



International Journal of Knowledge in Evidence-based Practice for Universal Nursing

Vol. 1, No. 1, January 2026 pp. 40-52

Journal Page is available at <https://internationaljournal.lppmunsaka.ac.id/index.php/jkepun>



Ethical Dilemmas in Intensive Care Nursing: A Critical Review

Suryadi¹, Dewarawati Patandean², Adrian Tan^{3*}

¹Universitas Salakanagara, Indonesia

²Universitas Sulbar Manarang, Indonesia

³Universiti Malaya, Malaysia

Email: adrian.tan101@um.edu.my

Abstract

This critical review explores various ethical dilemmas faced by nurses in intensive care units (ICUs) by reviewing English-language literature from the period 2000–2025. A comprehensive search of PubMed, CINAHL, Scopus, and Google Scholar using keywords such as “ethical dilemmas,” “intensive care nursing,” and “ICU ethics” yielded 32 qualitative, quantitative, mixed-method studies, narrative reviews, and professional ethical guidelines. Thematic analysis identified three main categories of dilemmas: end-of-life decision-making, professional duty conflicts (between beneficence, non-maleficence, and patient autonomy), and resource allocation in crises. The findings also highlight the significant prevalence of moral distress, its impact on nurses’ emotional well-being, and the effectiveness of mitigation strategies such as ethical consultation, interprofessional collaboration, and moral case deliberation. Recommendations include strengthening institutional ethical support mechanisms, providing ongoing training on ethical frameworks, and integrating moral reflection forums into clinical practice to reduce moral burden and improve the quality of ICU care.

Keywords: *Ethical Dilemmas, Intensive Care Nursing, Moral Distress, Ethical Consultation, Interprofessional Collaboration, Moral Case Deliberation*

INTRODUCTION

Intensive Care Units are dynamic environments where advanced medical technologies and complex patient needs frequently intersect, leading to a high prevalence of ethical challenges (Bertolini, 1994). These dilemmas range from resource allocation and end-of-life decisions to patient autonomy and professional responsibilities, often placing significant moral burdens on nursing staff (Işık et al., 2022). This review critically examines the multifaceted ethical dilemmas encountered by intensive care nurses, exploring their origins, impact, and potential mitigation strategies within the demanding ICU setting (Rainer et al., 2018) (Robert et al., 2020). Such challenges necessitate a robust understanding of ethical frameworks and professional codes of conduct, which serve as foundational guides for navigating complex patient care scenarios (Işık et al., 2022). It delves into the intricacies of moral distress experienced by nurses, the implications of technological advancements on patient care, and the ethical considerations surrounding triage protocols, particularly in times of crisis (Vinay et al., 2021).

Nursing in critical care settings, particularly within Intensive Care Units, inherently involves navigating complex moral landscapes due to the gravity of patient conditions and the advanced interventions employed (MacRae et al., 2008). The high-stakes nature of critical care, coupled with situations where patients are unconscious and reliant on life-sustaining machines, often shifts the focus of autonomy towards advance directives or substituted judgment through collaboration with relatives (Grignoli et al., 2018). This complexity is compounded by instances where nurses are confronted with ethical challenges such as managing patient care in the context of limited resources, conflicting family desires, or

situations demanding the application of professional codes of ethics to resolve disputes ([Kühn & Seidlein, 2021](#)) ([Regan, 2010](#)). Furthermore, nurses frequently encounter dilemmas relating to patient rights, informed consent, and the appropriate extent of life-sustaining treatments, often requiring them to balance competing ethical principles ([McGowan, 2006](#)). These situations necessitate a nuanced understanding of moral sensitivity, enabling nurses to identify and analyze ethical issues effectively to arrive at sound clinical and ethical decisions ([Duran et al., 2018](#)). The intensity of care required by critically ill patients, who are susceptible to complications such as extubation failures, malnutrition, and infections, further exacerbates the ethical complexities faced by ICU nurses ([Piscotty et al., 2015](#)). The inherent conflict between a nurse's moral obligations and the harsh realities of resource limitations often forces difficult choices between morally sound actions and viable options, creating significant emotional distress ([Hossain & Clatty, 2020](#)). The frequent occurrence of such situations often leads to what are termed ethical dilemmas, where nurses must choose between several ethically justifiable yet simultaneously problematic options ([Dennis, 2022](#)). These situations necessitate a nuanced understanding of moral sensitivity, enabling nurses to identify and analyze ethical issues effectively to arrive at sound clinical and ethical decisions ([Shadi et al., 2024](#)). These dilemmas, which arise when choices must be made and the answers are not clear, can lead to declines in the quality of patient care, problematic clinical relationships, and significant moral distress among nursing staff ([Berger et al., 1991](#)). Ethical practice is fundamental for nurses, who regularly confront ethical issues ([Haddad & Geiger, 2018](#)). These ethical challenges are further complicated by the intersection of legal and ethical principles, often creating conflicts between personal moral beliefs and professional obligations for nurses ([McKnight, 1997](#)).

This paper aims to synthesize current literature on ethical dilemmas in intensive care nursing, providing a comprehensive overview of the types of dilemmas encountered, their underlying causes, and the coping mechanisms employed by nurses ([Aydoğdu, 2022](#)). The review further delves into the concept of moral distress, a pervasive issue among critical care nurses, which arises when healthcare professionals are unable to perform ethically appropriate actions due to institutional or situational constraints ([Elpern et al., 2005](#)). It also examines how these dilemmas influence decision-making processes, particularly in emergency and critical care settings ([Afenigus & Sinshaw, 2025](#)).

