SCOPING REVIEW

Ethical conflict in nursing: A concept analysis

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Abstract

Aims and Objectives: The purpose of this paper was to clarify the concept of ethical conflict in nursing and highlight the importance of tackling this issue.

Background: Ethical conflict is on the rise in the nursing context. It is associated with the compromise of nurses' well-being and patient care. However, there is no thorough conceptual understanding of this concept.

Design: Concept analysis.

Methods: Databases (PubMed, PsycINFO, CINAHL, Scopus, Embase, Web of Science and SocINDEX) were searched for studies between 1984 and 2021. Both quantitative and qualitative studies related to ethical conflict in nursing were included. Walker and Avant's method of concept analysis was used to identify the defining attributes, antecedents and consequences of the concept of ethical conflict in nursing. We followed the PRISMA-ScR checklist to report the study.

Results: Thirty studies were included for conceptualization. Defining attributes were divided into four categories: (1) emotional responses, (2) incompatible values, (3) competing interests and (4) ambiguous obligations. The antecedents were (1) ethical sensitivity, (2) negative ethical climate, (3) insufficient authority, (4) unrealistic expectations, (5) poor collaboration and (6) inadequate resources. The consequences were identified as (1) moral residue, (2) loss of identity, (3) professional burnout and (4) poor patient care.

Conclusions: A unified conceptual model of ethical conflict in nursing shed light on the ethical issues nurses might come across in practice. Despite the fact that ethical conflict is inherently negative, we conceptualised this concept as a neutral fact and an opportunity for nursing action. The construct identification provides basis for both the development of practice and the development of staff support and education.

Relevance to Clinical Practice: A clearer understanding of such an important facet of nursing practice helps nurses raise awareness of ethical conflict and implement effective coping strategies to improve their well-being and patient care.

No Patient or Public Contribution: This is a review article conducted by the researchers, so there is no patient or public contribution.

KEYWORDS
concept analysis, ethical conflict, ethics, nursing

1 | INTRODUCTION

Ethical conflict has been analysed across disciplines. It is likely that ethical conflict in any realm serves as a major challenge, but this issue in the nursing context is of greater importance. Due to the advancement of science and technology, ethical conflict has become more complicated (Emanuel, 2012). It probably happens when nurses are prevented from doing their best for patients (Gaudine et al., 2011a). Typically, nurses act as patients' advocates to prioritise patients' needs over the interests of other involved parties such as medical groups or funders. But this is not always the case. They sometimes advocate for the rights of one patient over another, and this can lead to ethical conflict as well. The factors behind this situation may lie in the organisational restrictions or the hierarchy in the workplace that hinders nurses' discretion in decision-making and expression of their voices (Gaudine & Thorne, 2012; McAndrew & Hardin, 2020; Usberg et al., 2021). The phenomenon of ethical conflict may result in adverse outcomes including worsened nursing care, compassion fatigue, professional burnout and job dissatisfaction. To make matters worse, they may have the intention of leaving the nursing profession (Gaudine & Thorne, 2010; Kalvemark et al., 2004; Ulrich et al., 2007).

Since ethical issues in nursing are often complex, ethical theories can be helpful to develop a better understanding of ethical conflict in nursing. Deontology states that actions are driven by duty and obligation. The morality of actions is emphasised more than the consequences. However, personal duties may vary across people without a universal standard. Utilitarianism prioritises the decisions that will benefit the most people. The rightness of an act is solely related to the non-moral good such as happiness, health or individual desire. Since the outcomes appear unpredictable, utilitarian decisions may not be truly made (MacKinnon & Fiala, 2017). In addition, the four-principle framework (autonomy, beneficence, non-maleficence and justice) was widely used to guide one's ethical behaviour (Beauchamp & Childress, 2019). Specifically, *respect for autonomy* represents the right of patients to make decisions about their medical care; *beneficence* promotes the course of action that is in the best interests of patient; *non-maleficence* is an obligation not to inflict harm intentionally and *justice* implies equal access to healthcare. Nursing practices are embodied in such ethical theories, and the scenarios going against these theories possibly trigger ethical conflicts (Falcó-Pegueroles, 2012). Therefore, it is necessary to explore the essence of ethical conflicts in nursing practice.

However, as a common phenomenon, ethical conflict in nursing has yet to be clearly defined. Other specific concepts make ethical conflict in nursing remain rather vague and undermine a unified understanding. Jameton (1984) first coined the term 'moral distress' which refers to knowing the morally correct behaviour but being constrained by the situation. There are also some cases in which nurses are subjected to neither internal nor external constraints. They appear not to know the morally right thing (moral uncertainty) or have to choose between two or more morally right principles (moral dilemma) (Jameton, 1984). It is also likely that there is not that kind of thing in the working dynamics or nurses do the morally best thing,

What does this paper contribute to the wider global clinical community?

