

Article

Effect of Ethical Dilemma on Decision Making among Nurses in Critical Care Units at Baqubah Teaching Hospital

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Abstract: Ethical dilemma is a common challenge among intensive care unit (ICU) nurses and may influence clinical decision-making. Objective to assess ethical dilemma and decision-making among ICU nurses and examine the relationship between them. A descriptive cross-sectional study was conducted among 109 ICU nurses at Baqubah Teaching Hospital. Ethical dilemma was measured using the Moral Distress Scale-11 and decision-making using the Clinical Decision-Making in Nursing Scale. The mean ethical dilemma score was 101.41 ± 32.74 , indicating a moderate level. The mean decision-making score was 131.91 ± 13.16 , indicating good decision-making. A statistically significant correlation was found between ethical dilemma and total decision-making ($p=0.029$). Ethical dilemma is associated with clinical decision-making among ICU nurses, highlighting the need for organizational and educational interventions.

Keywords: Ethical Dilemma, Decision-Making, Critical Care Unit.

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1. Introduction

The ICU can be a very stressful environment due to the severity of patients' conditions, frequent ethical challenges, and the emotional demands of critical care. Nurses often face difficult situations, including end-of-life decisions, prolonged life-support treatments, and concerns about treatment effectiveness. These experiences can leave nurses feeling powerless and may contribute to ethical dilemmas and workplace stress [1].

Ethical dilemma (ED) is the stress that a health care provider experiences when he or she is certain of an ethical course of action but is unable to take it [2]. ED happens when an individual knows the correct course of action but is unable to carry it out due to institutional restraints [1]. ED has been associated with job unhappiness and turnover, both of which have a detrimental effect on an individual's professional quality of life [3].

Clinical decision-making is a basic aspect in nursing since it affects the patient's care and recovery [4]. It is described as acts and procedures that help patients improve their clinical status from their current state to a more acceptable state [5]. Decision-making is a critical component of ICU clinical practice [6]. Decision-making is used to assist nurses in assessing, understanding, evaluating, and/or submitting components of information in order to make informed decisions in clinical and nonclinical settings that are frequently fraught with conflict [7].

ED indicates that autonomy and decision-making capacity, the role of families in decision-making, the dignity of the individual, safety, high-quality care, and access to care resources all contribute to these value conflicts, nurses' perceptions that patients do not benefit from the care they perform, that available resources are used ineffectively, and that

patients' and their relatives' autonomy is not respected leads them to believe that the service they provide is unproductive and to experience ED [8].

Nurses in intensive care unit are subjected to ED because they are required to make timely judgments and decisions regarding patient care and reacting to various patient demands that may conflict with physicians, other staff, and families [9].

ED is an increasingly recognized problem that has critical implications on the ability to deliver healthcare properly. There is not available statistical value about incidence of ED in Iraq or Arabian countries but according to study conducted by Mealer and Moss, (2016) ED is especially common in critical care healthcare professionals, occurring in up to 80 % of critical care nurses [1].

As one of the most significant challenges in the nursing profession, ethical dilemma can have a negative impact on the healthcare system [10]. Additionally, it is a challenging and tough topic that can have a significant negative impact on the healthcare team, ranging from impairing ability to speak for patients to compelling us to abandon our positions or profession [11]. It is deserving of special consideration due to the fact that, as previously said, it has an effect on the delivery of care. On the other side, understanding it and how to manage it can aid nurses in resolving and handling moral dilemmas, allowing them to continue working in this sector. As a result, additional research in this area is necessary [10].

ED can have a number of negative outcomes for nurses, patients, and the healthcare system, some of which are severe, this issue in nursing can result in employment withdrawal, stress, burnout, job discontent, poor work quality, the occurrence of physical symptoms such as headaches and nightmares, diminished nursing confidence, and even prolonged patient hospitalization [12].

Nurses, on average, are more prone than physicians to experience moral distress, owing to the nurse's apparent inability to make decisions and their sense of being "voiceless" during ethically difficult interactions [13].

Withdrawal, emotional exhaustion, depersonalization of patients, and other symptoms of burnout syndrome may be long-term consequences of moral anguish. This condition may also impair a critical care nurse's ability to provide proper patient care, as well as their ability to perform routine work activities and spend time with patients and families. Additionally, it may increase a critical care nurse's risk of quitting the position [1].

2. Materials and Methods

A descriptive cross-sectional study design was employed to investigate the study variables among nurses working in the Critical Care Unit at Baqubah Teaching Hospital, Diyala Health Directorate, Iraq. The study was conducted between October 2025 and April 2026 after obtaining ethical approval and official permissions from the relevant health authorities and hospital administration. Informed consent was obtained from all participants, and confidentiality and voluntary participation were ensured.

