

Factors Influencing the Application of Ethical Principles in Clinical Practice among Student Nurses: Implications for Nursing Education and Practice

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Abstract

Background: Ethical principles form the foundation of professional nursing practice, yet student nurses often encounter significant barriers in applying them consistently during clinical placements. Understanding these factors is essential for improving nursing education and reducing moral distress among future nurses.

Aim: This study examined the perceived factors influencing the application of ethical principles in clinical practice among undergraduate nursing students.

Methods: A descriptive cross-sectional design was employed. Using convenience sampling, 202 electronic questionnaires were distributed to Years 2–4 nursing students at Rivers State University, Nigeria; 191 valid responses were obtained (95.6% response rate). Data were collected via a researcher-developed, structured questionnaire with established face/content validity and acceptable reliability (Cronbach's $\alpha = 0.68$). Analysis utilized descriptive statistics in SPSS version 27, including frequencies, percentages, means, and standard deviations.

Results: Respondents were predominantly female (67.5%) and aged below 20 years (49.2%). The grand mean score for perceived inhibiting factors was 3.29 (SD = 0.79) on a 4-point Likert scale, indicating strong agreement. Top barriers included poor/lack of knowledge of ethical principles (M = 3.43), inadequate supervision leading to non-accountability and negligence (M = 3.39), influence of institutional policies/procedures (M = 3.38), time constraints, organizational barriers, stress overload, lack of advocacy support, and poor communication among nurses.

Conclusion: Significant individual, educational, organizational, and systemic barriers hinder ethical principle application among student nurses. These findings highlight the urgent need for enhanced ethics education, improved clinical supervision, supportive institutional policies, and resource allocation in nursing curricula and practice settings to foster ethical competence, mitigate moral distress, and promote high-quality, principled patient care in Nigeria and similar contexts.

How to Cite this Article

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1. Introduction

Nursing is a profession fundamentally grounded in ethical practice, requiring practitioners to navigate complex moral landscapes in the delivery of patient-centered care while upholding core ethical principles such as beneficence, non-maleficence, autonomy, and justice. These foundational principles serve as critical guides for clinical decision-making, ensuring respect for patients' rights, dignity, and overall well-being (Varkey, 2021). Varkey (2021) provides a comprehensive overview of clinical ethics, defining beneficence as actions that promote good, non-maleficence as the obligation to avoid harm, autonomy as respect for patients' self-determination—manifested through informed consent, truth-telling, and confidentiality—and justice as fairness in resource allocation and non-discrimination. However, ethical dilemmas frequently emerge when these principles conflict, such as in situations where beneficence may challenge patient autonomy in treatment decisions, thereby necessitating systematic and context-sensitive ethical problem-solving approaches.

Within clinical practice, nurses regularly encounter ethical challenges that test their ability to apply these principles effectively. For student nurses, who are in the formative stages of professional development, such encounters are particularly critical as they transition from theoretical instruction to real-world clinical application. Ethical conflicts experienced during clinical education often stem from hierarchical healthcare structures, power imbalances, inadequate ethical preparedness, and exposure to morally distressing situations (Nezamzadeh et al., 2024). A conceptual analysis by Nezamzadeh et al. (2024) highlights that these conflicts frequently arise from discrepancies between ideal ethical standards taught in academic settings and the realities of clinical practice, which may ultimately hinder the development of ethical competence.

One significant consequence of these ethical conflicts is moral distress, defined as the psychological discomfort that arises when individuals recognize the ethically appropriate course of action but are constrained from acting upon it (Dzeng & Wachter, 2020). Among student nurses, moral distress is often intensified by limited decision-making authority, fear of negative evaluation or repercussions, and dependence on clinical preceptors or supervisors, resulting in feelings of powerlessness and compromised learning experiences (Bremer & Holmberg, 2020; Feeg et al., 2021). Empirical studies have documented such experiences across diverse clinical contexts, including ambulance nursing (Bremer & Holmberg, 2020), intensive care settings during crises (Falcó-Pegueroles et al., 2021), and general hospital placements (Schneider et al., 2022). Schneider et al. (2022), for instance, identified recurring ethical challenges such as inadequate resource availability, interpersonal conflicts, and violations of patient rights, all of which complicate the practical application of ethical principles.

