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Review

Overview of Ethical Reasoning in Nursing: A Scoping Review

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Abstract

Introduction: Nurses are anticipated to address diverse human needs, leading to the emergence of numerous ethical challenges in their daily practice. Contemporary nursing requires proficiency not only in advanced medical-technical skills but also competence in focusing on the ethical dimensions, including ethical reasoning and decision-making, inherent in-patient care. Negotiating the ethical intricacies of treatment in practical scenarios presents a significant challenge for nurses. Despite the complexity, ongoing review and improvement are necessary to uphold professional standards and prioritize patient well-being.

Aim: The objective of this scoping review is to describe the landscape of nurses' ethical reasoning and the process of ethical reasoning in nursing practice.

Methods: A scoping review was conducted based on the Arksey and O'Malley framework, spanning publications released from 1990 to 2023, utilizing electronic databases including PubMed, ScienceDirect, Google Scholar, and CINAHL. Diverse keywords were employed to optimize the search strategy. The review process encompassed examining 21 finalized articles selected using the PRISMA guideline, comprising qualitative, quantitative, and mixed-methods studies.

Findings: This review identified two main domains: Factors for ethical reasoning in nursing and the ethical frameworks utilized. Nurses employ individual-related and profession-related factors to navigate ethical reasoning. Ethical frameworks, including principle-based approaches, ethical decision-making models, ethical theories; deontology, and utilitarianism, provide structured methods for ethical reasoning.

Conclusions: The scoping review highlights the importance of ethical reasoning and frameworks in nursing, identifying key approaches, principle-based methods, and ethical decision-making models. It underscores the need for practical application and integration of ethical reasoning education in nursing to enhance quality patient care and decision-making.

Keywords: Decision making, Ethical reasoning, Ethical behaviors, Nurse

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Introduction

Nursing is a crucial established profession in the world with fundamental responsibilities of caring for illness, promoting health, preventing illness, and restoring health in all aspects of individuals, families, and communities (Janmanee et al., 2021). Due to these diverse aspects that cover multiple areas, nurses' role is very complex. Given its complex nature, nurses face challenges in care settings where they must act autonomously to provide high-quality patient care while facing to time constraints, however, aiming to providing "good care". The goal of "good care" is to maximize the patient's overall well-being (Goethals et al., 2010) in the ethically sound caring environment. Therefore, nurses are bound to engaging in ethical practice. Ethical issues and dilemmas are very common in nurses 'daily practice such as how they handle physical restriction, intimacy, and privacy because nurses work with human beings (Goethals et al., 2012). Therefore, ethical behavior is highly considered in nursing and in dealing with dilemmas as well. Ethical reasoning and decision-making ability are crucial in all nurses (Janmanee et al., 2021). Professional nurses must use ethical reasoning to determine the best solutions to suit a patient's requirements. In addition, nurses must be able to decide what course of action is best to pursue. As a result, they must be able to assess if a particular course of action is correct or wrong (Janmanee et al., 2021).

Therefore, to form trustworthy ethical judgments, nurses must possess both observational skills and ethical thinking skills (Lee et al., 2016). If not, in morally complex circumstances, it is unclear what to do. When assisting patients in selecting from a range of healthcare alternatives, nurses' ethical thinking and comprehension are vital (Lee et al., 2016). Further, fundamental ethical principles are vital to collaborate with the ethical reasoning process which is autonomy, beneficence, non-maleficence, and justice (Casterlé et al., 2008).

Nurses prioritize a patient's needs while working toward the best outcome which is morally acceptable way. So, the process of decision-making as well as the outcome should be included when assessing the quality of ethical decision-making. For various reasons, the quality of such judgments is extremely likely to be improved by an explicit and systematic procedure for ethical decision-making (Park, 2011).

Ethical principles act as the foundation for ethical norms and as a guide for making decisions. To provide ethical reasoning with a formal framework, ethical theory offers a justification for the regulations and guidelines (Tseng & Wang, 2021). Knowing ethical theory helps nurses make judgments that are more thorough and well-thought-out even if ethics does not constitute a science with a quantifiable solution (Grundstein, 1993).

Therefore, ethical reasoning lies at the heart of nursing practice, guiding nurses in navigating complex moral dilemmas and ensuring the provision of patient-centered care (Goethals et al., 2012). The ability to reason ethically and make principled decisions is not only essential for upholding the integrity of the nursing profession but

also for safeguarding the well-being and rights of patients (Park, 2011). Ethical reasoning in nursing encompasses a multifaceted process that involves the integration of moral principles, professional standards, cultural considerations, and individual values (Holm et al., 1996; Robertson et al., 2007). Moreover, nurses often rely on ethical reasoning frameworks as conceptual tools to analyze ethical issues systematically and arrive at ethically defensible solutions. Despite its paramount importance, ethical reasoning in nursing remains a complex and evolving phenomenon, influenced by various personal, professional, and contextual factors (Carpenter, 1991).