LITERATURE Review

1. The Nature of Intensive Care Nursing

The demanding environment of the ICU, characterized by high patient acuity and advanced technological interventions, amplifies the ethical complexities that nurses face daily. This intense environment often places significant psychological burdens on nurses, leading to increased instances of moral distress when their ethical principles are compromised ([Pijl et al., 2008](#)). Moral distress, specifically, is a prevalent ethical issue experienced by nurses when they are aware of the morally correct action to take but are constrained from doing so by internal or external factors, leading to feelings of powerlessness and compromise of their moral integrity ([Weinzimmer et al., 2014](#)). It arises when nurses perceive patient pain and suffering resulting from medical decisions, they have little power to influence, often exacerbated by unequal power structures within healthcare institutions ([Huffman & Rittenmeyer, 2012](#)). This phenomenon is often compounded by systemic issues and resource limitations, particularly evident during public health crises such as the COVID-19 pandemic, where nurses were compelled to operate under crisis standards of care while balancing personal and professional obligations ([Lake et al., 2021](#)). This often leads to feelings of

powerlessness and compromise of their moral integrity ([Lake et al., 2021](#)). The COVID-19 pandemic, in particular, has highlighted how moral distress in nurses can be exacerbated by unprecedented demands and resource constraints, significantly impacting their well-being and the quality of patient care ([Silverman et al., 2021](#)).

2. Ethical Frameworks in Healthcare

These constraints can be internal, such as self-doubt or fear of conflict, or external, including power imbalances within the healthcare team or unsupportive hospital policies ([Epstein & Delgado, 2010](#)). Such ethical problems, arising from value conflicts, often compromise moral integrity and can culminate in moral injury, particularly when healthcare professionals witness suffering or are unable to prevent outcomes that violate their deeply held beliefs ([Andersson et al., 2022](#)). The psychological toll on nurses during the pandemic was substantial, with studies indicating elevated levels of anxiety, depression, and post-traumatic stress disorder, not only domestically but also in international contexts such as China, Italy, France, Turkey, and Canada ([Galanis et al., 2023](#)) ([Mewborn et al., 2023](#)). This vulnerability is amplified by factors such as inadequate staffing, extended work hours, and insufficient organizational support, all of which contribute to an environment where nurses struggle to uphold their moral values and deliver optimal patient care. Moral injury, distinct from moral distress, denotes a profound psychological wound that occurs when an individual perpetrates, fails to prevent, or witnesses acts that transgress deeply held moral beliefs and expectations, subsequently leading to a tarnished identity and compromised integrity ([Griffin et al., 2023](#)). This concept, originally used to describe the experiences of war veterans, provides a framework for understanding the severe psychological consequences faced by critical care nurses when their core moral values are violated in the line of duty ([Swavely et al., 2022](#)). During the COVID-19 pandemic, healthcare professionals, including nurses, were at an elevated risk for developing moral distress and injury due to increased workloads, understaffing, and a lack of resources and support ([D'Alessandro-Lowe et al., 2024](#)).

METHODOLOGY

This research method adopts a critical review approach with the aim of exploring and evaluating in depth the literature on ethical dilemmas in intensive care unit (ICU) nursing. First, a comprehensive literature search was conducted in major electronic databases—PubMed, CINAHL, Scopus, and Google Scholar—using a combination of keywords: “ethical dilemmas,” “intensive care nursing,” “ICU ethics,” and “nursing challenges.” The selected articles include English-language publications from 2000 to 2025, with qualitative, quantitative, mixed-methods, narrative reviews, and professional ethical guidelines that discuss value conflicts, decisions to discontinue care, consent, and the moral burden of nurses in the ICU. Inclusion criteria included clinical experience reports and empirical research highlighting the perspectives of nurses or interprofessional teams, while editorials, commentaries, and research involving nursing students were excluded. Each article was assessed for quality and relevance using the CASP (Critical Appraisal Skills Programme) framework to ensure the depth of ethical analysis. Data extracted included the type of dilemma, clinical context, nurses' responses, and ethical recommendations. Analysis is conducted thematically, identifying key problematic patterns—such as end-of-life decision-making, conflicts of professional duty, and the impact of moral stress—and comparing proposed resolution approaches. The review findings are then critically synthesized to describe the ethical landscape of ICU nursing and formulate research agendas and policy recommendations supporting nursing practice grounded in integrity.

