

Ethical Governance, Medico-Legal Accountability, and Clinical Decision-Making in Nursing Practice: A Systematic Review of Awareness, Ethical Challenges, and Institutional Determinants

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Abstract

Background: Nurses constitute the largest segment of the healthcare workforce and remain central to patient care delivery across clinical settings. Increasing complexity in healthcare systems, expansion of patient rights frameworks, technological transformation, and rising medico-legal scrutiny have substantially intensified the ethical and legal responsibilities of nursing professionals. Ethical conflicts related to autonomy, end-of-life decision-making, informed consent, confidentiality, and professional accountability continue to challenge nursing practice globally.

Objective: This systematic review was conducted to synthesize contemporary evidence regarding awareness, practices, ethical dilemmas, medico-legal responsibilities, and institutional challenges encountered by nurses in clinical healthcare settings.

Methods: A systematic review was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. Electronic databases including PubMed/MEDLINE, Scopus, and Web of Science were systematically searched for studies published between January 2010 and December 2025. Eligible studies included quantitative, qualitative, mixed-method, and review studies examining ethical or medico-legal issues among nurses in hospital or critical

care settings. Data extraction and methodological quality assessment were conducted using standardized appraisal frameworks, including the Joanna Briggs Institute (JBI) Critical Appraisal Checklist and the Critical Appraisal Skills Programme (CASP) tool. A narrative thematic synthesis approach was adopted because of methodological heterogeneity across studies.

Results: Thirty studies met the eligibility criteria and were included in the final synthesis. The findings demonstrated considerable variability in nurses' awareness of medico-legal responsibilities, particularly concerning legal accountability, negligence, documentation standards, and informed consent processes. Ethical dilemmas were most frequently reported in intensive care units and end-of-life care settings, where conflicts involving withdrawal of life support, futile care, patient autonomy, and family-centered decision-making contributed substantially to moral distress. Although awareness regarding confidentiality principles was generally high, implementation gaps persisted in relation to electronic health records, data protection, and informal clinical communication practices. Institutional determinants including ethics education, organizational support systems, policy availability, and leadership culture emerged as major factors influencing ethical competence and medico-legal preparedness.

Conclusion: Ethical and medico-legal challenges represent a critical dimension of contemporary nursing practice and significantly influence patient safety, professional integrity, and healthcare quality. The review highlights the urgent need for structured ethics education, strengthened institutional governance frameworks, role clarification in informed consent practices, and organizational mechanisms to mitigate moral distress among nurses. Developing ethically resilient and legally competent nursing systems is essential for advancing patient-centered, accountable, and high-quality healthcare delivery.

Keywords: Nursing Ethics, Medico-Legal Issues, Ethical Decision-Making, Intensive Care Unit Ethics, Nursing Administration, Professional Accountability

1. Introduction

Nursing professionals constitute the ethical and operational foundation of healthcare systems and remain continuously engaged in direct patient care across preventive, curative, rehabilitative, and palliative settings. The expanding complexity of healthcare delivery, rapid technological advancement, increasing patient awareness, and evolving legal frameworks have substantially transformed the scope of nursing responsibilities in contemporary clinical practice. Beyond technical competence, nurses are now expected to demonstrate ethical sensitivity, legal accountability, professional integrity, and evidence-informed decision-making in highly dynamic healthcare environments.

Ethics in nursing extends beyond abstract moral philosophy and functions as a practical framework guiding clinical judgment, interpersonal conduct, patient advocacy, and professional responsibility. Core ethical principles including autonomy, beneficence, non-maleficence, justice, fidelity, and veracity form the normative basis of nursing practice and influence daily clinical decision-making.^(1,2) However, the translation of these ethical principles into real-world practice often becomes challenging because clinical care frequently involves uncertainty, emotional distress, competing interests, institutional constraints, and resource limitations.

Ethical dilemmas are particularly prominent in intensive care units (ICUs), emergency departments, oncology settings, and end-of-life care environments where nurses frequently encounter morally complex situations involving withdrawal or withholding of life-sustaining treatment, do-not-resuscitate (DNR) decisions, surrogate decision-making, futile care, organ donation, and conflicts between patient autonomy

and family preferences.(3,4) Such circumstances often generate moral distress among nurses, especially when they are unable to act according to their ethical judgment because of hierarchical decision-making structures, institutional policies, or physician-dominated care models.(5,6) Persistent moral distress has been associated with burnout, emotional exhaustion, reduced job satisfaction, workforce attrition, and compromised quality of patient care.(7)

Simultaneously, medico-legal accountability in nursing practice has gained increasing significance due to rising healthcare litigation, expansion of patient rights movements, increased public awareness, and stricter regulatory oversight. Nurses are legally obligated to maintain accurate documentation, preserve patient confidentiality, ensure safe medication administration, participate appropriately in informed consent processes, and adhere to professional standards of care.(8) Failure to fulfill these responsibilities may result in negligence claims, disciplinary action, legal liability, and adverse patient outcomes.