Therefore, a comprehensive scope review of "ethical reasoning and ethical reasoning frameworks in nursing" is warranted to explore the current landscape of ethical reasoning within the profession, identify existing frameworks and approaches, highlight areas for improvement, and inform future directions for research and practice. Therefore, this review aims to describe nurses' ethical reasoning in their practice and the process of ethical reasoning.

Methods

Study design

This study is a scoping review of the literature focused on ethical reasoning and decision-making in nursing practice.

Literature search

Utilizing the Arksey and O'Malley framework for scoping reviews (Arksey & O'Malley, 2005), it conducted a comprehensive literature review to acquire relevant evidence concerning nurses' ethical practice, with their processes for ethical reasoning and decision-making.

The completion of the following stages comprised the research process: (1) identifying the research problem; (2) identifying relevant literature; (3) selection of studies; (4) mapping out the data; and (5) summarizing, synthesizing, and reporting the results (Arksey & O'Malley, 2005).

Identifying the research problem

The research problem is to describe how nurses employ ethical reasoning and utilize ethical reasoning frameworks in their clinical decision-making.

Identification of relevant research

To ascertain pertinent scientific research publications, a computerized search was executed. A comprehensive exploration was conducted for articles published between January 1990 and December 2023 within electronic databases, including PubMed, ScienceDirect, Google Scholar, and CINAHL. Studies that were exploratory, qualitative, quantitative, and theoretical articles were all taken into consideration. The search keywords were "Ethical reasoning AND Decision-making" OR "Ethics Principles" OR "Ethical Behaviors AND Ethical judgment." Each of these phrases was conjoined with the wildcard keyword 'nurs*' to focus specifically on the domain of nursing ethics.

Selecting studies

The modified version of the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) (Tricco et al., 2018) included documentation for each stage of the search and elimination process flowchart utilized (Figure 1).

Inclusion and exclusion criteria

Studies were included if they matched the following criteria: articles published in English, research on nurses' ethical thinking/ ethical behavior/ethical decision-making, and published between 1990 to 2023. Publications were eliminated if the article was exclusively about student nurses, published in a language other than English, not a full text, and studies not relevant to the review question.

Retrieval of the studies

In the initial phase of identification, 1580 studies were found within the databases, of which 859 were duplicated. In the second (screening) phase,721 studies were screened on a title level and abstract manner. As a result of their lack of relevance to the study's setting or participants, a total of 633 articles were eliminated. The entire texts of 88 articles were examined against the inclusion and exclusion criteria in the third step (eligibility phase), and 67 full texts were eliminated. In the fourth and final phase, 21 relevant articles were included.

Retrieval and compilation of data

Table-formatted spreadsheet was used to collect the data. The details covered the author(s), year, country of origin, study design, methodology, participants, and findings. The collation and summarization of results utilized inductive data analysis. This involved reviewing the raw data from the articles included in the review and considering the current review questions to identify concepts and prevalent themes. Descriptive tables were then created to summarize the study methods and main topics.

Presentation of findings

The outcomes of the scoping review were consolidated and presented thematically, aligning with the research question.

Findings

Two primary focal domains were recognized through the review, (1) Factors for ethical reasoning in nursing, and (2) Ethical reasoning frameworks utilized in nursing practice.

Factors for ethical reasoning

Ethical reasoning is a vital process that leads nurses to practice ethically (Park, 2011). In a particular care environment, nurses observe, analyze, and assess a given situation based on their ethical awareness (Goethals et al., 2012).