- Clarification of ethical conflict in nursing may deepen the understanding of the complex nature of this concept in clinical practice.
- Creation of a clearer definition of ethical conflict in nursing may contribute to the uniformity of the concept and a decrease in practice variances.
- Increased awareness of ethical conflict in nursing may promote effective interventions and improve outcomes among health professionals, patients and organisations.

but it turns out to be bad (Campbell et al., 2006). Wilkinson (1989) indicated a sense of impotence involved in others' immoral actions (moral outrage). Furthermore, Falcó-Pegueroles, (2012) defined the dearth of interest and position towards ethical issues as 'moral indifference' and the coherence of moral thoughts and actions as 'moral well-being'. Different categories of moral states were proposed to explore the concept of ethical conflict in nursing. However, they were hampered by a general lack of focus. Even though Falcó-Pegueroles (2012) incorporated six moral states into ethical conflict, Campbell et al. (2006) argued that there were overlaps between some of them. Therefore, there is limited consensus and no clear conceptual understanding of ethical conflict in nursing.

This study conducted a concept analysis of ethical conflict in nursing using Walker and Avant's (2014) methodology. The purpose of the analysis was to describe the complex nature of ethical conflict in nursing and identify factors behind this issue. The basic framework helps motivate a broader understanding and develop strategies to improve nurses' well-being and the quality of care in a real-life environment.

2 | METHODS

2.1 | Concept analysis method

This study employed an acknowledged concept analysis methodology (Walker & Avant, 2014) to conceptualise ethical conflict in nursing. There are eight steps: (1) select a concept: ethical conflict in nursing was selected to be analysed; (2) determine the purposes of analysis: this paper aims to make clear conceptualization of ethical conflict in nursing; (3) identify uses of the concept: the uses of ethical conflict in the dictionary and nursing literature were scoped; (4) determine the defining attributes: the most relevant characteristics to the concept of ethical conflict in nursing were identified; (5) develop a model case: an example of ethical conflict in nursing including all the attributes was constructed; (6) develop additional cases: contrary case were constructed to better understand this concept; (7) extract antecedents and consequences: events that existed before

and after the occurrence of ethical conflict in nursing were determined and (8) define empirical referents: empirical measurements of ethical conflict in nursing were reviewed based on literature.

2.2 | Data source

Electronic databases including PubMed, PsycINFO, CINAHL, Scopus, Embase, Web of Science and SocINDEX were searched using the keywords 'ethical conflict', 'moral conflict', 'nurse' and 'nursing' in the title and abstract of the studies published between 1984 (when the term moral distress was first coined) and 2021. Either qualitative or quantitative research that was relevant to the topic, published in English and available in full text was included for analysis. Papers that were case studies, literature reviews, conference abstracts and examined ethical conflict outside of nursing scope or in the population including other health professionals were excluded in detailed screening, as this would lead to an insufficient understanding of this concept. We also manually examined the reference lists of all included articles to identify relevant studies on the topic. A search of Open Grey (OpenGrey, 2019) and Google Scholar was conducted to obtain potential grey literature.

2.3 | Data analysis

We used the Endnote 9.2 software to manage the references and remove duplicates. After the deduplication process, two reviewers (L.Y &W.X) screened the titles and abstracts of each study independently according to the inclusion and exclusion criteria. Differences were settled via discussion with a third person (W. Z). The same methodology was used to screen the full-texts of the studies. Then, the two reviewers extracted the data of each study including author, publish year, country, target population, sample size as well as definition, attributes, antecedents and consequences of ethical conflict in nursing. We used the excel form to record these information. Discrepancies were also discussed in this process. A narrative analysis of the extracted data was conducted by the first author (L.Y) for a more comprehensive review.

2.4 | Rigour

The researchers had abundant work experience in nursing practice ranging from 2 to 20 years. The two reviewers were trained in concept analysis and had much research experience in systematic review. The research direction of the first author during master's degree was ethical conflict. Hence, she was familiar with this field of study. In order to ensure methodological rigour, we strictly followed Walker and Avant's approach to carry out the concept analysis. Discrepancies were also discussed with a third person who was an expert in ethics. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews Checklist (See Supplementary File 1) was used to report the study.

3 | RESULTS

The initial search yielded 3630 articles. After removing duplicates, 1390 studies remained. No additional paper was identified through other sources. Following a detailed screening of titles, abstracts and full-text, 30 studies were selected for final analysis. (See Figure 1) Of these papers, 11 were conducted in the United States, 6 in Canada, 3 in Spain, 2 in Iran and 1 in German, Sweden, Poland, Korea, Israel, Brazil, South Africa and Estonia, respectively. There are 12 quantitative studies and 18 qualitative studies in the included papers.

3.1 | Uses of the concept

This stage of analysis requires evaluating and synthesising conceptual examples (Walker & Avant, 2014). Dictionary and literature definitions of the concept were described.