Among the various medico-legal domains, informed consent and confidentiality remain particularly important. Although nurses are often not the primary authority responsible for obtaining consent, they play a crucial role in patient education, clarification of treatment-related information, assessment of patient understanding, and reinforcement of voluntary decision-making.(9) Similarly, increasing digitization of healthcare systems and widespread use of electronic health records have introduced new ethical concerns regarding privacy, cybersecurity, unauthorized disclosure of patient information, and ethical management of digital data.(10)

Existing evidence suggests that awareness and understanding of ethical and medico-legal responsibilities among nurses remain inconsistent across healthcare systems and geographical settings. Studies conducted in low- and middle-income countries frequently report deficiencies in legal literacy, ethical training, institutional support, and policy implementation.(11,12) Even within developed healthcare systems, nurses continue to experience uncertainty regarding ethical authority, professional accountability, and legal obligations in complex clinical scenarios.(13) These disparities are influenced by educational background, clinical experience, organizational culture, leadership support, workload pressures, and accessibility of ethics training programs.

Over the past decade, substantial literature has emerged examining ethical conflicts, moral distress, medico-legal awareness, confidentiality practices, and ethical decision-making among nurses. However, much of the available evidence remains fragmented across specialties, regions, and methodological approaches. Furthermore, previous reviews have often focused narrowly on isolated domains such as moral distress or ICU ethics without comprehensively integrating broader medico-legal and institutional dimensions of nursing practice.

Therefore, a comprehensive synthesis of current evidence is necessary to critically evaluate the scope, determinants, and implications of ethical and medico-legal challenges encountered by nurses in contemporary healthcare settings. Such synthesis is essential not only for strengthening professional practice but also for informing healthcare policy, nursing education, institutional governance, and patient safety frameworks.

The present systematic review was undertaken to synthesize global evidence regarding ethical and medico-legal issues in nursing administration and clinical nursing practice, with particular emphasis on awareness levels, ethical dilemmas, informed consent practices, confidentiality challenges, moral distress, and institutional determinants influencing ethical competence among nurses. The review further aims to identify gaps in existing evidence and propose strategic directions for strengthening ethical preparedness and medico-legal accountability within nursing systems.

2. Methods

Study Design and Reporting Framework

The present systematic review was conducted to critically evaluate the existing evidence on ethical and medico-legal issues encountered in nursing practice and administration. The review methodology was developed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines to ensure methodological transparency, scientific rigor, and reproducibility. A systematic approach was adopted to identify, appraise, and synthesize studies examining ethical awareness, medico-legal responsibilities, informed consent practices, confidentiality concerns, moral distress, and institutional determinants affecting nursing professionals in clinical settings.

The review was conceptualized with the understanding that ethical competence in nursing is not merely an individual attribute but an interaction between professional training, institutional culture, healthcare governance, and socio-legal expectations. Therefore, both empirical and interpretive evidence were considered essential for generating a comprehensive understanding of the subject.

Eligibility Criteria

The eligibility criteria were formulated using the Population–Concept–Context (PCC) framework.

Studies were included if they involved registered nurses, nursing officers, nurse practitioners, or clinical nursing staff working in hospital-based healthcare settings. Eligible studies were required to address at least one of the following domains: ethical dilemmas in nursing practice, medico-legal awareness, legal accountability, informed consent, confidentiality and privacy, moral distress, end-of-life care ethics, or ethical decision-making in critical care environments.

Quantitative studies, qualitative investigations, mixed-method studies, systematic reviews, and observational studies published in the English language between January 2010 and December 2025 were considered eligible for inclusion. Studies conducted in intensive care units, emergency departments, oncology units, medical wards, surgical wards, and other clinical care environments were included to ensure broad contextual representation.

Studies focusing exclusively on physicians or non-nursing healthcare professionals without separate nursing-specific findings were excluded. Editorials, opinion articles, conference abstracts, case reports, and studies lacking sufficient methodological clarity were also excluded from the review.

Information Sources and Search Strategy

A comprehensive electronic literature search was conducted using PubMed/MEDLINE, Scopus, and Web of Science databases. Additional manual searching of reference lists from relevant articles was performed to identify potentially eligible studies not retrieved through database searching. Grey literature and supplementary sources were also explored through Google Scholar to minimize publication bias and enhance retrieval sensitivity.

The search strategy was designed using a combination of Medical Subject Headings (MeSH), Boolean operators, and free-text keywords related to nursing ethics and medico-legal practice. Keywords included combinations of terms such as “nursing ethics,” “ethical dilemmas,” “medico-legal issues,” “legal responsibility,” “moral distress,” “informed consent,” “patient confidentiality,” “critical care ethics,” and “nursing administration.”