This study identified several factors while ethical reasoning, including (1) Individual factors (nurses and patients related factors), and (2) Profession related factors (Figure 2). As the nurses related factors, nurses use their personal beliefs and experiences, medical knowledge, as well as the potential outcomes of their choices, to support their reasoning (Greipp., 1993). As a result, nurses decide

what is ethical in the framework of the nurse-patient interaction, which is ingrained inside the particular environment (Holm et al., 1996). A crucial element of moral judgment and the reasoning process is principally based on one ethical view. Since individuals base their decisions on their level of moral

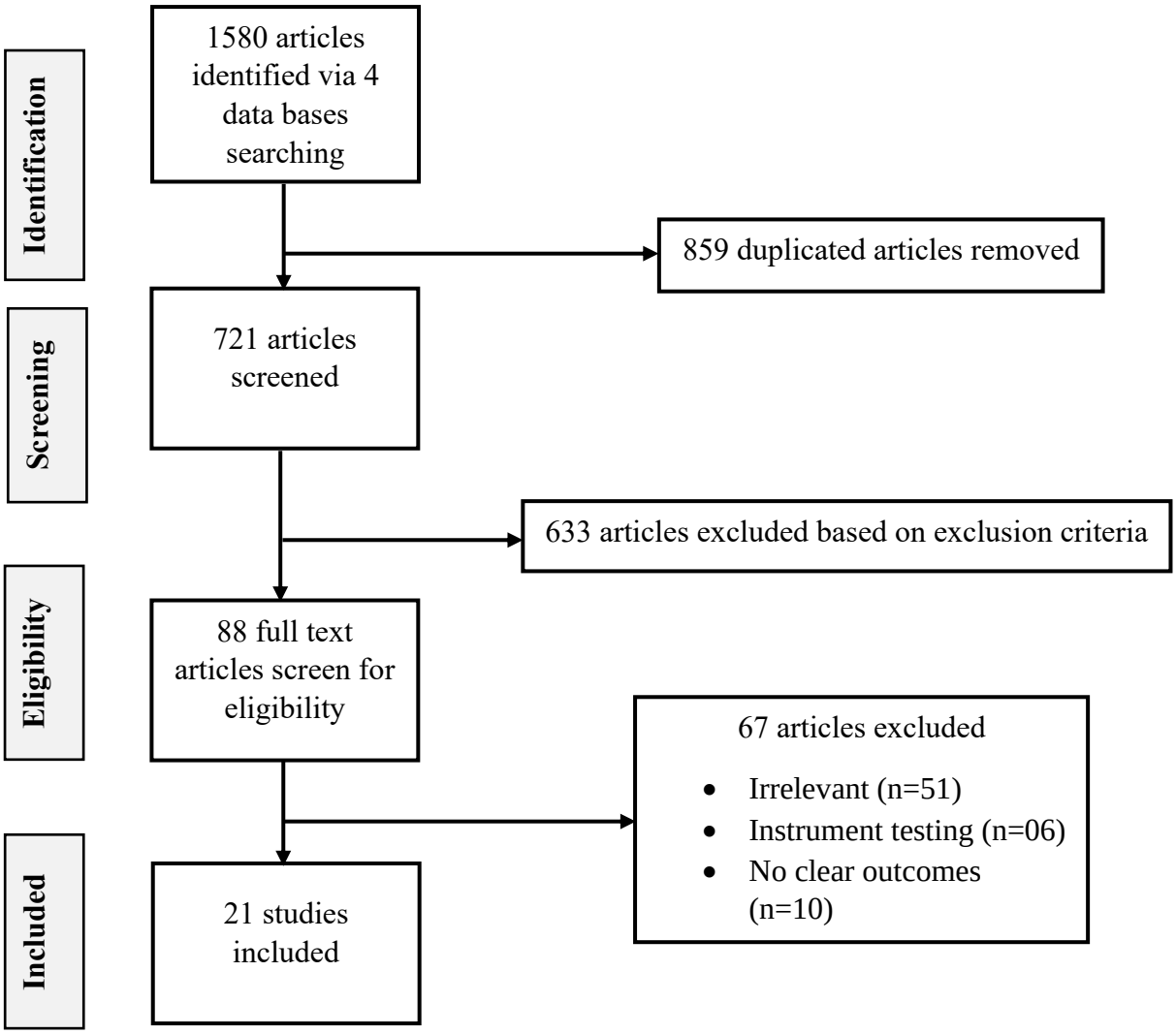

Figure 1: Article selection process

development and the theoretical stages of moral development, nurses also tend to reason based on their moral development stage (Robertson et al., 2007). Several patient-related factors were identified for ethical reasoning by several studies including patients' autonomy, beliefs, life stories, emotions, goals, integrity, and values (Gibson, 1993; Robertson et al., 2007). Nursing professionals employ a variety of ethical concepts, including the principles of biomedical ethics, with a tendency for

beneficence and respect for autonomy, according to research on the ethical principles that underpin their reasoning (Gibson, 1993; Greipp, 1993).

