Ethical Conflicts in Nursing: Concept, Current Situation, Causes and Influencing ~~factors~~Factors

Abstract

Background: Ethical conflicts are a common psychological problem in nursing work, which can ~~have a significant~~significantlyimpact on~~the~~nurses' mental health ~~of nurses~~ and the nursing profession's development ~~of the nursing profession.~~ **Objective:** ~~To~~This study is crucial to examine the current to understand the current situation and causes of ethical conflicts in nursing, and analyze the main influencing factors. **Methods:** The literature retrieval method was used to review empirical papers published in English or Chinese in the past 11 years in Google Scholar, Pubmed, CNKI, and Wanfang database. **Results:**Thirty-eight articles were included. The ethical conflicts in nursing are a multi-dimensional and multi-category concept, ~~which~~thatweakens nurses' mental health, reduces their job engagement, job effectiveness, and subjective well-being, and hinders the healthy development of the nursing profession. **Conclusion:** The ethical conflicts in nursing have attracted the attention of the academic community, but related research is still in its infancy, with research subjects yet to be expanded and research tools and methods yet to be improved.

Keywords: Nursing; Ethical conflict; Influence factor

1. Introduction

Ethical conflict in nursing refers to the emotional reactions and unclear obligations in nursing practice that arise from incompatible values and conflicts of interest between different stakeholders in a morally challenging situation [1]. The service object of nurses is not only individual patients~~,~~ but also patient groups and even the whole society. Nurses work under high stress and have heavy responsibilities, which directly affect the safety of patients. They need to face many unexpected events and lack sufficient autonomy in clinical decision-making [2]. On the other hand, they have to deal with the relationship between nurses and patients, as well as the relationship between doctors and nurses, management and nurses, and service recipients [3]. Therefore, nurses' behaviors and decisions are influenced by multiple factors, including individuals, organizations, and environments [4-8]. When nurses are unable to provide optimal care for patients, ethical conflicts can arise. Experiencing ethical conflicts can lead to negative psychological states such as empathy fatigue, professional burnout, and reduced job satisfaction in nurses, resulting in a decline in the quality of nursing services and an increase in nurse turnover rates [9-11]. This can even pose a threat to ~~patients'~~patient's health and safety, causing significant losses in organizational productivity and economic value.

Ethical conflict is a relatively new concept, and there is still insufficient research on ethical conflicts among nurses. It is crucial to proactively understand the current situation and influencing factors of ethical conflicts among nurses and take targeted preventive interventions to alleviate their ethical conflicts. Therefore, this study reviews the concept, assessment tools, current status, influencing factors, and intervention measures of ethical conflicts among nurses, aiming to provide a reference for further developing strategies.

2. Overview

2.1 Definition of ethical conflicts in nursing

GerliUsberg[2] believes that ethical conflicts in nursing refer to situations where various practices, attitudes, and relationships infringe on the rights, safety, or well-being of patients or relatives, causing them to suffer, violating their will, or threatening the dignity and professionalism of nurses. Khanal et al. [12] further refined the concept of ethical conflict, defining it as a situation where nurses themselves, and/or nurses and patients violate ethical principles and basic norms, or where nurses' responsibilities and obligations are unclear. Liu et al. [1] searched the literature from 1984 to 2021, and used the conceptual analysis method of Walker and Avant to identify four defining attributes of ethical conflicts in nursing: emotional reactions, incompatible values, conflicting interests, and ambiguous obligations. Emotional reactions refer to situations in nursing practice, such as aggressive treatment, ineffective pain management, restrictive life support, or unethical behavior by colleagues, that make nurses feel powerless or marginalized, resulting in negative emotions such as distress, frustration, and anxiety. Incompatible values refer to situations in clinical settings where nurses have different values from doctors, colleagues, patients, family members, and their employing organizations. Conflicting interests refer to the conflicts of interests among different stakeholders in clinical practice, such as patients, families, doctors, nurses, medical institutions, and society. Ambiguous obligations refer to responsibilities and boundaries that cannot be clearly defined, being required to perform tasks beyond the scope of practice, or being unable to take professional actions due to external constraints.