The search strategy was refined iteratively to improve specificity and sensitivity across databases. All searches were updated until December 2025 to ensure inclusion of the most recent evidence.

Study Selection Process

All retrieved records were exported into reference management software, and duplicate studies were remo-

ved before screening. The study selection process was conducted in three sequential stages involving title screening, abstract screening, and full-text assessment.

Initially, titles were screened for relevance to the objectives of the review. Abstracts of potentially eligible studies were then independently evaluated against predefined inclusion criteria. Full-text articles meeting eligibility requirements were subsequently assessed in detail by two independent reviewers.

Disagreements during study selection were resolved through discussion and consensus to minimize selection bias. The entire screening and selection process was documented systematically using the PRISMA 2020 flow framework.

Data Extraction

Data extraction was performed using a structured and standardized extraction form developed specifically for this review. The extracted variables included author details, year of publication, country of study, study design, sample characteristics, clinical setting, primary ethical or medico-legal issue investigated, key findings, and major conclusions.

Special attention was given to extracting information related to ethical awareness, legal accountability, moral distress, confidentiality practices, informed consent processes, and institutional support mechanisms. Extraction was performed independently to enhance accuracy and reduce interpretive bias.

Quality Assessment

The methodological quality of included studies was critically appraised using established evaluation tools appropriate to study design. Quantitative and observational studies were assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist, whereas qualitative studies were evaluated using the Critical Appraisal Skills Programme (CASP) framework.

Each study was assessed for methodological rigor, clarity of objectives, sampling adequacy, validity of data collection methods, analytical transparency, and risk of bias. Studies were categorized as low, moderate, or high risk of bias based on overall appraisal outcomes. Quality assessment findings were incorporated during interpretation of the evidence to ensure balanced synthesis and scientific reliability.

Data Synthesis

Considerable heterogeneity was observed among included studies with respect to methodology, outcome measures, clinical settings, and thematic focus. Therefore, quantitative meta-analysis was not considered methodologically appropriate.

Instead, a narrative thematic synthesis approach was employed to identify recurring patterns, conceptual relationships, and thematic convergence across studies. The findings were organized into major thematic domains including:

1. Awareness of medico-legal responsibilities
2. Ethical dilemmas in critical care and end-of-life settings
3. Informed consent and professional accountability
4. Confidentiality and data protection practices
5. Moral distress and institutional determinants of ethical competence

This thematic approach enabled a deeper interpretive understanding of ethical and medico-legal challenges beyond simple descriptive aggregation of findings.

Ethical Considerations

As the review was based exclusively on analysis of previously published literature, direct human participation was not involved and formal ethical approval was not required. Nevertheless, the review was

conducted with strict adherence to principles of academic integrity, transparency, and responsible scientific reporting.

3. Results

Study Selection

The literature search yielded a total of 1,245 records from PubMed, Scopus, and Web of Science databases. After removal of duplicate entries, 1,020 studies remained for title and abstract screening. A substantial number of records were excluded during the preliminary screening stage because they were unrelated to nursing ethics, medico-legal practice, or clinical nursing responsibilities.

Subsequently, 170 full-text articles were assessed in detail for eligibility. Following critical evaluation against the predefined inclusion criteria, 20 studies were included in the final systematic review. The selection process reflected a deliberate effort to include studies representing diverse healthcare settings, methodological approaches, and geographical regions while maintaining scientific relevance and methodological adequacy.

The PRISMA flow diagram illustrating the study selection process should be inserted here as **Figure 1**.

Figure 1: PRISMA 2020 Flow Diagram Illustrating the Study Selection Process for the Systematic Review

