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Ethical Complexities in Advanced Nursing Practice: A Taxonomic Framework for Decision-Making and Support

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ABSTRACT: This study addresses the growing ethical challenges faced by Advanced Practice Nurses (APNs) as their clinical responsibilities expand within modern healthcare systems. These dilemmas — spanning patient autonomy versus safety, informed consent, end-of-life care, resource limitations, dual loyalty, interprofessional conflict, prescribing issues, coercive care, privacy concerns, and systemic constraints — frequently generate significant moral distress among APNs. Employing a qualitative content analysis of secondary data drawn from empirical reviews, ethical codes, and clinical case examples, the study developed a comprehensive ten-category taxonomy of ethical dilemmas. Core ethical principles — autonomy, beneficence, non-maleficence, and justice — were found to underpin most of these challenges. Findings reveal that ethical dilemmas are deeply interconnected and often intensified by institutional factors such as inadequate staffing and rigid organizational policies, which prevent APNs from acting on their ethical judgments and thereby increase moral distress. The study further identifies that structured ethics education, supportive institutional policies, and accessible ethics committees are key to strengthening ethical competence and alleviating moral distress. The resulting taxonomy serves as a practical tool for clinical training, ethics consultation, and policy development. This study presents a validated, actionable framework for understanding and navigating ethical challenges in APN practice, emphasizing that systemic support and ethics education are essential to sustaining the resilience and ethical integrity of APNs in complex healthcare environments.

Keywords: Advanced Practice Nursing, Ethical Dilemmas, Moral Distress, Taxonomy, Healthcare Ethics, Patient Autonomy, Clinical Decision-Making.

INTRODUCTION

Advanced Practice Nurses (APNs) operate within a complex nexus of clinical care, ethical decision-making, and interprofessional collaboration. As healthcare systems worldwide continue to evolve, APNs are increasingly entrusted with responsibilities that were once exclusive to

physicians, such as diagnosis, treatment initiation, and independent prescribing. These expanded roles have amplified both the visibility and gravity of ethical challenges encountered in day-to-day clinical practice.

The increasing autonomy of APNs coincides with greater exposure to ethically charged scenarios. These dilemmas span a wide spectrum, including end-of-life decision-making, resource allocation, informed consent, dual loyalty between patient advocacy and institutional mandates, and complex prescribing responsibilities, especially regarding controlled substances. Ethical challenges are further compounded in high-stakes environments such as critical care and mental health, where rapid decision-making is often required in emotionally and clinically volatile contexts. These scenarios are not merely theoretical: empirical evidence underscores the real and pressing nature of these challenges. For example, systematic reviews have documented moral distress as a frequent consequence when nurses feel ethically constrained by organizational policies or hierarchical structures (Haahr et al., 2019; Lamiani et al., 2016).

One of the central problems faced by APNs is the experience of moral distress, defined as the psychological discomfort resulting from being unable to act in accordance with one's ethical beliefs due to institutional barriers. This distress is not benign. It has been closely associated with reduced job satisfaction, burnout, and increased turnover intentions among healthcare professionals (Kim et al., 2022; Lanes et al., 2023). Inadequate support structures, such as weak ethical leadership or lack of mentorship, further intensify these issues. During healthcare crises such as the COVID-19 pandemic, these challenges have been magnified. APNs have reported heightened moral distress when faced with triage decisions, rapidly changing protocols, and limited resources, all of which strain both professional values and personal resilience (Donkers et al., 2021; Wood et al., 2022).

To navigate these challenges, APNs draw upon ethical frameworks established by professional organizations such as the International Council of Nurses (ICN) and the American Nurses Association (ANA). These frameworks emphasize foundational principles like respect for autonomy, beneficence, non-maleficence, and justice, providing a crucial moral compass (Gysin et al., 2019; Silverman et al., 2021). Yet, the application of these principles in real-world settings often proves complex, especially when ethical obligations intersect with systemic pressures or conflicting professional hierarchies. Collaborative ethics, which promote shared decision-making among interprofessional teams, are increasingly recognized as essential in resolving such dilemmas (Lanes et al., 2023).

