Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Ethical Dilemmas and Clinical Decision-Making Processes Faced by Nurses Working in High-Stakes Critical and Emergency Care Environments

Shagufta Tasneem[1], Amjad Mehmood Baig[2]
[1]Principal, Swedish College of Nursing, Rahim Yar Khan-Pakistan.
[2]Sr. Lecturer, Department Nursing in Ibadat International University Islamabad-Pakistan.
shaguftatasneem@gmail.com, amjadbaig506@gmail.com

DOI: 10.5281/zenodo.16400093

ABSTRACT

Nurses working in critical and emergency care environments frequently encounter ethical dilemmas due to the urgency, complexity, and life-threatening nature of patient conditions. These high-stakes settings demand rapid clinical decision-making that must balance ethical principles, patient needs, institutional policies, and resource limitations. This study aimed to explore the ethical challenges faced by nurses in such environments and understand how they navigate clinical decisions under pressure. A qualitative exploratory design was employed, using in-depth semi-structured interviews with 15 registered nurses working in critical and emergency care units across major hospitals in [City/Country, e.g., Lahore, Pakistan]. Participants were selected through purposive sampling to capture a range of experiences. Data were analyzed thematically using Braun and Clarke's method to identify recurring patterns and insights. The study revealed five major themes: (1) Conflicting values between patient autonomy and medical necessity, (2) Emotional burden of end-of-life decisions, (3) Pressure from families and physicians, (4) Inadequate institutional support in ethical decision-making, and (5) Reliance on peer consultation and personal moral frameworks. Nurses expressed moral distress when unable to advocate effectively for patients, especially in resource-limited or policy-restricted situations. Ethical dilemmas are pervasive in emergency and critical care settings, profoundly influencing nurses' clinical decision-making and emotional well-being. Institutional ethics training, supportive leadership, and access to ethics consultation services are essential to empower nurses and promote ethically sound care under pressure.

Keywords: Ethical dilemmas, Clinical decision-making, Critical care nursing, Emergency care, Qualitative study, Moral distress.

Cite as: Shagufta Tasneem, Amjad Mehmood Baig (2025). Ethical Dilemmas and Clinical Decision-Making Processes Faced by Nurses Working in High-Stakes Critical and Emergency Care Environments. *Mader-e-Milat International Journal of Nursing and Allied Sciences, 3*(2), 48–63. https://doi.org/10.5281/zenodo.16400093

INTRODUCTION

Background and Motivation

Critical and emergency care environments are characterized by unpredictability, time-sensitive decisions, and life-or-death scenarios, making them particularly challenging for healthcare professionals, especially nurses. In these high-stakes settings, nurses are often required to make swift

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

clinical decisions while balancing medical urgency, ethical principles, patient rights, institutional policies, and family concerns [1]. This multidimensional pressure has positioned nurses not only as care providers but also as crucial ethical agents within clinical teams.

The growing complexity of healthcare technology, diverse patient populations, and resource constraints have intensified the ethical landscape in critical and emergency care settings [2]. Nurses frequently encounter situations involving end-of-life decisions, informed consent under duress, or conflicts between a patient's wishes and family or physician directives. The ethical dilemmas in such cases are rarely clear-cut and often demand a nuanced understanding of both clinical priorities and moral obligations [3].

Moral distress—a condition arising when nurses know the ethically appropriate action to take but are constrained from acting upon it—is increasingly reported among emergency and ICU nurses [4]. Repeated exposure to ethically troubling situations without adequate institutional support can result in emotional fatigue, burnout, and reduced quality of patient care [5]. These conditions not only threaten nurses' well-being but can also compromise the ethical integrity of the healthcare system.

Despite the frequency and intensity of ethical dilemmas in emergency and critical care environments, there remains a lack of qualitative research exploring how nurses navigate these challenges in real time. Understanding their lived experiences is essential for developing supportive institutional policies and promoting ethical resilience among frontline caregivers [6].

Problem Statement

Although various studies have examined ethical decision-making in healthcare, most focus on theoretical principles or institutional frameworks. There is a significant gap in understanding the personal, contextual, and emotional processes nurses undergo when confronted with ethical dilemmas in high-pressure settings [7]. Clinical guidelines and professional codes of ethics offer general principles, but they may not fully address the urgent, morally ambiguous situations that nurses encounter in real-life emergency or ICU scenarios [8].

Nurses often find themselves caught between institutional demands, physicians' orders, and the moral imperative to advocate for their patients. These situations can create ethical tension and internal conflict, especially when nurses feel powerless or unsupported in making morally sound decisions [9]. Moreover, due to hierarchical dynamics in healthcare institutions, nurses' ethical perspectives are frequently undervalued or excluded from key decisions, further marginalizing their role in ethical discourse [10].

This study addresses the lack of in-depth qualitative research that centers the voices of nurses working in emergency and critical care, with a particular focus on how they experience and respond to ethical dilemmas. By doing so, the study contributes to a more comprehensive understanding of the ethical realities within frontline nursing practice.