RESULT and Discussion

1. Common Ethical Dilemmas

The unique environment of intensive care units, characterized by critical patient conditions and advanced life-sustaining technologies, frequently gives rise to complex ethical dilemmas for nursing professionals. These challenges are often exacerbated by the high-stress environment, demanding swift decision-making amidst situations of profound vulnerability and significant emotional gravity (Olaleye et al., 2022). The intersection of technological advancements and the fragility of human life necessitates a robust ethical framework for intensive care nurses, enabling them to navigate complex moral landscapes with clarity and integrity (Silva et al., 2015). One prevalent dilemma involves end-of-life care, where nurses often mediate between patient autonomy, family desires, and medical recommendations regarding the continuation or withdrawal of life support (Alanazi et al., 2024). This delicate balance requires nurses to possess not only clinical expertise but also a deep understanding of ethical principles, such as beneficence, non-maleficence, justice, and respect for autonomy (NA et al., 2018). Moreover, issues of futility and informed consent continue to pose significant ethical challenges, reflecting ongoing concerns in nursing practice that have persisted for over a decade (Ulrich et al., 2010). Additionally, the fast-paced and high-stakes nature of ICU work, coupled with issues like inadequate staffing and heavy workloads, can further complicate nurses' abilities to address these dilemmas effectively, often leading to moral distress (Aeschbacher & Addor, 2021). Another significant area of ethical concern revolves around resource allocation, particularly in situations where demand for critical care resources outstrips supply, forcing difficult decisions about who receives life-sustaining treatment (Petrișor et al., 2025). Such dilemmas are further compounded by the integration of emerging technologies, including artificial intelligence, which introduces novel ethical considerations concerning data privacy, algorithmic bias, and the erosion of humanistic aspects of care (Nashwan et al., 2025). The daily practice of nursing is inherently intertwined with ethical considerations, presenting situations where moral choices are ambiguous or contested (Bruun et al., 2019). These decisions frequently conflict with the nurses' code of ethics or personal moral values, necessitating a delicate balance to advocate for patients while delivering comprehensive care (Haddad & Geiger, 2018). This requires nurses to consciously evaluate what is best for their patients, often in the face of conflicting priorities and diverse patient needs (Windle, 2002). Operating room nurses, for instance, frequently encounter complex ethical issues due to the diverse patient populations and intricate interventions involved in surgical care, many of whom are critically ill and face uncertain outcomes (Hu et al., 2025). Given that nurses often serve as primary patient advocates, they are frequently positioned at the forefront of ethical conflicts, having to reconcile differing perspectives among patients, families, and healthcare teams (Windle, 2002).

2. Factors Influencing Ethical Decision-Making

a. Personal Values and Beliefs

Personal values and beliefs significantly shape how nurses perceive and respond to ethical dilemmas, influencing their moral reasoning and the subsequent actions they undertake in clinical practice. This internal compass often guides their advocacy for patients, especially when confronting situations that challenge personal convictions regarding beneficence, non-maleficence, and patient autonomy. Such situations often create internal conflict when personal moral frameworks diverge from professional obligations or institutional policies, leading to ethical dilemmas where nurses must choose between different options, each with its own ethical merits and drawbacks (Dennis, 2022). The

inherent tension between personal identity and professional roles can intensify these conflicts, particularly in high-stakes environments like the ICU, where the moral stakes are profoundly high ([Carminati & Héliot, 2022](#)). This interplay between personal ethics and professional responsibilities necessitates a profound level of self-awareness and moral resilience to uphold patient-centered care while navigating complex ethical landscapes. Moreover, healthcare professionals, including nurses, frequently experience identity conflicts in ethically charged situations due to the sensitive and moral nature of their work and the public scrutiny their actions often face ([Carminati & Héliot, 2022](#)).

b. Professional Codes of Ethics

Institutional guidelines and professional codes, such as those promulgated by the American Nurses Association and the International Council of Nurses, provide foundational ethical principles that guide nursing conduct and decision-making in diverse clinical settings. These codes delineate the ethical obligations of nurses, emphasizing patient advocacy, confidentiality, and the promotion of health and well-being, thereby establishing a normative framework for ethical practice. While these documents offer a robust theoretical foundation, their practical application can be challenging when faced with the nuanced and emotionally charged realities of intensive care, where principles may conflict or require extensive interpretation. This necessitates that nurses possess a deep understanding of these professional values and integrate them into their daily practice to ensure the provision of safe and ethical care ([Gassas & Salem, 2022](#)).

c. Organizational Culture and Policies

Organizational culture and policies profoundly influence the ethical environment within healthcare institutions, dictating how ethical dilemmas are recognized, discussed, and ultimately resolved. A supportive organizational culture that prioritizes ethical conduct and provides clear guidelines for moral decision-making can empower nurses to act ethically, reducing moral distress and fostering a climate of integrity ([Farhud & Yeganeh, 2013](#)). Conversely, a culture lacking such support or one that prioritizes efficiency over ethical considerations can exacerbate moral distress and compromise patient care ([Mukherjee et al., 2009](#)).

d. Legal and Regulatory Frameworks,

Legal and regulatory frameworks provide the overarching structure within which healthcare operates, establishing boundaries and requirements for ethical practice in nursing. These frameworks include legislation related to patient rights, informed consent, privacy, and end-of-life care, all of which directly impact how nurses deliver care and make ethical decisions. These legal stipulations are not merely guidelines but represent the minimal standards expected of nursing professionals, ensuring accountability and adherence to established ethical principles ([Goniewicz et al., 2023](#)).

3. Strategies for Ethical Decision-Making

a. Ethical Consultation and Support

These frameworks are critical in guiding nurses through complex ethical situations, ensuring their practice aligns with both professional standards and societal expectations while providing a clear recourse for legal accountability. Furthermore, a robust legal framework provides a crucial reference point for nurse leaders to structure and inform decision-making, particularly when confronting complex ethical dilemmas that intersect with legal liabilities ([Duarte et al., 2023](#)) ([Stucky & Wymer, 2023](#)).

b. Interprofessional Collaboration

Collaboration among healthcare professionals facilitates a holistic approach to ethical decision-making, integrating diverse perspectives and expertise to navigate complex moral challenges. This integrated approach promotes shared understanding and strengthens the ethical resolve of the team, especially in high-stakes environments like critical care where decisions have profound implications ([Dehkordi et al., 2024](#)). Ethical leaders within healthcare organizations play a pivotal role in fostering environments where such frameworks are not merely theoretical constructs but are actively embedded in clinical practice, ensuring that nurses feel supported in their ethical endeavors ([Liu et al., 2025](#)). Effective interprofessional collaboration can also mitigate the risk of adverse events by fostering a culture of collective responsibility and open communication, thereby enhancing patient safety and care quality ([Pashar & Dwiantoro, 2020](#)).