A non-probability purposive sample of 109 ICU nurses was recruited. Eligible participants were nurses with at least one year of ICU experience and a minimum qualification of a nursing high school degree. Nurses with less than one year of experience, those working in administrative positions, and nurses outside ICU settings were excluded.

Data were collected using a self-administered questionnaire consisting of three main sections: demographic characteristics, the Ethical Dilemma Scale-11 (MDS-11), and the Clinical Decision-Making in Nursing Scale (CDMNS). The ED-11 assessed the frequency and intensity of ethical dilemmas using an 11-item, five-point Likert scale, while the CDMNS evaluated nurses' clinical decision-making abilities through 40 items distributed

across four dimensions: searching for alternatives, canvassing objectives and values, evaluating consequences, and seeking information.

Both instruments were translated into Arabic using Brislin's back-translation method and underwent content validity assessment by a panel of ten experts. Reliability testing was conducted through a pilot study involving 20 ICU nurses. The instruments demonstrated acceptable internal consistency, with Cronbach's alpha coefficients ranging from 0.84 to 0.96. Data were analyzed using SPSS version 23. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the data. Inferential statistics, including Pearson's correlation coefficient and Cronbach's alpha, were applied to examine relationships among variables and assess instrument reliability.

3. Results

In Table 1 the results show that the mean of nurses' age in the study was 25.3 years with a SD of 0.832. More than half of the participants were female (56.9%). The mean of participants' years of experience was 3.2 with SD of 0.60662. Table 1 also shows that most of the participants had bachelor's degree (45.9%). Furthermore, it shows that 62.4% of nurses worked in the morning duty. Moreover, more than half of nurses in this study were single 56.0%.

Table 1. Distribution of the Sample According to Demographic Characteristics.

Characteristics	%	f
Age M ± SD 25.3 ± 0.832		
Gender		
Male	43.1	47
Female	56.9	62
Total	100.0	109
Years of experience M ± SD 3.2 ± .60662		
Level of education		
Nursing school graduate	16.5	18
Diploma	33.9	37
Bachelor's degree	45.9	50
Master's or Ph.D	3.7	4
Total	100.0	109
Shift		
Morning	62.4	68
Night	37.6	41
Total	100.0	109
Marital status		
Single	56.0	61
Married	43.1	47
Divorce	.9	1
Widow	0	0
Total	100.0	109

Table 2. The Ethical Dilemma Rate among the Participants.

No.	Items	Mean	SD
1	Provide less than optimal care due to pressure from administrators to reduce costs.	2.30	1.23
2	Witness healthcare providers giving —false hope to a patient or a family	2.28	1.06
3	Follow a family's wishes to continue life support even though it is not the best interest of the patient.	2.16	1.17
4	Initiate extensive life-saving actions when I think they only prolong death	2.98	1.30
5	Follow a family's request not to discuss death with a dying patient who asks about dying.	2.69	1.41
6	Carry out physician's order for what I consider unnecessary tests and treatments.	2.97	1.44
7	Continue to participate in care for a hopelessly ill person who is being sustained on ventilator, when no one will make a decision to withdraw support.	3.51	1.41
8	Avoid taking action when I learn that a nurse colleague has made a medication error and does not report it.	2.42	1.30
9	Assist a physician who, in my opinion, is providing incompetent care	3.20	1.40
10	Be required to care for patients I don't feel qualified to care for	2.70	1.39
11	Witness some medical students perform painful procedures on patients solely to increase their skills.	2.80	1.24
Total		101.4128 ± 32.74486	

M = Means, SD = Stander deviation. Interval: Frequency (F)= 1-5, Intensity (I) = 1-5, F *I = 1-25, Total = 11- 275.

Table 2 shows the total score of each item and the total score of ethical dilemma. Participant scored higher in item seven —Continue to participate in care for a hopelessly ill person who is being sustained on the ventilator, when no one will make a decision to withdraw support with a mean of 13.614 and SD 7.61809. Item nine —Assist a physician who, in my opinion, is providing incompetent care is followed by a Mean and ± SD of 12.192 and ± 7.69376. The lowest score was on item two —Witness healthcare providers giving “false hope” to a patient or a family with a Mean ± SD of 6.2202 and ±4.57319. The total mean score of ethical dilemma among the study sample was 101.4128 ±32.74486 which indicated moderate ethical dilemma.

Table 3. The Correlation between Ethical Dilemma and Decision Making.

	Decision making									
	A		B		C		D		Total	
	Cc	P. value	Cc	P. value	Cc	P. value	Cc	P. value	Cc	P. value
Ethical Dilemma	.136	.096	.149	.015	.76	.038	.083	.027	.102	.029

P=probability value, NS: Non-Significant at P > 0.05, S: Significant at P < 0.05

Table 3 shows there was a significant correlation between ethical dilemma and subscales B, C, and D ($p=.015$, $.038$, and $.027$), respectively. Regarding the total score of decision making, there was a significant correlation between ethical dilemma and total decision making ($p=.029$).

