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Ethical Dilemmas of Nursing Staff in Health Care.

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Abstract

A code of ethics can be defined as "a set of agreed-upon rules and expectations designed for a specific purpose". In fact, it has several functions, including promoting and maintaining ethical standards of professional conduct, nurturing the moral profile of the nursing professional, and encouraging him or her to ask himself or herself questions of a moral nature. The code may also prescribe ethical conduct that is not legally binding, for example, voluntary engagement in ethical behavior involving patient care. It also emphasizes standards of ethical practice that all nurses should adhere to. This paper aims to get acquainted with the ethical dilemmas of nursing staff at the Vlora Regional Hospital on the legal and ethical aspects of nursing in healthcare.

A descriptive, cross-sectional design was adopted to discover the knowledge among 120 nurses at the Vlora Regional Hospital. The non-probability purposive sampling technique was used. A semi-structured questionnaire was self-administered to collect data. The data were analyzed using SPSS software, for descriptive

analysis and chi-square test. The study included 120 nurses at the Vlora Regional Hospital, who were surveyed regarding ethical dilemmas in healthcare. The nurses were analyzed according to sociodemographic indicators.

Keywords: *Code of Ethics, nursing staff, care, hospital, dilemmas, etc.*

Introduction

The origins of nursing ethics can be traced back to the late 19th century. At that time, ethics were thought to include virtues such as loyalty to the physician, high moral character, and obedience. Since that early time, the nursing profession has evolved, and nurses are now part of the health care team and are advocates for patients. The first formal Code of Ethics to guide the nursing profession was developed in the 1950s.

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Developed and published by the ANA, it guides nurses in their daily practice and establishes primary goals and values for the profession. Its function is to provide a concise statement of the ethical obligations and duties of each individual entering the nursing profession. It provides a non-negotiable ethical standard and is an expression of nursing's own understanding of its commitment to society. The Code of Ethics has been revised over time.

The current version represents advances in technology, societal changes, the expansion of nursing practice into advanced practice roles, research, education, health policy and administration, and builds and maintains healthy work environments.

Purpose of the study:

The purpose of this study was to explore nurses' responses to ethical dilemmas in everyday nursing practice. By profession we mean an activity carried out, within the company, in the service of others and independently by people who have specific scientific knowledge and technical skills. Benefiting from a variable period of schooling and the acquisition of a higher or university level qualification that allows the free exercise of the professional activity itself [4]. It is characterized by the decision-making autonomy of the operator and consequently by the exclusivity of his cultural and operational independence [4].

A profession is governed by a code of conduct, i.e. the observance of specific deontological rules and binding legal rules [4]. Therefore, professionalism is the set of distinctive attributes of a profession that allows the role of those who carry out an activity for the benefit of others to be defined as professional, independently and responsibly, as holders of specific skills in this sector [4]. Nursing itself possesses all the elements described above, which, combined together, give the image of the professionalism of the nurse and consequently the recognition as a profession [4]. When we talk about nursing care, we mean the responsible assistance given to the patient by qualified nurses, in any context, independently or in collaboration with other professionals, for people of all ages, families and/or cohabitants,

groups or communities. Nursing is the use of clinical judgment in the provision of care to enable people to improve, maintain or recover health, address health problems and achieve the best possible quality of life, regardless of the person's illness or limitations, until death [16].

The true evolution of the nurse is the ability to exercise one's role in a relational aspect, to "adapt" one's intervention to the person in front of them, to let oneself be involved, to the appropriate extent, in the relationship with the patient, in a way that he truly feels at the center of attention and professional commitment [17]. Nursing is not limited to care, but also includes health promotion, disease prevention and care. Other primary and essential tasks can be identified in the protection of the needs and interests of the patient (Advocacy), in the promotion of a safe environment, in research, in collaboration with organizations operating in health policies, health management and training.

Nursing care contributes to the promotion, maintenance and prevention of health risks. Therefore, nurses help people during treatments and support them in dealing with the consequences that the disease or therapies have on their quality of life with the aim of obtaining the best possible results in the treatment and care phase and to ensure them a good quality of life in all phases of life and illness. Fundamental, in this context, is the relationship between nurse and patient based primarily on attention, emotional participation and concern for the other.