c. Moral Case Deliberation

Moral case deliberation offers a structured approach for healthcare teams to analyze and resolve ethical dilemmas by providing a forum for open discussion, reflection, and collective problem-solving. This process encourages a deeper understanding of the ethical issues at hand, allowing participants to explore various perspectives and potential solutions in a supportive and confidential environment. When principles conflict, it is often challenging to determine which principle should take precedence, especially since these frameworks frequently do not account for the interpersonal and emotional dimensions inherent in human experience ([Arries, 2005](#)).

d. Education and Training

Such deliberations enhance the ethical reasoning capabilities of healthcare professionals, fostering a more nuanced and reflective approach to complex moral challenges. Given the inherent complexities, nursing curricula must continually adapt to instill ethical reasoning as a core competency, preparing future professionals for the moral intricacies of clinical practice ([Gibson, 2019](#)) ([Pettigrew, 2000](#)). This proactive educational strategy ensures that graduates are not only clinically proficient but also ethically astute, capable of navigating the multifaceted moral landscape of contemporary healthcare ([Hewko et al., 2014](#)) ([Melchert, 2014](#)).

4. Impact of Ethical Dilemmas on Nurses

a. Moral Distress and Burnout

Moral distress, a significant psychological burden experienced by nurses, arises when they are unable to carry out ethically sound actions due to institutional or situational constraints, leading to feelings of powerlessness and anguish. This distress is particularly prevalent in intensive care units, often stemming from situations involving the provision of non-beneficial care or conflicts in values regarding patient prognosis and truth-telling ([Browning & Cruz, 2018](#)) ([Edmonson, 2010](#)). Such unresolved moral conflicts can accumulate, leading to burnout, compassion fatigue, and even prompting nurses to consider leaving their profession ([Wolf et al., 2015](#)). Ethical conflicts frequently emerge from incompatible goals among patients, their surrogates, and healthcare providers, including nurses and physicians, or even the organizations themselves ([Kim et al., 2020](#)). The persistent exposure to these ethically challenging situations, coupled with insufficient support systems, can erode a nurse's moral resilience and overall job satisfaction, ultimately affecting the quality of patient care ([Hwu & Pai, 2025](#)).

b. Psychological and Emotional Well-being

The constant negotiation of these complex ethical landscapes can lead to significant psychological strain, manifesting as anxiety, depression, and vicarious trauma among nursing staff. This emotional burden is compounded by the high-stakes nature of critical care, where decisions often have life-or-death implications, further intensifying the psychological toll on nurses. The emotional labor involved in consistently providing empathetic care in stressful environments, often with time constraints and heavy workloads, can further deplete a nurse's mental and emotional reserves ([Richemond et al., 2022](#)).

c. Job Satisfaction and Retention

The cumulative effect of these stressors profoundly impacts job satisfaction, potentially increasing turnover rates as nurses seek environments with more robust ethical support mechanisms. A notable correlation exists between lower job satisfaction and an increased propensity for turnover among nursing professionals ([Aeschbacher & Addor, 2021](#)). This phenomenon is particularly pronounced in highly demanding clinical settings where nurses frequently encounter morally distressing situations and feel inadequately supported ([Parola et al., 2022](#)).

5. Recommendations for Future Research and Practice

This attrition not only exacerbates staffing shortages but also leads to a loss of experienced personnel, thereby compromising the continuity and quality of patient care. This environment of chronic stress and burnout can significantly diminish nurses' commitment to their organizations, ultimately affecting their retention ([Chaudhury, 2018](#)). The demanding nature of critical care, coupled with ethical dilemmas, significantly impacts nurses' well-being and retention, necessitating comprehensive strategies to foster a supportive and ethically robust work environment ([Aeschbacher & Addor, 2021](#)). Consequently, organizations face substantial challenges in retaining experienced nursing staff, necessitating the implementation of targeted interventions to mitigate the negative repercussions of moral distress and burnout ([Hayward et al., 2016](#)) ([Flowers et al., 2024](#)). Research indicates a pervasive presence of stress in healthcare settings, particularly within nursing, where working conditions are perceived to be deteriorating amidst a significant nursing shortage ([Jennings, 2008](#)). This chronic stress often leads to burnout, manifesting as exhaustion, cynicism, and reduced professional efficacy, which further exacerbates turnover rates in the nursing profession ([Kester & Wei, 2018](#)) ([Khanade & Sasangohar, 2017](#)). Given these factors, future research should delve deeper into the specific organizational and systemic elements that either mitigate or exacerbate moral distress among intensive care nurses.

CONCLUSION

The confluence of these factors underscores the critical need for multifaceted interventions aimed at bolstering nurse well-being and fostering a more ethically sustainable practice environment. Studies highlight that nurses often seek alternative career paths or leave the profession entirely when faced with persistent moral distress and inadequate organizational support ([Khamisa et al., 2015](#)). This issue is compounded by the fact that nurse retention is directly influenced by factors such as employer branding, organizational culture, and career development opportunities, all of which are undermined when ethical dilemmas are poorly managed ([Goyal & Kaur, 2023](#)). The pervasive nature of stress and burnout among healthcare workers, particularly nurses, has prompted significant attention from professional organizations like the American Nurses Foundation and the National

Academy of Medicine, both of whom are spearheading initiatives aimed at enhancing clinician well-being ([Carter & Bogue, 2022](#)). Moreover, the financial implications of high turnover rates due to burnout are substantial, costing the federal economy upwards of \$500 billion annually in diminished productivity and increased healthcare expenditures. Addressing these multifaceted challenges requires a concerted effort from healthcare institutions to cultivate supportive organizational cultures that prioritize ethical practice and provide robust mechanisms for addressing moral distress ([Goyal & Kaur, 2023](#)). This involves fostering transparent communication, promoting shared decision-making, and implementing structured ethics consultation services to empower nurses in navigating complex moral challenges.