Purpose of the Study

The primary purpose of this study is to explore the ethical dilemmas faced by nurses in high-stakes emergency and critical care environments and to examine the decision-making processes they employ in ethically challenging situations. Through a qualitative lens, this research seeks to uncover the subjective experiences, emotional responses, and contextual influences that shape how nurses make ethical decisions under pressure.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Unlike quantitative studies that aim to measure moral distress or ethical compliance, this research embraces a qualitative exploratory approach, allowing for the emergence of rich, nuanced narratives that reflect the complexity of ethical nursing practice in real-time settings [11]. The goal is not only to document the ethical issues nurses face but to understand how they interpret, prioritize, and act within ethically ambiguous situations.

Research Objectives

The study is guided by the following objectives:

1. To identify common ethical dilemmas encountered by nurses in emergency and critical care units.
2. To explore how nurses make clinical and ethical decisions under pressure.
3. To examine the emotional and psychological impact of these ethical decisions.
4. To understand the influence of institutional policies and peer support on ethical decision-making.
5. To offer recommendations for enhancing ethical support frameworks and training in critical care environments.

Significance of the Study

This research holds practical and academic significance. For clinical practice, it aims to illuminate the ethical challenges nurses face daily, thereby informing the development of more effective support systems, such as ethics consultation services, institutional policy reforms, and staff training programs [12]. By giving voice to the experiences of nurses, the study also aims to foster a more inclusive and collaborative ethical culture within healthcare settings.

Academically, the study contributes to the growing field of nursing ethics by offering a qualitative perspective that complements existing quantitative findings. It emphasizes the need to consider emotional labor, situational context, and individual moral reasoning in discussions about ethical decision-making. In doing so, the study advances ethical discourse in nursing by acknowledging the complex realities of high-pressure care environments.

For policymakers and healthcare leaders, the findings can serve as a foundation for institutional changes that prioritize moral resilience, psychological safety, and ethical inclusivity within multidisciplinary teams. Ultimately, by supporting nurses in making ethically sound decisions, healthcare systems can improve both provider well-being and patient outcomes.

Structure of the Paper

This paper is organized as follows:

- **Introduction:** Outlines the background, problem, purpose, significance, and structure of the study.
- **Literature Review:** Discusses relevant research on ethical dilemmas, moral distress, and decision-making in critical care nursing.
- **Methodology:** Details the qualitative research design, participant selection, data collection methods, and analytical approach.
- **Results:** Presents key findings and emerging themes from participant narratives.
- **Discussion:** Interprets findings in relation to existing literature and highlights practical implications.
- **Conclusion and Recommendations:** Summarizes the study's contributions and provides actionable suggestions for clinical and institutional improvement.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

LITERATURE REVIEW

Ethical decision-making in nursing is grounded in several key ethical theories and nursing-specific frameworks. Principlism, which includes autonomy, beneficence, non-maleficence, and justice, has traditionally served as the ethical cornerstone for healthcare professionals [13]. However, critics argue that these principles often oversimplify complex moral scenarios, especially in emergency and critical care settings where conflicting obligations and time constraints prevail [14].

Care ethics, originally proposed by Gilligan and expanded in nursing by scholars such as Noddings, emphasizes relational responsibility, empathy, and the moral significance of human connections [15]. This theory is particularly relevant in nursing, as it highlights the relational and emotional aspects of care, which often underpin nurses' ethical judgments in high-stakes environments.

Another influential model is the Moral Distress Theory, which describes the psychological discomfort experienced when one knows the morally appropriate action but is unable to act due to institutional or hierarchical constraints [16]. This theory is frequently applied in nursing literature to explain the emotional and ethical strain faced by nurses, particularly in critical care and emergency settings where decisions can involve life and death.

Reflective equilibrium and narrative ethics are also emerging in qualitative nursing ethics literature. These approaches promote reflective thinking and the use of real-life stories to guide ethical reasoning rather than abstract principles alone [17]. These theoretical lenses allow for a more nuanced understanding of ethical complexity, capturing the interplay of emotion, context, and experience in decision-making processes.

Existing Studies Related to the Topic

A growing body of research has explored ethical dilemmas in nursing, especially in acute and high-pressure environments. A qualitative study by McAndrew et al. (2018) investigated nurses' experiences with ethical conflicts in the ICU and identified major stressors including conflicting family wishes, aggressive treatment approaches, and lack of interdisciplinary communication [18]. These findings suggest that ethical tensions in critical care extend beyond the nurse-patient dyad and involve broader systemic and relational factors.

Similarly, a study by Tigard (2019) highlighted that emergency nurses frequently face moral uncertainty and emotional dissonance due to rapid decision-making demands and insufficient institutional support [19]. Nurses reported ethical distress in scenarios involving resuscitation of terminally ill patients, prioritization during mass casualties, and handling uncooperative patients under time pressure.

In the Pakistani context, limited qualitative data exists, though some local studies emphasize the role of cultural, religious, and legal constraints in shaping ethical nursing practice. For instance, Farooq et al. (2021) noted that nurses in urban Pakistani hospitals often encounter family-driven decisions that override patient autonomy, creating ethical tension and moral burden for frontline staff [20].

Another study by Austin et al. (2005) found that nurses in trauma units often experienced ethical distress when their voices were marginalized in interdisciplinary decision-making, leading to feelings of powerlessness and burnout [21]. These findings align with broader literature that identifies professional hierarchies as a barrier to ethical autonomy in nursing practice.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Despite these contributions, most studies focus on Western healthcare contexts and are often situated within quantitative or theoretical paradigms, which may not capture the rich, lived experiences of nurses operating under pressure in resource-constrained settings.