The emergence of the COVID-19 pandemic further intensified these challenges by introducing unprecedented ethical dilemmas related to resource allocation, end-of-life decision-making, and infection control measures that often conflicted with established ethical standards (Palacios-Ceña et al., 2022; Dziurka et al., 2022; Ariander et al., 2024). Palacios-Ceña et al. (2022) documented nursing students' perspectives during the pandemic, noting heightened moral distress resulting from compromised standards of care due to overwhelming clinical demands and restrictive protocols. Similarly, specialized clinical environments such as pediatric oncology have been associated with poor ethical climates that contribute to increased levels of moral distress and professional burnout (Ventovaara et al., 2021).

Professional values and the prevailing ethical climate within healthcare institutions play a significant role in shaping nurses' capacity to uphold ethical standards and maintain job satisfaction (Ozdoba et al., 2024). Ozdoba et al. (2024) examined the interaction between sociodemographic and occupational factors and ethical climate, underscoring the importance of supportive organizational environments in fostering ethical adherence. Additionally, interpersonal conflicts arising from team dynamics and hierarchical pressures have been reported by senior nursing students as significant barriers to ethical practice during clinical training (Aydogdu & Disbudak, 2025).

Ethics education remains a vital component in preparing student nurses to address these challenges effectively. Systematic reviews have demonstrated the positive impact of structured ethics education in enhancing ethical competence and sensitivity among healthcare trainees (Andersson et al., 2022; Tang et al., 2024). Andersson et al. (2022) emphasize integrative educational strategies such as case-based learning and reflective practice, while Tang et al. (2024) highlight the effectiveness of case study-based health education in promoting ethical sensitivity within nursing curricula. Furthermore, the use of validated instruments for assessing ethical conflicts (Bonetti et al., 2021) has been instrumental in identifying sources of distress and informing targeted interventions.

Interventions such as automatic ethics consultation protocols have also demonstrated effectiveness in mitigating moral distress in high-stakes clinical environments (Wirpsa et al., 2021). Despite these advancements, significant gaps persist in adequately preparing student nurses for the ethical complexities of clinical practice, where barriers including time constraints, inadequate supervision, organizational policies, and knowledge deficits may impede the consistent application of ethical principles.

In contexts such as Nigeria, where nursing education is guided by national regulatory frameworks, it is imperative to understand the local factors that influence ethical application among student nurses. This study therefore examines the perceived barriers to ethical practice among undergraduate nursing students at Rivers State University, with the aim of generating insights that can inform curriculum development, improve clinical supervision, and strengthen supportive institutional frameworks. By bridging the gap between theoretical ethical instruction and practical clinical realities, nursing education can better equip future professionals to navigate ethical complexities, reduce moral distress, and uphold the profession's commitment to compassionate and principled care.

2. Methodology

2.1 Research Design

This study employed a descriptive cross-sectional design. This approach was deemed suitable as it enabled the researcher to evaluate and outline the level of understanding of nursing ethics among student nurses at one particular timeframe.

2.2 Area of Study

The research took place within the Department of Nursing Science at Rivers State University, located in Rivers State, Nigeria. The institution delivers a thorough five-year Bachelor of Nursing Science program designed to prepare students with essential theoretical knowledge and practical clinical competencies for competent professional nursing. The Department of Nursing Science delivers high-quality instruction supported by qualified academic staff and well-equipped resources, such as lecture halls, library access, student accommodation, and practical demonstration labs. The curriculum complies fully with the regulatory guidelines and professional benchmarks set by the Nursing and Midwifery Council of Nigeria.

2.3 Population of the Study

The target population consisted of undergraduate nursing students enrolled in Years 2, 3, and 4 within the Department of Nursing Science. The breakdown of the population was as follows:

- Year 2: 125 students
- Year 3: 123 students
- Year 4: 109 students

This gave an overall population size of 410 students.