Choices between conflicting principles, values, or issues produce two equally unsatisfactory alternatives in ethical dilemmas (Haahr et al., 2019). For instance, the patient's autonomy in making decisions may conflict with the nurse's responsibility to act in the patient's best interests or prevent harm, as well as with ethical principles and one's professional obligations (Gibson, 1993). Non-maleficence is a core ethical value that is anticipated in nursing education and practice (Varkey, 2021). This essential premise is upheld by simulated clinical experiences, which give students the chance to make mistakes in their thinking, reasoning, and decision-making processes at considerably lower cost than they would in true clinical settings (Goethals et al., 2010; Varkey, 2021).

Findings identified that nurses use a variety of theories and moral principles to reason such as teleological and deontological ideas, or a blend of the two (Holm et al., 1996). Ethical theories always collaborate with ethical reasoning in nursing which are Utilitarian ethics, Communitarian ethics, Virtue ethics, and Deontological ethics. Utilitarianism is a tradition of the ethical theory of morality. This moral theory advocates actions that foster happiness and opposes actions that cause unhappiness or harm (Robertson et al., 2007). Communitarianism is a modern philosophy, even though communal relationships form the fabric of all human societies and community-centered philosophy goes back at least to ancient Greece. Communitarian ethics focuses on the importance of the community. These ethics emphasize the influence of the community on human beings (Have & Patrão, 2021).

The interpersonal contact between nurses and their patients was extensively covered in research on ethical reasoning. The context for the ethical analysis is created by this compassionate interaction (Rodney et al., 2009). The life history, emotions, wishes, goals, and integrity of the patient are taken into consideration by nurses who are motivated by the concept of care and who want to "do good" for the patient. This conclusion is reinforced by several studies that show a nurse's ethical choice is impacted by the patient's need for particular care, as well as by their interactions with the patient's family and the staff throughout treatment and care (Rodney et al., 2009).

According to Goethals et al. (2010), expertise in medicine and nursing enhances ethical thinking, a notion further emphasized by Raines (2000) highlights that while nurses highly value sharing ethical dilemmas and decision-making with colleagues, they often defer their ideas to adhere to the consensus of the nursing team. When a nurse's personal beliefs and job obligations are at clash, they are internally conflicted with their reasoning process. This conflict may appear as stress between the "morally right" and the "legally right" choice (Lutzen & Nordin, 1993). However, some nurses prioritize their beliefs over those of their professional values in the reasoning process. Indeed, these nurses' decisions were driven by their desire to give

the best possible care to their patients, not by social norms or cultural expectations (Raines, 2000).

Frameworks of ethical reasoning

Ethical reasoning frameworks are essential tools in nursing practice, helping nurses navigate complex moral dilemmas and make ethically sound decisions. This scoping review identified, three (3) most commonly used frameworks of ethical reasoning in nursing practice; (1) The principle-based approach; (2) The ethical decision-making models; and (3) The ethical theories approach (Figure 3).