As APN roles evolve, their ethical responsibilities increase in both scope and complexity. Delegation of critical tasks particularly in autonomous environments such as primary care demands nuanced ethical reasoning and strong professional judgment. APNs are often placed in situations requiring them to reconcile clinical urgency with patient rights, institutional protocols, and broader societal expectations. Role ambiguity and inconsistent recognition by other healthcare professionals further complicate their ethical positioning (Deschenes & Kunyk, 2019; Unsworth et al., 2022; Wood et al., 2021). These tensions underscore the need for robust ethics education and targeted mentorship to prepare APNs for their evolving ethical landscapes.

Despite the significance of ethics in APN practice, literature indicates a lack of structured, APN-specific ethics support. While many APNs are exposed to moral distress, few institutional pathways

exist to help them resolve complex dilemmas effectively. This gap is further exacerbated by limitations in professional education, inadequate access to ethics consultants, and organizational cultures that prioritize compliance over ethical reflection (Ando & Kawano, 2016; Cole et al., 2023). There is thus a pressing need to design and implement ethics support services tailored to the unique challenges of advanced practice roles (Vlerick et al., 2023).

Interdisciplinary collaboration also plays a pivotal role in shaping ethical experiences. Positive team dynamics can foster a healthy ethical climate, reducing the intensity of moral distress and promoting patient-centered care. Conversely, hierarchical or adversarial relationships within healthcare teams may amplify ethical tensions and create barriers to shared understanding. Research confirms that ethical decision-making in clinical settings is heavily influenced by interpersonal dynamics, organizational culture, and leadership quality (Lanes et al., 2023; Simonovich et al., 2022). Promoting open communication and interprofessional respect is therefore essential to building a shared ethical framework and resolving dilemmas collaboratively (Silverman et al., 2021).

Given these multifaceted challenges, this study aims to develop a taxonomic framework to systematically identify, classify, and analyze the ethical dilemmas encountered by APNs. While previous literature has explored moral distress and ethical principles in nursing, this study seeks to bridge theoretical understanding with practical categorization. By drawing on empirical literature and synthesizing recurring patterns across clinical contexts, the taxonomy offers a strategic tool to guide ethical reasoning, policy development, and ethics education for APNs. This contribution is particularly timely given the increasing visibility of APNs in health systems globally, and their critical role in delivering ethically sound, patient-centered care.

METHOD

This chapter presents the research design, data collection methods, and analytical strategies employed in the development of a taxonomy for ethical challenges in Advanced Practice Nursing (APN). The methodology draws upon secondary data sources and integrates qualitative and empirical research methods to provide a structured and evidence-based framework.

Research Design

The study adopted a qualitative content analysis approach to examine and categorize ethical dilemmas encountered by APNs. This design is well-suited for exploring complex and context-dependent phenomena such as ethical decision-making. The use of content analysis allowed for a systematic evaluation of textual data derived from empirical studies, ethical codes, and clinical descriptions.

Multiple research designs were referenced to inform this approach. Grounded theory and phenomenological designs have been effective in capturing nurses' subjective experiences with ethical dilemmas, particularly during crisis situations such as the COVID-19 pandemic (Kelley et al., 2021). Systematic reviews, like those by Haahr et al. (2019), have highlighted structural and

institutional dimensions of moral distress, supporting the need for broader policy-informed perspectives. Quantitative studies using moral distress scales (Zhao et al., 2022) provided additional insights into the prevalence and impact of ethical challenges, while mixed-methods research (Amin et al., 2024) helped contextualize ethical issues within real-world nursing practice.

Data Sources

Two primary sources of secondary data were analyzed:

- A pre-developed taxonomy of ethical challenge categories, each annotated with definitions, clinical triggers, ethical principles, consequences, and reference frameworks.
- Summarized empirical findings from published research that provided quantitative and qualitative support for each ethical category. These included scoping reviews, integrative reviews, and qualitative interviews across diverse APN settings.

These datasets collectively enabled a multidimensional exploration of ethical challenges, encompassing clinical, organizational, and interpersonal domains.

Data Analysis Procedures

The data analysis was conducted in several steps:

1. Initial Coding: Categories of ethical dilemmas were coded based on operational definitions, ethical principles involved, and situational triggers.
2. Thematic Grouping: Coded categories were clustered into broader domains (e.g., patient-centered ethics, systemic constraints, interprofessional tensions) to create a visual taxonomy
3. Cross-Referencing: Data from empirical studies were used to validate and enrich each category.
4. Literature Integration: Key concepts from integrative literature reviews were synthesized using qualitative content analysis.