2.2 Types of ethical conflicts in nursing

Falcó-Pegueroles et al. [13] classified ethical conflicts into the following six types: moral uncertainty, moral dilemma, moral predicament, moral anger, moral indifference, and moralwell-being. Moral uncertainty refers to the inability of individuals to determine whether an issue is an ethical issue or to identify the ethical principles involved, even if they are aware of it. A moral dilemma is a situation in which an individual must choose between two or more moral principles, each of which leads to different courses of action. Moral distress refers to a situation where an individual is aware of the ethical principles involved and knows what is right, but is constrained by certain people or events and cannot take the correct action. Moral outrage refers to the feeling of powerlessness that individuals experience when confronted with the immoral actions of others. Moral indifference refers to an attitude in which individuals neither express interest nor express a position on ethical issues. Moral well-being refers to a positive state in which an individual's moral beliefs and moral behavior are very consistent. Therefore, moral indifference and moral well-being indicate a lack of ethical conflict. The types of ethical conflicts exhibit strong cultural dependence under the influence of social public opinion, inner beliefs, traditional customs, and other backgrounds in various countries and regions. For example, ethical dilemmas are the most common ethical conflicts for ICU nurses in China and the United States [14-16], but in Portugal [17] and Iran [8], the most common ethical conflicts for ICU nurses are moral anger and moral dilemmas, respectively.

3. Assessment tools for ethical conflicts in nursing

3.1 Ethical Conflict Nursing Questionnaire- Critical Care Version (ECNQ-CCV)

It was developed by Falcó-Pegueroles et al. (2013) [18] to assess the level of ethical conflict among nurses in intensive care units. The questionnaire consists of 19 critical care scenarios, each with 3 questions to assess the frequency, intensity, and type of ethical conflicts. The frequency was scored using a Likert 6-point scale, with 0 indicating never, 1 indicating almost never, 2 indicating at least once a year, 3 indicating at least once every 6 months, 4 indicating at least once a month, and 5 indicating at least once a week. The Likert 5-point scale was used to rate the intensity, with 1 point indicating no problem at all, 2 points indicating a minor problem, 3 points indicating a moderate problem, 4 points indicating a major problem, and 5 points indicating a severe problem. The score for each situation is the product of the frequency and intensity scores (0-25 points), and the type is not involved in scoring. The total score of the scale is the sum of the scores of 19 scenarios, ranging from 0 to 475 points. The higher the score, the more severe the ethical conflict level of ICU nurses. In 2015, Falcó-Pegueroles et al. [13] translated the Spanish version of ECNQ-CCV into English. In 2017, Motaharifar et al. [19] translated the Spanish version of ECNQ-CCV into Persian. In 2021, Bonetti [20] translated the Spanish version of ECNQ-CCV into Italian, and Liu et al. [21] validated the Chinese version of ECNQ-CCV for its reliability and validity, and found that the consistency reliability coefficient was 0.902 and the test-retest reliability was 0.757. ECNQ-CCV is the most widely used scale in its category, encompassing evaluations of principles such as informed consent, confidentiality, maintenance and cessation of treatment, patient interests, ethical environmental characteristics, operation and treatment, interprofessional relationships, ethical competence and professional values, privacy, research tasks, and resource management. However, it does not include the measurement of vague obligations, which has certain limitations.

3.2 Ethical Conflict Scale Covid-19 (ECS-Co19)

It was compiled by Villa et al. (2021) [22] and is mainly used to investigate the ethical conflicts of nurses in different departments (including ICU) during the novel coronavirus infection epidemic. ECS-Co19 includes 19 preliminary statements about possible ethical conflict situations, which are answered according to the perceived frequency (never to too often rated on a scale of 1 to 5) and intensity (never to very high rated on a scale of 1 to 5) of the perceived ethical conflict. The higher the score, the higher the degree of ethical conflict. However, this scale is suitable for the special period of the novel coronavirus infection epidemic, with strong pertinence and significant limitations in application.

3.3 Ethical Conflict Scale for Nurses in Extraordinary Circumstances (ECSNEC)

Developed by Cennet et al. (2024) [23] for special situations such as infectious disease outbreaks, earthquakes, and end-of-life care, ECSNEC has 14 items divided into three dimensions. Currently, it has not been widely used, and has not undergone cross-cultural reliability and validity verification.

In summary, the current development of ethical conflict assessment tools for nursing mainly focuses on special medical conditions (such as ICU nursing, infectious disease outbreaks, earthquakes, and end-of-life care), and the research on ethical conflicts in nursing is also limited to these special medical conditions.