2.4 Sample Size Determination

The sample size was determined using the Taro Yamane (1967) formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size

N = Population size (410)

e = Margin of error (0.05)

$$n = \frac{410}{1 + 410(0.05)^2}$$

$$n = \frac{410}{1 + 410(0.0025)}$$

$$n = \frac{410}{1 + 1.025}$$

$$n = \frac{410}{2.025}$$

$$n = 202$$

Therefore, the calculated sample size for the study was **202 respondents**.

2.5 Sampling Technique

This study utilized a convenience sampling method to recruit 202 participants from the overall population of undergraduate nursing students in the Department of Nursing Science. Convenience sampling was selected primarily for its practicality and feasibility within the academic environment. It allowed the researcher to efficiently identify and include students who were easily accessible, available during the data collection period, and willing to voluntarily take part in the study, thereby facilitating timely completion of data gathering without requiring complex randomization procedures.

2.6 Instrument for Data Collection

A structured, researcher-developed electronic questionnaire served as the primary tool for data collection. The questionnaire was carefully constructed by drawing on established literature related to nursing ethics, ethical decision-making, and clinical practice among student nurses. All items were specifically aligned with the study's stated objectives to ensure that the instrument adequately captured participants' self-reported application of ethical principles during clinical postings.

2.7 Validity of Instrument

To establish the instrument's validity, both face and content validity procedures were undertaken. The draft questionnaire was reviewed by the research supervisor, an experienced academic in nursing education and research methodology. This expert evaluation focused on verifying the clarity of wording and instructions, the relevance of each item to the study constructs, the logical flow of questions, and the overall appropriateness of the tool for accurately measuring the intended variables (application of ethical principles in clinical settings). Feedback from the review was incorporated to refine and strengthen the final version.

2.8 Reliability of Instrument The internal consistency of the questionnaire was assessed using Cronbach's Alpha coefficient, a widely accepted statistical measure for determining reliability in multi-item scales. Following a pilot test with a small group of similar respondents, the analysis yielded a Cronbach's Alpha value of 0.68. Although this coefficient falls in the acceptable but moderate range (typically ≥ 0.60 – 0.70 for newly developed instruments in social and health sciences), it was considered reasonably reliable for the exploratory nature of this study and sufficient to support the interpretation of the findings.

2.9 Method of Data

Collection Data collection was carried out by distributing 202 electronic questionnaires (via Google Forms or a similar secure online platform) to the selected participants. The distribution process spanned seven consecutive days to accommodate students' academic schedules and clinical commitments. Each participant received clear, concise instructions on how to complete the questionnaire, including the purpose of the study, estimated completion time, and assurance of confidentiality. The researcher actively monitored the response process, sent gentle reminders where necessary, and provided real-time support for any technical issues, all of which contributed to achieving a high response rate.

2.10 Method of Data Analysis

All returned questionnaires were checked for completeness, cleaned of any obvious errors, and then entered into the Statistical Package for the Social Sciences (SPSS) version 27 for analysis. Given the descriptive nature of the study, data were summarized and presented using appropriate descriptive statistical techniques. These included frequency counts and percentages for categorical variables (such as demographic characteristics), as well as measures of central tendency (mean scores) and dispersion (standard deviations) for Likert-scale items assessing the application of ethical principles.

2.11 Ethical Considerations

Formal ethical clearance for the study was obtained from the Head of the Department of Nursing Science, Rivers State University, prior to commencement of data collection. Participation was entirely voluntary, and no form of coercion or incentive was used to encourage involvement. All respondents provided informed consent electronically before proceeding with the questionnaire. To protect participants' rights and privacy, strict measures were implemented to ensure confidentiality and anonymity throughout the research process—no names, matriculation numbers, or other identifying information were collected. All data were stored securely and used exclusively for academic and research purposes, with no sharing beyond the research team.