3.1.1 | Uses in dictionary

Since 'ethical conflict' is a phrasal noun that encompasses two subconcepts of 'ethical' and 'conflict', they need to be identified separately. Merriam-Webster's dictionary (Merriam-Webster, 2019) defines 'ethical' as a term 'involving questions of right and wrong behavior'. The definition of this word in the Longman Dictionary of Contemporary English (Pearson Education, 2014) is 'relating to principles of what is right and wrong'. Cambridge dictionary (Cambridge University, 2021) also relates 'ethical' to 'beliefs about what is morally right and wrong'. 'Ethical' is linked to 'ethics' which has its origin from the Greek word 'ἦθος' with the meaning of customs and habits in society, whereas 'moral' comes from the Latin word 'more'. Despite
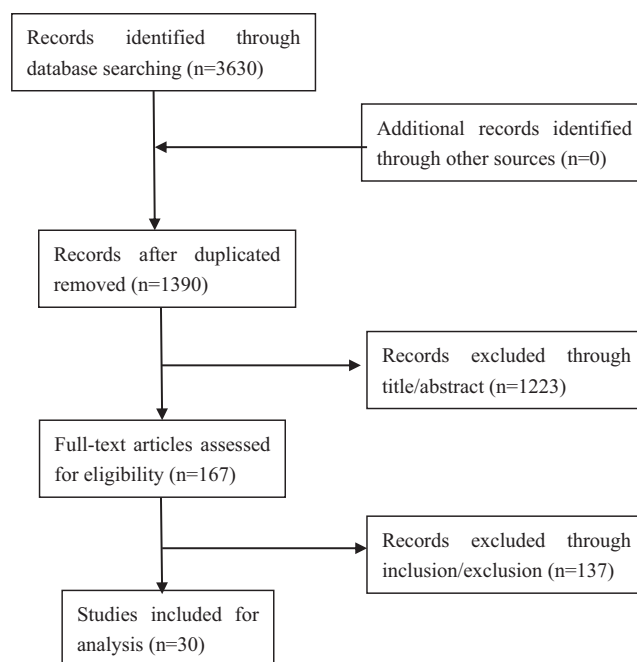

FIGURE 1 Study selection process

different origins, these two words are often used interchangeably in some cases (Thompson & Thompson, 1981).

As for the other sub-concept, the definitions of 'conflict' demonstrate a slight variability. It is defined in Merriam-Webster's dictionary (Merriam-Webster, 2019) and Cambridge dictionary (Cambridge University, 2021) as 'a difference that prevents agreement' and 'an active disagreement between opposing opinions or principles'. Another dictionary, the Longman Dictionary of Contemporary English (Pearson Education, 2014), elaborates the definition from a psychological dimension and refers to it as 'a situation in which you have two opposite feelings about something'. We can observe a common theme that shows a clash among incompatible feelings albeit inconsistency in different definitions.

3.1.2 | Uses in literature

As research has evolved, various interpretations of the concept of ethical conflict in nursing have emerged. Ethical conflict is frequently described as the result when nurses' values clash with those of the organisation (Porr et al., 2019; Wlodarczyk & Lazarewicz, 2011). An expanded scope of ethical conflict is defined as a tension of needs and values between nurses and related parties such as patients, family members, medical staff and insurance companies (Ganz et al., 2015; Laabs, 2007). Considering the goal of quality care, it is also regarded as a problem that arises when patients' best interests and welfare are compromised (Falcó-Pegueroles et al., 2016; Jiménez-Herrera & Axelsson, 2015). From the philosophical perspective, ethical conflict is embedded in situations where normative factors (such as moral values, principles and duties) are incompatible with each other (Kim et al., 2020). A number of studies described ethical conflict in various nursing scenarios and settings including intensive care unit (Falcó-Pegueroles et al., 2016; McAndrew & Hardin, 2020; Pavlish et al., 2015; Pishgooie et al., 2009; Ramathuba & Ndou, 2020; Saberi et al., 2019), emergency (Bremer & Holmberg, 2020; Jiménez-Herrera & Axelsson, 2015), oncology practice (Pavlish et al., 2014), gerontology practice (Kim et al., 2020), community (Porr et al., 2019), rehabilitation (Redman & Fry, 1998) and utilisation review (Bell, 2003). This concept is also explored in different roles such as nursing students, direct-care nurses, nurse middle managers and other administrative roles (Bremer & Holmberg, 2020; Ganz et al., 2015; Gaudine & Beaton, 2002; Wlodarczyk & Lazarewicz, 2011). The research in different fields of nursing practice provides clues for a comprehensive understanding of this concept.

3.2 | Defining attributes

Identifying the defining cluster of attributes most commonly associated with the concept is a crucial stage of analysis (Walker & Avant, 2014). This helps differentiate the concept from others. Four defining attributes of ethical conflict in nursing are emotional responses, incompatible values, competing interests and ambiguous obligations (see Table S1).

3.2.1 | Emotional responses

Ethical conflict happens in the most challenging situations that violate patients' rights, safety and well-being (Usberg et al., 2021). When nurses encounter ethical conflict, they probably suffer from overwhelmingly negative emotions such as distress, frustration, anxiety, pain and anguish (Falcó-Pegueroles et al., 2016; Gaudine & Beaton, 2002; Jiménez-Herrera & Axelsson, 2015; Pavlish et al., 2014; Salloch & Breitsameter, 2010). These negative feelings are specific psychological responses to ethical conflict. It is worth noting that the degree of emotional responses varies among nurses. There is a continuum between the absence and presence of ethical conflict (Falcó-Pegueroles et al., 2016). From an ethical perspective, there are numerous potentially conflicting situations in clinical nursing practice such as aggressive treatment, ineffective pain management and limiting life-sustaining procedures. Nurses are more likely to feel powerless and marginalised in such situations because of the less discretion in making decisions (McAndrew & Hardin, 2020). Additionally, immoral behaviours of other colleagues are also a frequent source of ethical conflict and bring about a sense of impotence, helplessness and anger among nurses (Pishgooie et al., 2009). These troubling emotions are instinctive reactions when nurses are facing ethical conflict.