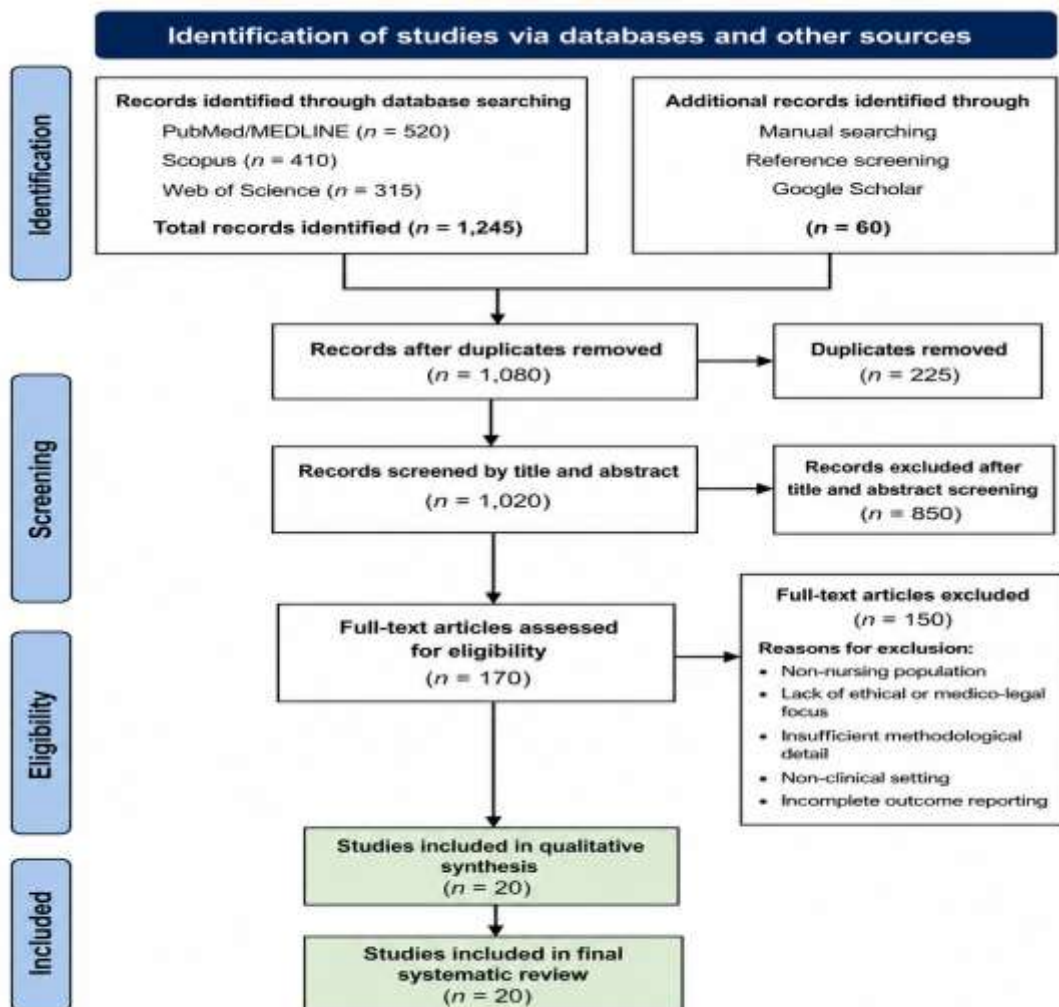


Figure 1: PRISMA 2020 Flow Diagram of Study Selection Process

Characteristics of Included Studies

The included studies demonstrated considerable methodological and geographical diversity, reflecting the global relevance of ethical and medico-legal concerns in nursing practice. Most studies were conducted in hospital-based clinical environments, particularly intensive care units, emergency departments, oncology settings, and general medical wards where ethical complexity and decision-making burden are especially pronounced.

The review incorporated cross-sectional studies, qualitative investigations, systematic reviews, narrative reviews, and mixed-method research designs. Sample sizes varied widely, ranging from small qualitative cohorts exploring lived ethical experiences to large multicentric surveys involving several thousand nursing professionals.

A substantial proportion of studies originated from North America and Europe, while an increasing number of investigations from Asia and Middle Eastern countries reflected growing academic attention toward nursing ethics and professional accountability in developing healthcare systems. Despite regional differences, several ethical themes emerged consistently across healthcare settings and cultural contexts.

A summary table of included studies should be presented here as **Table 1: Characteristics of Included Studies**.

Table 1: Characteristics of Included Studies

Sr. No.	Author and Year	Country/Region	Study Design	Clinical Setting	Major Focus Area	Key Findings
1	Ulrich et al., 2010(14)	USA	Cross-sectional	Hospital	Ethical stress in nursing	Nurses frequently experienced ethical stress associated with patient care responsibilities and institutional constraints.
2	Alanazi et al., 2024(15)	USA	Review	ICU	End-of-life decision-making	Ethical conflicts commonly emerged during limitation of life-sustaining treatment.
3	Aiken et al., 2014(16)	Multi-country Europe	Cross-sectional	Hospital	Nursing practice and patient outcomes	Better professional nursing environments were associated with improved patient outcomes and professional accountability.
4	Numminen et al., 2017(17)	Finland	Systematic Review	Hospital	Ethical competence	Ethical competence was strongly associated with education, leadership, and institutional culture.
5	Park et al., 2015(18)	South Korea	Survey Study	ICU	Ethical dilemmas	ICU nurses frequently encountered conflicts involving autonomy and futile care.