REFERENCES

- Aeschbacher, R., & Addor, V. (2021). Competitive employer positioning through career path analysis: the case of the Swiss nursing sector. *Human Resources for Health*, 19(1). <https://doi.org/10.1186/s12960-021-00586-z>
- Afenigus, A. D., & Sinshaw, M. A. (2025). Ethical dilemmas and decision-making in emergency and critical care nursing in Western Amhara region, Northwest Ethiopia: a multi-method qualitative study. *BMC Nursing*, 24(1). <https://doi.org/10.1186/s12912-025-02958-5>
- Alanazi, M. A., Shaban, M. M., Ramadan, O. M. E., Zaky, M. E., Mohammed, H. H., Amer, F. G. M., & Shaban, M. (2024). Navigating end-of-life decision-making in nursing: a systematic review of ethical challenges and palliative care practices [Review of Navigating end-of-life decision-making in nursing: a systematic review of ethical challenges and palliative care practices]. *BMC Nursing*, 23(1). BioMed Central. <https://doi.org/10.1186/s12912-024-02087-5>
- Andersson, H., Svensson, A., Frank, C., Rantala, A., Holmberg, M., & Bremer, A. (2022). Ethics education to support ethical competence learning in healthcare: an integrative systematic review [Review of Ethics education to support ethical competence learning in healthcare: an integrative systematic review]. *BMC Medical Ethics*, 23(1). BioMed Central. <https://doi.org/10.1186/s12910-022-00766-z>
- Arries, E. J. (2005). Virtue ethics: an approach to moral dilemmas in nursing [Review of Virtue ethics: an approach to moral dilemmas in nursing]. *Curationis*, 28(3). AOSIS. <https://doi.org/10.4102/curationis.v28i3.990>
- Aydoğdu, A. L. F. (2022). Ethical dilemmas experienced by nurses while caring for patients during the COVID-19 pandemic: An integrative review of qualitative studies [Review of Ethical dilemmas experienced by nurses while caring for patients during the COVID-19 pandemic: An integrative review of qualitative studies]. *Journal of Nursing Management*, 30(7), 2245. Wiley. <https://doi.org/10.1111/jonm.13585>
- Berger, M. C., Seversen, A., & Chvatal, R. (1991). Ethical Issues in Nursing. *Western Journal of Nursing Research*, 13(4), 514. <https://doi.org/10.1177/019394599101300407>
- Bertolini, C. L. (1994). Ethical decision-making in intensive care: a nurse's perspective. *Intensive and Critical Care Nursing*, 10(1), 58. [https://doi.org/10.1016/0964-3397\(94\)90080-9](https://doi.org/10.1016/0964-3397(94)90080-9)
- Browning, E. D., & Cruz, J. S. (2018). Reflective Debriefing: A Social Work Intervention Addressing Moral Distress among ICU Nurses. *Journal of Social Work in End-of-Life & Palliative Care*, 14(1), 44. <https://doi.org/10.1080/15524256.2018.1437588>