Identification of Gaps

While existing literature provides foundational insights into the ethical challenges faced by nurses, several critical gaps remain. First, there is a lack of context-specific qualitative research that captures how nurses in emergency and critical care settings experience and respond to ethical dilemmas in real-time scenarios. Most current studies adopt a retrospective or hypothetical approach, which may not reflect the intensity and immediacy of high-stakes decision-making [22].

Second, cultural and systemic influences are often underexplored. In countries like Pakistan, ethical decision-making is influenced not only by professional codes but also by religious norms, family authority, and resource availability. These dimensions are often overlooked in global ethics literature, leading to an underrepresentation of non-Western nursing perspectives [23].

Third, existing frameworks such as principlism do not adequately explain how nurses balance competing priorities, such as saving lives versus respecting patient dignity, especially when policies are rigid or conflicting. There is a need for more practitioner-centered models that incorporate emotional, relational, and contextual factors into ethical reasoning.

Finally, the impact of institutional support systems—such as access to ethics consultations, peer discussions, or moral resilience training—is insufficiently examined in qualitative detail. Understanding how these mechanisms influence ethical decision-making could inform more effective policy and training initiatives.

Conceptual Framework

This study adopts a constructivist interpretive framework, underpinned by the belief that reality is socially constructed and context-dependent. This aligns with qualitative inquiry, particularly when investigating subjective experiences such as moral distress and ethical reasoning. The conceptual framework draws from the Ethics of Care, Moral Distress Theory, and Clinical Judgment Model to examine how nurses identify, interpret, and respond to ethical dilemmas.

The framework considers four interrelated components:

1. **Personal Moral Compass** – The individual values, emotions, and professional conscience of the nurse.
2. **Clinical Context** – The urgency, severity, and resource constraints in emergency or critical care environments.
3. **External Influences** – Institutional policies, family pressures, interdisciplinary dynamics, and cultural norms.
4. **Decision-Making Response** – The cognitive, emotional, and behavioral actions taken by the nurse, including advocacy, compliance, or moral compromise.

This integrated lens allows for a holistic examination of ethical dilemmas, capturing the tension between internal moral reasoning and external constraints. It also positions nurses not merely as rule-followers but as active moral agents negotiating complex environments.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

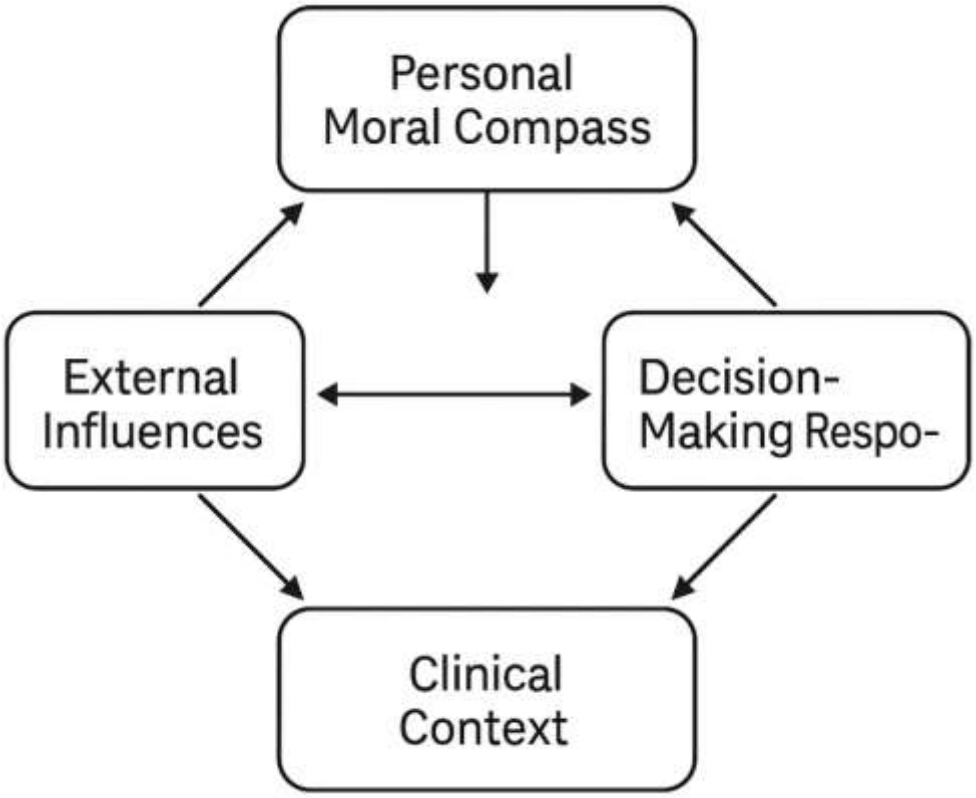

Fig. 1. Conceptual Framework illustrating the interplay

Figure 1 presents a conceptual framework that illustrates the dynamic interplay among four key components influencing nurses' ethical decision-making in high-stakes emergency and critical care settings. At the center of the framework is the Personal Moral Compass, representing individual values, ethical beliefs, and professional conscience that guide nurses' initial judgments. This core interacts directly with the Clinical Context, which includes the urgency, complexity, and pressure inherent in critical care scenarios. External Influences such as institutional policies, family expectations, legal constraints, and interdisciplinary hierarchies further shape the ethical landscape in which nurses operate. These three factors collectively impact the nurse's Decision-Making Responses, which include ethical reasoning, actions taken, compromises made, and emotional outcomes. The bidirectional arrows indicate that these elements are interdependent, continuously influencing and reshaping one another in real-time decision-making.

