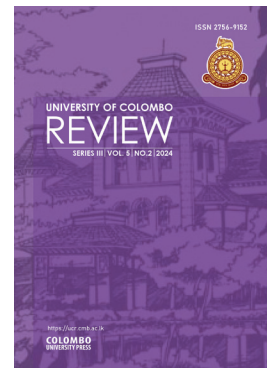


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Ethical Problems and Application of ethical decision-making models in Nursing Practice: A Scoping Review

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ABSTRACT

Ethical decision-making is the process which make choices based on ethical principles and values. Several decision-making frameworks have been developed utilizing ethical principles and guidelines for nurses to assist in ethical decision-making. Each framework directs ethical considerations from a distinct point of view. In this light, this study aimed to identify the ethical problems and describe the application of decision-making models in nursing practice. A literature search, ranging from 2000 to 2022, was conducted using the keywords “ethical decision-making models”, “clinical practice”, and “nursing” on electronic databases, Google Scholar, PubMed, Science Direct and CINAHL. Twenty-four (24) articles were selected for analysis. Three categories of ethical issues were identified, namely healthcare team member-related issues, patient-related issues, and caring behavior-related issues such as ethical conflicts. Four main factors (external factors, individual factors, environmental factors and facilitating strategies) which affect ethical decision-making were identified. The literature chosen for the study highlights four decision-making models: the clinical nursing accountability cycle model, the integrated ethical decision-making model, the integrated ethically driven environmental model, and the MORAL model. Nurses encounter numerous ethical challenges with patients and colleagues, underscoring the importance of sound ethical decision-making. Individual, environmental, and external factors, as well as facilitating strategies, influence their ethical decisions. Nurses frequently utilize ethical decision-making models to support their practice, emphasizing the need for updated models to improve their capabilities and address ethical dilemmas effectively.

KEYWORDS:

Clinical practice, ethical decision-making models, nursing

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Introduction

The safety and well-being of patients in the healthcare field directly depend on professional ethical decisions (Aitamaa et al., 2016). Ethical decision-making stands as the cornerstone of nursing practice, bearing profound implications for patient welfare, professional integrity, and the integrity of healthcare systems (Raines, 2000). The current nursing landscape consistently presents nursing professionals with ethical challenges and dilemmas (Albert et al., 2020; Sinclair et al., 2016).

An ethical dilemma is described as a moral issue that proves challenging to handle, resolve, or overcome, requiring a solution (Park, 2012). The progressively complicated nature of nursing practice has caused nurses to face more ethical dilemmas (Albert et al., 2020). These dilemmas encompass a spectrum of issues ranging from patient autonomy and confidentiality to resource allocation and end-of-life care (Akdeniz et al., 2021). Moreover, ethical issues that arise with the advancement of healthcare technology and evolving values require that nurses possess strong ethical reasoning skills (Cameron et al., 2001).

In addition, some of these major concerns include patients' consent and capacity to make informed decisions, pressure from the patients and peers, problems related to justice including fairness, equality, and the equitable distribution of resources, self-prescribing, and many other issues that affect nursing practice (Sinclair et al., 2016). To address these major concerns, it is essential to utilize ethical decision-making skills within the profession (Cameron et al., 2001).

The skill of identifying ethical issues is essential in nursing practice because it guarantees the application of morally and ethically sound care (Raines, 2000). This process enables nurses to recognize potential conflicts or dilemmas that may arise in patient care scenarios. When addressing these ethical considerations, nurses shall adhere to the principles of beneficence, non-maleficence, autonomy, and justice.. Furthermore, by recognizing ethical dilemmas, nurses may handle challenging circumstances with professionalism and integrity (Varkey, 2020). This helps to advance patient-centered care while preserving the faith and confidence of both patients and their families. It further facilitates nurses' ability to comply with legal and regulatory requirements and to work well with multidisciplinary teams. Overall, the ability to identify ethical issues is fundamental to providing safe, compassionate, and ethically grounded nursing care (Akdeniz et al., 2021; Raines, 2000; Safavi et al., 2022). Failure to engage in ethical decision-making could result in compromised patient safety, erosion of trust, and ethical misconduct (Raines, 2000). Therefore, ethical decision-making ensures patient rights and fair care. It also builds professionalism and accountability in nursing (Safavi et al., 2022).

Hence, nurse practitioners must tackle challenges wisely, making good decisions in the difficult ethical situations they face (Nora et al., 2016). Ethical decision-making competency becomes more challenging in clinical practice for a

variety of reasons, such as rapidly changing healthcare environments, the complexity of healthcare systems, and the increasing diversity of individual value systems (Solum & Schaffer, 2003). Thus, nurses need to use their decision-making skills to navigate the complexity associated with ethical backgrounds, considering various factors such as science, ethics, behavior, culture, and law in their practice. (Park, 2012).