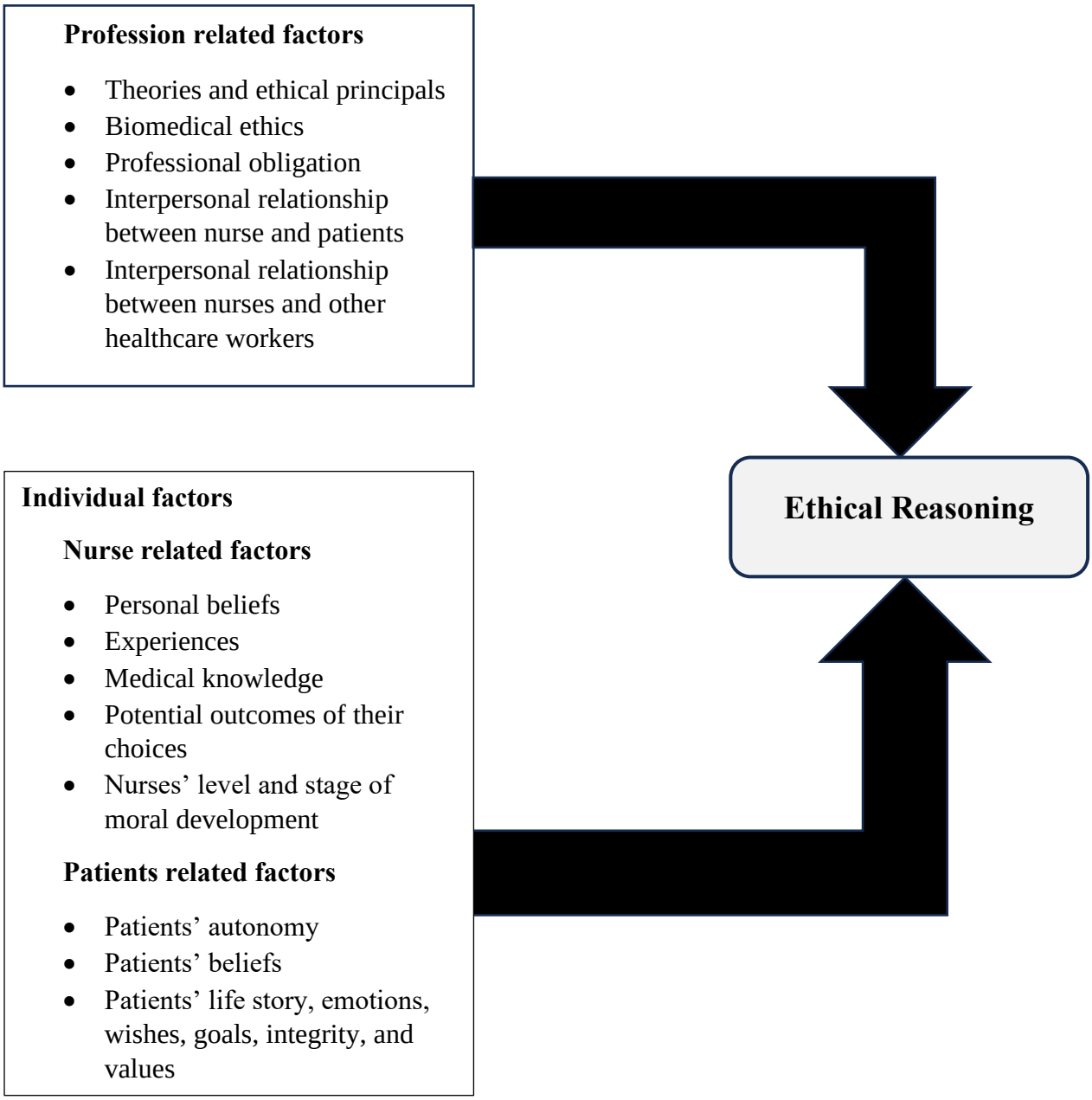

Figure 2: Ethical reasoning in nursing practice

The principles-based approach to ethical reasoning in nursing relies on a set of fundamental ethical principles; autonomy, non-maleficence, beneficence, and justice, to guide decision-making. These principles serve as a framework for evaluating moral dilemmas and determining the most ethically appropriate course of action (Devlin & Magill, 2006). To apply the four ethical principles to specific situations, it could be advantageous to make the framework mentioned above of ethical principles more precise or tangible. Ethical decision-making models provide structured processes for ethical decision-making, guiding nurses through a series of steps to analyze ethical issues and arrive at a decision. There are more than 20 models that were identified which are based on several principles (Park, 2011); Emotional response and intellectuality-based, Western theories and principle-based, and Diagnostic and therapeutic dimension-based models.

Carpenter, 1991 revealed a 10-stage process that compromised both affective and cognitive components used in ethical reasoning and decision-making through their study in Psychiatric nursing practice. It was based on the emotional response and intellectuality of the nurses.

Stage 1; “Nurse hears of action by the opposition”. This stage involves nurses becoming aware of an event or decision made by another party that negatively affects their practice. It also requires the nurses to fulfill professional duties in a way that contradicts their ethical judgment. Stage 2; “Emotional response” in which nurses experience an emotional reaction upon learning about the action in question. Emotions reported by participating nurses ranged from anger and outrage to sadness and remorse. Stage 3; What is wrong as identified by the nurse? In this stage, nurses delve into the patient's narrative and articulate objections to the opposition's decisions or actions. The focus remains on ensuring quality patient care and upholding professional standards. Major objections typically fall into two categories: those that disregard patient rights and those that contravene specific rules of practice. Stage 4; “Research and recall” involves a moderately formal examination of historical events, a comprehensive review of existing knowledge about the issue, and a reasoning process that integrates this information (Carpenter., 1991).

Stage 5; “Solutions, evaluations, and choosing” involves the nurse identifying potential courses of action or solutions. After considering various options from the perspective of the nurse's role, the nurse selects the most desirable course of action to adopt. Stage 6; “The nurses act” in which the nurse demonstrates a specific behavior in response to the options and outcomes identified in Stage 5. In the seventh stage, "Solutions Adopted by the Opposition," specific actions are taken by those in power in response to the focal situation. Stage 8; involves a reassessment of the barriers hindering the adoption of nurses' solutions.