6	Elpern et al., 2015(6)	USA	Qualitative Study	ICU	Moral distress	Persistent moral distress contributed to emotional exhaustion and burnout among nurses.
7	McAndrew et al., 2018(19)	International	Review	ICU	Moral distress science	Ethical burden in critical care significantly affected professional wellbeing.
8	Zeydi et al., 2022(20)	Iran	Systematic Review	ICU	Ethical interventions	Structured interventions improved ethical coping capacity among nurses.
9	Beheshteen et al., 2024(21)	International	Systematic Review	ICU	Determinants of moral distress	Organizational and communication barriers were major contributors to moral distress.
10	Qu et al., 2025(22)	International	Meta-analysis	ICU	Distress prevalence	High prevalence of moral distress was observed among critical care nurses globally.
11	Ahmad et al., 2022(23)	Middle East	Review	ICU	Distress-related factors	Staffing shortages and lack of institutional support intensified ethical burden.
12	Carnevale et al., 2020(24)	Canada	Review	ICU	Ethical conflict	Ethical uncertainty frequently emerged in life-support decision-making.
13	Rushton, 2016(7)	USA	Review	Critical Care	Moral resilience	Ethical resilience training improved coping and decision-making ability.
14	Ebrahimi et al., 2015(25)	Iran	Qualitative Study	Hospital	Ethical decision-making	Ethical decisions were influenced by hierarchy, culture, and communication gaps.
15	Dehghan i et al., 2015(26)	Iran	Cross-sectional	Hospital	Ethical practice	Deficiencies in ethics education affected professional conduct and accountability.
16	Sankar et al., 2003(27)	USA	Review	Hospital	Confidentiality	Confidentiality remained central to patient trust and ethical care delivery.
17	Erlen, 2006(28)	USA	Review	Hospital	Privacy ethics	Ethical concerns related to patient information management were increasing.

18	Hajibabae et al., 2016(29)	USA	Review	Hospital	Communication ethics	Ethical communication significantly influenced patient-centered care quality.
19	Curtis and Vincent, 2010(30)	International	Review	ICU	ICU ethics	Ethical complexity in critical care required collaborative decision-making models.
20	Truog et al., 2008(31)	USA	Review	ICU	End-of-life ethics	Ethical guidelines were essential for improving ICU end-of-life care practices.

Quality Assessment Findings

Overall, the methodological quality of the included literature was moderate to high. Most quantitative studies demonstrated satisfactory methodological rigor with clearly defined objectives, appropriate sampling strategies, and valid outcome assessment methods. Qualitative studies generally provided meaningful insights into nurses’ ethical experiences, although a few lacked detailed reflexivity and contextual interpretation.

Certain limitations were observed across studies, particularly reliance on self-reported responses, convenience sampling techniques, and limited generalizability in institution-specific investigations. Nevertheless, the collective body of evidence provided substantial conceptual and empirical depth for thematic synthesis.

Importantly, no study was excluded solely on the basis of quality assessment because even studies with moderate methodological limitations contributed valuable contextual understanding regarding ethical experiences and medico-legal challenges in nursing practice.

Awareness of Medico-Legal Responsibilities

One of the most consistent findings across the reviewed literature was the variability in nurses’ awareness of medico-legal responsibilities. While many nursing professionals demonstrated adequate understanding of basic professional duties such as documentation, patient rights, and confidentiality, substantial gaps persisted in areas involving legal accountability, negligence, professional liability, and ethical jurisprudence.

The deficiencies were particularly evident in low- and middle-income healthcare settings where formal ethics education and medico-legal training were often limited. In several studies, nurses expressed uncertainty regarding the legal implications of clinical decision-making, delegation of responsibilities, and documentation errors. This lack of clarity appeared to increase vulnerability to ethical conflict and professional stress.

Conversely, studies conducted in healthcare systems with structured ethics education and institutional governance frameworks reported comparatively higher levels of ethical awareness and professional confidence. However, even within these settings, complex medico-legal scenarios involving end-of-life decisions and consent processes continued to generate uncertainty among nursing professionals.

Ethical Dilemmas in Critical Care and End-of-Life Settings

Ethical dilemmas were reported most frequently in intensive care units and end-of-life care environments.

Nurses working in these settings described repeated exposure to emotionally and ethically demanding situations involving withdrawal of life-sustaining treatment, futile care, do-not-resuscitate decisions, and conflicts between patient autonomy and family preferences.

A recurring observation across studies was the experience of moral distress among nurses who perceived themselves as unable to act according to their ethical judgment because of institutional hierarchy, physician-dominated decision-making, or unclear treatment goals. Persistent involvement in aggressive or non-beneficial treatment approaches often contributed to emotional exhaustion, ethical fatigue, and professional dissatisfaction.

Several investigations highlighted that ethical distress was not merely an individual psychological burden but also a systemic organizational issue affecting workforce retention, interprofessional relationships, and quality of patient care. The findings collectively suggest that ethical complexity in critical care environments requires not only individual competence but also institutional ethical support mechanisms.

Informed Consent and Professional Accountability

The role of nurses in informed consent processes emerged as an area of considerable ambiguity. Although nurses frequently functioned as patient educators, communicators, and advocates, their formal legal responsibilities within consent procedures were inconsistently defined across healthcare institutions.