- Bruun, H., Huniche, L., Stenager, E., Mogensen, C. B., & Pedersen, R. (2019). Hospital ethics reflection groups: a learning and development resource for clinical practice. *BMC Medical Ethics*, 20(1). <https://doi.org/10.1186/s12910-019-0415-5>
- Carminati, L., & Héliot, Y. (2022). Between Multiple Identities and Values: Professionals' Identity Conflicts in Ethically Charged Situations. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.813835>
- Carter, K., & Bogue, R. J. (2022). Application of the model of leadership influence for health professional wellbeing during COVID-19. *Nursing Outlook*, 70(3), 458. <https://doi.org/10.1016/j.outlook.2022.02.010>
- Chaudhury, S. (2018). Stress and Burnout in Nursing Profession. *JOJ Nursing & Health Care*, 6(3). <https://doi.org/10.19080/jojnhc.2018.06.555690>
- D'Alessandro-Lowe, A. M., Brown, A., Sullo, E., Pichtikova, M., Karram, M., Mirabelli, J., McCabe, R. E., McKinnon, M. C., & Ritchie, K. (2024). Why Are Healthcare Providers Leaving Their Jobs? A Convergent Mixed-Methods Investigation of Turnover Intention among Canadian Healthcare Providers during the COVID-19 Pandemic. *Nursing Reports*, 14(3), 2030. <https://doi.org/10.3390/nursrep14030152>
- Dehkordi, F. G., Torabizadeh, C., Rakhshan, M., & Vizeshfir, F. (2024). Barriers to ethical treatment of patients in clinical environments: A systematic narrative review. *Health Science Reports*, 7(5). <https://doi.org/10.1002/hsr2.2008>
- Dennis, V. (2022). The Challenges of Ethical Decision Making in Nursing. *AORN Journal*, 116(1), 1. <https://doi.org/10.1002/aorn.13733>
- Duarte, A. C. da S., Chí-charo, S. C. R., Silva, T. A. S. M. da, & Oliveira, A. B. de. (2023). Ethical dilemmas and illicit acts in nursing: reflections on the legal (dis)order. *Revista Brasileira de Enfermagem*, 76. <https://doi.org/10.1590/0034-7167-2022-0558>
- Duran, S., Kargin, M., & Çelebi, E. (2018). Moral Sensitivity in Nurses Providing Care to Psychiatric Patients: A cross-sectional study. *Kocaeli Medical Journal*, 7(3), 96. <https://doi.org/10.5505/ktd.2018.93584>
- Edmonson, C. (2010). Moral Courage and the Nurse Leader. *OJIN The Online Journal of Issues in Nursing*, 15(3). <https://doi.org/10.3912/ojin.vol15no03man05>
- Elpern, E. H., Covert, B., & Kleinpell, R. (2005). Moral Distress of Staff Nurses in a Medical Intensive Care Unit. *American Journal of Critical Care*, 14(6), 523. <https://doi.org/10.4037/ajcc2005.14.6.523>
- Epstein, E. G., & Delgado, S. (2010). Understanding and Addressing Moral Distress. *OJIN The Online Journal of Issues in Nursing*, 15(3). <https://doi.org/10.3912/ojin.vol15no03man01>
- Farhud, D. D., & Yeganeh, M. Z. (2013). The code of ethics for nurses. *PubMed*, 42, 1. <https://pubmed.ncbi.nlm.nih.gov/23514954>
- Flowers, S.-L., Guillén-Solà, M., Sansó, N., & Galiana, L. (2024). Compassionate Care: A Qualitative Exploration of Nurses' Inner Resources in the Face of Burnout. *Nursing Reports*, 14(1), 66. <https://doi.org/10.3390/nursrep14010006>
- Galanis, P., Moisoglou, I., Katsiroumpa, A., Vraka, I., Σίσκου, O., Konstantakopoulou, O., Meimeti, E., & Καϊτελίδου, Δ. (2023). Increased Job Burnout and Reduced Job Satisfaction for Nurses Compared to Other Healthcare Workers after the COVID-19 Pandemic. *Nursing Reports*, 13(3), 1090. <https://doi.org/10.3390/nursrep13030095>
- Gassas, R., & Salem, O. (2022). Nurses' professional values and organizational commitment. *Journal of Taibah University Medical Sciences*, 18(1), 19. <https://doi.org/10.1016/j.jtumed.2022.07.005>
- Gibson, E. (2019). Longitudinal Learning Plan for Developing Moral Courage. *Teaching and Learning in Nursing*, 14(2), 122. <https://doi.org/10.1016/j.teln.2018.12.012>

- Goniewicz, M., Khorram-Manesh, A., Włoszczak-Szubbda, A., Lasota, D., Al-Wathinani, A. M., & Goniewicz, K. (2023). Influence of experience, tenure, and organisational preparedness on nurses' readiness in responding to disasters: An exploration during the COVID-19 pandemic. *Journal of Global Health, 13*.
<https://doi.org/10.7189/jogh.13.06034>
- Goyal, R., & Kaur, G. (2023). Identifying the impact of employer branding in the retention of nurses: the mediating role of organizational culture and career development. *Humanities and Social Sciences Communications, 10*(1).
<https://doi.org/10.1057/s41599-023-01794-9>
- Griffin, M., Hamilton, P., Harness, O., Credland, N., & McMurray, R. G. (2023). 'Running Towards the Bullets': Moral Injury in Critical Care Nursing in the COVID-19 Pandemic. *Journal of Management Inquiry, 33*(2), 184.
<https://doi.org/10.1177/10564926231182566>
- Grignoli, N., Bernardo, V. D., & Malacrida, R. (2018). New perspectives on substituted relational autonomy for shared decision-making in critical care. *Critical Care, 22*(1).
<https://doi.org/10.1186/s13054-018-2187-6>
- Haddad, L., & Geiger, R. A. (2018). Nursing Ethical Considerations. StatPearls.
<https://europepmc.org/article/MED/30252310>
- Hayward, D. A. M., Bungay, V., Wolff, A., & MacDonald, V. (2016). A qualitative study of experienced nurses' voluntary turnover: learning from their perspectives. *Journal of Clinical Nursing, 25*, 1336. <https://doi.org/10.1111/jocn.13210>
- Hewko, S., Cooper, S., & Cummings, G. G. (2014). Strengthening Moral Reasoning Through Dedicated Ethics Training in Dietetic Preparatory Programs. *Journal of Nutrition Education and Behavior, 47*(2), 156. <https://doi.org/10.1016/j.jneb.2014.10.001>
- Hossain, F., & Clatty, A. (2020). Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. *Nursing Ethics, 28*(1), 23.
<https://doi.org/10.1177/0969733020961825>
- Hu, X., Yu, L., Wang, C., Yi, J., Peng, F., & Chen, Y. (2025). Analysis of the current status and influencing factors of moral courage among operating room nurses in Southwest China: a multi-center study. *BMC Nursing, 24*(1). <https://doi.org/10.1186/s12912-025-02991-4>
- Huffman, D., & Rittenmeyer, L. (2012). How Professional Nurses Working in Hospital Environments Experience Moral Distress: A Systematic Review [Review of How Professional Nurses Working in Hospital Environments Experience Moral Distress: A Systematic Review]. *Critical Care Nursing Clinics of North America, 24*(1), 91. Elsevier BV. <https://doi.org/10.1016/j.ccell.2012.01.004>
- Hwu, L., & Pai, H. (2025). Exploring Ethical Dilemmas and Coping Strategies in Nursing: A Focus Group Study of Nurses and Nursing Students. *Nursing and Health Sciences, 27*(2). <https://doi.org/10.1111/nhs.70082>
- Işık, M. T., Can, R., & Serinkaya, D. (2022). Ethical Attitudes of Intensive Care Nurses during Clinical Practice and Affecting Factors. *Indian Journal of Critical Care Medicine, 26*(3), 288. <https://doi.org/10.5005/jp-journals-10071-24143>
- Jennings, B. M. (2008). Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions. <https://pubmed.ncbi.nlm.nih.gov/21328768/>
- Kester, K., & Wei, H. (2018). Building nurse resilience [Review of Building nurse resilience]. *Nursing Management, 49*(6), 42. Lippincott Williams & Wilkins.
<https://doi.org/10.1097/01.numa.0000533768.28005.36>
- Khamisa, N., Oldenburg, B., Peltzer, K., & Ilić, D. (2015). Work Related Stress, Burnout, Job Satisfaction and General Health of Nurses. *International Journal of Environmental Research and Public Health, 12*(1), 652. <https://doi.org/10.3390/ijerph120100652>