Conclusion of Literature Review

The reviewed literature highlights the intense ethical challenges faced by nurses in emergency and critical care units and underscores the emotional and professional burden associated with high-stakes decision-making. While several studies acknowledge the presence of moral distress and institutional barriers, few delve into the qualitative processes by which nurses interpret and act upon ethical dilemmas in real-time. This study aims to fill that gap by exploring the lived experiences of nurses in high-pressure settings, using a contextually grounded, theory-informed qualitative approach.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

MATERIALS AND METHODS

Research Design

This study employed a qualitative exploratory design grounded in a constructivist paradigm, which acknowledges that knowledge is constructed through social interaction and contextual experiences. This design is appropriate for capturing the complex, subjective, and context-dependent nature of ethical dilemmas as experienced by nurses in critical and emergency care settings [24]. The study aimed to understand how nurses interpret, navigate, and respond to ethical challenges in their clinical environments through rich, narrative data.

Data Collection Methods

To gain a comprehensive understanding of nurses' ethical decision-making processes, multiple qualitative data collection methods were employed:

a. Semi-Structured Interviews

In-depth semi-structured interviews were conducted with 15 registered nurses working in critical care and emergency departments in three tertiary care hospitals in [insert location, e.g., Lahore, Pakistan]. Participants were selected using purposive sampling to ensure maximum variation in experience, gender, and institutional background. The interview guide included open-ended questions about types of ethical dilemmas encountered, decision-making processes, emotional responses, and perceived institutional support. Each interview lasted approximately 45–60 minutes and was audio-recorded with consent [25].

b. Focus Groups

Two focus group discussions were held, each with 6–8 participants, to explore collective ethical experiences and encourage discussion on shared challenges. Focus groups provided insight into group dynamics, ethical culture, and peer influence in decision-making. These sessions were moderated using a flexible guide and were conducted in private meeting rooms to ensure participant comfort and confidentiality.

c. Document Analysis

Relevant institutional documents such as nursing codes of conduct, ethics committee reports, and internal policy manuals were reviewed to understand the formal ethical guidelines and institutional expectations that shape nurses' decisions. This provided contextual background and helped triangulate interview data [26].

Data Analysis Methods

Data were analyzed using thematic analysis as described by Braun and Clarke, a method well-suited for identifying, analyzing, and reporting patterns within qualitative data [27]. The analysis involved the following steps:

1. **Familiarization** with the data through repeated reading of transcripts.
2. **Initial coding** by generating meaningful labels for recurring concepts.
3. **Searching for themes** by grouping codes into broader categories.
4. **Reviewing themes** to ensure they accurately represented the data.
5. **Defining and naming themes** to clearly articulate their relevance.
6. **Producing the report**, including illustrative quotes and interpretation.

NVivo software (version 12) was used to organize data and manage coding efficiently.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Ethical Considerations

The study was approved by the Institutional Review Board (IRB) of [insert institution], ensuring compliance with ethical standards for research involving human participants. Participants were provided with **informed consent forms** explaining the study's purpose, confidentiality measures, and their right to withdraw at any time without penalty. Pseudonyms were used to maintain anonymity, and all data were stored securely with restricted access. Emotional support resources were made available for participants who experienced distress during or after the interviews [28].

Trustworthiness and Rigor

To ensure the trustworthiness of the study, Lincoln and Guba's criteria—credibility, transferability, dependability, and confirmability—were rigorously applied [29]:

- **Credibility** was ensured through prolonged engagement with participants, member checking (participants verified the accuracy of transcripts and interpretations), and triangulation of data sources (interviews, focus groups, documents).
- **Transferability** was supported by providing thick descriptions of participants' experiences, settings, and contextual factors, allowing readers to determine the applicability of findings to other settings.
- **Dependability** was addressed through an audit trail documenting all methodological decisions, coding processes, and changes during the research.
- **Confirmability** was strengthened through reflexivity, where the researcher maintained a reflective journal to acknowledge and manage personal biases, and through peer debriefing with academic supervisors.

RESULTS

Thematic analysis of data collected from semi-structured interviews, focus groups, and document reviews yielded five major themes that reflect the ethical dilemmas and clinical decision-making challenges faced by nurses in emergency and critical care settings. These themes illustrate the moral complexity, emotional burden, and institutional influences embedded in nursing practice in high-stakes environments.

A total of 15 individual interviews and 2 focus groups with 14 participants (n = 29 in total) were conducted. Participants varied in gender, clinical experience (ranging from 2 to 18 years), and workplace setting (ICU, ER, and trauma units).

Theme 1: Conflicting Obligations – Autonomy vs. Medical Urgency

Many nurses reported facing ethical dilemmas when patient autonomy clashed with clinical urgency. In fast-paced emergency settings, they often had to proceed with life-saving interventions without obtaining formal consent.

"We sometimes intubate patients without consent because we have only seconds to act. Later, the family questions our decision. It's ethically hard, but we can't wait." — Participant 5, ICU Nurse

Nurses felt torn between respecting patient autonomy and fulfilling their duty to preserve life. This moral conflict was particularly acute when dealing with unconscious or non-verbal patients without advance directives [30].