To eliminate unethical alternatives, it is vital to make the appropriate ethical decisions with the use of various ethical decision-making models (Park, 2012). Furthermore, the integration of individual and environmental factors influencing ethical decision-making in nursing has not been sufficiently addressed in the previous literature. This gap hinders the profession's ability to adequately prepare nurses to navigate complex ethical dilemmas and may impede the delivery of optimal patient care.

Therefore, this review examines the most common ethical problems encountered by nurses in their practice, and how nurses utilize ethical decision-making models in their practice to address and resolve ethical dilemmas. The objectives were identifying ethical problems in clinical practice, delineating elements and strategies for ethical decision-making, and describing various ethical decision-making models in nursing practice.

Methods

Search strategy

A systematic literature search was conducted in the electronic databases PubMed, CINAHL, Google Scholar, and ScienceDirect using the keywords “ethical decision-making models”, “clinical practice”, and “nursing”. The search was limited to articles published between 2000 to 2022. The criteria for inclusion were ethical problems in clinical practice, elements and strategies for ethical decision-making in nursing, and the application of ethical decision-making models in healthcare studies. The literature search was limited to articles written in English. An article was excluded if it was an anonymous article, a book review, a commentary, an editorial, or a historical article, or written in a language other than English.

Retrieval of the studies and data analysis

The revised version of the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) encompassed comprehensive documentation for every phase of the search and exclusion procedures (Figure 1). In the initial phase of the identification process, a total of 1642 studies were initially retrieved from databases. Out of these, 753 studies were identified as duplicates and subsequently excluded. During the second phase, which involved screening based on titles and abstracts, 889

studies underwent evaluation. Of these, 809 articles were deemed irrelevant to the current study and were consequently eliminated from further consideration. In the third eligibility phase, the complete texts of 80 articles were meticulously examined against pre-defined inclusion and exclusion criteria. As a result, 56 full-text articles were determined to be inconsistent with the criteria and were thus excluded. Finally, in the fourth and concluding phase, 24 pertinent articles were included in the study.

A spreadsheet organized in table format was employed to tabulate data, encompassing details such as author(s), publication year, country of origin, study design, methodology, participants, and findings. Subsequently, the collected data were scrutinized in alignment with the research questions.

Findings

Out of the selected twenty-four (24) articles, twelve (n=12) articles (50%) discussed the ethical problems and importance of ethical decision-making in clinical practices. Nine (n=9) articles examined elements and strategies in ethical decision-making (37.5%) while three (n=3) articles (12.5%) discussed ethical decision-making models. The findings were grouped

under three sub-topics: (1) ethical problems in clinical practice, (2) elements and strategies for ethical decision-making in nursing, and (3) application of ethical decision-making models in healthcare.