4. Discussion

The data analysis finding showed the distribution of the sample according to demographic characteristics, which revealed that the mean age was 25.3 years. This finding was consistent with Barlem et al. (2012), which studied Ethical Dilemma among nurses to get a better understanding of the nurses' perceptions about ethical dilemma, as well as the intensity and frequency of ethical Dilemma, which found the majority of the sample age was between 20 to 31 years was 60% [14]. According to the researcher's opinion, most hospital ICU nurses were young because the ICU work hard and need young age nurses. This study reported 43.1 % of participants were male, and 56.9 % were female. This finding consists with Hu et al. (2020) who conducted a study in 6 general hospitals in Jingzhou to investigate the current status and influencing factors of the quality of nurses in (ICU) the participant of this study was 11.5 % male and 88.5 % female [15]. The levels of education among ICU nurses in this study were Bachelor's degree (45.9%), followed by (33.9) of them were diploma level, (16.5) of them were nursing school and (3.7) of them was master and Ph.D. Sirilla (2017) conducted a study on Ethical Dilemma in nurses providing direct patient care, and the majority (69.3%) of the respondents had a BSN. According to research, nurses in ICU need to be educated such as BNS because the patient in this place needs a high level of care [16]. The results show about (62.4%) of participants were morning shift and (37.6%) were on night shift and this result study by Robae et al. (2018) was done to perceive Ethical Dilemma among nurses in Tehran. The majority of the nurses (48.2%) were working in rotating shifts. This result means every country had a different system for the type of shift in the nurse's profession [17]. Also, the results show about (56.0%) of participants was single and about 43.1% of participants were married, these results agree with study in Iranian by Bayat et al. (2019) assessed Ethical Dilemma in Iranian nurses, and about 78.7% were married [18].

The ethical dilemma of nurses working in critical care unit in this study was moderate with a total mean score (101.4) and with SD (32.7), and this is finding a study similarly in Treviso, Italy by Lusignani et al. (2017) to assess the frequency, intensity, and level of Ethical Dilemma perceived by nurses working in medical, surgical and intensive care units. The present study's findings indicate a moderate level of Ethical Dilemma among nurses working in medical, surgical, and intensive-care settings [19]. Another study by Hamric et al. (2012) to assess Ethical Dilemma among nurses in the United States has also found similar findings of moderate Ethical Dilemma with a mean score (91.53) and SD (44.24) [20]. Epstein et al. (2019) conducted a study to understand Ethical Dilemma among health care professionals. The finding was moderate Ethical Dilemma for nurses with a mean score (112.3) and SD (73.2) [21]. The ICU nurses feel Ethical Dilemma because they deal with critical patients, do difficult work, and are exposed to many challenging situations and events [1].

The results show a correlation between Ethical Dilemma and CDMNS ($p=.029$). This finding consists with a study by Berhie et al. (2020) in Ethiopia that was found that nurses frequently experienced Ethical Dilemma in clinical settings Perceived powerlessness in decision making [22]. Also, another study in Houston to assess Ethical Dilemma and decision-making in ICU nurses found a relationship between Ethical Dilemma and decision- making [23]. ICU nurses express Ethical Dilemma because of the ICU environment and patients caring and emergencies that happened suddenly in the ICU, and other many factors. This Ethical Dilemma will affect decision-making during nursing care [10].

5. Conclusion

The results of the current study accepted just the fourth research hypotheses that stated there is a significant correlation between Ethical Dilemma and decision making among nurses in the intensive care unit. Although CDMN was good among ICU nurses, they also suffered from moderate ED, which affected BO and STS, and the result can be negative effects on quality of care. Although ED did not affect nurses' CS, it is still an important issue that nurses may face in ICUs. Indeed, high levels of BO and STS were significantly related among ICU nurses. Despite the different tasks and duties of nurses in ICUs (as they deal with critically ill patients), ED can be an issue to be faced in ICUs. Since nurses work in critical units this could be the cause of distress. The nurses in ICUs with age become more distressed and increase burnout this will affect the quality of care and also the different levels of education degree of nurses and without job descriptions that were affected on CDMN.

Recommendations

Increased cooperation, nurse autonomy, and multidisciplinary respect likely lead to a greater appreciation of nursing input and a reduction in ethical Dilemma. It is recommended to develop strategies to reduce ED and improve nurse satisfaction, and quality patient care. A recommendation to the ministry of health to activate the job description for nurses. Focusing on CDMN in the curricula of nursing colleges. Improve the quality of life of ICU nurses through financial and moral support.

Implication

In education this study can improve student nurse and nurses about effect of ethical and training about CDMN, regarding practice help to improve professional quality of nurses and CDMN that leads to improved quality of care, and in research this study represents data base for another study about ethical or CDMN.

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