3.2.2 | Incompatible values

Nurses collaborate with an interdisciplinary team in various clinical settings. Differential values can be found between nurses and other related parties, such as physicians, nursing colleagues, patients, family members and their employing organisations. The incompatible values render nurses vulnerable to ethical conflict due to the seemingly moral rightness of each party (Bell, 2003). Nurses' moral judgements and actions are guided by some universal principles such as respect for autonomy, justice, beneficence, and non-maleficence (Beauchamp & Childress, 2019). Most ethical conflicts pertain to situations in which one value is weighed against another. Nurses need to give priority to one of them. An example given by Rainer et al. (2018) was the conflict involved principles of respect for patients' privacy and non-maleficence (doing no harm). In this circumstance, nurses may be torn about leaving a patient alone in the bathroom when fearing they are likely to fall. Apart from internal value conflict, nurses also describe divergent values between nurses and other collaborative parties, such as the aggressive treatment for end-of-life care instead of palliative treatment (Usberg et al., 2021). Nurses feel uncertain about the appropriate behaviour or even act contrary to their values (Gaudine & Beaton, 2002).

3.2.3 | Competing interests

Competing interests are the epicentre of ethical conflicts in nursing. Nurses often have to weigh competing demands and interests due to different perspectives on the goals of patient care (Pavlish

et al., 2015; Wlodarczyk & Lazarewicz, 2011). Patients or family members may require treatments that are not medically appropriate (Bell, 2003). They turn to nurses for help, who are expected to take the responsibility for their well-being (Bremer & Holmberg, 2020). However, it is difficult to meet unrealistic expectations. Even if patients have practical demands, nurses are not able to circumvent or ignore some hospital policies that conflict with patients' benefits (Gaudine et al., 2011b), such as carrying out the health plan that gives priority to organisational interests, exaggerating patients' conditions for financial gain and being refrained from giving information (Connie et al., 2003; Usberg et al., 2021). In some cases, nurses do not agree with these policies, yet are expected to follow them. The key stakeholders in clinical practice include patients, families, health providers, payers and policymakers. It is possible to confront a clash of interests between different stakeholders (Connie et al., 2003). Health policies under managed care tend to be perceived as unfair (Redman & Fry, 1996). Restricted services based on cost and neglected rehabilitation outcomes may render patients discharged before they have been physically or mentally ready (Butz et al., 1998; Redman & Fry, 1998). As a result, inadequacy in meeting patients' needs occurs frequently in the routine work of nurses that exposes them to ethical conflict.

3.2.4 | Ambiguous obligations

An important element of ethical conflict in nursing is the ambiguous obligation in terms of moral issues in practice. Even though nurses should do what is best for the patient, they frequently encounter role ambiguity. This is a situation where responsibilities and boundaries are not clearly defined (Ramathuba & Ndou, 2020). The disorganisation of work and staff shortages often obscure how a nurse should behave or act. It was strikingly reported that nurses were required to perform tasks that were beyond their scope of practice (Ramathuba & Ndou, 2020; Usberg et al., 2021). It is true that nurses play an important role as patient advocates, but they may feel caught between confusing values for good nursing and become unable to identify right and wrong (Kim et al., 2020; Pavlish et al., 2014). Additionally, ethical conflict also occurs when nurses are unable to shoulder their responsibilities and act professionally due to external restrictions (Gaudine & Beaton, 2002; Jiménez-Herrera & Axelsson, 2015; Ramos et al., 2015). As for nurse managers, they simultaneously work as agents for nurses and representatives of their organisation or hospital. Their dual loyalty makes them uncertain about the performance expectations and scope of responsibilities (Ganz et al., 2015; Laabs, 2007).

3.3 | Cases of ethical conflict

According to Walker and Avant (2014), the cases below were adapted from qualitative literature of included studies and real-life experiences. Developing a model case and additional cases helps develop a clear understanding of ethical conflict in nursing.

3.3.1 | Model case

A model case is a paradigmatic example with all the defining attributes. Natalie has worked as an ICU nurse for 5 years. She once took charge of a middle-aged man with end-stage liver cancer. Natalie delivered aggressive treatments as prescribed for the patient such as ventilator support, feeding tube and non-palliative chemotherapy, but this could only prolong a terminal and irreversible status rather than a quality life. Natalie thought that palliative care would be a positive way of dying and grieving, but patient's family wanted to use all available medical resources to save him **(incompatible values)**. The curative care which caused additional pain to the patient made Natalie fall into frustration and agony. She felt torn about the most appropriate action and trapped in this sophisticated issue **(emotional responses)**. However, due to the strict visitor restriction, the family did not witness the patient who had been so strong became so vulnerable and painful. They just hoped the patient had extra months to live because they could get a great deal of welfare as long as he was alive. Obviously, this patient's quality of life and dignity were sacrificed for others' interests **(competing interests)**. Even though Natalie had a feeling of struggling, the physician and organisation just perceived this situation as a common phenomenon and kept silent **(incompatible values)**. Natalie also felt uncertain whether she had to interfere with the family relationships **(ambiguous obligations)**. She has to ignore personal values in the workplace to relieve the feeling of ethical conflict.