4. The current situation of ethical conflicts of nurses

The ethical conflicts of ICU nurses are generally at a medium level, with slight differences between different countries and regions. Taking the results of the ECNQ-CCV survey as an

example, McAndrew [4] surveyed 111 American ICU nurses and found that their ethical conflict scores ranged from 40 to 475 (209.64 ± 72.59); Falcó-Pegueroles [24] investigated 203 Spanish ICU nurses, and the ethical conflict score was 0-389 (182.35±71.304) points; Lluch's survey [17] of 186 Portuguese ICU nurses showed that their ethical conflict scores ranged from 0 to 389 (149.15 ± 82.45). Liu et al. [5] conducted a survey of 1,608 adult-ICU nurses in tertiary general hospitals in China, and found that the ethical conflict score was [75.5 (35.0, 125.0)] points, with 1,136 low-level and 380 high-level nurses. There are also differences between different research subjects in the same country. Pishgooie et al. [16] surveyed 382 ICU nurses in Iran and found that their ethical conflict scores ranged from 51 to 435 (164.39±79.06), while Saberi et al. [8] surveyed 216 ICU nurses in Iran and found that their ethical conflict scores ranged from (201.91±80.38).

5. The main causes of ethical conflicts for ICU nurses

Research [2, 6, 7, 25-28] shows that ethical conflicts among nurses mainly stem from their professional roles and responsibilities, the complexity of medical care practices, and limited resources. The basic principles and norms of nursing ethics specify the behavioral norms that nurses need to follow in their practice, ensuring the provision of optimal nursing services [3]. In clinical practice, nurses have to deal with the relationship between different stakeholders, such as the interests of patients, which not only include the cure of diseases, but also include the maintenance of health, the improvement of quality of life, the least pain, the lowest cost, and the best medical services. Nurses should not only safeguard the interests of patients, but also take into account the interests of the hospital and departments. When nurses are confronted with ethical challenges stemming from conflicting values or interests among various stakeholders, they have to struggle to balance these conflicting values and interests, leading to ethical conflicts [1].

6. Influencing factors of ethical conflicts ~~of~~among ICU nurses

6.1 Demographic factors
6.1.1 Age
There is no consensus on the impact of age on the level of ethical conflict among nurses. Research by Portuguese scholar Lluch et al. [17] and Spanish scholar Falcó-Pegueroles [18] indicates that there is no significant correlation between age and the level of ethical conflicts among ICU nurses. Liu et al. [5] found that the older the nurse, the greater the ethical conflicts in nursing, andthe ethical conflict level of adult-ICU nurses over 30 years old is the highest, which is contrary to the results of American scholars McAndrew et al. [29]. The inconsistency of the above research results may be due to the influence of factors such as the countries, regions, and cultural backgrounds. For example, under the influence of Chinese cultural background, Chinese adult-ICU nurses over 30 years old have a deeper understanding of ethical rules, stronger insight into conflicts in ethical relationships, and are prone to stronger feelings of ethical conflict.

6.1.2 Education
The studies of Salas-Bergueset al. [25] and Caro-Alonso et al.[26] showed that nurses with lower education and lack of relevant knowledge are more likely to have ethical conflicts. Saberi et al. [8], Falcó-Pegueroles et al.[24] and Chen et al.[30] found that nurses with master's degree or above and who have not participated in ethics training are more likely to have ethical conflicts than those who have participated in ethics training. Liu et al. [5] found that the higher the educational level, the higher the professional title, and the less ethical training received, the higher

the level of ethical conflicts in ICU nurses' nursing. It can be seen that strengthening ethics guidance, continuing ethical education, and establishing a support program or system can prevent ethical conflicts [31].

6.1.3 Marital status

Saberi et al. [8] found that the level of ethical conflicts among Iranian nurses was significantly related to their marital status, and married nurses were more likely to experience ethical conflicts. However, in studies conducted in Switzerland [22] and China [5], the marital status had no significant impact on the ethical conflicts of ICU nurses, which may be related to the Islamic marriage and family laws that Iran has adopted. The increased role conflict caused by the increased role of married Iranian nurses (mostly female) has increased the likelihood of ethical conflict.

6.1.4 Per capita monthly household income

Hou et al. [33] also showed that the monthly income of nurses was an influencing factor in their moral dilemma in a study of nurses in the emergency departments of five hospitals in Taiyuan, China. Liu et al. [5] found that the ethical conflict level of adult-ICU nurses with monthly household income of more than 15,000 yuan per capitawas 3.8 times that of nurses with a monthly household income of less than 5,000 yuanpercapita, and the difference was statistically significant (P=0.022). However, there was no significant difference in the ethical conflict level between adult-ICU nurses with a monthly household income of 5,000-15,000 yuan per capita and those with a monthly household income of less than 5,000 yuan per capita. The above research results suggest that income level has a significant impact on the ethical conflicts of Chinese nurses. What are the specific reasons? How does the income level of nurses in other countries and regions affect ethical conflicts in nursing? These questions need to be answered in follow-up studies.