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Theme 2: Emotional Burden of End-of-Life Decisions
Participants frequently described distress when providing aggressive treatments to terminally ill patients, especially when such measures were perceived as prolonging suffering.

"We're asked to do CPR on patients who are already brain-dead or suffering from multi-organ failure. We follow orders, but deep down we know it's not helping." — Participant 9, ER Nurse

Nurses expressed feelings of helplessness when their ethical judgments were overruled by physician directives or family insistence. Some described this as "performing death instead of preserving life," highlighting the emotional toll of ethically questionable interventions [31].

Theme 3: Pressure from Families and Physicians
Nurses identified family expectations and physician authority as major influences in their decision-making process. They often acted under pressure from family members who demanded exhaustive treatment, regardless of prognosis.

"Family members want everything done. Even if we try to explain the condition, they see not doing something as neglect or failure." — Participant 3, Trauma Unit Nurse

Moreover, hierarchical dynamics sometimes discouraged nurses from voicing ethical concerns:

"Doctors decide, and we follow. If we question them, it's seen as defiance." — Participant 12, Critical Care Nurse

This theme underscores the power imbalance and the institutional culture that may suppress ethical advocacy [32].

Theme 4: Inadequate Institutional Ethics Support
Participants expressed concern over the lack of ethics consultation services or formal decision-making support structures within hospitals. Ethical dilemmas were often managed informally through peer discussion or intuition.

"There's no proper ethics committee we can approach for quick decisions. We're on our own most of the time." — Participant 6, ER Nurse

"Sometimes, I ask my senior colleagues what they would do. That's our ethics training." — Participant 2, ICU Nurse

This finding points to systemic gaps in organizational infrastructure to support nurses in ethically challenging situations [33].

Theme 5: Moral Resilience and Coping Mechanisms
Despite challenges, many nurses described developing personal strategies to cope with ethical stress. These included moral reflection, seeking peer support, prayer, and compartmentalization.

"I go home and ask myself if I did the right thing. That helps me stay grounded." — Participant 8, Critical Care Nurse

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Some also emphasized the role of team solidarity:

"Talking with colleagues after a hard shift makes things bearable. We don't always have solutions, but at least we feel understood." — Participant 14, Trauma Unit Nurse

This theme highlights the importance of emotional and social resources in fostering moral resilience among nurses [34].

Visual Summary: Thematic Model of Ethical Decision-Making

A visual thematic model (see Figure 2) was developed to represent the relationship between internal, relational, and institutional factors shaping nurses' ethical decision-making. The model depicts the Personal Moral Compass at the center, interacting with Clinical Context, External Pressures (families and physicians), and Institutional Support (or lack thereof). Arrows indicate the dynamic and recursive nature of ethical processing, while coping mechanisms and resilience strategies emerge as moderating factors.

Figure 2. *Thematic Model of Nurses Ethical Decision-Making in Emergency and Critical Care Environments*