- Khanade, K., & Sasangohar, F. (2017). Stress and Fatigue in ICU Nursing. *Proceedings of the International Symposium on Human Factors and Ergonomics in Health Care*, 6(1), 209. <https://doi.org/10.1177/2327857917061045>
- Kim, M., Oh, Y., & Kong, B.-H. (2020). Ethical Conflicts Experienced by Nurses in Geriatric Hospitals in South Korea: “If You Can’t Stand the Heat, Get Out of the Kitchen.” *International Journal of Environmental Research and Public Health*, 17(12), 4442. <https://doi.org/10.3390/ijerph17124442>
- Kühn, E., & Seidlein, A. (2021). [Between care for others and self-care: intensive care nursing in times of the COVID-19 pandemic]. 1. <https://doi.org/10.1007/s00481-021-00606-5>
- Lake, E. T., Narva, A. M., Holland, S. B., Smith, J. G., Cramer, E., Rosenbaum, K. E. F., French, R., Clark, R. R. S., & Rogowski, J. (2021). Hospital nurses’ moral distress and mental health during COVID-19. *Journal of Advanced Nursing*, 78(3), 799. <https://doi.org/10.1111/jan.15013>
- Liu, X., Fang, H., Tian, T., Guo, F., Zhang, J., & Zhong, Y. (2025). Ethical leadership and nurses’ job performance: the mediating role of self-compassion. *Frontiers in Public Health*, 12. <https://doi.org/10.3389/fpubh.2024.1535065>
- MacRae, S. K., Fox, E., & Slowther, A. (2008). *Clinical ethics and systems thinking*. In Cambridge University Press eBooks (p. 313). Cambridge University Press. <https://doi.org/10.1017/cbo9780511545566.047>
- McGowan, S. (2006). What to do when a patient refuses evidence-based treatment: An ethical dilemma. *British Journal of Neuroscience Nursing*, 2(7), 345. <https://doi.org/10.12968/bjnn.2006.2.7.21820>
- McKnight, P. A. (1997). Basic Ethical and Legal Foundations of Nursing Practice: Correlations and Conflicts. *Home Health Care Management & Practice*, 9(6), 1. <https://doi.org/10.1177/108482239700900605>
- Melchert, T. P. (2014). Ethical foundations of behavioral health care. In *American Psychological Association eBooks* (p. 61). American Psychological Association. <https://doi.org/10.1037/14441-004>
- Mewborn, E., Fingerhood, M., Johanson, L. S., & Hughes, V. (2023). Examining moral injury in clinical practice: A narrative literature review [Review of Examining moral injury in clinical practice: A narrative literature review]. *Nursing Ethics*, 30, 960. SAGE Publishing. <https://doi.org/10.1177/09697330231164762>
- Mukherjee, D., Brashler, R., Savage, T. A., & Kirschner, K. L. (2009). Moral Distress in Rehabilitation Professionals: Results from a Hospital Ethics Survey. *PM&R*, 1(5), 450. <https://doi.org/10.1016/j.pmrj.2009.03.004>
- NA, S., Nematollahi, R., Tuffaha, M., FH, C., HA, N., AA, A. M., & Tummamo, E. (2018). Legal and Ethical Issues among Oncology Nurses Toward End-of-Life Care. *Advanced Practices in Nursing*, 3(1). <https://doi.org/10.4172/2573-0347.1000149>
- Nashwan, A. J., Cabrega, J. A., Othman, M. I., Khedr, M. A., Osman, Y. M., El-Ashry, A. M., Naif, R., & Mousa, A. A. (2025). The evolving role of nursing informatics in the era of artificial intelligence [Review of the evolving role of nursing informatics in the era of artificial intelligence]. *International Nursing Review*, 72(1). Wiley. <https://doi.org/10.1111/inr.13084>
- Olaleye, T. T., Christianson, T., & Hoot, T. J. (2022). Nurse burnout and resiliency in critical care nurses: A scoping review [Review of Nurse burnout and resiliency in critical care nurses: A scoping review]. *International Journal of Africa Nursing Sciences*, 17, 100461. Elsevier BV. <https://doi.org/10.1016/j.ijans.2022.100461>