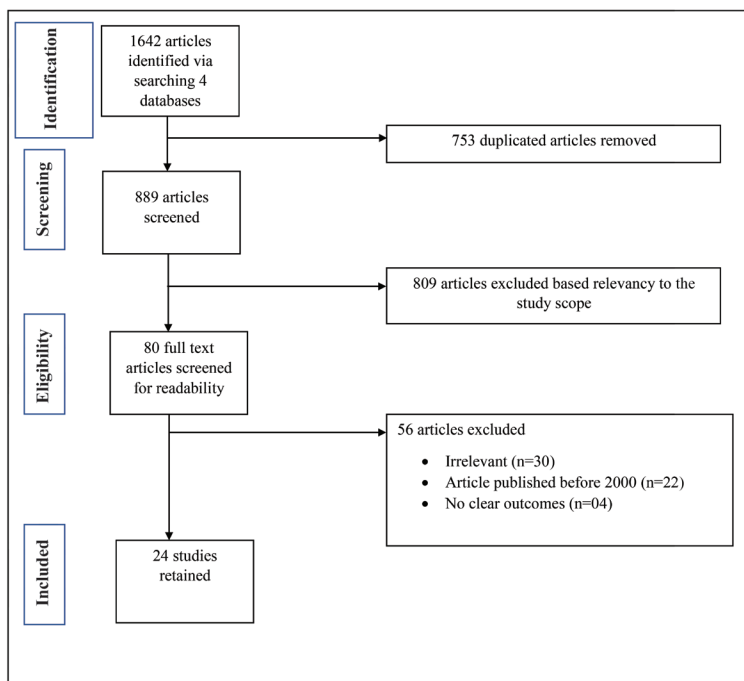


Figure 1: Article selection and retrieval process

Ethical problems in clinical practice

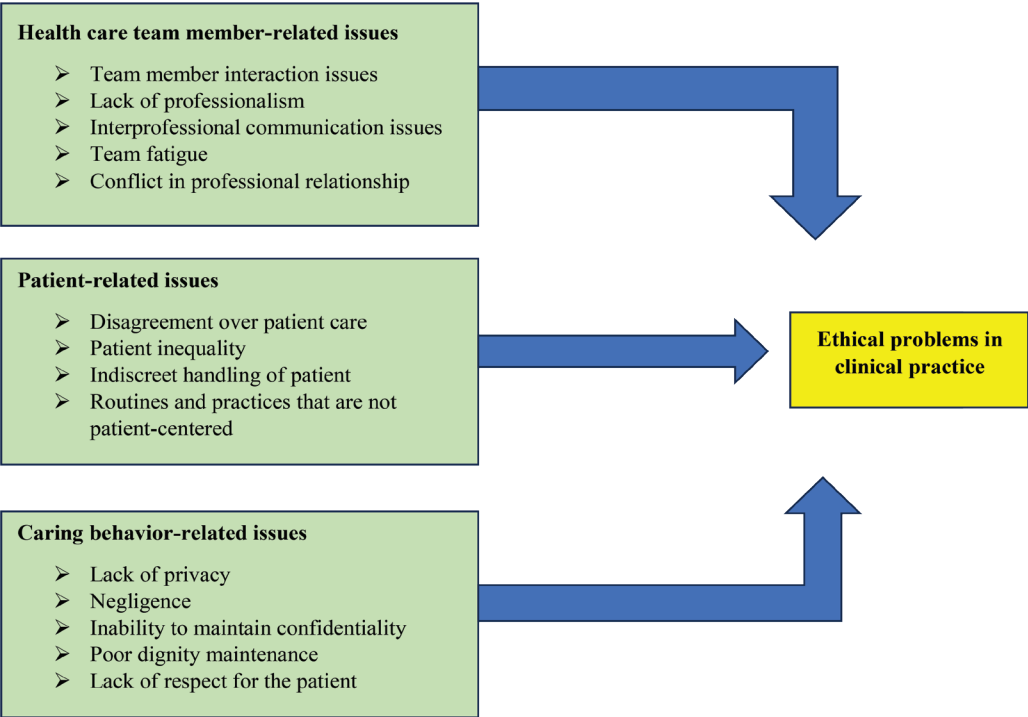


Figure 2: Ethical problems in clinical practice

Following the review, three categories of ethical issues were identified: (1) healthcare team member-related issues (team members including peer nurses, doctors, physiotherapists, laboratory scientists, and nursing assistants), (2) patient-related issues, and (3) caring behavior-related issues (Figure 2). The first category outlines issues that have been noted in the team members’ interactions, such as disagreements between team members (Nora et al., 2016), lack of professionalism, difficulties working with other professionals, failure to listen to other team members, excessive collegiality of physicians, staff fatigue, and issues with evaluating and rewarding health care team members (Aitamaa et al., 2016). As Liner, Solum & Schaffer (2003) found, conflict in professional relationships is a major ethical issue faced by nurses.

The second category classified ethical issues that nurses encounter in their interactions with patients. These issues include disagreements over patient care, where nurses may have conflicts with patients or their families regarding treatment plans and healthcare decisions. Patient inequality is another concern, as highlighted by Park et al. (2014), where disparities in treatment and care can arise due to factors such as socio-economic status, race, or gender. Additionally, indiscreet handling of

patients, such as breaches in confidentiality or lack of respect for patient privacy, poses significant ethical challenges. Aitamaa et al. (2016) also point out that routines and practices not centered on the patient, such as following rigid protocols without considering individual patient needs or preferences, can further complicate ethical decision-making in nursing practice.

The third category of identified ethical issues in nursing practice pertains to caring behavior-related dilemmas. These issues include the lack of privacy, where inadequate measures are taken to protect patients' personal space and information, leading to feelings of exposure and vulnerability (Park et al., 2014). Negligence is another critical concern, involving the failure to provide necessary care or attention, which can result in patient harm or deterioration (Aitamaa et al., 2016). Additionally, the inability to maintain confidentiality breaches the trust between patients and nurse providers by disclosing sensitive information without proper authorization (Nora et al., 2016). Poor dignity maintenance, where patients experience actions or attitudes that undermine their sense of self-worth, and a general lack of respect for patients, encompassing disrespectful communication, disregard for preferences, and autonomy, further complicate ethical decision-making (Guo, 2008).