3.3.2 | Contrary case

A contrary case is an example of 'not the concept'. Dora has worked as an ICU nurse for eight years. One of her patients was a 98-year-old elderly woman who had active tuberculosis with various complications such as hypertension, diabetes and recurrent respiratory infections. This patient was in a deep coma for a long time. Despite using all available technical and medical resources, there was no significant improvement in the clinical status of this patient. Based on clinical judgement, it was necessary to limit the use of life support treatments and create a do-not-resuscitate (DNR) order, which would be the best way to allocate the limited medical resources to people in need. Given the clinical status and the age of the patient, his family agreed with the DNR order. Dora did not experience ethical conflict in this situation as it did not compromise her personal ethical values and did not involve ambiguity. Meanwhile, she worked with a collaborative team to help family members cope with grief and loss.

3.4 | Antecedents

Antecedents are those incidents that occur prior to the occurrence of a concept (Walker & Avant, 2014). We identified the antecedents of ethical conflict facing the nurses from the personal and organisational perspectives (see Table S1). This can be an effective way to bring the concept to the public's attention.

3.4.1 | Ethical sensitivity

Ethical (moral) sensitivity is fundamental to recognising the existence of ethical conflict. It refers to the ability to identify an ethical problem, make ethical decisions and understand ethical consequences (Kraaijeveld et al., 2021; Milliken, 2018). A growing awareness allows nurses to be conscious of and feel involved in ethical situations (Ramos et al., 2015). Greater realisation of the ethical issues leads to greater discrepancy between professional and personal identities, such as values, principles, beliefs and norms (Falcó-Pegueroles et al., 2015; Laabs, 2007). In this case, ethical sensitivity serves as a potential source of ethical conflict.

3.4.2 | Negative ethical climate

An ethical climate has been defined as nurses' shared perceptions of ethically correct attitudes and behaviours, and how ethical issues should be handled in the workplace (Koskenvuori et al., 2019). A negative ethical climate is characterised by high a level of stress, overwhelming workloads, poorly organised work (Ulrich & Soeken, 2005; Usberg et al., 2021). Healthcare professionals may show inadequate respect for each other and deliver services through disorganised teamwork (Ramos et al., 2015). As a result, nurses feel unsupported in such unfavourable working environment (Falcó-Pegueroles et al., 2016). These characteristics of ethical climate are likely to cause ethical conflict among nurses.

3.4.3 | Insufficient authority

An important element in terms of workplace dynamics is professional authority. Various researches reported a lack of engagement, power and discretion among nurses (Bremer & Holmberg, 2020; Jiménez-Herrera & Axelsson, 2015; Pishgooie et al., 2009; Ulrich & Soeken, 2005). They are not empowered to get involved in the decision-making process and feel marginalised in expressing their professional views (Gaudine & Beaton, 2002; McAndrew & Hardin, 2020). The hierarchy within the team also renders nurses unnoticed and deficient in authority. They perceive that their professional roles are not respected and valued (Usberg et al., 2021). Insufficient authority together with a lack of space for discussion can place nurses at risk of ethical conflict.

3.4.4 | Unrealistic expectations

Due to the advancements in medical technology and extended life spans, the unrealistic expectations of healthcare from patients and family members continue to increase (McAndrew & Hardin, 2020; Pavlish et al., 2015). Apart from medical treatment, this is true in nursing scenarios as well. In the context of palliative care, patient outcomes are not often as good as what nursing professionals are expected to be, which might go against families' unwavering belief in recovery (Pavlish et al., 2015). Being unable to accept the near-death of their beloved ones (Salloch & Breitsameter, 2010), patients' families may engender some unrealistic expectations to optimise the patients' interests, which even contributes to the suffering of the ill. (McAndrew & Hardin, 2020). The unrealistic expectations contradict nurses' professional values as patients' advocates to do what is best for them (Jiménez-Herrera & Axelsson, 2015), thus could give rise to ethical conflict.

3.4.5 | Poor collaboration

Poor collaboration with nurse colleagues or physicians is a significant catalyst to ethical conflict. The lack of cooperation within healthcare professionals exposes nurses to tasks beyond their competence level or scope of practice (Ramathuba & Ndou, 2020; Usberg et al., 2021). They may feel less supported in a low-performing team without positive collegial relationships and effective interdisciplinary communication (Gaudine & Thorne, 2000; Pavlish et al., 2014). It is also possible for nurses to work with colleagues, nurse assistants and physicians displaying professionally incompetent and unethical behaviours in clinical practice (Kim et al., 2020; Pishgooie et al., 2009). Such relationships probably create divergent views on the plan of care and pose a great threat to nurses' ethical conflict.