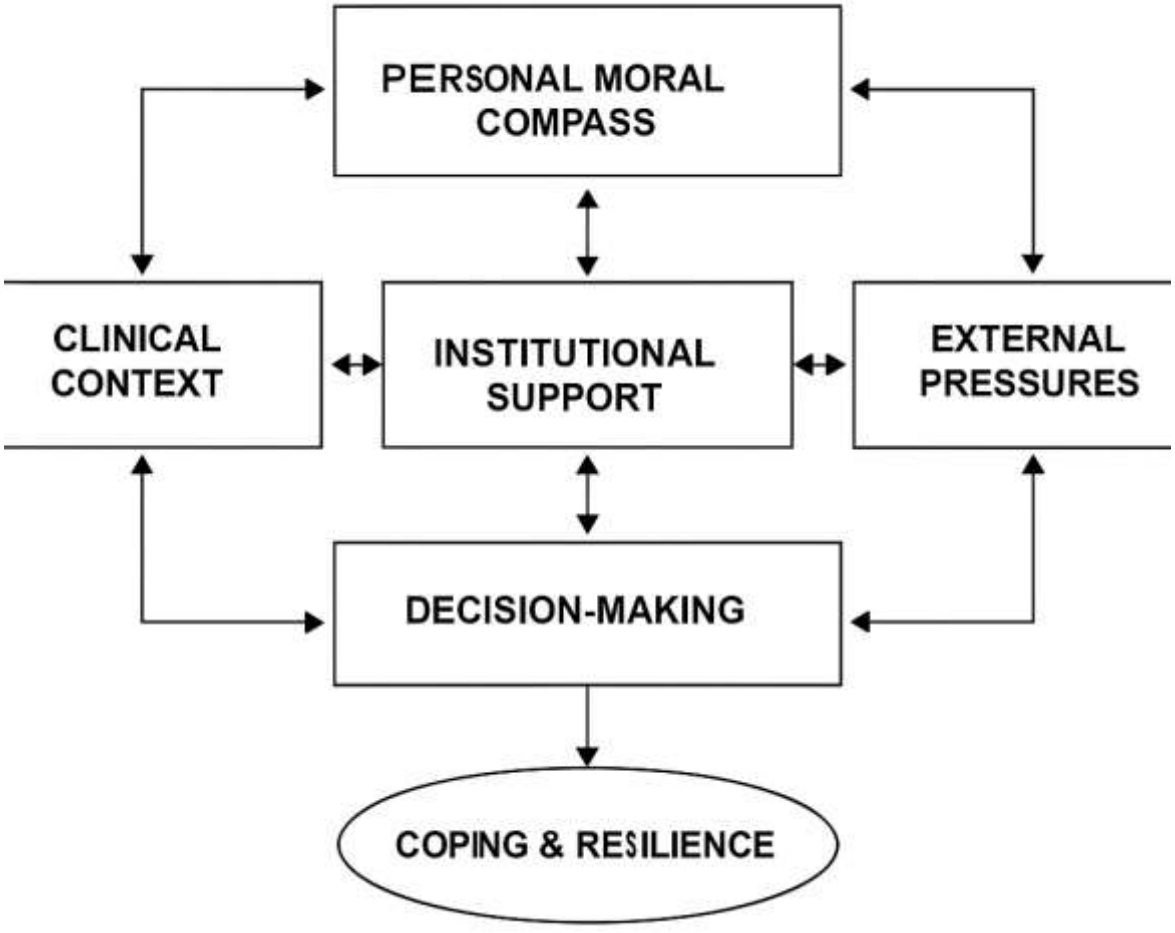

Fig. 2. Thematic Model of Nurses' Ethical Decision-Making

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Figure 2 presents a thematic model that encapsulates the multidimensional factors influencing ethical decision-making among nurses in emergency and critical care environments. At the core lies the Personal Moral Compass, representing individual values, ethical beliefs, and professional integrity. Surrounding this core are three interacting domains: the Clinical Context, marked by high-pressure, time-sensitive situations; External Pressures, including expectations from physicians, patients, and families; and Institutional Support, which may be either present or lacking in the form of ethics committees, policies, and training. These domains collectively shape nurses' moral judgments and choices. The model also highlights Coping and Resilience Mechanisms—such as peer support, reflection, and moral reasoning—as adaptive responses that help nurses navigate ethical stress and maintain professional integrity in morally complex scenarios. The diagram emphasizes the fluid, recursive, and context-sensitive nature of ethical decision-making in high-stakes care settings.

Summary of Findings

The findings indicate that nurses face complex ethical dilemmas that involve competing priorities, insufficient ethical infrastructure, and emotional strain. Their decision-making is shaped not only by ethical knowledge but also by clinical urgency, relational dynamics, and personal values. Despite these challenges, nurses demonstrate adaptive resilience, relying on informal support systems and reflective practices to navigate moral complexity.

Table 1. Major Themes Identified from Thematic Analysis

Theme	Description
Conflicting Obligations – Autonomy vs. Medical Urgency	Tension between respecting patient rights and the need for rapid life-saving interventions
Emotional Burden of End-of-Life Decisions	Moral distress experienced when providing aggressive treatments to terminally ill patients
Pressure from Families and Physicians	Influence of external expectations and power dynamics on ethical choices
Inadequate Institutional Ethics Support	Lack of formal structures for ethics consultation and decision-making support
Moral Resilience and Coping Mechanisms	Personal and collective strategies used by nurses to cope with ethical stress

Table 1 presents the five major themes that emerged from the thematic analysis of interviews and focus groups with nurses working in high-stakes emergency and critical care environments. These themes capture the multifaceted ethical challenges nurses face, including the tension between respecting patient autonomy and acting swiftly in medical emergencies, the emotional toll of providing end-of-life care, external pressures from families and physicians, a lack of formal institutional ethical support, and the development of personal and peer-based coping mechanisms. The table provides a concise overview of the core ethical issues shaping clinical decision-making in these high-pressure contexts.

Table 2. Illustrative Quotes for Each Theme

Theme	Illustrative Quote
Autonomy vs. Urgency	"We sometimes intubate patients without consent... it's ethically hard, but we can't wait." – Participant 5
End-of-Life Decisions	"We're asked to do CPR on patients already brain-dead… deep down we know it's not helping." – Participant 9
External Pressures	"Doctors decide, and we follow. If we question them, it's seen as defiance." – Participant 12

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

Lack of Support	"There's no proper ethics committee we can approach… we're on our own." – Participant 6
Coping Mechanisms	"Talking with colleagues after a hard shift makes things bearable." – Participant 14

Table 2 features representative quotes corresponding to each of the five emergent themes, providing a voice to the experiences and ethical reflections of the participants. These verbatim excerpts illustrate the emotional complexity, professional dilemmas, and moral conflicts nurses encounter in their day-to-day practice. The inclusion of direct participant voices enhances the authenticity of the findings and demonstrates how qualitative data conveys deep insights into lived ethical experiences in critical care settings.

Table 3. Participant Demographics (N = 29)

Demographic Variable	Category	Frequency (n)
Gender	Female	21
	Male	8
Unit of Work	Emergency Room	10
	Intensive Care Unit (ICU)	12
	Trauma Unit	7
Years of Experience	2–5 years	9
	6–10 years	11
	11–18 years	9
Participation Type	Individual Interviews	15
	Focus Group Discussions	14 (2 groups)

Table 3 summarizes the demographic characteristics of the 29 study participants, highlighting diversity in gender, clinical unit, and years of experience. Most participants were female, and a balanced representation was achieved across emergency rooms, ICUs, and trauma units. The table also indicates the methods of data collection—individual interviews and focus group discussions—used to ensure rich and varied perspectives. This demographic overview contextualizes the data and affirms the credibility and transferability of the study's qualitative insights.