Ethical decision-making in nursing practice

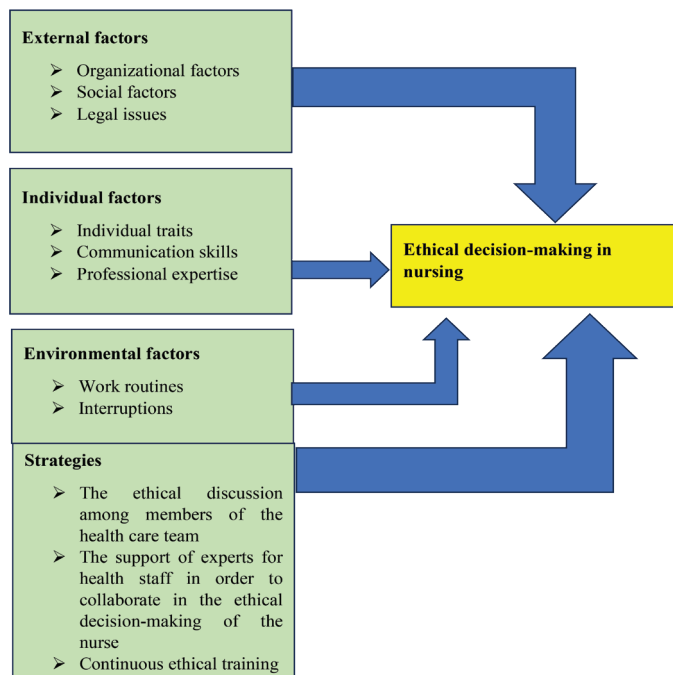


Figure 3: Ethical decision-making in nursing practice

Four major factors that affect ethical decision-making emerged (Figure 3). These were (1) external factors, (2) individual factors, (3) environmental factors, and (4) facilitating strategies of ethical decision-making in nursing. Pertinent considerations include the external setting's organizational (policies, culture, and structure of the healthcare institution), social (norms, values, and expectations), and legal facets (the laws, regulations, and professional standards) (Nora et al., 2016). Social factors such as religion and socioeconomic status, cultural factors, (Hedberg et al., 2004), and legal issues such as advance directives, do not resuscitate (DNR) orders and informed consent (Park, 2014) are the most common external factors that emphasize the problems with external influences on ethical decision-making in nursing. These elements may influence how ethical issues are seen, as well as the options for solving them and their effects (Park, 2012).

Individual factors, which include nurses' individual traits, communication skills, and professional expertise, constituted the basis on which nurses compare and analyze various courses of action, implying a high degree of complexity in nursing's ethical decision-making (Hedberg et al., 2004).

Other key findings included environmental factors impacting decision-making. Interruptions and work routines were the two main concerns identified under environmental factors (Hedberg et al., 2004). Anything that interfered with a nurse's ability to make decisions consistently while providing care was considered an interruption (Esmaelzadeh et al., 2017). Signals from the phone or emergency sirens were examples of technical disruptions (Han et al., 2001), while parts of work-related procedures (including paperwork, documentation, and managing a large number of patients) disrupted the consistency of nurses' thought processes when they performed decision-making activities (Rubio-Navarro et al., 2020).

According to the finding, there were several strategies were identified which support nurses in navigating ethical dilemmas, ensuring that their decisions are not only legally compliant but also morally and professionally sound.

Encouraging ethical conversations among healthcare teams and seeking advice from experts are key facilitating strategies that help nurses and other professionals make better ethical decisions together (Navarro et al., 2020). According to Lavoie et al. (2022), supportive relationships, honest communication, decision agreement, role agreement, and sufficient time for decision-making processes to develop are the five criteria required to promote shared decision-making processes.

Health services are expected to provide continuous ethical training to enable nurses to adequately fulfill their roles and obligations when faced with ethical decision-making (Berggren et al., 2003). Moral role models encourage moral judgment in nursing by displaying an ethical attitude, a dedication to nursing duties, and adherence to laws (Cerit & Dinç, 2013). Ethical leaders support a culture of ethics by fostering positive interpersonal interactions and employee engagement,

and bolstering a setting where staff members were discouraged from engaging in unethical behavior (Sinclair et al., 2016). Ethical leaders have an impact on ethical decision-making by educating others about ethics, behaving as ethical role models, and making ethical decisions themselves (Berggren et al., 2003).

Application of ethical decision-making models in nursing practice

Ethical decisions are frequently made without the decision-maker being fully aware of the process leading to the conclusion, highlighting the subconscious or implicit nature of ethical decision-making. Individuals may reach ethical conclusions influenced by personal values, experiences, and biases without explicitly recognizing these factors (Choi & Kim, 2015). Therefore, to ensure a conscious and rational process, several decision-making frameworks have been developed as normative guidelines to help nurses make ethical decisions (Banning, 2008). Each of these frameworks directs ethical considerations from a distinct point of view (Park, 2012). In the chosen literature, the clinical nursing accountability cycle model (Rubio-Navarro et al., 2020), the integrated ethical decision-making model (Park, 2012), the integrated ethically driven environmental model (Wolf, 2013) and the MORAL model (Solis, 2019) were found to be commonly used models.