3.4.6 | Inadequate resources

An important yet often overlooked consideration is resources. As the population grows rapidly, the tension between demands for healthcare services and the scarcity of resources is increasing (Ramathuba & Ndou, 2020; Usberg et al., 2021). The lack of resources including staff or equipment may bring about various problems such as time constraint, unmet patients' needs, substandard quality of care and unfair allocation of resources (Gaudine et al., 2011b; Gaudine & Beaton, 2002; Wlodarczyk & Lazarewicz, 2011). In this case, patient's right is secondary to the long-term budget. Although nurses endeavour to deliver optimal care as much as possible, it is difficult to be achieved due to a shortage of resources and staffing. The subsequent increased workload becomes a concern as well (Kim et al., 2020). Ethical conflict can be easily triggered by these problems.

3.5 | Consequences

Consequences are those incidents that occur as results of the concept (Walker & Avant, 2014). They can be categorised into moral residue, loss of identity, professional burnout and poor patient care (see Table S1).

3.5.1 | Moral residue

Moral residue is referred to as the aftermath of ethical conflict. If ethical conflict has not been fully resolved, it may cause lingering psychological suffering which can last for an extended period of months or even years later (Porr et al., 2019). It accumulates when ethical conflict occurs on a regular basis. This crescendo effect is an adverse cumulative outcome of ethical conflict (Kim et al., 2020; McAndrew & Hardin, 2020; Pavlish et al., 2014).

3.5.2 | Loss of identity

An identity is a collection of beliefs about oneself. Ethical conflict can lead to a loss of identity by threatening self-esteem and moral integrity (Kim et al., 2020; Laabs, 2007; Wlodarczyk & Lazarewicz, 2011). Nurses may not perceive themselves as either good professionals or people of integrity (Laabs, 2007). They gradually feel disorientated and hardly find meaning in their work and life (Connie et al., 2003; Falcó-Pegueroles et al., 2015). Their moral agency is compromised when nurses are confused about their obligations and realise the disparity between the real and ideal concept of themselves (Porr et al., 2019).

3.5.3 | Professional burnout

Professional burnout is a result of emotional exhaustion associated with ethical conflict (Wlodarczyk & Lazarewicz, 2011). If ethical conflict remains unresolved, excessive stress can probably erode nurses' morale (Redman & Fry, 1996). It seems that job satisfaction can buffer the negative impacts of ethical conflict, but without effective coping strategies, the lack of fit between nurses' values and those espoused by their organisation may contribute to decreased personal achievements (Gaudine & Thorne, 2012). Ultimately, nurses succumb to a lack of energy and enthusiasm for work and even a feeling of compassion fatigue and being drained (Wlodarczyk & Lazarewicz, 2011). In this case, ethical conflict becomes a causative factor in professional burnout; to make matters worse, they may have intention to leave the professional field (McAndrew & Hardin, 2020).

3.5.4 | Poor patient care

A number of research reports that quality care and patient safety are compromised when nurses are burdened with stressful ethical conflict (Ganz et al., 2015; Gaudine et al., 2011a; Pavlish et al., 2015; Porr et al., 2019). Although nurses are committed to doing the good and right thing for patients, they experience limitations on providing quality care due to ethical conflict including organisational constraints or inequity in the allocation of resources (Ramathuba & Ndou, 2020; Ulrich et al., 2006). Their perceptions of the ability to deliver quality care may even be jeopardised (Falcó-Pegueroles et al., 2016), which is also an adverse outcome of ethical conflict.

3.6 | Empirical referents

To date, instruments used to evaluate ethical conflict are not comprehensive adequately to capture the attributes of this concept. At the early stage, an open-ended questionnaire was designed to identify ethical conflict in nursing practice, such as the Moral Conflict Questionnaire (Bell, 2003; Butz et al., 1998; Redman & Fry, 1996, 1998). The Ethical Conflict in Practice Scale adapted from an ethical behaviour tool was not validated (Connie et al., 2003). Researchers also created original questionnaires to measure ethical conflict. For example, the Ethical Conflict with Hospitals Questionnaire is a 7-point Likert scale with three factors: patient care values, value of nurses and staffing policy values (Gaudine & Thorne, 2012); the Ethical Conflicts Questionnaire is a list of 14 nursing situations to assess the frequency and burden of ethical conflict (Wlodarczyk & Lazarewicz, 2011).

There are also some instruments that fail to test the holistic domains of ethical conflict, such as the Ethical Dilemmas in Nursing Questionnaire (Ganz et al., 2015), the Moral Distress Scale (Corley et al., 2001), the Moral Distress Scale Revision (Hamric et al., 2012) and the Moral Distress Thermometer. The Ethical Conflict in Nursing Questionnaire-Critical Care Version is more comprehensive and measures ethical conflict in 19 critical care nursing scenarios. It describes the frequency, intensity and types of ethical conflict (Falcó-Pegueroles, 2012). However, this scale does not incorporate the measurement of ambiguous obligations. Although it involves the category of competing interests, the relevant items only reflect limited features of this defining attribute. Therefore, the existing tools do not entirely reflect the characteristics of ethical conflict in nursing. Future instruments can be developed to measure not only the existence of ethical conflict in the context of nursing, but also the level of ethical conflict among clinical nurses. A universally validated tool would raise nurses' awareness of this problem and facilitate the discussions about ethical conflicts to be held across borders.