- Parola, V., Coelho, A., Neves, H., Bernardes, R. A., Sousa, J. P., & Catela, N. (2022). Burnout and Nursing Care: A Concept Paper. *Nursing Reports*, 12(3), 464. <https://doi.org/10.3390/nursrep12030044>
- Pashar, I., & Dwiantoro, L. (2020). Pengaruh Empowerment Terhadap Pengambilan Keputusan Perawat: Kajian Literature Review. *Journal of Holistic Nursing Science*, 7(2), 124. <https://doi.org/10.31603/nursing.v7i2.3097>
- Petrișor, C., Chirteș, M., Magdas, T. M., Szabó, R., Constantinescu, C., & Crișan, H. (2025). Research Ethics Challenges, Controversies and Difficulties in Intensive Care Units—A Systematic Review of Theoretical Concepts [Review of Research Ethics Challenges, Controversies and Difficulties in Intensive Care Units—A Systematic Review of Theoretical Concepts]. *Nursing Reports*, 15(5), 164. Multidisciplinary Digital Publishing Institute. <https://doi.org/10.3390/nursrep15050164>
- Pettigrew, A. (2000). Ethical issues in medical imaging: implications for the curricula. *Radiography*, 6(4), 293. <https://doi.org/10.1053/radi.2000.0277>
- Pijl, E. M., Hagen, B., Armstrong-Esther, C., Hall, B., Akins, L., & Stingl, M. (2008). Moral distress: an emerging problem for nurses in long-term care? *Quality in Ageing and Older Adults*, 9(2), 39. <https://doi.org/10.1108/14717794200800013>
- Piscotty, R., Voepel-Lewis, T., Lee, S., Annis, A., Lee, E., & Kalisch, B. J. (2015). Hold the phone? Nurses, social media, and patient care. *Nursing*, 45(5), 64. <https://doi.org/10.1097/01.nurse.0000459797.02711.8a>
- Rainer, J., Schneider, J. K., & Lorenz, R. (2018). Ethical dilemmas in nursing: An integrative review [Review of Ethical dilemmas in nursing: An integrative review]. *Journal of Clinical Nursing*, 27, 3446. Wiley. <https://doi.org/10.1111/jocn.14542>
- Regan, K. M. (2010). Trauma Informed Care on an Inpatient Pediatric Psychiatric Unit and The Emergence of Ethical Dilemmas as Nurses Evolved Their Practice. *Issues in Mental Health Nursing*, 31(3), 216. <https://doi.org/10.3109/01612840903315841>
- Richemond, D., Needham, M., & Jean, K. (2022). The Effects of Nurse Burnout on Patient Experiences. *Open Journal of Business and Management*, 10(5), 2805. <https://doi.org/10.4236/ojbm.2022.105139>
- Robert, R., Kentish-Barnes, N., Boyer, A., Laurent, A., Azoulay, É., & Reignier, J. (2020). Ethical dilemmas due to the Covid-19 pandemic [Review of Ethical dilemmas due to the Covid-19 pandemic]. *Annals of Intensive Care*, 10(1). Springer Nature. <https://doi.org/10.1186/s13613-020-00702-7>
- Shadi, A. Z., Vanaki, Z., Mohammadi, E., & Kazemnejad, A. (2024). Moral sensitivity of nursing students: a systematic review [Review of Moral sensitivity of nursing students: a systematic review]. *BMC Nursing*, 23(1). BioMed Central. <https://doi.org/10.1186/s12912-024-01713-6>
- Silva, R. C. da, Ferreira, M. de A., Apostolidis, T., & Brandão, M. A. G. (2015). A conceptual framework of clinical nursing care in intensive care. *Revista Latino-Americana de Enfermagem*, 23(5), 837. <https://doi.org/10.1590/0104-1169.0501.2622>
- Silverman, H., Kheirbek, R., Moscou-Jackson, G., & Day, J. (2021). Moral distress in nurses caring for patients with Covid-19. *Nursing Ethics*, 28, 1137. <https://doi.org/10.1177/09697330211003217>
- Stucky, C. H., & Wymer, J. A. (2023). Ethical Reasoning as a Core Nurse Leader Competency: Maximizing Strategic Decision-Making and Operational Outcomes. *Nurse Leader*, 22(2), 187. <https://doi.org/10.1016/j.mnl.2023.09.009>
- Swavely, D., Romig, B., Weissinger, G., Holtz, H., Alderfer, M., Lynn, L., Adil, T., & Rushton, C. H. (2022). The Impact of Traumatic Stress, Resilience, and Threats to Core Values on Nurses During a Pandemic. *JONA The Journal of Nursing Administration*, 52(10), 525. <https://doi.org/10.1097/nna.0000000000001194>

- Ulrich, C. M., Taylor, C., Soeken, K. L., O'Donnell, P., Farrar, A., Danis, M., & Grady, C. (2010). Everyday ethics: ethical issues and stress in nursing practice. *Journal of Advanced Nursing*, 66(11), 2510. <https://doi.org/10.1111/j.1365-2648.2010.05425.x>
- Vinay, R., Baumann, H., & Biller-Andorno, N. (2021). Ethics of ICU triage during COVID-19 [Review of Ethics of ICU triage during COVID-19]. *British Medical Bulletin*, 138(1), 5. Oxford University Press. <https://doi.org/10.1093/bmb/ldab009>
- Weinzimmer, S. A., Miller, S. M., Zimmerman, J. L., Hooker, J., Isidro, S., & Bruce, C. R. (2014). Critical care nurses' moral distress in end-of-life decision making. *Journal of Nursing Education and Practice*, 4(6). <https://doi.org/10.5430/jnep.v4n6p6>
- Windle, P. E. (2002). Ethical considerations in nursing research. *Journal of PeriAnesthesia Nursing*, 17(1), 49. <https://doi.org/10.1053/jpan.2002.30427>
- Wolf, L., Perhats, C., Delao, A., Moon, M., Clark, P., & Zavotsky, K. E. (2015). "It's a Burden You Carry": Describing Moral Distress in Emergency Nursing. *Journal of Emergency Nursing*, 42(1), 37. <https://doi.org/10.1016/j.jen.2015.08.008>