The task of nurses is to discover the resources and nursing care needs of patients, set objectives, plan interventions and carry them out using the necessary technical and relational skills, then evaluating the results. In order to set objectives and interventions, it is necessary to collaborate with the patient to guarantee personalized care for his needs, taking into account, in accordance with ethical guidelines, the physical, psychological, spiritual, daily and socio-cultural aspects and those related to his age.

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For good nursing care, collaboration with patients, their families and members of the supporting professions within a multidisciplinary team plays a fundamental role, however, whether in a leadership role or following instructions from others, nurses are in any case responsible for their decisions, their work and their behaviour. The role of nurses in society is to help individuals and their loved ones identify and realise their physical, mental and social potential within the context of their environment. Nurses participate in an interdisciplinary way in the definition and implementation of intervention projects (educational, preventive and therapeutic) of individuals or groups of people [9]. Nurses have four essential responsibilities:

(a) to promote health,
(b) to prevent illness,
(c) to restore health and
(d) to alleviate suffering [9]. Therefore, education, care and prevention are the three main concepts that accompany the profession. To educate: In general, it means to promote the development of the intellectual, aesthetic and moral qualities of a person through teaching and example. Being a nurse does not only mean caring for others, but also teaching them to care for themselves through adequate therapeutic education [10]. Health education is not limited to the communication of information, but should promote motivation, the development of individual skills and confidence (self-efficacy), i.e. those conditions necessary to act with the aim of improving health [6].

Health education involves communicating information about the underlying socio-economic and environmental conditions that influence health, information about individual risk factors and risk behaviors, or the use of the health care system. Care: Being a nurse means caring for the other, and caring for the other means meeting their needs as much as possible [10]. Authentic caregiving is one in which one knows how to care for the other at their core and is a practice that aims to restore the autonomy of self-care, which is a universal necessity of the human condition [10].

Care is a practice, care is the placing of the other at the centre of care priorities [10]. Prevention: Disease prevention includes measures to prevent the onset of disease, such as reducing risk factors, and methods to stop its progression by reducing the consequences once the disease has occurred [2]. The term “disease prevention” is sometimes used as a complementary term for health promotion. Although there is frequent overlap in content and strategy between the two terms, a distinct definition of disease prevention has been proposed [6]. In this context, by disease prevention we mean action that normally comes from the health sector and is directed at people and specific populations in whom risk factors have been identified, very often associated with various risk behaviours.

Nursing in history Nursing care is not limited to care, but also includes promotion, prevention and health assistance. They are delivered to the sick, the disabled and people at the end of their lives. Nursing is a complex and systematic set of theoretical-methodological knowledge and tools aimed at exercising the functions of protecting and promoting individual and collective health [7]. It is therefore not difficult to imagine that at the beginning of the profession it was a task entrusted to women. In fact, the concept of “*ade-sistere*” (staying by) is historically linked to the figure of the woman, mother-savior by nature [7]. The establishment of a school to train nurses led to the need to create a profile of specific skills for the profession, moreover, over time, the role of the nurse in patient care has evolved, until the nurse becomes an experienced professional, responsible for their professional actions and related decisions and assessments within the health system [8]. This realization of accountability led practitioners to begin to regain the authority to make independent decisions regarding patient care, including those of an ethical nature. Therefore, the need arose to create a specific code of ethics to guide the practice of the profession.

Nurse competence profile To be considered as follows, nurses need, as previously mentioned, scientific knowledge and technical skills that are

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adapted during a variable period of education and the acquisition of a higher level or university degree that allows them to exercise professional activity [4]. SUP is necessary for a different profession in professional professions, different areas related to me, are specific to some professions, while others are specific to nursing [8].