Three main categories of obstacles are identified: (a) hospital policies and legal uncertainties, (b) the nurses themselves, and (c) the perceived role of the psychiatric nurse. Stage 9 is “Resignation”. This stage is characterized by the nurse abandoning the

solution at hand, potentially leading to resignation from the job or even leaving the nursing profession altogether. It represents the most adverse aspect of the process. In the final stage, individuals experience a sustained emotional reaction, engage in discussions with others, reflect on surrounding events, and commit to change. Feelings regarding the event may persist for an extended period, potentially intensifying over time (Carpenter., 1991).

Grundstein-Amado, 1993 also identified, that the ethical reasoning process included eight steps which principally based on Western theories and principles of ethics. The steps are problem identification, information gathering, identification of preferences of the patient, identification of the ethical issues, identification of existing alternatives, their consequences, determination of the choice, and justification.

Another study mentioned that ethical reasoning is an analytical and rational process based on outcome, that consists of six steps which are recognizing and defining the dilemma, identifying the alternatives, evaluating the alternatives, selecting the appropriate decision, converting the decision into action, and evaluating the action (Gordon et al., 1994).

Devlin and Magill, (2006), identified a 2-steps decision-making model based on four main Western ethical principles. Each step contained three sub-steps. The first main step is the “Identification of the problem” by using three sub-steps. The initial step involves recognizing the pertinent aspects of the problem, engaging all relevant stakeholders, gathering and managing pertinent data, and considering the ethical dilemma within the context of institutional values. Following this, the root problem is identified by pinpointing all relevant factors, clarifying goals and obstacles, and then defining or describing the fundamental ethical conflict. Finally, the cause-and-effect relationships within the problem are evaluated to understand its origin, differentiate between the underlying cause and related symptoms, and highlight the principal ethical issues involved. These steps collectively aid in addressing and resolving the dilemma effectively (Devlin & Magill, 2006). After identifying the problem, the main 2nd step begins. It also includes 3 sub-steps. Initially, there's a focus on clarifying and evaluating feasible options. This involves fostering a conducive environment for ethical deliberation, researching and refining practical choices, and critically assessing the ethical implications of each significant option (Devlin & Magill, 2006). Secondly, the emphasis shifts to determining the optimal solution to the problem. This includes ranking, prioritizing, and refining criteria and options, evaluating options against consequences and objectives, and making a logical and impartial ethical decision. Finally, and thirdly, there's the implementation of the decision, along with subsequent evaluation of outcomes. This entails communicating and testing the decision to ensure its ethical and practical viability, taking realistic steps to enact the decision, and conducting thorough follow-up and assessment of the implemented decision (Devlin & Magill, 2006).

Ethical theories such as deontology, utilitarianism, and virtue ethics offer different

lenses through which nurses can approach ethical dilemmas. Ethical theory and reasoning do not provide direct solutions to ethical dilemmas but offer a framework for understanding them. According to Gibson (1993), Ethical reasoning typically involves six steps: (a) recognizing and defining the dilemma, (b) identifying alternatives, (c) evaluating these alternatives, (d) choosing the appropriate decision, (e) implementing the decision, and (f) evaluating the action to assess its effectiveness and alignment with moral principles. This process encourages decision-makers to consider multiple options