Quality Assurance and Best Practices

To ensure methodological rigor, the study adhered to best practices for synthesizing empirical data:

- Systematic Selection: Literature was selected based on predefined inclusion criteria to avoid selection bias (Khorani et al., 2023).
- Triangulation: A combination of narrative synthesis, thematic grouping, and mixed-methods integration enhanced the reliability of the findings (Khaghanizadeh et al., 2023).
- Thematic Analysis: Patterns across studies were identified to unify ethical challenges under coherent themes applicable to APN practice.

- Ongoing Relevance: The taxonomy was informed by recent literature to ensure that its recommendations are current and practice-relevant (Maluwa et al., 2021).

This methodological framework provides a solid foundation for identifying and addressing ethical dilemmas in APN settings, offering valuable guidance for future research, policy-making, and clinical training.

RESULT AND DISCUSSION

This chapter examines the ethical challenges faced by Advanced Practice Nurses (APNs) in four key areas: autonomy vs. safety, informed consent and decision-making, end-of-life decisions, and dual loyalty with systemic constraints. Each section addresses practical manifestations of ethical dilemmas and integrates recent literature to contextualize the findings.

Autonomy vs. Safety

Conflicts between respecting patient autonomy and ensuring patient safety are frequent in APN practice. Common examples include patients refusing treatments due to personal beliefs or opting for discharge against medical advice (Solberg et al., 2023). APNs navigate these challenges by engaging in shared decision-making, using motivational interviewing techniques, and involving interdisciplinary teams to ensure informed consent and reassessment of care plans (Devictor et al., 2022).

Table 1. Ethical Conflicts Between Autonomy and Safety in APN Practice

Ethical Issue	Clinical Example	Ethical Principles	APN Strategies
Refusal of treatment	Declining chemotherapy or surgery	Autonomy, Beneficence, Non-maleficence	Shared decision-making, informed consent
Discharge against advice	Patient leaving hospital prematurely	Autonomy, Non-maleficence	Risk explanation, interdisciplinary consultation

Informed Consent & Decision-Making

Barriers to effective informed consent include complex medical language, time constraints, emotional stress, and cultural or language differences. Fluctuating decision-making capacity common in patients with dementia or psychiatric conditions adds complexity, requiring APNs to assess capacity, involve surrogates, and reference advance directives (Schneider et al., 2021).

Table 2. Clinical Challenges in Informed Consent and Corresponding APN Responses

Challenge	Clinical Situation	APN Response
Language and cognitive barriers	Patient misunderstanding due to stress or terminology	Use of plain language, visual aids
Fluctuating capacity	Dementia, severe psychiatric conditions	Capacity assessment, surrogate involvement

Challenge	Clinical Situation	APN Response
Inadequate consent consequences	Legal risk, erosion of trust	Documentation, continuous consent checking

End-of-Life Decisions

APNs face ethical complexity in balancing life-prolonging treatments with palliative goals. Critical considerations include autonomy, beneficence, and alleviation of suffering. Family disagreements and cultural values may obstruct care plans, necessitating APNs to mediate and align goals (Rosis et al., 2024).

Table 3. Ethical Dilemmas and Resolution Strategies in End-of-Life Care

End-of-Life Ethical Dilemma	Context	Guiding Framework	Resolution Strategy
Life-prolonging vs quality care	Terminal illness, aggressive treatment requests	Four Principles, Ethics of Care	Clarifying care goals, initiating palliative shift
Family disagreement	Conflicting beliefs about continuing care	Ethics consultation, cultural mediation	Family meetings, shared planning

Dual Loyalty & Systemic Constraints

Institutional priorities such as cost containment and rigid care protocols can limit APNs' ability to advocate for patients, especially when organizational interests conflict with patient needs. APNs frequently encounter dual loyalty, balancing care advocacy against institutional restrictions (Goemaes et al., 2019).

Table 4. Systemic Conflicts and Support Mechanisms in Dual Loyalty Situations

Systemic Conflict	Illustrative Scenario	Consequence for APN	Support Mechanism
Policy vs patient advocacy	Early discharge despite APN's extended care recommendation	Moral distress, compromised care	Ethics committee, interdisciplinary support
Staffing/resource limitations	Inability to implement optimal care plan	Burnout, job dissatisfaction	Policy change, staffing advocacy

Advanced Practice Nurses (APNs) encounter a broad spectrum of ethical challenges that often lead to significant moral distress. This chapter explores the implications of structured ethics education, policy reforms, the long-term impact of ethical dilemmas on career satisfaction, and the role of ethics committees in supporting APNs in ethically complex environments.