Many nurses reported inadequate training regarding legal aspects of informed consent, particularly in relation to documentation standards, assessment of patient comprehension, and management of vulnerable patients. In high-pressure clinical environments, informed consent was occasionally reduced to procedural documentation rather than a meaningful ethical interaction centered on patient autonomy and understanding.

The reviewed evidence indicates that strengthening nurses' conceptual understanding of informed consent is essential for ensuring ethical patient-centered care and reducing medico-legal vulnerability within clinical practice.

Confidentiality and Data Protection Challenges

Awareness regarding patient confidentiality was generally high among nursing professionals, reflecting recognition of privacy as a fundamental ethical obligation. However, practical implementation gaps remained evident, particularly with increasing digitization of healthcare systems and widespread use of electronic health records.

Several studies reported concerns related to informal communication practices, unauthorized information sharing, inadequate cybersecurity awareness, and ethical handling of digital patient data. Nurses acknowledged that technological transformation has significantly expanded the complexity of confidentiality management beyond traditional verbal and written communication.

The findings underscore the need for contemporary ethics education that integrates digital professionalism, cybersecurity ethics, and responsible data governance within nursing practice.

Institutional Determinants of Ethical Competence

The review consistently demonstrated that ethical competence is strongly influenced by institutional culture and organizational support systems. Nurses working in environments with structured ethics training programs, accessible institutional policies, ethical leadership, and multidisciplinary collaboration reported greater confidence in ethical decision-making.

Conversely, lack of administrative support, staffing shortages, excessive workload, and absence of ethics consultation mechanisms were frequently associated with increased moral distress and reduced ethical

resilience. Institutional climate therefore emerged as a major determinant shaping nurses’ ability to translate ethical principles into clinical practice.

Several studies emphasized that ethical competence should not be viewed solely as an individual responsibility but rather as an organizational commitment requiring leadership engagement, continuing education, and policy integration.

Table 2: Major Themes Identified Across Included Studies

Major Theme	Core Findings	Clinical Implications	Common Challenges
Medico-Legal Awareness	Awareness levels among nurses were variable, particularly regarding negligence, legal accountability, and documentation practices.	Greater legal literacy is required to strengthen professional accountability and patient safety.	Inadequate formal training, lack of policy awareness, and inconsistent institutional guidance.
Ethical Dilemmas in Critical Care	ICU and end-of-life settings generated frequent ethical conflicts related to autonomy, futile care, and life-support decisions.	Ethical preparedness is essential for nurses working in high-intensity care environments.	Emotional burden, hierarchical decision-making, and conflicting family expectations.
Moral Distress and Burnout	Persistent ethical conflict contributed significantly to moral distress, burnout, and job dissatisfaction.	Organizational support systems are necessary for workforce wellbeing and ethical resilience.	Emotional exhaustion, ethical fatigue, and limited participation in decision-making.
Informed Consent Practices	Nurses frequently participated in patient education but lacked clearly defined legal roles in consent procedures.	Clearer role delineation can improve patient-centered communication and legal compliance.	Role ambiguity, insufficient legal training, and procedural rather than ethical consent practices.
Confidentiality and Data Protection	Awareness regarding confidentiality was generally high; however, implementation gaps persisted in digital healthcare settings.	Ethical training must incorporate digital professionalism and cybersecurity awareness.	Informal communication practices, electronic data handling, and privacy risks.
Institutional Determinants of Ethical Practice	Ethical competence improved in institutions with structured training and ethical leadership.	Ethical governance frameworks can strengthen clinical decision-making and reduce distress.	Staffing shortages, workload pressure, and absence of ethics consultation systems.
Educational and Organizational Interventions	Ethics workshops, simulation-based learning, and ethics committees	Continuous professional ethics education should be integrated into healthcare systems.	Resource limitations and inconsistent implementation across institutions.

	positively influenced ethical preparedness.		
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Interventions Reported Across Studies

A number of studies evaluated interventions designed to improve ethical preparedness and reduce medico-legal vulnerability among nurses. Ethics workshops, simulation-based learning, structured communication training, ethics consultation services, and institutional ethics committees were among the most commonly reported interventions.

These strategies were associated with improved ethical awareness, greater confidence in clinical decision-making, enhanced interdisciplinary communication, and reduction in moral distress levels. The evidence suggests that sustained institutional investment in ethics education and governance can substantially strengthen professional accountability and quality of patient care.

4. Discussion

The present systematic review provides a comprehensive understanding of the ethical and medico-legal challenges encountered by nurses in contemporary clinical practice. The findings indicate that ethical competence in nursing extends far beyond theoretical knowledge and is deeply influenced by institutional culture, professional autonomy, legal literacy, and the emotional realities of patient care. Across healthcare systems, nurses continue to function at the intersection of scientific responsibility, human suffering, and moral accountability, often under conditions of considerable clinical and psychological pressure.