The clinical nursing accountability cycle model examines the accountability flow after a choice is made, and it investigates the elements that impact the decision before it is made (Rubio-Navarro et al., 2020). This model begins with identifying patient-related issues, such as prioritizing medication administration. Nurses evaluate multiple solutions, drawing upon their clinical intuition and beneficent knowledge which rely on theoretical and practical insights tailored to patient benefit (Rubio-Navarro et al., 2020).

Based on a comprehensive evaluation of the previously developed ethical decision-making models in the literature, Park (2012) established an “integrated ethical decision-making model” with six steps. “Identify an ethical issue” is the first step, which emphasizes that ethical issues should be articulated using ethical values, shifting the decision-making focus towards ethical considerations rather than practical feasibility. Step 2 is “gather further information and analyze the situation” (Park, 2012). This step highlights the need for nurses to determine the range of information required by identifying the parties involved and the specific data needed from each stakeholder group. These stakeholders are broadly categorized into four groups: patients, family members acting as caregivers or surrogates, healthcare professionals, and broader societal contexts including cultural norms, laws, policies, and values (Park, 2012). The information necessary to address a problem falls into four categories: biological factors, psychological considerations, social or historical influences, and the goals, preferences, or values pertinent to the issue at hand. By aligning the involved parties with the types of information needed, nurses can more effectively pinpoint the essential information to gather.

“Create alternatives, examine and compare them” is step 3 (Park, 2012). At this point, all individuals impacted by a decision have provided relevant information, and the underlying reasons for any conflicts in values have been understood. Consequently, a range of potential alternatives or solutions is proposed and shared among stakeholders. During this stage, all potential actions, regardless of their ethical or practical implications, are considered and evaluated primarily from an ethical standpoint rather than focusing solely on practical feasibility (Park, 2012).

Step 4 is “Choose the best alternative and defend the choice”. In the process of analysis and comparison, nurses must select the best course of action and provide justification for their decision. Even if a particular action yields positive outcomes, it is not considered ethical unless it can be justified. Justification is crucial, and nurses should be prepared to justify their decisions in the face of differing opinions. To ensure confidence in their decision-making, nurses can ask themselves specific questions to evaluate the ethical soundness of their chosen course of action (Park, 2012).

“Create methods for successfully implementing the selected option and acting” is the fifth step. At this stage, nurses must actively engage in devising the most effective method for implementing ethical decisions, irrespective of whether it aligns precisely with their initial intentions. The final step is “Evaluation”. In this step, the nurse should evaluate whether the expected outcome has been achieved or not. If not, the nurse should start the process again (Park, 2012).

The “ethically driven environmental model of clinical decision-making” is a framework beneficial for forecasting clinical decision-making accuracy in practice for emergency nurses (Park, 2012). The model consists of three interconnected rings. At its core are essential elements such as knowledge-based critical application and moral agency, and surrounding this core are immediate elements like the nurse-provider relationship and unit leadership. Finally, there are influential elements such as the environment of care. These components interact with and influence each other, shaping decision-making and ethical behavior within the healthcare context (Park, 2012).

This model highlights the unique elements within the decision-making process for nurses and the practice environment, emphasizing their influence on clinical judgment. It underscores the importance of prioritizing the ethical nature of nursing practice while balancing the accuracy of problem identification with the ultimate well-being of patients. Particularly in emergency nursing, patient “flow” through the emergency department should not overshadow patient assessment and care. This balance is shaped by factors such as the environment of care, nursing leadership, and individual nurses (Wolf, 2013).

The MORAL model is a 5-step, nurse-generated ethical decision-making model that is implemented to assist with deciding the best options for the resolution

of workplace incivility. The model comes from studying moral dilemmas nurses face, like respecting clients' choices, ensuring their well-being, sharing resources fairly, and following professional rules. There are five steps in this model. The first step is "massaging the dilemma" (Solis, 2019). It involves gathering data by understanding the viewpoints of everyone involved, defining the problem clearly, and outlining the conflicts. Then, nurses set a goal to resolve the dilemma. The second step is "Outline options" which encompasses the generation of alternative steps to reach the goal. "Review criteria and resolve" is the third step, which usually identifies the moral standards and chooses what action to take. The fourth step is "affirm position and act" which implements the action using insights gained from the previous steps. The final step is "look back" which involves the evaluation of each step and taking an ethically sound decision (Solis, 2019).