After basic training, the nurse or in general the team working in the field of health should know the legal bases, health policy priorities, principles and limits of health care management and social protection and 15 be able to maintain the profession in accordance with the mentioned points and be able to continuously evaluate the effectiveness, cost-effectiveness, quality and appropriateness of the services provided [8]. The nurse, graduated or recently graduated with a Bachelor's degree, specifically possesses professional knowledge and specialized methodological skills, this is evidenced by the necessary scientific knowledge regarding preventive, diagnostic, therapeutic, palliative and rehabilitation measures [8]; continuous training and information of personnel through evidence of effectiveness (Evidence Based Practice) leads to continuous scientific research and continuous personal and health sector development [8]. Nurses are aware of the determinants that maintain and promote health at both the individual and population levels and are able to take measures that contribute to a better quality of life [8]; they possess clinical reasoning and are able to develop measures for taking responsibility and global accompaniment of the person and are able to provide high-quality services in accordance with the good practices of their profession [8]. Specifically, nurses must enter the profession with competence and a sense of responsibility, this means taking responsibility for their actions and recognizing and respecting their limits, acting with commitment and according to specific ethical principles.

Communication, interaction and documentation allow the nurse to actively seek collaboration with other professions and other actors in the health system [8] to develop a professional relationship appropriate to the circumstances with

patients and their families and to provide them with adequate counseling [8].

2.4 Code of Ethics for Nurses

The behavior of the nurse was initially associated with an image of the nurse identified as a charitable woman in the service of others. In the past, the respect of ethical standards by the nurse meant obedience to the doctor and loyalty to the hospital.

Over the years, the role of the nurse in patient care has evolved to the point where the nurse is an expert in nursing care, responsible for his or her professional actions and for the relevant decisions and assessments within the health system [8]. This change in role has led to a change in views on the ethical standards of the profession. The transformation of social values and needs began to have a dominant influence on the way nurses perceived their responsibilities towards patients, colleagues and the institution to which they belonged. This sense of responsibility led professionals to begin to regain the authority to make independent decisions regarding patient care, including those of an ethical nature.

This awareness of responsibility to patients has created the need to create a code of ethics to guide the practice of the profession. A code of ethics can be defined as "a set of agreed-upon rules and expectations designed for a specific purpose." In fact, it has several functions, including promoting and maintaining ethical standards of professional behavior, nurturing the moral profile of the care professional, and encouraging him or her to ask himself or herself questions of a moral nature [15]. A code can also describe ethical behavior that is not legally present, for example, voluntary engagement in ethical behavior involving patient care [15].

A further function is to regulate the ethical conduct of the profession, identifying the parameters for acceptable ethical practice and clarifying to the community what is expected of nurses [15]. It also emphasizes standards of ethical practice that all nurses should adhere to [15]. The moral guidelines of a code of ethics are based primarily on three fundamental elements for professional practice in the health field: values, duties, and vir-

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tues [15]. Values represent the fundamental aspects considered good or objectives embraced by the profession, which in nursing can be anything that aims at the well-being of the patient [15]. Duties vary in nature and include respecting human dignity, protecting self-determination, and maintaining confidentiality [15].

The virtues in a code may include character traits that are expected of members of a professional group, such as honesty, compassion, sincerity, and personal integrity [15]. These fundamental elements are particularly evident in the code when it comes to maintaining the confidentiality of patient information, being competent to practice the profession, and respecting the dignity and rights of individuals [15]. Therefore, the Code of Conduct for Nurses is a guide to professional action based on social values and needs, and at the same time it can be suggested that it defines the profession itself [2]. This code serves as a guide to professional action based on social values and needs [15]. It is a practical aid for prioritizing actions and their purpose in specific situations involving ethical issues or unethical behavior [15].

Like all codes of ethics, including nursing, they can be difficult to apply professionally in specific care situations [15]. This is because professionals, as individuals, already have their own basic moral code and, consequently, the latter is often considered more solid and/or dominates the professional one [18]. However, this aspect can create a conflicting problem for the individual in trying to find a balance between personal values and the values related to the practice required by the code of ethics for nurses [18]. For this reason, it is very important that nurses know this document and that it is exposed to them already during the school period, so that it becomes internal to protect future professional actions [2]. It is divided into four main areas which decree the rules of ethical behavior that must be respected [2].

Euthanasia is one of the most intriguing ethical, medical and legal issues that marked the entire 20th century and the beginning of the 21st century, sharply dividing the scientific and non-scientific public with its supporters and opponents.