3.7 | Definition of the concept

Ethical conflict in nursing involves emotional responses to morally challenging situations related to incompatible values and competing interests among different stakeholders, as well as ambiguous obligations in nursing practice. A conceptual model of ethical conflict in nursing is shown in Figure 2.

4 | DISCUSSION

In previous literature, the phenomenon of ethical conflict has been examined using terms such as ethical issues, ethical/moral dilemma and moral distress (Kim et al., 2020). The inconsistency of these terms has become a major obstacle to understanding ethical conflict. What the concept of ethical conflict means in the nursing context remains ambiguous. This analysis provides a clearer understanding

FIGURE 2 Proposed conceptual model of ethical conflict in nursing
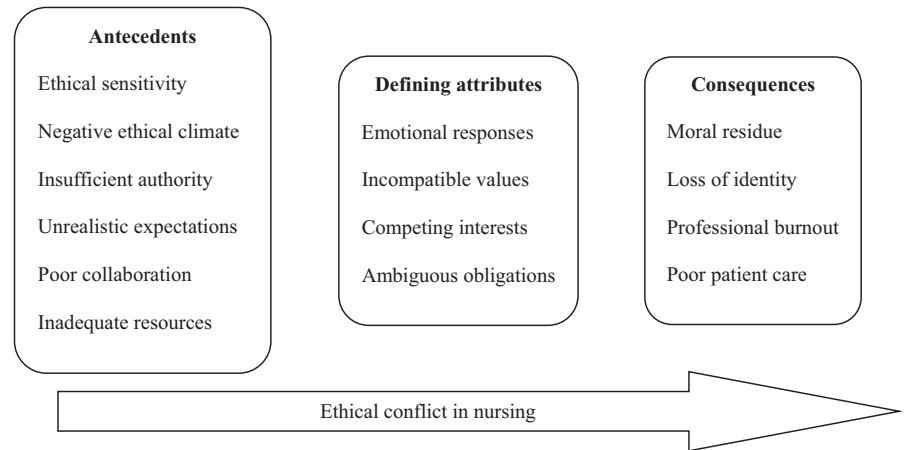
of ethical conflict in nursing by identifying defining attributes, antecedents and consequences, and broadens the potential implications of this concept. The results highlight the factors behind ethical conflict in nursing and help nursing administrators implement pragmatic strategies (i.e. optimising the rules and regulations on the organisational level) to tackle ethical conflicts in daily practice.

We determined the defining attributes in nursing as emotional responses, incompatible values, competing interests and ambiguous obligations. These characteristics help identify the occurrence of ethical conflict associated with issues of what is considered right or wrong in the context of nursing. Based on the four-principle theory, it is more likely for nurses to suffer from negative emotional responses when come across scenarios going against the *non-maleficence* principle such as realising that the analgesia or sedation being given to the patient is not effective enough and that the patient is still suffering. Competing interests may highly compromise the principle of *beneficence* since nurses have the obligation to do good and promote the best interests of their patients. It is also possible for nurses to encounter ambiguous obligations when they act on the family's requests that do not respect and safeguard patients' *autonomy*. The incompatible values between different parties may give rise to the overuse and underuse of medical care. Compromise of *injustice* and futile care occurred as a consequence of low-value services utilisation and either of them was undesirable. In addition, Brown et al. (2022) also conflated negative emotions, incongruous values and egocentric bias as part of ethical conflict in business, which is consistent with our findings to a large extent, though the primary stakeholders are different. We also disentangle ambiguous obligation from the incongruence of value and interest because nurses sometimes lack discretion in ethical decision-making in clinical practice. They may feel uncertain about whether they have an obligation to strive for patients' well-being especially when the interventions could only prolong a terminal process and impair patients' benefits.

Examining the antecedents of ethical conflict in nursing gives insight into understanding why nurses confront ethical conflict frequently. Ethical conflict can be attributed to ethical sensitivity, negative ethical climate, insufficient authority, unrealistic expectations, poor collaboration and inadequate resources. The identification of these antecedents helps nurses and nurse managers raise awareness of the risk factors and develop effective interventions to mitigate the negative influence of ethical conflict. According to Kohlberg's (1976) moral development framework, reflection in light of the essence of nursing care and patient well-being helps nurses follow universal ethical principles rather than conform to social norms and expectations. Guided by the basic principles, nurses appear to be ethically competent and have more authority in clinical practice (Pavlish et al., 2014). This becomes an essential prerequisite to reducing the occurrence of ethical conflict. Furthermore, effective collaboration and interdisciplinary discussion among health professionals can also be initiated to improve the ethical climate and prevent early signs of ethical conflict (Jormsri, 2004).