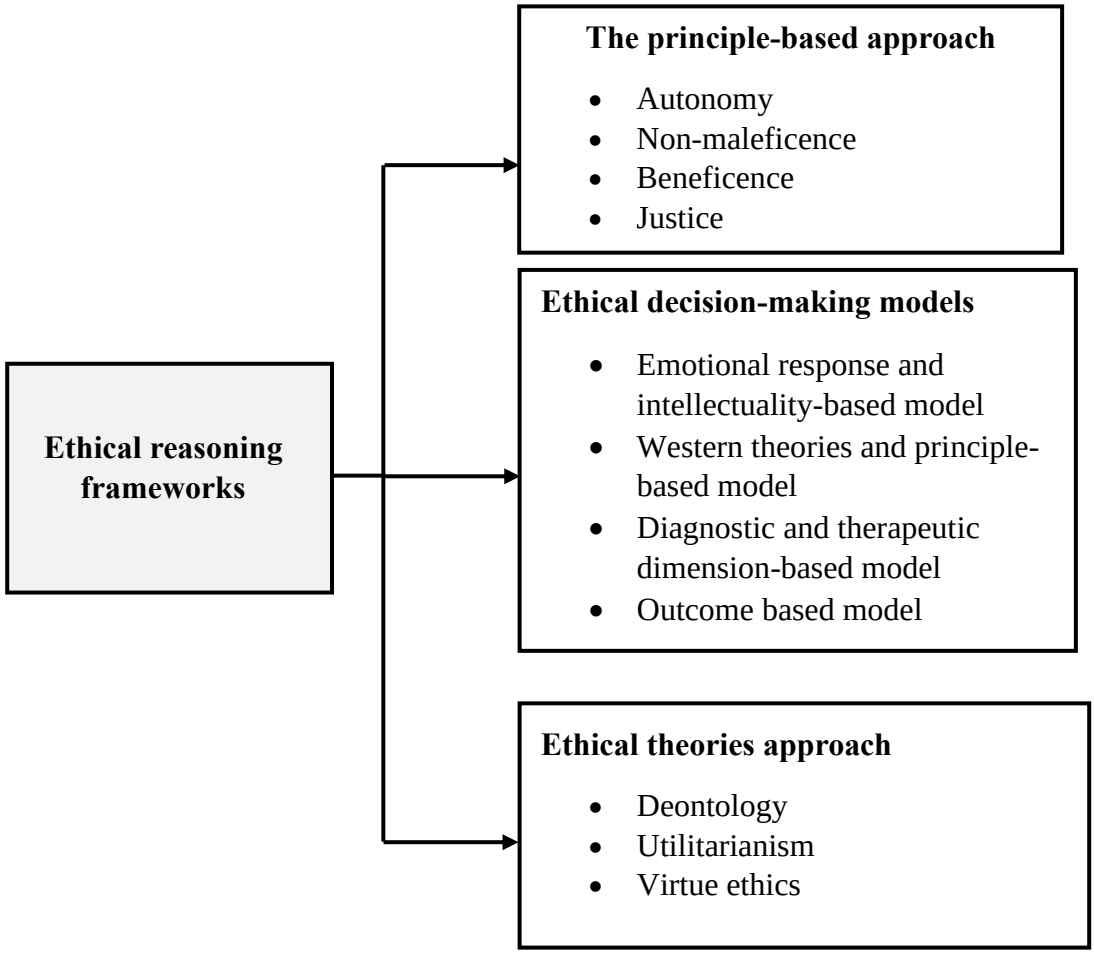

Figure 3: Ethical reasoning frameworks in nursing practice

and their ethical underpinnings before making a choice.

Discussion

This paper sought to discuss how nurses think and how they put ethical reasoning into practice because it is also concerned about the challenges they experience when

attempting to implement their ethical component of care. The process of ethical reasoning in nursing is a multifaceted and dynamic aspect of professional practice. As highlighted in the literature, nurses navigate complex ethical dilemmas by drawing upon a diverse array of factors, including individuals' beliefs, medical knowledge, ethical principles, and the specific context of the nurse-patient interaction (Tadesse, 2021). Other than that, the views and beliefs of patients, patients' relatives, and others must eventually be taken into account in addition to the procedures and policies of their ward and organization while ethical reasoning (Du et al., 2022). The majority of the research examined represents a glimpse of the complexity of ethical practice and the challenges nurses have while engaging in ethical reasoning and/or ethical behavior, from their point of view (Park, 2011; Gibson, 1993; Goethals et al., 2012; Holm et al., 1996; Robertson et al., 2007).

These influencing variables cause nurses to encounter a variety of challenges that interfere with their ability to make independent decisions. Indeed, a variety of factors, including a demanding work environment, a lack of time and resources, a lack of involvement in the ethical decision-making process (Du et al., 2022), the need to confront opposing values and norms, and a willingness to conform to social expectations, can prevent nurses from applying their ethically desirable decisions to clinical practice.

One of the key findings in the literature is the utilization of various ethical theories and principles by nurses in their reasoning process. Whether the application of teleological and deontological ideas or a combination of both, nurses employ these frameworks to navigate the intricacies of ethical decision-making. For example, the principles of biomedical ethics, particularly beneficence and respect for autonomy, are frequently cited as guiding principles in nursing practice (Tseng & Wang, 2021).

Ethical dilemmas often arise when there is a conflict between these principles or values. For instance, the tension between respecting a patient's autonomy and acting in their best interests can pose significant challenges for nurses. Negotiating such dilemmas requires a nuanced understanding of ethical principles, professional obligations, and the specific circumstances of each case.