Discussion

Interest in healthcare ethics has increased worldwide due to many socio-economic factors such as the expansion of ethical components and the complexity of modern healthcare (Toren & Wagner, 2010). In addition, numerous international healthcare organizations such as the World Health Organization and International Council of Nurses have acknowledged the importance of ethical practice in producing quality care (Cameron et al., 2001). Therefore, nursing professionals need to decide and implement ethical decisions to solve ethical problems. The many kinds of ethical dilemmas that have been recognized in the context of clinical nursing highlight the complex difficulties that nurses have while interacting with patients and multidisciplinary team members. Ethical decision-making models in nursing direct the nurses' decision-making skills and abilities towards a goal-oriented pathway, reducing ethical dilemmas that lead to increased obstacles in professional practice (Banning, 2008).

Firstly, moral dilemmas that come up in the interaction between a nurse and a patient highlight how crucial patient-centered care and respect for patient autonomy are. Conflicts over patient care and cases of patient inequity highlight the moral challenges of striking a balance between conflicting interests and agendas in the healthcare environment. The careless treatment of patients and disregard for their needs also give rise to questions about the moral behavior and responsibility of medical staff in preserving patients' rights and dignity (Raines, 2000). These challenges range from dealing with unethical actions by other healthcare professionals to handling patient care difficulties and reporting incidences of misbehavior. These difficulties highlight the necessity of strong ethical instruction and support systems for clinical practices.

The ethical challenges that have been outlined above highlight the vital role that ethical decision-making models play in helping students and healthcare

professionals alike navigate the intricacies of clinical practice. A multimodal strategy that includes organizational support, education, training, and dedication to promoting an ethically sound culture in the clinical context is needed to address these ethical issues.

The research findings elucidate the intricate dynamics inherent in the ethical decision-making process within nursing contexts. It becomes evident that ethical decision-making is not a linear procedure but rather a multidimensional construct shaped by a myriad of determinants. As identified, four major factors influencing ethical decision-making in nursing are external factors, individual factors, environmental factors and facilitating strategies.

The study clarifies that external factors include organizational, social, and legal aspects (Hedberg et al., 2004; Nora et al., 2016; Wolf, 2013). These important variables have a significant impact on the ethical landscape that nurses must traverse. Legal frameworks and sociocultural norms ultimately dictate the resolution of ethical dilemmas. In addition, organizational configurations and daily operations have observable effects on nurses' ethical judgment: disruptions and work-related demands are environmental factors that pose major barriers to consistent decision-making.

Personal characteristics are crucial in determining how nurses approach ethical discussions. The ethical acumen of nurses is influenced by individual factors including a combination of personal traits, communication skills, professional judgment, and ethical acuity. The results highlight a common occurrence in which moral judgments are frequently made without conscious knowledge of the underlying cognitive processes that inform them (Choi & Kim, 2015).

Several models of ethical decision-making are well-known instruments applied in nursing settings in the body of existing literature (the clinical nursing accountability cycle model, integrated ethical decision-making model, integrated ethically driven environmental model and the MORAL model)., this model often overlooks the integration of modern healthcare technologies like electronic health records and telemedicine, the importance of interprofessional collaboration, and the necessity of cultural competence in nursing practice. Addressing these gaps will enhance its effectiveness and ensure it meets current healthcare demands.

Park (2012) provided a comprehensive framework for ethical discussions with his groundbreaking work in constructing an integrated ethical decision-making model consisting of six sequential phases. The complex and iterative character of ethical decision-making processes in nursing situations is captured by Park's model, which covers everything from issue identification to the development and assessment of implementation strategies. The integrated ethically driven environmental model of clinical decision-making is particularly pertinent as it provides a forecasting framework for improving emergency nurses' clinical decision-making precision

(Wolf, 2013). This approach provides a comprehensive viewpoint that supports ethically sound and contextually aware decision-making processes by combining environmental and ethical issues. However, the model could be developed further using advanced healthcare technologies like artificial intelligence, machine learning, electronic health records, telemedicine, and mobile health applications. Furthermore, there is often insufficient emphasis on patient autonomy and participation in decision-making, along with a lack of continuous education and training on ethical decision-making for healthcare providers.

The MORAL model is a useful paradigm for addressing workplace incivility because of its five-step ethical decision-making process (Solis, 2019). This model provides nurses with organized techniques to navigate ethical dilemmas in a variety of clinical contexts because of its systematic approach. However, the model lacks focus on mechanisms for measuring the outcomes of ethical decisions and incorporating feedback for improvement such as patient feedback, Formal Evaluation Framework, and Continuous Education and Training.

