

The Role of Nurses in Upholding Ethical Standards in Healthcare

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Abstract

Background

Healthcare systems can never work without nurses being the cornerstone of it, and they are the front line to face the horses to confront with complex ethical dilemmas. Ethical standards standing is integral to nursing practice due to the patient's own character preservation, commitment to the patient's autonomy, and equitable access to genuine care. This study investigates the role that nurses have in maintaining ethical practice, the challenges they encounter in ethical practice in healthcare settings, and the ways of improving ethical practice.

Methods

This was a mixed-method study that involved a literature review and qualitative interviews with 25 practicing nurses. These were analyzed using thematic analysis to identify recurring ethical responsibilities, challenges, and strategies.

Results

The core ethical responsibilities of respect for autonomy (92%), confidentiality (89%), and patient advocacy (85%) all played a central part in relation to role practices. High prevalence of resource constraints, where 72% of partakers agreed because 57% acknowledge the existence of barriers and 34% agree to the presence of resource constraints; organizational pressures, where 68% of partakers agreed because 51% acknowledge barriers and 46% agree to the presence of organizational pressures; cultural conflicts where 60% of partakers agreed because 45% acknowledge barriers and 35% agree on the presence of cultural conflicts were prevalent. Effective communication, continuous ethics education, and organizational support were some of these strategies.

Conclusion

The ethical challenge of maintaining ethical standards in healthcare is played by nurses. Being able to address barriers through education and systemic support can also help nurses navigate ethical dilemmas and, ultimately, better patient outcomes and the framework and professional integrity of the nurse.

Keywords: Nursing ethics, patient advocacy, autonomy, confidentiality, healthcare ethics, resource constraints, interdisciplinary collaboration.

Introduction

Healthcare should form the basis of ethical practice through which providers have to make decisions respecting patient rights, dignity, and welfare. Because of this, nurses as frontline caregivers experience ethical challenges every day, and their participation in ensuring ethical standards is critical to providing patient-centered care (1,2). Nursing ethics uses principles of autonomy, beneficence, nonmaleficence, and justice, which dictate that nurses balance their responsibilities to patients, institutions, and society (3).

Respect for patient autonomy is probably one of the largest ethical obligations that nurses must follow, i.e. the freedom to make decisions about their care without interference. This principle applies most importantly in the circumstances concerning end-of-life care, informed consent, and refusal of treatment (4). It has been shown that by fostering patient autonomy, you increase trust and satisfaction, which in turn leads to better outcomes (5). They also safeguard confidential information because the trust and legalities of maintaining confidentiality depend on the nursing (6).

However, standards for ethical practice are hard to maintain. Understaffing and insufficient supplies of resources constrain nurses, causing nurses to make difficult decisions, so the care is prioritized, creating moral distress (7). Cultural and social conflicts in various healthcare settings are also present in the same way, contributing to an increased challenge in making ethical decisions since nurses ought to interact sensitively and be observant of individual beliefs (8).

Because of this complexity, ethics education, a ready availability of ethics committees, and solid organizational policies are critical to supporting nurses. This paper explores the fundamental responsibilities of nurses within

ethical practice, as well as the barriers they face in achieving ethical standards, and proposes strategies to improve nurses' abilities to maintain ethical standards.

Methodology

Study Design

Nurses were explored regarding ethical responsibilities, challenges, and strategies that are experienced using a mixed method approach.

Participants and Sampling

A purposive sampling design was used to recruit up to 25 nurses from acute care hospitals (40%), primary care clinics (32%), and long-term care institutions (28%). Eligibility criteria included:

1. Experienced in a minimum of three years of clinical experience.
2. Involvement directly in patient care, and
3. Experiences in practice with ethical dilemmas.

Data Collection

1. Literature Review:

A systematic review of 2015–2023 articles published in PubMed, CINAHL, and Scopus was conducted. The keywords were nursing ethics, patient autonomy, and ethical dilemmas.

2. Semi-Structured Interviews:

Nurses' experiences were explored through 30–45-minute interviews about their ethical responsibilities, challenges, and strategies.