The consequences of this concept highlight that nurses are vulnerable to ethical conflict. The majority of the studies portrayed a negative phenomenon that leads to moral residue, loss of identity, professional burnout and poor patient care, especially when the experiences accumulate before diminishing thoroughly. However, a few studies also identified a positive role of ethical conflict in prompting ethical discussion and decision-making. Effective management of ethical conflict indicates a potential source of growth and strength for nurses, which would be protective in future instances of ethical conflict (Prentice et al., 2018). Despite the fact that ethical conflict is inherently negative, it serves as both a neutral fact and an opportunity to build moral resilience. For example, ethics-related education, conversations and seminars can equip nurses with coping skills and strategies. Moreover, developing a healthcare system with shared understanding and mutual respect can help nurses become more assertive in the face of difficult situations. The administrators also need to consider their roles in improving system capacity to maintain sustainable development (Pavlish et al., 2014). These strategies can buffer the long-term consequences of ethical conflict.

In fact, the nature of ethical conflict is complicated. The complexity can be attributed to the interaction between ethical issues and political economic issues in nursing practice. Nurses' ethical conflict may arise from various scenarios such as the overuse of medical resources, inappropriate allocation, lack of funding and economic catastrophe of the family, which are political economic issues in nature (Aiken, 2004). Medical services are not always accessible to everyone regardless of their ability to pay. Despite the healthcare

insurance, patients and their family still possibly fall into poverty because of illnesses. Great attention should be paid to these political economic issues as such issues serve as the root causes of ethical conflict and highlight the need for supportive policy and regulation (Cribb, 2020). Moreover, the disparities between professional ethics and public expectations of nurses should also be noticed. The codes of ethics provide a framework of profession's values and standards of conduct, which offer guidance on possible ethical conflict in the context of nursing. Although the codes of ethics that nurses adopt vary from nation to nation, the professional values and moral stances are similar and within the ethical principles such as autonomy, beneficence, non-maleficence and justice (Aiken, 2004). However, societal needs may exert an influence on the roles and responsibilities of nurses. Nurses, as the largest group of healthcare professionals, have arrived at a prestigious point in development where they are recognised as patient advocates in the public and expected to champion public health and social issues at the institutional, community and national levels (Des Jardin, 2001). Political involvement among nurses would be helpful to deliver healthcare to an underserved population and promote health equity, thus mitigating ethical conflict in the nursing profession.

In this study, we developed a conceptual model of ethical conflict in nursing which lays the foundation for the understanding of its essence and provided a more complete picture for practice than factual knowledge alone. However, much new and continuing work needs to be done. Nurses throughout the world face contextual diversity in nursing practice. This diversity is thus likely to have an impact on ethical conflict since the challenges faced may vary (Bleaney & Dimico, 2017). Different ethical issues such as end-of-life care, dying, abortion, genetics, quality of life, allocation of medical services, violations of patients' rights and breach of duty in a variety of settings probably cause ethical uncertainty. In addition, nurses also confront populations of increasing diversity—victims of violence and terrorism, an underclass of poor families and a burgeoning population of elders, etc. These patients come from various ethnic backgrounds, speak different languages and bring new and unexpected healthcare needs. The challenge of ethical uncertainty may render nurses confused in the face of ethical conflict. Thus, although much has been achieved in the theoretical development of ethical conflict in nursing, the challenge of ethical uncertainty should be taken into consideration and important innovations should be made to advance nursing practice.

4.1 | Limitation

Some limitations can be found in this concept analysis. First, we referred to nurses as a homogenous group and did not take the diversity of nursing scenarios into consideration which might have an impact on nurses' ethical conflict. Since the majority of the included studies arose from acute care or ICU settings, the predominance of these fields regarding ethical conflict needs to be explicitly acknowledged. However, other fields of practice (such as mental health or

intellectual disabilities) should also be noticed to explore ethical issues in future research. Second, the scope of the investigation might be limited due to the selection of English-written and full-text articles. Another limitation is that the conceptualization of ethical conflict may change slightly over time. It is necessary for researchers to revisit this concept in the future.

5 | CONCLUSION

We proposed a construct model of ethical conflict in nursing which drew on ethical theory and previous research. Findings from this analysis make contributions to understanding such an important facet of nursing practice and improving health professionals' awareness of the assessment and management of ethical conflict. The concept identification provides the basis for both the development of practice and the development of staff support and education. Further research is needed to develop validated and all-embracing instruments to measure this concept and improve theory-based implications in nursing practice.

6 | RELEVANCE TO CLINICAL PRACTICE

There are some implications for future research and nursing practice. Firstly, more qualitative and quantitative studies are needed to explore the attributes and antecedents of the concept of ethical conflict in nursing. Understanding why nurses experience different levels of ethical conflict is essential to shed light on underlying factors that may aggravate or alleviate this experience. Secondly, evaluation of ethical conflict on a regular basis should be integrated into nursing management to prompt timely identification. Longitudinal research can be conducted to determine the timing and frequency of assessment on ethical conflict. Thirdly, the construction of effective interventions needs to be guided by theoretical models of ethical conflict through more related studies. Future validation can be implemented among nurses who are unable to resolve this problem.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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