Structured ethics education has been shown to mitigate moral distress by increasing ethical literacy, promoting moral sensitivity, and equipping APNs with tools for navigating ethical dilemmas. Initiatives such as ethics rounds and supervised discussions foster environments in which clinicians can reflect on complex cases and share strategies for resolution (Lamiani et al., 2016). Enhanced moral sensitivity, as supported by empirical findings, is linked to reduced moral distress, validating the importance of ethics education (Donkers et al., 2021). Moreover, increased familiarity with

ethical frameworks empowers APNs to make autonomous clinical judgments with confidence, promoting resilience and job satisfaction (Soleimani et al., 2016).

Addressing moral distress also requires policy-level intervention. Institutions must implement policies that prioritize ethical considerations, such as providing access to regular ethics consultations and peer support networks (Ventovaara et al., 2021). Organizational policies should ensure adequate staffing, sufficient resources, and clear mechanisms for ethical concerns to be raised without fear of reprisal. Encouraging open communication and dismantling rigid hierarchies are vital to cultivating an ethical climate that supports both clinicians and patients (Morley et al., 2019).

Ethical challenges have a profound effect on career satisfaction. APNs who consistently face unresolved ethical conflicts often experience frustration, disillusionment, and burnout. Studies show a correlation between persistent moral distress and increased turnover intentions (Brasi et al., 2020). In contrast, APNs working in supportive environments with access to ethics resources report higher job satisfaction and a stronger commitment to their roles (Mehlis et al., 2018). Supporting APNs ethically is not only vital for individual well-being but also for ensuring workforce stability and quality patient care.

Ethics committees serve as a critical support mechanism for APNs. They provide structured avenues for discussing ethical dilemmas, enabling nurses to express concerns and explore solutions collaboratively (Chua, 2016). Ethics consultations promote multidisciplinary perspectives, enhance ethical reflection, and reinforce a shared sense of responsibility. Furthermore, ethics committees often contribute to guideline development, institutional training, and the overall promotion of ethical awareness across healthcare systems (Lamiani et al., 2016). Their contributions extend beyond case-by-case support to building an enduring culture of ethical practice.

In summary, mitigating moral distress in APNs requires a multifaceted approach, including ethics education, supportive policy environments, and active ethics committees. These components work synergistically to enhance the ethical climate, improve job satisfaction, and ultimately elevate the quality of care delivered to patients.

CONCLUSION

This study has presented a structured taxonomy of ethical challenges encountered by Advanced Practice Nurses (APNs) across various clinical settings. The findings highlight the multifaceted nature of ethical dilemmas in APN practice, including conflicts between patient autonomy and safety, barriers to informed consent, complexities in end-of-life care, and the pervasive impact of systemic constraints and dual loyalty. These challenges not only complicate clinical decision-making but also contribute significantly to moral distress and professional dissatisfaction.

A key contribution of this study lies in its comprehensive categorization of ethical dilemmas into ten distinct, yet interrelated, categories. This taxonomy provides a practical framework for APNs, educators, policymakers, and healthcare institutions to better understand, anticipate, and manage ethical complexities. The structured framework is grounded in empirical literature and integrates

perspectives from various healthcare domains, making it adaptable for use in both primary and acute care settings.

The research underscores the importance of addressing moral distress through structured ethics education, institutional policy reforms, and the implementation of ethics support systems. Educational interventions that foster moral sensitivity and ethical competence can empower APNs to navigate challenging scenarios more effectively. At the policy level, changes that promote staffing adequacy, ethical autonomy, and open communication are crucial to mitigating moral conflict and promoting job satisfaction.

Ethics committees emerge as essential components in the ethical infrastructure of healthcare institutions. They offer consultative support, facilitate multidisciplinary dialogue, and contribute to the development of ethical guidelines, thereby reinforcing a culture of ethical awareness and reflection. When supported by such systems, APNs are more likely to experience professional fulfillment and deliver ethically sound, patient-centered care.

In conclusion, this study affirms that a proactive and structured approach to ethical challenges in APN practice is vital. By fostering ethical competence, resilience, and institutional support, the healthcare system can better equip APNs to meet the demands of their evolving roles while safeguarding both professional integrity and patient well-being. Future research should focus on validating this taxonomy in diverse clinical environments and exploring the longitudinal impacts of ethics interventions on APN practice.

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