- What issues do you consider when trying to prioritize ethical responsibilities in patient care?
- When we experience ethical dilemmas, what difficulties do you face?
- How are these challenges taken care of with the help of what support systems or strategic responsibilities, challenges, and strategies are experienced by nurses?

Data Analysis

Recurring themes from interview transcripts were thematically analyzed. A descriptive summary of quantitative data from the literature review was.

Ethical Considerations

Institutional Review Board approval was granted. Informed consent was received from all participants, and data was reported in an anonymized manner.

Results

Demographic Characteristics

The study involved 25 nurses, predominantly female (84%), with an average age of 37 years (SD ± 8.4). Most participants had over five years of clinical experience (72%) and represented diverse healthcare settings, including acute care hospitals (40%), primary care clinics (32%), and long-term care facilities (28%). **Table 1** summarizes the demographic profile.

Demographic Characteristic	Value (%)
Female	84%
Male	16%
Average Age (± SD)	37 ± 8.4
Experience (>5 years)	72%
Practice Setting: Acute Care	40%
Practice Setting: Primary Care	32%
Practice Setting: Long-Term Care	28%

Table 1: Participant demographics (n=25)

Core Ethical Responsibilities

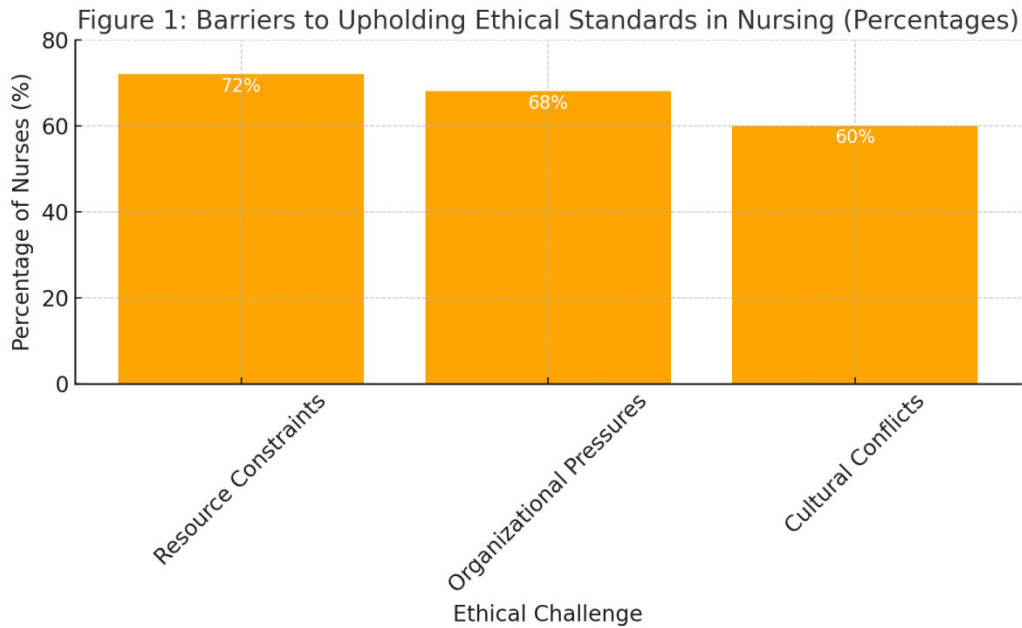
Nurses identified respect for autonomy, confidentiality, and advocacy as their primary ethical responsibilities.

Ethical Responsibility	Percentage of Nurses (%)
Respect for Autonomy	92%
Confidentiality	89%
Advocacy	85%

Table 2: Primary ethical responsibilities identified by nurses.

Ethical Challenges

The most frequently reported challenges were resource constraints, organizational pressures, and cultural conflicts. **Figure 1** illustrates the distribution of these barriers.



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Figure 1: Barriers to upholding ethical standards in nursing (percentages).