It also appears as one of the points where the three main religions (Catholic, Orthodox and Islamic) have the same point of view. Rather than an ethical dilemma, as is usually the case, it would be more accurate to speak of a bioethical dilemma. That said, before giving a definition of the ethical dilemma, I would like to clarify two terms that are often and willingly used as synonyms: ethics and morality. Morality is a set of declared values, which determine what is right and what is wrong. While ethics determines the meaning that a person gives to these values [21].

Ethical Dilemmas

An ethical dilemma in nursing is a situation where a nurse must decide between competing values and know that no matter what choice they make, there are consequences. Ethical dilemmas may conflict with the nurse's personal values or the Code of Ethics for Nurses.

Nurses often face ethical dilemmas when caring for patients. Ethical dilemmas come in many forms and for several reasons. The following are some of the main reasons why nurses face ethical dilemmas in nursing.

- Patients or their loved ones must make life-or-death decisions;
- Patient refuses treatment;
- Nursing duties may conflict with the patient's cultural or religious beliefs;
- Inadequate staffing.

Examples of Ethical Dilemmas

Example 1: X is a 28-year-old college student who is 18 weeks pregnant. She has a history of heart disease that has worsened due to the pregnancy. Her doctor is concerned that continuing the pregnancy could cause her heart condition to worsen and could result in a life-threatening emergency. He has recommended termination of the pregnancy within the next two weeks. The patient is hesitant, stating that, although she does not currently attend church, she was raised to believe that abortion is wrong and believes that God will heal her. She wants to know what the nurse

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would do in her position. Her nurse does not believe in abortion under any circumstances.

Ethical dilemma: Patients often seek advice from nurses about their health, well-being, and decisions about their care. In some cases, such as the scenario presented here, the medical need for a treatment or intervention conflicts with the patient's personal moral and/or religious beliefs. It is not uncommon for patients to want someone to tell them which decision is best. An ethical dilemma in nursing can arise in such situations, especially if the nurse has opinions that differ from the patient or physician. How to deal with this ethical dilemma: According to the Code of Ethics, "healthcare clients have the right to privacy and the right to make personal health care decisions based on full information and without coercion." Nurses also have the right to refuse to participate in a particular case for ethical reasons. However, if the client's life is at risk, nurses are obligated to care for the client's safety and avoid abandonment. Although the nurse does not believe in abortion, she should not express her personal beliefs or opinions to the patient. Instead, the nurse should encourage the patient to speak with her significant other (if appropriate), family, spiritual advisor, or others she feels she can trust and seek advice. The nurse should schedule a follow-up visit with the physician to discuss options and decisions before the two-week deadline by which the physician wishes to perform the procedure. An ethical dilemma arises when a person is forced to choose one value over others that, although valid in other circumstances, appear here in contrast [19]. There are two absolute good that conflict with assisted suicide: on the one hand, respect for the autonomy and freedom of the person, and on the other, the dignity and value of human life [11]. Over the past decades, no single position on the concept of assisted death has emerged in many countries. In the United Kingdom, euthanasia is illegal and assisted suicide can lead to imprisonment, while Canada and Belgium have already legalized this process [7]. The existing diversity of options and positions on euthanasia serves as a solid background for ongoing

research in this area. The resolution of an ethical dilemma cannot be verified by evidence because there is always enough supporting and opposing evidence.

On the one hand, the passage of legalization of euthanasia is possible, but it is characterized by certain obligations and requirements in some regions [10]. On the other hand, physician-assisted death increases the responsibilities of health care providers in relation to patients who have lost their decision-making abilities and continue to suffer [7]. Researchers can discover many pros and cons of euthanasia in a short period of time, and each position will have many arguments. Therefore, this ethical dilemma contributes to the development of new studies and examples of how assisted death is accepted by American society.

Methodology:

The aim of the study is to get to know the ethical dilemmas of the nursing staff at the Vlora Regional Hospital on the legal and ethical aspects of nursing in healthcare. The aim of this thesis is to explore and describe what nurses find problematic and morally disturbing in their work, the factors that contribute to the emergence of problematic ethical situations and the reported actions taken to address them, thus creating an ethical climate.

