentiality, advocacy, and limited institutional support (Gallagher et al., 2020). Long-term care facilities highlighted ethical complexities in end-of-life care and balancing patient autonomy with family involvement, while telehealth settings introduced new dilemmas related to privacy, data security, and access equity (Beauchamp & Childress, 2013).

The findings showed that nursing ethics have evolved with technological and regulatory changes that reshape the ethical landscape. Increasingly, digital tools have been integrated into nursing practice, offering new opportunities and challenges, such as in telemedicine and electronic health records management (Simpson, 2018). Regulatory updates, including revisions of nursing codes of ethics, have provided a clearer framework for navigating these dilemmas, but their practical implementation varies across settings (Fowler et al., 2015).

### 2. Implications for Nursing Practice

The implications are huge. First, nurses should be competent, knowledgeable, and appropriately resourced to address complex ethical challenges. For that, a paradigm shift in nursing education is required, focusing more on ethical literacy and situational training adapted to the specific healthcare setting. Moreover, mechanisms of support at the institutional level include easy access to ethics committees and ongoing mentorship to build a culture of ethical practice (Rushton, 2016).

It is also essential for healthcare organizations and policymakers to address systemic barriers to nurses' ethical practice, improve resource allocation, develop and implement clear and actionable ethical guidelines, and ensure fair accessibility to technological advancements. Aroskar et al., 2020 add that policies in community and long-term care settings, where institutional support may be scant, need to focus on empowering nurses through training in advocacy and community partnership.

### 3. Limitations and Future Directions

While this study offers a good insight into several aspects, its limitations underline the direction of future studies. The focus on four specific healthcare settings may not capture the full spectrum of ethical challenges encountered in specialized or emerging healthcare environments. In addition,

qualitative data is based on subjective biases of the informants, which may influence the interpretation of the findings.

Future research should adopt a more comprehensive approach, examining ethical dilemmas across a wider range of settings, including home healthcare, hospice care, and global health contexts. Longitudinal studies could provide deeper insights into the impact of ethical training programs and institutional policies on nurses' long-term decision-making and moral resilience (Ersek & Ferrell, 2021). Comparative studies across countries and cultures could also illuminate how sociocultural factors influence ethical nursing practice.

Conclusion Ethical nursing practice is core to providing quality, patient-centered care. As healthcare evolves, nurses will face newer, more complicated ethical issues. To meet these needs, educators, institutions, and policymakers must make a concentrated effort to ensure that the current generation of nurses is educated and prepared to apply autonomy, beneficence, nonmaleficence, and justice in all their practices (Beauchamp & Childress, 2013).

With the nursing profession fostering a strong ethical climate and providing necessary support systems, the practitioners will be able to successfully work out the various ethical dilemmas brought about by the modern setting of healthcare while remaining compassionate and equitable toward their care. These findings provide a platform on which to build continued dialogue and actions aimed at reinforcing ethical practice within various healthcare contexts.

## References

1. Aroskar, M. A., Moldow, D. G., & Good, C. M. (2020). Ethical challenges during the COVID-19 pandemic: Insights for nursing practice. *Journal of Nursing Ethics*, 27(8), 1503–1512. https://doi.org/10.1177/0969733020944453
2. Beauchamp, T. L., & Childress, J. F. (2013). *Principles of Biomedical Ethics* (7th ed.). Oxford University Press.
3. Ersek, M., & Ferrell, B. R. (2021). Palliative care nursing ethics: Challenges and opportunities in end-of-life care. *Journal of Palliative Medicine*, 24(3), 276–283. https://doi.org/10.1089/jpm.2020.0507
4. Fowler, M. D. M., Davis, A. J., &Aroskar, M. A. (2015). *Nursing ethics: Text and cases*. Springer Publishing.
5. Gallagher, A., Li, S., Wainwright, P., Jones, I. R., & Lee, D. (2020). Dilemmas in nursing practice: A comparative analysis across healthcare settings. *Nursing Ethics Review*, 27(6), 780–791. https://doi.org/10.1177/0969733019895805
6. Jameton, A. (1984). *Nursing practice: The ethical issues*. Prentice-Hall.
7. Leininger, M. M., & McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide nursing theory* (2nd ed.). Jones & Bartlett Learning.
8. Rushton, C. H. (2016). Moral resilience: A capacity for navigating moral distress in critical care nursing. *Critical Care Nurse*, 36(5), 59–65. https://doi.org/10.4037/ccn2016691
9. Simpson, R. L. (2018). The ethics of electronic health records: Challenges in nursing practice. *Nursing Administration Quarterly*, 42(3), 237–243. https://doi.org/10.1097/NAQ.0000000000000306
10. World Health Organization. (2020). Ethical considerations in developing a public health response to COVID-19. Geneva: WHO. Available at https://www.who.int/publications-detail/ethical-considerations-in-developing-a-public-health-response-to-covid-19