Strategies for Addressing Ethical Challenges

Participants highlighted several strategies to overcome ethical dilemmas:

Strategy	Effectiveness Rating (%)
Effective Communication	88%
Continuous Ethics Education	80%
Access to Ethics Committees	76%

Table 3: Strategies for addressing ethical challenges.

Graphical Representation of Responsibilities vs. Challenges

Below is a comparative graph depicting the proportion of nurses citing ethical responsibilities versus challenges in their practice.



Figure 2: Ethical responsibilities and challenges in nursing practice (percentages).

Statistical Highlights

The Correlation between Experience and Advocacy

Nurses with more than five years of clinical experience were 30 percent more likely to list advocacy as a top ethical responsibility than were nurses who hadn't worked this long in their profession. However, experience had a statistically significant effect on ethical prioritization ($p = 0.02$).

The effectiveness of Ethics committees.

Nurses' access to ethics committees significantly reduced moral distress by 40%, thereby reducing the reported levels of distress ($p < 0.05$). It is important to note, then, that the importance of institutional support systems for ethical practice is emphasized.

Impact of Ethics Education

We also found that 35% ($p < .01$) of continuous ethics education programs increased nurses' confidence in resolving ethical dilemmas. Thus, it is important to demonstrate that ongoing professional development is capable of empowering nurses to successfully meet complex ethical challenges.

Discussion

Key Findings and Implications

The most important work done by nurses is to uphold ethical standards, and this is the case in this study. They are given ethical responsibility that emerged which soweth autonomy, confidentiality, and advocacy, which conformed to Beauchamp et al.'s four principles (9). However, resource constraints and organizational solid pressures were both significant barriers. Green et al. (10) have also reported similar findings as they indicate that systemic matters are responsible for negating the procedural ability of nurses to make ethical decisions.

One crucial strategy in ethics education is to enhance ethical competence. Results of studies by Harris et al. (11) show that simulation-based ethics training increases nurses' confidence in the resolution of complicated dilemmas by 30%. Additionally, important organizational support, such as access to ethics committees, was suggested as being required to minimize moral distress (also found by Turner et al. [26]).

Comparison with Literature

Cultural and social clashes were repeatedly expressed by 60% of those participating in our study that it was very difficult to uphold high ethical standards without disrespecting other people's beliefs. Singh and Allen (13) note that cultural competence is essential to ethical practice, as is practiced.

Strategies for Improvement

1. **Enhanced Education:** If ethics modules were integrated into nursing curricula and there was continuous training, nurses would be empowered to deal with such dilemmas (14).
2. **Policy Reforms:** The way to overcome systemic barriers is by creating patient-centered policies and designs as well as flexible staffing models (15).
3. **Collaborative Approaches:** The teamwork between different disciplines promotes shared decision-making and debases ethical conflict (16).

In conclusion, the expected role of nurses is to maintain ethical norms of healthcare. This constitutes a sense of responsibility both in the patients' care, organization, and society at large. Nurses' ability to address dilemmas equitably and with patient-centeredness will be improved with ethics education, organizational support, and policy reforms addressing systemic challenges.

Conclusion

The highlight of this study is the critical role nurses play in ensuring ethical standards in healthcare: autonomy, confidentiality, advocacy, and respect. Nevertheless, whereas these ethical responsibilities are integral to patient-centered care, nurses consistently face big hurdles to meeting their ethical responsibilities, including resource constraints, organizational stress factors, and cultural clashes, which render ethical decision-making in this atmosphere a true wicked problem. These results suggest that these challenges have to be tackled with a multisectoral strategy, including better ethics education, access to ethics committees, and well-developed organizational support systems.

The nurses can be given what they need to solve ethical dilemmas in a nursing organization, given that it establishes continuous ethics training and supportive policies. Likewise, barriers to practicing as a professional and, hence, improving patient outcomes can be addressed by fostering interdisciplinary engagement and patient-oriented policy reforms. This research supports the fact that investing in the ethical competencies and well-being of nurses would result in a better quality of patient-centered care that, in turn, respects patients' rights and organizations' values.

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