Furthermore, the literature emphasizes the importance of moral development in ethical reasoning. Nurses' decisions are influenced by their level of moral development, highlighting the significance of ongoing ethical education and reflective practice in nursing training and professional development. The role of interpersonal relationships in ethical reasoning cannot be overstated. The compassionate interaction between nurses and patients provides the context for ethical analysis and decision-making. Nurses consider not only the medical needs of the patient but also their emotions, wishes, goals, and integrity. Additionally, interactions with the patient's family and other healthcare professionals further shape nurses' ethical choices (Silén et al., 2011). Expertise in medicine and nursing also plays a crucial role in enhancing ethical thinking. Experienced nurses are better equipped to

navigate ethical dilemmas, although they may still value the input of their colleagues in decision-making processes. However, conflicts between personal beliefs and professional obligations can create internal stress for nurses. While some may prioritize their beliefs over professional norms, others may seek to align their decisions with the best interests of their patients.

The scoping review studied in particular shows that nurses desire to act in a patient's best interest, but many of these studies also show the challenges that nurses encounter when trying to think rationally and act in a patient's best interest (Silén et al., 2011). Several articles stated that the collaboration between the nurse and the doctor is vital, and it directly affects the reasoning and decision-making process in nursing daily practices. This analysis found that some nurses do manage to get above the conformist style of thinking and acting, despite the multiple elements that influence nurses' ethical reasoning and behavior. Based on the patient's unique demands and frequently following norms and procedures, these nurses critically assess the treatment that is being given.

The scoping review outlined three primary frameworks utilized in ethical reasoning within nursing practice: the principle-based approach, ethical decision-making models, and ethical theories. Each framework offers a structured method for nurses to navigate complex moral dilemmas and arrive at ethically sound decisions. The principle-based approach, anchored in fundamental ethical principles like autonomy, non-maleficence, beneficence, and justice, provides a foundational framework for evaluating ethical issues. By applying these principles to specific situations, nurses can assess the ethical implications of their actions and determine the most appropriate course of action. Similarly, ethical decision-making models, such as Carpenter's 10-stage process or Grundstein, (1993), eight-step approach, offer systematic processes for analyzing ethical dilemmas and arriving at decisions. These models guide nurses through a series of steps, from problem identification to solution implementation, facilitating a comprehensive and structured approach to ethical reasoning. Additionally, ethical theories, including deontology, utilitarianism, and virtue ethics, provide valuable lenses through which nurses can approach ethical dilemmas. While these theories offer distinct perspectives on morality, they all contribute to the ethical reasoning process by encouraging nurses to consider various ethical principles and values. By recognizing and defining dilemmas, identifying alternatives, evaluating options, and ultimately choosing and implementing decisions, nurses engage in a thoughtful and deliberative process guided by ethical theory. Through this process, nurses can navigate the complexities of ethical dilemmas in practice, promoting the delivery of patient-centered care that upholds ethical principles and values.

Conclusions

The scoping review identified two primary focal domains: ethical reasoning in nursing and the ethical reasoning frameworks utilized in nursing practice. Observing, analyzing, and evaluating circumstances based on one's

ethical awareness is a crucial component of ethical reasoning, allowing nurses to practice ethics. To help them make ethical judgments, nurses use a range of factors.

This study emphasizes the relevance of ethical reasoning in sustaining the integrity and quality of patient care by examining how nurses apply ethical concepts and theories to their everyday practice. Furthermore, it underlines the need for ethical frameworks in helping nurses through difficult moral issues, hence improving their decision-making processes.

Based on the findings, future research should focus on the practical use of ethical reasoning frameworks in a variety of nursing settings. Studies might look into the usefulness of various ethical frameworks in real-world circumstances and how they affect patient outcomes. Furthermore, research might focus on the incorporation of ethical reasoning education into the nursing curriculum, ensuring that nurses are adequately equipped to tackle ethical dilemmas.

Recommendations

The capacity of proper information, skills, and attitudes into practice is essential in ethical reasoning. To satisfy the patients' requirements for personal care, it also necessitates that nurses be able to look back on what they have done and analyze the care they have given critically from an ethical standpoint. This study elucidates the landscape of nurses' ethical practice, focusing notably on the processes inherent in ethical reasoning and decision-making, and the subsequent translation of these decisions into practical applications. Therefore, creating techniques to aid nurses in acquiring these traits is a problem for nursing clinical practice.

Planning and implementing successful solutions that include extensive and strong training appears required to improve nurses' capacity for ethical reasoning and ensure that they make the appropriate choices when faced with moral challenges. Enhancing the standard of nursing care generally, considering human dignity itself as a cornerstone.

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Conflict of interest

The authors declare that they have no conflicts of interests.

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