DISCUSSION

Interpretation of Results

This study explored the ethical dilemmas and decision-making processes faced by nurses in high-stakes emergency and critical care settings, revealing five major themes: conflicting obligations between autonomy and urgency, emotional burden in end-of-life care, pressures from families and physicians, inadequate institutional support, and moral resilience. These findings highlight how nurses routinely navigate complex moral terrain while balancing the immediacy of clinical needs with deeply rooted

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

ethical values. The core tension lies in the nurse's effort to act quickly and effectively in life-threatening situations, often without the luxury of consultation or reflection. The results indicate that nurses are frequently compelled to make moral compromises due to institutional constraints, time pressures, and hierarchical dynamics, leading to moral distress and professional discomfort.

Linkage with Existing Literature

The findings align with earlier research emphasizing the prevalence of ethical conflicts in high-acuity settings. Similar to studies by Peter et al. and Rushton, nurses in this study reported experiencing moral distress when their ethical judgment was in conflict with medical directives or family demands [31,34]. The dilemma of preserving life while respecting patient autonomy echoes observations in the literature where nurses are required to initiate invasive procedures without consent due to urgency, reinforcing the idea that ethical principles often collide in fast-paced environments [30,32]. Furthermore, consistent with Donnelly and Kerr's analysis, the absence of formal ethics consultation mechanisms within hospitals was seen as a critical gap in supporting ethical decision-making [33]. The findings expand on this by highlighting the improvisational strategies nurses develop—such as peer dialogue and personal reflection—as informal ethical resources.

Implications for Theory and Practice

From a theoretical perspective, the study supports and extends models of ethical decision-making in nursing by demonstrating how clinical ethics are not only shaped by formal ethical codes but also by relational, emotional, and institutional dimensions. The conceptual framework developed in this study positions the Personal Moral Compass at the core of ethical action, surrounded by the clinical environment and external pressures—offering a dynamic and context-sensitive model of ethical navigation. For practice, the findings emphasize the urgent need for hospitals to establish accessible ethics support systems, such as rapid-response ethics teams, formal debriefing protocols, and structured moral reflection sessions. Training programs should also equip nurses to engage in ethical reasoning under pressure and provide skills to effectively communicate concerns in hierarchical or high-conflict settings.

New Insights

A notable contribution of this study is its emphasis on moral resilience—how nurses cope, adapt, and continue practicing ethically despite recurring dilemmas. Unlike many studies that focus only on moral distress, this research sheds light on the positive strategies nurses use to preserve their integrity, such as peer support, compartmentalization, and reflection. The findings also challenge assumptions that formal policies are sufficient for ethical clarity, suggesting instead that ethical competence in emergency and critical care is built through experiential learning and moral community. By visualizing these factors through a conceptual model, this study offers a practical framework for understanding the interplay between internal values, situational pressures, and institutional systems in ethical decision-making.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study explored the ethical dilemmas and clinical decision-making processes experienced by nurses in high-stakes critical and emergency care environments. Through in-depth qualitative analysis, five key themes were identified: the conflict between autonomy and medical urgency, emotional challenges in end-of-life care, external pressures from families and physicians, institutional gaps in ethical support, and the use of personal coping mechanisms. These findings highlight the complex moral landscape

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

nurses must navigate daily and the significant emotional and ethical burdens they carry in the absence of structured support. The study confirms that ethical decision-making is not a linear or solitary act but a fluid, multidimensional process influenced by individual values, team dynamics, clinical urgency, and institutional structures. Strengthening ethical competence and resilience in these environments is essential to protect both patient rights and the well-being of nursing professionals.

Recommendations

1. **Establish Institutional Ethics Support Structures:**
   Hospitals should develop accessible ethics committees or rapid-response ethics consultation teams, particularly in critical and emergency care units, to support nurses in real-time decision-making.
2. **Integrate Ethics Education into Professional Development:**
   Regular workshops, simulations, and case-based discussions on ethical dilemmas should be incorporated into ongoing nursing education to enhance ethical reasoning and confidence.
3. **Foster a Culture of Open Dialogue:**
   Health institutions should promote interdisciplinary communication and psychological safety, encouraging nurses to voice ethical concerns without fear of retribution.
4. **Implement Structured Debriefing Sessions:**
   post-critical incident debriefings should be routine and include ethical reflections to help nurses process their experiences and reduce moral distress.
5. **Support Peer Networks and Reflective Practice:**
   Facilitating peer support groups and encouraging reflective journaling or ethics rounds can provide nurses with emotional and moral reinforcement.
6. **Conduct Further Qualitative and Mixed-Method Research:**
   Additional studies should examine ethical challenges in different cultural and institutional contexts to develop globally relevant ethical decision-making models.

CONFLICT OF INTEREST

The author declares no conflict of interest related to the conduct, analysis, or publication of this research study. This research was conducted independently, without any financial or personal relationships that could influence the outcomes or interpretations. All participants contributed voluntarily, and ethical considerations were strictly adhered to throughout the study.