Conclusion

The analysis of the twenty-four selected publications emphasizes how crucial ethical decision-making is for clinical settings, especially for nurses. A significant amount of the literature addresses the various ethical problems that nurses encounter ranging from conflicts within healthcare teams to patient-centered issues and procedural dilemmas. The findings outlined three main ethical issues: (1) health care team member-related issues such as lack of professionalism and conflicts in professional relationships, (2) patient-related issues such as patient inequality and disagreements over patient care, and (3) caring behavior-related issues such as lack of privacy and medical negligence. The categories of ethical considerations that have been identified shed light on the complex environment in which nurses work. It also highlights the importance of having an advanced awareness of both personal and environmental influences on decision-making. Several influential factors were identified for the ethical decision-making process, mainly individual factors such as individual traits, communication skills and external factors including legal issues social background. Strategies such as fostering supportive relationships and providing continuous ethical training emerge as essential components in navigating these complexities.

The review also presents several ethical decision-making models, each of which provides a different framework and point of view for addressing ethical dilemmas. The findings identified that nurses used several ethical decision-making models in their practice. The clinical nursing accountability cycle model, the integrated ethical decision-making model, the integrated ethically driven environmental model and the MORAL model were found as commonly used models in their practice. Ethical

decision-making models are applied to resolve moral quandaries. Each component of decision-making is affected by all dimensions of moral intensity. To assist nurses in making ethical decisions, several decision-making frameworks have been developed as normative principles, as discussed above. Ethical decision-making frameworks assist nursing clinical practices, nursing education, and nursing research. Decision-making requires a strong sense of ethics. The ethical decision-making process assists the individual in resolving moral issues.

These findings underscore the complex nature of ethical decision-making in nursing. They stress the necessity for ongoing guidance, instruction, and the implementation of robust frameworks to ensure that patients consistently receive morally sound care.

Recommendations

Models of ethical decision-making assist nurses in improving their ethical decision-making abilities and reducing ethical difficulties in their practice. Older ethical decision-making models should be developed and updated to create new ethical decision-making models, by incorporating cultural sensitivity, addressing technological advancements in healthcare such as electronic health records and telemedicine, integrating environmental sustainability into healthcare practices, and ensuring continuous education and training initiatives. Nurses should be encouraged to use ethical decision-making paradigms in their clinical settings. Embracing ethical decision-making paradigms can significantly improve patient care quality, making it essential for nurses to incorporate them into their clinical settings.

References

- Aitamaa, E., Leino-Kilpi, H., Iltanen, S., & Suhonen, R. (2016). Ethical problems in nursing management: The views of nurse managers. *Nursing Ethics*, 23(6), 646–658. <https://doi.org/10.1177/0969733015579309>
- Akdeniz, M., Yardımcı, B., & Kavukcu, E. (2021). Ethical considerations at the end-of-life care. *SAGE Open Medicine*, 9, 205031212110009. <https://doi.org/10.1177/20503121211000918>
- Albert, J. S., Younas, A., & Sana, S. (2020). Nursing students' ethical dilemmas regarding patient care: An integrative review. In *Nurse Education Today* (Vol. 88). Churchill Livingstone. <https://doi.org/10.1016/j.nedt.2020.104389>
- Banning, M. (2008). A review of clinical decision making: Models and current research. *Journal of Clinical Nursing*, 17(2), 187–195. <https://doi.org/10.1111/j.1365-2702.2006.01791.x>
- Berggren, I., & Severinsson, E. (2003). Nurse supervisors' actions in relation to their decision-making style and ethical approach to clinical supervision. *Journal of Advanced Nursing*, 41(6), 615–622. <https://doi.org/10.1046/j.1365-2648.2003.02573.x>