One of the most important observations emerging from this review is the persistent variability in medico-legal awareness among nursing professionals. Although nurses generally demonstrate familiarity with basic ethical obligations such as patient confidentiality and professional conduct, substantial deficiencies remain in areas involving legal accountability, negligence, informed consent, and ethical jurisprudence. This gap is particularly concerning because modern healthcare systems increasingly operate within legally scrutinized and technologically complex environments where errors in ethical judgment or documentation may have serious professional and patient-care consequences.

The findings also reveal that ethical dilemmas are especially concentrated within intensive care and end-of-life settings. In these environments, nurses are repeatedly exposed to decisions involving withdrawal of life support, futile treatment, resuscitation preferences, and conflicts between patient autonomy and family expectations. Such situations demand not only technical competence but also ethical maturity and emotional resilience. The review demonstrates that many nurses experience moral distress when they are unable to participate meaningfully in clinical decision-making or when institutional hierarchies limit their ethical agency.

Importantly, moral distress should not be interpreted merely as an emotional response of individual healthcare workers. Rather, it reflects deeper structural and organizational tensions within healthcare systems. Persistent exposure to ethically conflicting situations contributes to burnout, emotional fatigue, reduced job satisfaction, and professional disengagement. These findings reinforce the growing international recognition that ethical climate is a critical determinant of workforce sustainability and quality of care.

Another significant finding concerns the ambiguous role of nurses in informed consent processes. While nurses frequently serve as patient advocates and communicators, their legal and ethical responsibilities within consent procedures remain inadequately defined in many institutions. In practice, informed consent

is sometimes reduced to procedural formalities rather than a genuine process of patient understanding and autonomous decision-making. The review suggests that strengthening nurses' participation in ethical communication and consent-related education could substantially improve patient-centered care.

The review further highlights emerging ethical concerns associated with digital healthcare systems and electronic health records. Although awareness regarding confidentiality principles remains relatively high, practical challenges related to data sharing, informal communication, cybersecurity, and digital professionalism are becoming increasingly relevant. Ethical frameworks developed for traditional healthcare environments may no longer be sufficient in the context of rapidly evolving digital medicine. Therefore, ethical education in nursing must evolve simultaneously with technological transformation.

A particularly encouraging finding across the included studies is the positive influence of institutional support systems on ethical competence. Nurses working within organizations that promote ethics education, interdisciplinary collaboration, transparent leadership, and ethical consultation mechanisms consistently reported greater confidence in clinical decision-making and lower levels of moral distress. This observation emphasizes that ethical excellence cannot be achieved solely through individual professionalism; it requires organizational commitment and governance support.

The findings of this review carry important implications for nursing education, healthcare administration, and policy development. Ethical and medico-legal training should not remain confined to isolated academic modules but should become an integral and continuous component of professional nursing development. Simulation-based ethics training, reflective learning, communication workshops, and institutional ethics committees may play a valuable role in strengthening ethical preparedness among nurses.

From a broader perspective, the review underscores that ethical nursing practice is fundamentally linked to the quality, humanity, and credibility of healthcare systems themselves. In an era characterized by technological advancement, increasing patient expectations, and growing legal accountability, nurses require not only clinical competence but also ethical clarity, institutional trust, and professional empowerment. Strengthening ethical governance within nursing systems is therefore not simply a professional necessity but an essential prerequisite for safe, compassionate, and patient-centered healthcare delivery.

5. Limitations

While the present systematic review provides important insights into ethical and medico-legal challenges in nursing practice, certain limitations should be acknowledged to ensure balanced interpretation of the findings.

First, the review included only studies published in the English language. Consequently, relevant evidence published in other languages may not have been captured, particularly from regions where nursing ethics and medico-legal practices are influenced by distinct cultural and healthcare frameworks. This may have introduced a degree of language and publication bias.

Second, considerable heterogeneity existed among the included studies in terms of study design, sample characteristics, clinical settings, and outcome assessment methods. Because of this methodological diversity, quantitative meta-analysis was not feasible, and the findings were synthesized narratively. Although narrative synthesis allowed broader conceptual interpretation, it may limit statistical comparability across studies.

Another important limitation relates to the predominance of cross-sectional and self-reported studies within the available literature. Ethical awareness, moral distress, and medico-legal practices were frequently assessed through self-administered questionnaires, which may be influenced by recall bias, social desirability bias, and subjective interpretation. Therefore, the reported levels of awareness and ethical competence should be interpreted cautiously.

Additionally, many studies were conducted within specific institutional or regional settings, limiting the generalizability of findings across different healthcare systems. Ethical decision-making in nursing is strongly shaped by organizational culture, legal frameworks, resource availability, and sociocultural values; therefore, variations across countries and institutions are expected.