6.2 Psychological empowerment of nurses

A large number of studies have shown that psychological empowerment is a protective factor for ethical conflicts [16, 22, 34]. Nursing activities need to be conducted under the guidance of nursing ethics theory, and nurses need to ~~flexibly~~ apply different ethical principles according to different nursing situations flexibly. However, these theories and principles can lead to contradictions and conflicts in specific situations, causing ethical dilemmas and ethical conflicts for nurses. Nurses with stronger psychological empowerment abilities ~~have the ability to~~can actively adapt to complex situations and successfully cope with crises. They are unwavering and courageous in dealing with various contradictions and conflicts in ethical decision-making behavior, regardless of resistance and obstacles. Workplace friendships also give nurses psychological empowerment, which is more conducive to ICU nurses' ability to cope with ethical conflicts [35]. Abbasi [36] further pointed out that psychological empowerment training can improve the level of psychological empowerment of nurses and alleviate ethical conflicts in nursing.

6.3 Environmental factors

6.3.1 Social environment

Pishgooie et al. [16] attributed the lower level of ethical conflict among Iranian ICU nurses compared to Spanish ICU nurses to Islamic cultural and religious beliefs. The ethical virtues emphasized by Islam, such as privacy and confidentiality, are the foundation for nurses to establish trusting relationships with patients, and religious beliefs can alleviate the level of ethical conflict among nurses. Liu et al. [5] attributed the lower level of ethical conflict among Chinese

adult-ICU nurses compared to foreign studies to the possible correlation with the Chinese people's characteristic of being reserved and introverted.

6.3.2 Working environment

Liu et al. [5] found that the ethical conflicts faced by nurses in the internal medicine ICU and emergency ICU were approximately 1.5 times that of nurses in the surgical ICU. This may be due to the faster turnover of patients in the surgical ICU, which results in fewer ethical conflict situations for nurses, while nurses in the internal medicine ICU and emergency ICU often face more critical and terminal situations, resulting in higher levels of ethical conflict.

Research by Pishgooie [16], Lluch et al. [17], and Falcó-Pegueroles et al. [24] indicates that nurses involved in clinical decision-making processes are exposed to lower levels of ethical conflicts compared to those who are not involved in the decision-making process. When nurses perceive themselves to be in a favorable clinical decision-making environment, they are less likely to be exposed to ethical conflicts. Conversely, when they perceive the environment to be unfavorable, they are more likely to be exposed to greater ethical conflicts. The purpose of nursing is to protect life, alleviate pain, prevent disease, and promote health[37]. In clinical practice, pain management, life support, and other clinical decisions, the role of nurses is still relatively weakened. When they believe that they cannot provide safe, standardized, efficient, low-cost, and high-quality professional care for their care recipients, ethical conflicts will arise.

6.4 Management Factors

Management factors include the formulation, implementation, and behavior of management systems and managers. When the organizational management system is not perfect, responsibilities are not clear, and behaviors such as violating diagnostic and treatment norms or operating standards expose nurses to higher levels of ethical conflict [12]. Under the requirements of different management systems, when there is a conflict between the patient's right to make autonomous choices in treatment and the best interests of the patient, as the health defender of the patient, nurses may have serious ethical conflicts [38]. Nursing managers can effectively reduce the level of ethical conflict by demonstrating correct ethical leadership behaviors and using targeted strategies to encourage cooperative behavior in the nursing workplace [7].

7. Conclusion

Ethical conflict is one of the common occupational psychological problems in nursing work, which can reduce nurses' mental health and subjective well-being, and hinder the healthy development of the nursing profession. It is imperative to strengthen the research and intervention of ethical conflicts in nursing. However, current research focuses on the development of measurement tools and status surveys of ethical conflicts among ICU nurses, lacking empirical analysis, longitudinal development trends, and intervention studies on the characteristics and influencing factors of ethical conflicts among nurses in different departments, at different levels, and in different hospitals. It is suggested that a universal measurement tool for ethical conflicts can be developed in the future. On this basis, specific measurement tools for ethical conflicts of nurses can be developed based on the content and characteristics of nursing work, and classified and stratified. Therefore, the characteristics of ethical conflicts of nurses at various levels can be understood and reasonably compared. The development rules and intervention measures of ethical conflicts in nursing can be actively explored, and intervention studies can be vigorously carried out to reduce the level of ethical conflicts among nurses, alleviate professional burnout, and

improve the quality of nursing.

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