Objectives of the study:

The realization of this study highlights the following objectives:

To identify the ethical dilemmas of nurses in their work;

To analyze the factors that contribute to the emergence of problematic and morally disturbing situations in the work of nurses;

To become familiar with the ethical conflicts in recent years in the workplace of nurses and the way to resolve them.

Research question

1• What ethical dilemmas do nurses face during their working day?

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2• What are the factors that contribute to the emergence of problematic and morally disturbing situations in the work of nurses?

3• Have nurses had ethical conflicts in the workplace in recent years and how do they resolve them?

31 Questionnaires were distributed to 120 nurses at the Vlora Regional Hospital and after they were completed, the data were extracted from the SPSS program.

The measurement instruments of the study are:

- Structured questionnaire for the socio-demographic data of nurses;
- Structured questionnaire for knowledge on the Code of Ethics in the Nursing profession.
- Sample
- The type of sample used in this study is purposive, as only nurses at the Vlora Regional Hospital were interviewed through questionnaires.
- Study size: $N=120>30$, so 120 interviewees participated in the questionnaire, where the sample size is large.

Data collection: It was carried out through a questionnaire that was made clear in advance by the interviewer. The employee's anonymity, privacy and comfort in completing it were maintained. There was no need for direct assistance in completing it. Coding, data entry and editing Each variable was coded according to the purpose and possibilities offered by the SPSS statistical package, to enable data analysis. Coding was carried out after completing the questionnaires and in accordance with the structure of the questionnaire to facilitate the data entry process as much as possible.

The type of method used in this study was quantitative.

Both of these methods are important for effectively understanding social phenomena, despite the fact that the strengths and weaknesses of both methods have been an ongoing debate in the social sciences 32 (Erzberger & Prein, 1997) and

according to Takayama (2015), a classic paradigm war and epistemological debates have arisen regarding positivism and phenomenology. This means that they either rely entirely on objective measurements and statistical analyses and lack qualitative methods, or they apply only qualitative methodology and reject the quantitative approach as a method that departs from the perspective of human behavior.

Quantitative research is the systematic examination of social phenomena, using statistical models and mathematical theories to develop, accumulate, and refine the scientific knowledge base. Quantitative research also provides 'generalizable' findings and is characterized by hypothesis testing, using large samples, standardized measures, a deductive approach, and rigorously structured data collection instruments.

Ethical considerations.

The ethical permit was approved by the Dean's Office of the Faculty of Health, "Ismail Qemali" University of Vlora with No. Prot 173/1, dated 04/07/2023 and the Regional Hospital of Vlora with No. Prot 3431, dated 06/09/2023. All aspects of this study were conducted in accordance with the Declaration of Helsinki on ethical standards. Based on ethical considerations, we informed the participants about the purpose of this study, privacy and confidentiality, ensuring that the questionnaire was anonymous and the data would not be identifiable. The explanation was given verbally and was clearly written on the first page of the questionnaire. All participants gave oral informed consent/consent (verbally) for their participation and they had the right to withdraw at any time.

Results

The study included 120 nurses at the Vlora Regional Hospital, who were surveyed regarding

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ethical dilemmas in healthcare. The nurses were analyzed according to sociodemographic indicators.

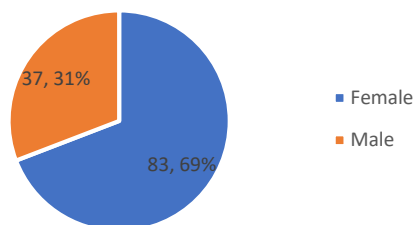
Table 1. Distribution of nurses according to sociodemographic indicators

Characteristics	Category	N=120	%
Gender	Female	83	69.2%
	Male	37	30.8%
Age	<25 year	24	20.0%
	26-30	34	28.3%
	31-40	30	25.0%
	41-50	23	19.2%
	>50	9	7.5%
Residence	Village	19	15.8%
	City	101	84.2%
Educational level	Nurse assistant	5	4.2%
	Bachelor	48	40.0%
	Master	67	55.8%
Age in profession	1-5 years	56	46.7%
	5-10 years	21	17.5%
	10-20 years	24	20.0%
	>20 years	19	15.8%
Pavilion	Surgery	30	25.0%
	Maternity	15	12.5%
	Microsurgery	2	1.7%
	Neurology	1	0.8%
	Operator	3	2.5%
	ORL	7	5.8%
	Pathology	16	13.3%
	Pediatrics	24	20.0%
	Psychiatry	2	1.7%
	reanimation	6	5.0%
	Emergency	14	11.7%

From Table 1 it is observed that: The majority of the surveyed nurses are female, about 69% and 31% are male. Graph 1 presents this distribution.