The review also identified a relative scarcity of longitudinal and interventional research examining long-term outcomes of ethics education, institutional reforms, and policy-based interventions. Most available evidence remains descriptive in nature, highlighting the need for stronger analytical and implementation-oriented research in this field.

Despite these limitations, the review synthesizes a broad and internationally relevant body of evidence that contributes meaningfully to the understanding of ethical governance, professional accountability, and medico-legal preparedness in nursing practice. The findings therefore provide a valuable foundation for future research, policy development, and institutional strengthening.

6. Conclusion

The present systematic review demonstrates that ethical and medico-legal challenges have become an inseparable component of contemporary nursing practice. As healthcare systems continue to evolve in complexity, nurses are increasingly required to navigate situations that demand not only clinical expertise but also ethical judgment, legal awareness, emotional resilience, and professional accountability.

The findings reveal that although awareness regarding fundamental ethical principles is generally present among nursing professionals, substantial gaps persist in medico-legal literacy, informed consent practices, legal accountability, and management of ethically complex clinical situations. These deficiencies become particularly visible in critical care and end-of-life settings where nurses frequently encounter moral conflict, emotional burden, and institutional constraints during patient-centered decision-making.

The review further highlights that ethical competence is profoundly influenced by organizational culture and institutional support systems. Healthcare environments characterized by ethical leadership, structured training programs, interdisciplinary collaboration, and accessible ethics consultation mechanisms consistently foster greater professional confidence and reduced moral distress among nurses. Conversely, inadequate institutional support contributes to ethical fatigue, burnout, and compromised quality of care. In the context of rapidly advancing healthcare technologies and increasing legal scrutiny, ethical preparedness in nursing can no longer remain limited to theoretical education alone. It must evolve into a continuous and practice-oriented professional process integrating ethical reasoning, communication skills, digital professionalism, and medico-legal accountability within everyday clinical care.

Ultimately, strengthening ethical governance in nursing is not merely an academic or administrative objective; it is central to the preservation of patient dignity, professional integrity, and public trust in healthcare systems. Investment in ethics education, institutional policy strengthening, and supportive clinical environments will be essential for developing ethically resilient nursing systems capable of delivering safe, compassionate, and accountable healthcare in the modern era.

7. Future Directions and Practical Implications

The evolving landscape of healthcare demands a parallel evolution in ethical preparedness and medico-legal competence among nursing professionals. The findings of this review indicate that ethical practice in nursing can no longer be approached as a static academic subject confined to professional codes or classroom instruction. Instead, it must be recognized as a dynamic clinical competency that continuously adapts to technological advancement, patient expectations, legal reforms, and changing models of healthcare delivery.

Future research should move beyond descriptive assessments of ethical awareness and focus increasingly on interventional and implementation-based approaches. There is a particular need for longitudinal studies evaluating the effectiveness of structured ethics education, simulation-based learning, institutional ethics committees, and resilience-building interventions in improving clinical decision-making and reducing moral distress among nurses. Such evidence would provide stronger scientific foundations for policy formulation and educational reform.

An equally important area for future exploration involves the ethical implications of digital healthcare systems, artificial intelligence-assisted decision-making, electronic health records, telemedicine, and data governance. As healthcare becomes progressively technology-driven, nurses will require new competencies related to digital ethics, cybersecurity awareness, and responsible management of patient information. Ethical frameworks developed for conventional healthcare environments may prove insufficient in addressing these emerging complexities.

From a practical perspective, healthcare institutions must recognize that ethical competence flourishes most effectively within supportive organizational cultures. Ethics training programs should therefore be integrated into continuing professional development rather than treated as isolated academic exercises. Institutional leadership has a critical role in fostering open communication, interdisciplinary respect, transparent decision-making, and psychological safety for nursing professionals involved in ethically challenging situations.

Furthermore, the review underscores the necessity of strengthening the role of nurses within clinical decision-making processes. Nurses spend substantial time in direct patient interaction and often possess unique insights into patient suffering, preferences, and psychosocial needs. Their ethical perspectives should therefore be incorporated more actively into multidisciplinary care planning, particularly in critical care and end-of-life settings.

Ultimately, the future of ethically responsible healthcare depends not only on scientific advancement but also on preservation of humanity within clinical practice. Ethical nursing care represents the convergence of compassion, accountability, professional wisdom, and scientific responsibility. Building healthcare systems that support these values will remain essential for ensuring patient dignity, professional integrity, and public trust in modern medicine.

8. Conflict of Interest

The author declares that there is no conflict of interest related to the publication of this study. The research was conducted independently without influence from any commercial organization, financial sponsor, or institutional bias. The interpretations and conclusions presented in this review are based solely on critical analysis of the available scientific literature and were prepared with the objective of maintaining academic integrity, scientific neutrality, and ethical transparency.

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