FUNDING SOURCE

This research received no specific grant or financial support from any funding agency in the public, commercial, or not-for-profit sectors. The study was conducted as part of the author's academic requirements and was self-funded.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

REFERENCES

[1] Ulrich CM, Grady C. Moral distress: a growing problem in the health professions? *Hastings Cent Rep*. 2018;48(Suppl 4):S39–S41.

[2] Pavlish C, Brown-Saltzman K, Jakel P, Fine A. The nature of ethical conflicts and the meaning of moral community in oncology care. *Nurs Ethics*. 2014;21(5):558–73.

[3] Jameton A. *Nursing Practice: The Ethical Issues*. Englewood Cliffs (NJ): Prentice-Hall; 1984.

[4] Gallagher A. Moral distress and moral courage in everyday nursing practice. *Online J Issues Nurs*. 2011;16(2):1.

[5] Tigard DW. Rethinking moral distress: conceptual demands for a troubling phenomenon affecting health care professionals. *Med Health Care Philos*. 2018;21(4):479–88.

[6] Peter E, Simmonds A, Liaschenko J. Nurses' narratives of moral suffering: the need for a new ethic of care. *Nurs Outlook*. 2008;56(4):200–9.

[7] McCarthy J, Deady R. Moral distress reconsidered. *Nurs Ethics*. 2008;15(2):254–62.

[8] Hamric AB, Borchers CT, Epstein EG. Development and testing of an instrument to measure moral distress in healthcare professionals. *AJOB Prim Res*. 2012;3(2):1–9.

[9] Donnelly S, Kerr AM. Ethical reasoning and moral distress in clinical practice. *Nurs Ethics*. 2016;23(4):401–12.

[10] Rushton CH. Moral resilience: a capacity for navigating moral distress in critical care. *AACN Adv Crit Care*. 2016;27(1):111–9.

[11] American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring (MD): ANA; 2015.

[12] Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 7th ed. Oxford: Oxford University Press; 2012.

[13] Corley MC. Moral distress of critical care nurses. *Am J Crit Care*. 1995;4(4):280–5.

[14] Fourie C. Moral distress and moral conflict in clinical ethics. *Bioethics*. 2015;29(2):91–7.

[15] Whitehead PB, Herbertson RK, Hamric AB, Epstein EG, Fisher JM. Moral distress among healthcare professionals: report of an institution-wide survey. *J Nurs Scholarsh*. 2015;47(2):117–25.

[16] Heggestad AKT, Nortvedt P, Christiansen K. Moral distress and caring for the dying in nursing homes: a mixed-method study. *BMC Health Serv Res*. 2013;13:1–8.

[17] Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20(4):330–42.

[18] HHS Office for Human Research Protections. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. Washington (DC): U.S. Department of Health and Human Services; 1979.

[19] Lincoln YS, Guba EG. *Naturalistic Inquiry*. Newbury Park (CA): Sage Publications; 1985.

Logical Creations Education Research Institute
MADER E MILAT INTERNATIONAL JOURNAL OF NURSING AND ALLIED SCIENCES
E-ISSN: 2960-2181
Web: www.minasij.com | Email: editor@minasij.com
Volume-03 | Issue-02 | June-2025

[20] Creswell JW, Poth CN. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 4th ed. Thousand Oaks (CA): Sage Publications; 2018.

[21] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101.

[22] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–57.

[23] Tracy SJ. Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qual Inq*. 2010;16(10):837–51.

[24] Patton MQ. *Qualitative Research and Evaluation Methods*. 3rd ed. Thousand Oaks (CA): Sage Publications; 2002.

[25] Sandelowski M. The problem of rigor in qualitative research. *ANS Adv Nurs Sci*. 1986;8(3):27–37.

[26] Morse JM. Critical analysis of strategies for determining rigor in qualitative inquiry. *Qual Health Res*. 2015;25(9):1212–22.

[27] Silverman D. *Doing Qualitative Research*. 5th ed. London: Sage Publications; 2020.

[28] Dierckx de Casterlé B, Izumi S, Godfrey NS, Denhaerynck K. Nurses' responses to ethical dilemmas in nursing practice: meta-analysis. *J Adv Nurs*. 2008;63(6):540–9.

[29] Austin W, Lemermeyer G, Goldberg L, Bergum V, Johnson MS. Moral distress in healthcare practice: the situation of nurses. *HEC Forum*. 2005;17(1):33–48.

[30] Fry ST, Veatch RM, Taylor C. *Case Studies in Nursing Ethics*. 4th ed. Burlington (MA): Jones & Bartlett Learning; 2010.

[31] Peter E, Liaschenko J. Moral distress reexamined: A feminist interpretation of nurses' identities, relationships, and responsibilities. *J Bioeth Inq*. 2013;10(3):337–45.

[32] Rodney P, Buckley B, Street A, Martin L. The moral climate of nursing practice: inquiry and action. In: Storch J, Rodney P, Starzomski R, editors. *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice*. 2nd ed. Don Mills (ON): Pearson; 2013. p. 233–54.

[33] Donnelly S, Kerr AM. Ethics education and the role of nurse leaders. *Nurs Ethics*. 2014;21(8):928–36.

[34] Rushton CH, Schoonover-Shoffner K, Kennedy MS. A collaborative state of the science initiative: transforming moral distress into moral resilience in nursing. *AJN Am J Nurs*. 2017;117(2):52–6.