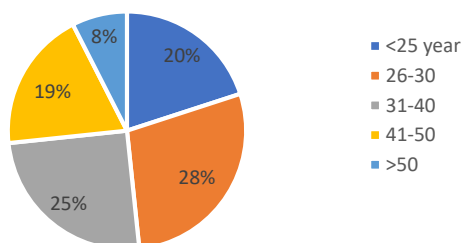
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Graf 1. Distribution of nurses by gender



From Table 1 it is observed that: The interviewees are classified into 5 groups, according to their age: The majority of nurses, about 28%, are in the age group “26-30 years old”. About 25% are in the age group “31-40 years old”, 20% in the age group “Up to 25 years old”, about 19% are in the age group “41-50 years old” and about 8% are in the age group “Over 50 years old”. Graph 2 presents this distribution.

Graf 2. Distribution of nurses by age



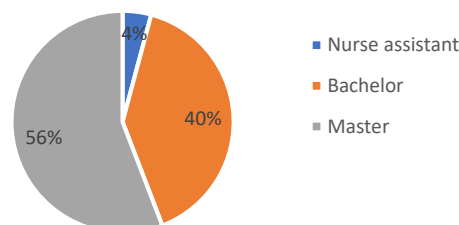
From Table 2 it is observed that: The average age of the interviewed nurses is 34.6 years, minimum age = 23 years, maximum age = 65 years and Standard Deviation = 10.0997 years.

Table 2. Age of nurses

Age	N	Mini- mum	Maxi- mum	Mean	SD
	120	23	65	34.6	10.0997

From Table 1 it is observed that: • 84% of the nurses live in the city and 16% live in the vil-
lage. The interviewees are classified into 3 groups, according to their educational level, “Bachelor”, “Master” and “Nursing Assistant”. The majority of the nurses, about 56%, have completed “Master” studies, 40% “Bachelor” studies and 4% other studies that classify them as Nurs-
ing Assistant. Graph 3 presents this distribution.

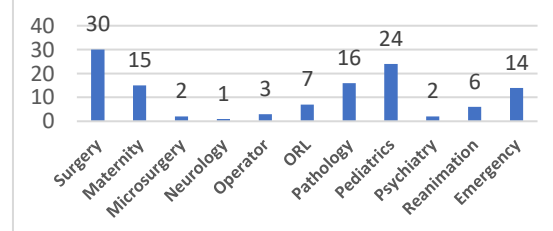
Graf 3. Distribution of nurses by education level



From Table 1 it is observed that: The interviewees are classified into 4 groups, according to their seniority in the profession. The majority of nurses, about 47% of them, have seniority in work of “1-5 years”, about 17% with seniority “5-10 years”, about 20% with seniority “10-20 years” and about 16% “Over 20 years”.

From Table 1 we observe that: The interviewees are distributed according to the ward where they work, in 11 wards: Surgery (27%), Microsurgery (2%), Maternity (12%), ENT (6%), Pediatrics (20%), Psychiatry (2%), Neonatology (1%), Pa-
thology (13%), Resuscitation (5%) and Emergen-
cy (12%). Graph 4 presents this distribution.

Graf 4. Distribution of nurses by pavilion



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In this section, nurses were interviewed regarding the Code of Ethics in their profession, their knowledge and opinions on its implementation.

Table 3 presents the distribution of nurses according to their responses to the question: "How stressful do you consider your profession?"

Table 3. Distribution of nurses according to occupational stress

How stressful do you consider your profession?	N=120	%
On special occasion	92	76.7%
No stress at all	7	5.8%
Almost always	21	17.5%
Total	120	100.0%

From Table 3 it is observed that: The majority of nurses, about 77%, considered stress in their profession "On special occasions", but about 17%

of nurses considered their profession "Almost always" stressful and only 6% declared "Not at all stressful". Graf 5 presents this distribution.