- Cameron, M. E., Schaffer, M., & Park, H. A. (2001). Nursing students' experience of ethical problems and use of ethical decision-making models. *Nursing Ethics*, 8(5), 432–447. <https://doi.org/10.1177/096973300100800507>
- Cerit, B., & Dinç, L. (2013). Ethical decision-making and professional behaviour among nurses: A correlational study. *Nursing Ethics*, 20(2), 200–212. <https://doi.org/10.1177/0969733012455562>
- Choi, M., & Kim, J. (2015). Relationships Between Clinical Decision-Making Patterns and Self-Efficacy and Nursing Professionalism in Korean Pediatric Nurses. *Journal of Pediatric Nursing*, 30(6), e81–e88. <https://doi.org/10.1016/j.pedn.2015.07.001>
- Davis, A. J., Fowler, M., & Aroskar, M. A. (2010). Ethical dilemmas & nursing practice. <https://api.semanticscholar.org/CorpusID:152827183>
- Esmaelzadeh, F., Abbaszadeh, A., Borhani, F., & Peyrovi, H. (2017). Strengthening ethical decision-making: the experience of Iranian nurses. *Nursing Management*, 24(6), 33–39. <https://doi.org/10.7748/nm.2017.e1610>
- Guo, K. L. (2008). decide. *The Health Care Manager*, 27(2), 118–127. <https://doi.org/10.1097/01.HCM.0000285046.27290.90>
- Han, S. S., Park, H. A., Ahn, S. H., Cameron, M. E., Oh, H. S., & Kim, K. U. (2001). Korean Nursing Students' Experience of Ethical Problems and Use of Ethical Decision-Making Models. *Journal of Korean Academy of Nursing*, 31(5), 846. <https://doi.org/10.4040/jkan.2001.31.5.846>
- Hedberg, B., & Larsson, U. S. (2004). Environmental elements affecting the decision-making process in nursing practice. *Journal of Clinical Nursing*, 13(3), 316–324. <https://doi.org/10.1046/j.1365-2702.2003.00879.x>
- Lavoie, P., Deschênes, M.-F., Maheu-Cadotte, M.-A., Lapierre, A., Mailhot, T., Rodriguez, D., & Desforges, J. (2022). Nursing students' decision-making regarding postpartum hemorrhage: An exploration using the recognition-primed decision model. *Nurse Education in Practice*, 64, 103448. <https://doi.org/10.1016/j.nepr.2022.103448>
- Nora, C. R. D., Deodato, S., Vieira, M. M. da S., & Zoboli, E. L. C. P. (2016). Elements and strategies for ethical decision-making in nursing. In *Texto e Contexto Enfermagem* (Vol. 25, Issue 2). Universidade Federal de Santa Catarina. <https://doi.org/10.1590/0104-07072016004500014>
- Park, E.-J. (2012). An integrated ethical decision-making model for nurses. *Nursing Ethics*, 19(1), 139–159. <https://doi.org/10.1177/0969733011413491>
- Park, M., Jeon, S. H., Hong, H. J., & Cho, S. H. (2014). A comparison of ethical issues in nursing practice across nursing units. *Nursing Ethics*, 21(5), 594–607. <https://doi.org/10.1177/0969733013513212>
- Raines, M. L. (2000). Ethical Decision Making in Nurses. *JONA's Healthcare Law, Ethics, and Regulation*, 2(1), 29–41. <https://doi.org/10.1097/00128488-200002010-00006>

- Rubio-Navarro, A., García-Capilla, D. J., Torralba-Madrid, M. J., & Ruty, J. (2020). Decision-making in an emergency department: A nursing accountability model. *Nursing Ethics*, 27(2), 567–586. <https://doi.org/10.1177/0969733019851542>
- Safavi, F., Yousefi, Z., Bavani, S., & Khodadadi, E. (2022). The relationship between nurses' ethical reasoning with the quality of nursing care. *International Journal of Applied and Basic Medical Research*, 12(3), 196. https://doi.org/10.4103/ijabmr.ijabmr_637_21
- Sinclair, J., Papps, E., & Marshall, B. (2016). Nursing students' experiences of ethical issues in clinical practice: A New Zealand study. *Nurse Education in Practice*, 17, 1–7. <https://doi.org/10.1016/j.nepr.2016.01.005>
- Solis, S. (2019). A Lesson on Incivility: Application of an Ethical Decision-Making Model. *Journal for Nurse Practitioners*, 15(8), 592–594. <https://doi.org/10.1016/j.nurpra.2019.05.014>
- Solum, L. L., & Schaffer, M. A. (2003). Ethical Problems Experienced by School Nurses. *The Journal of School Nursing*, 19(6), 330–337. <https://doi.org/10.1177/10598405030190060501>
- Toren, O., & Wagner, N. (2010). Applying an ethical decision-making tool to a nurse management dilemma. *Nursing Ethics*, 17(3), 393–402. <https://doi.org/10.1177/0969733009355106>
- Varkey, B. (2020) 'Principles of clinical ethics and their application to practice', *Medical Principles and Practice*, 30(1), pp. 17–28. doi:10.1159/000509119.
- Wolf, L. (2013). An Integrated, Ethically Driven Environmental Model of Clinical Decision Making in Emergency Settings. *International Journal of Nursing Knowledge*, 24(1), 49–53. <https://doi.org/10.1111/j.2047-3095.2012.01229.x>
- Zhao, J. (2023). Nursing in a posthuman era: Towards a technology-integrated ecosystem of care. *International Journal of Nursing Sciences*, 10(3), 398–402. <https://doi.org/10.1016/j.ijnss.2023.06.005>