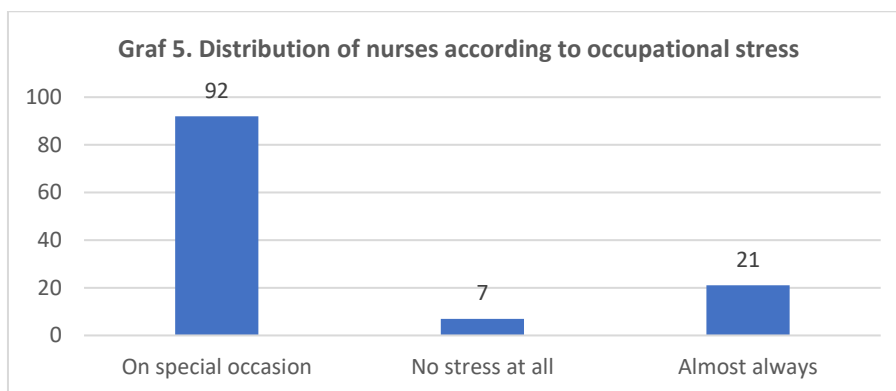


Table 4 presents the distribution of nurses according to their responses to the question: "The

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Table 4. Distribution of nurses according to responses on professional ethics applied in the nursing profession

The professional ethics applied in the nursing profession are:	Number (n)	Percentage (%)
Deontology	15	12.5%
A tool for creating an integral vision of man and his relationships with him	18	15.0%
Vision of man as a whole	23	19.2%
Ideological vision of nursing work	64	53.3%
Total	120	100.0%

Table 5 presents the distribution of nurses according to their responses to the question:

“Which of the following situations can be considered a violation.

Table 5. Distribution of nurses according to their responses on situations of violations of the ethical code.

Situation	Number (n)	Percentage (%)
Reports to the next shift nurse about the seropositivity of a child who needs to get vaccinated	1	0.8%
Tells colleague about HIV patient	6	5.0%
Tells the patient's relatives about the patient with HIV	41	34.2%
Tells his relatives about the HIV patient	72	60.0%
Total	120	100.0%

About 68% of nurses consider the application of euthanasia as a patient's right to a peaceful and painless death. About 32% of nurses consider euthanasia as an application against human principles. About 68% of nurses would agree with the application of euthanasia in Albania and 32% About 69% of nurses think that a patient suffering from an incurable disease should not be informed about his condition. Only 31% think that the patient has the right to be informed about his condition even though it is incurable and would not agree.

The majority of nurses, about 62%, claim that they feel worried at work by the psychological pressure of patients' families, about 26% are worried by misunderstandings with the doctor and 12% by disagreements with colleagues.

Discussion:

Moral distress as a phenomenon can be difficult to study with quantitative parameters. However, this study represents reliable data with a high participation rate (n=120) and a heterogeneous sample from different nursing disciplines. The implications of the study can be used in different healthcare workplaces. The study findings are well presented and summarized.

- About 77% considered stress in their profession “On special occasions”, but about 17% of nurses considered it “Almost always with stress in their profession.
- About 12.5% of nurses know Deontology. • About 95% of nurses know the basic principles of the Code of Ethics.

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- About 92% of nurses think that professional secrecy is regulated by the Code of Ethics.
- About 60% of nurses have assessed as a violation when the nurse “Tells his/her relatives about the patient with HIV”, about 34% when “Tells the patient's relatives about HIV”, about 5% when “Tells a colleague about the patient with HIV” and about 1% when “Reports to the next shift about the seropositivity of a child who needs to be vaccinated”.
- About 91% have read about the Code of Ethics of nurses.
- About 60% of nurses do not have information about the Ethics Committee in the hospital.
- About 98% did not answer the question about the composition of the Ethics Committee in the hospital.
- Only 12.5% of nurses correctly recognize the role of the nurse in the Ethics Committee as “Expressing opinions on the problems raised”.
- Only 34% of nurses know the meaning of Empathy.
- About 70% of nurses have had ethical conflicts in the workplace.
- About 94% of nurses who have had ethical conflicts at work have resolved them “With discussion among colleagues” and only 6% have resolved them by taking them to the Ethics Committee.
- About 90% of nurses evaluate the patient's understanding as a help in accordance with deontological principles.
- About 68% of nurses consider the application of euthanasia as a patient's right to a peaceful and painless death and 32% as an application against human principles.
- About 68% of nurses would agree with
- About 16% of nurses claim to feel anxious at work, about 78% are anxious “Occasionally” and only 6% do not feel anxious.
- About 62% claim to feel anxious at work due to psychological pressure from patients' families, about 26% due to misunderstandings with the doctor and 12% due to disagreements with colleagues.
- Nurses who have “Almost always” stress in their profession belong to the Emergency Department (29%) and Pediatrics (29%).

- Most of the nurses who correctly defined “Deontology” (67%) have completed “Master” studies and belong to the Pathology Department (53%).
- Most of the nurses who know the principles of the Code of Ethics at work have “Master” studies (57%) and “1-5 years” of experience (47%).
- Nurses who have most accurately expressed the meaning of Empathy are mostly women (90%) compared to men, living in the city (80%) compared to those living in the countryside and with work experience of “1-5 years” (44%) compared to other categories.
- Male nurses have had more ethical conflicts at work (84%) compared to women (64%)
- Nurses who have had concerns at work are more in the Pediatrics ward (47%) and then in Surgery (21%).
- Nurses who have had the most concerns at work, citing psychological pressure from family members as the biggest concern of all nurses, are more likely to be under the age of 30, who constitute 54% of the number of nurses. 72 Our finding that nurses have difficulty implementing their ethical decisions in more challenging situations, especially those situations with Kohlberg's fourth stage, confirms that contextual and environmental factors tend to guide nurses in their ethical practice.

Belgian studies conducted between 1993 and 2001 [23] [24] revealed the same pattern of ethical reasoning and practice, indicating the existence of conventional practice in recent years. Swiss, American and Japanese studies showed a similar conventional pattern of ethical responses, suggesting that conventional practice is not a specific Flemish or Belgian problem, but is an international phenomenon in nursing. These findings have important implications for everyday nursing practice.

Our results help us understand why nurses experience environmental factors as barriers to ethical practice. Given the increasing influence of the clinical environment, and more specifically on the dominance of economic and rational values in the provision of nursing care, it is of paramount importance that nurses are able to practice pursuing the highest ethical reasoning to

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bring about the greatest benefit to patients. This requires nurses to have ethical maturity, as cognitively described in Kohlberg's postconventional moral level [22].

Conclusions

The study began with a hypothesis that ethical decision-making and moral distress are related in nursing practice. The other hypothesis was that moral distress can be reduced and possibly prevented by some actions. There appears to be strong evidence that ethical decision-making and moral distress are strongly related in the daily practice of nurses. Also, moral distress can be reduced and prevented by many actions within the nursing profession. This thesis increases nurses' knowledge of ethical decision-making situations that cause moral distress.

Awareness of these situations can increase understanding and help nurses alleviate symptoms of moral distress. Nursing administration can use these findings and make organizational changes to create functional multiprofessional teams in hospitals. This thesis encourages discussion about ethical issues and moral concerns and creates a more open environment for concerns in health care. Future nurses can be better prepared for ethical decision-making by having knowledge of related factors and potential adverse events. This thesis demonstrates its utility with high generalizability.

Although the literature review was conducted with nurses in the lead role, the implications are also applicable to other professions, particularly in the healthcare field. One of the main themes, multi-professional collaborations, is relevant to every healthcare professional, not just nurses

Recommendations

Clear guidelines should be developed for nursing staff to serve as aids in ethical decision-making and, furthermore, to combine cost-effective activities with high quality care.

- Implementation and involvement of nurses to create a strong and common basis for ethical thinking throughout nursing practice and management.

- Organization of training for nurses to cope with and manage stress and psychological pressure in the work environment.
- Further studies are needed that can provide a more accurate description of ethical problems related to the quality of resources and care, as well as other issues. Second, the basis and mechanisms of ethical decision-making in nursing management are not well known. More research is needed to find the values, principles or codes that guide the solutions to ethical problems.

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