3. Results

3.1 Data Presentation

This chapter presents the analyzed and interpreted results of the study. The fieldwork involved distributing 202 electronic questionnaires to undergraduate nursing students in Years 2 (Level 200), 3 (Level 300), 4 (Level 400), and 5 (Level 500) at the Department of Nursing Science, Rivers State University, Nigeria. Questionnaires were proportionally allocated based on year-level populations and distributed over a planned seven-day period to accommodate students' academic and clinical schedules.

Of the 202 questionnaires administered, 191 were completed and returned, yielding a high response rate of 95.6%. The 11 non-responses (5.4%) were primarily due to technical issues, academic commitments, or unavailability during the collection window. All returned questionnaires were screened for completeness, cleaned of minor inconsistencies, and coded for entry into SPSS version 27. This robust response rate enhances the reliability and representativeness of the findings for the target population.

Table 1: Field Report on Questionnaire Administration

S/No	Questionnaire Administration	Frequency	Percentage (%)
1	Number administered	202	100.0
2	Number that responded	191	95.6
3	Number of non-responses	11	5.4

Source: *Field Data, 2024*

3.2 Demographic Characteristics of Respondents

Demographic data were analyzed using frequency counts and percentages to describe the sample profile, focusing on age, gender, and (where applicable) other variables such as current level and marital status. These characteristics provide context for interpreting perceptions of ethical barriers.

Age Distribution

The majority of respondents were young, reflecting the typical undergraduate profile in Nigerian nursing programs. Nearly half (49.2%, $n=94$) were below 20 years, followed by 39.8% ($n=76$) aged 20–25 years. Older students were underrepresented, with only 7.3% ($n=14$) aged 26–30 years and 3.7% ($n=7$) above 30 years. This youthful distribution aligns with patterns in Nigerian nursing education, where students often enter programs directly after secondary school.

Table 2: Age Distribution of Respondents

Age Category	Frequency	Percent	Valid Percent	Cumulative Percent
Below 20	94	49.2	49.2	49.2
20–25	76	39.8	39.8	89.0
26–30	14	7.3	7.3	96.3
Above 30	7	3.7	3.7	100.0
Total	191	100.0	100.0	

Source: *SPSS Output, 2024*

Gender Distribution

Females predominated, comprising 67.5% (n=129) of respondents, compared to 32.5% (n=62) males. This 35-percentage-point gender disparity is consistent with the broader nursing profession in Nigeria and globally, where females show greater interest and enrollment in nursing science programs. The predominance of female respondents may influence perceptions, as prior studies suggest gender can moderate ethical sensitivity and clinical competence in nursing contexts.

Table 3: Gender Distribution of Respondents

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	62	32.5	32.5	32.5
Female	129	67.5	67.5	100.0
Total	191	100.0	100.0	

Source: SPSS Output, 2024

3.3 Perceived Factors Inhibiting Application of Ethical Principles

Perceived barriers were assessed using a 13-item instrument on a 4-point Likert scale (4 = Strongly Agree [SA], 3 = Agree [A], 2 = Disagree [DA], 1 = Strongly Disagree [SDA]). Higher mean scores indicate stronger agreement that the factor inhibits ethical application in clinical practice.

The grand mean across all items was 3.29 (SD = 0.79), reflecting strong overall agreement that multiple barriers exist. Overall, 86.5% of responses fell in the SA or A categories, confirming widespread recognition of challenges. Items were ranked by descending mean score for clarity.

The most strongly endorsed barriers were:

- Poor or lack of knowledge of ethical principles leading to infidelity, battery, and negligence (M = 3.43, SD = 0.72; highest agreement).
- Poor or lack of supervision and monitoring leading to non-accountability, malpractice, and negligence (M = 3.39, SD = 0.65).
- Institutional policies, protocols, and procedures influencing ethical application (M = 3.38, SD = 0.82).

Other notable factors included mechanical restraint compromising non-maleficence (M = 3.36), organizational barriers (M = 3.35), stress overload causing malpractice/injustice (M = 3.35), and lack of advocacy support creating dilemmas (M = 3.31). Lower but still positive means were observed for patient influx limiting autonomy (M = 3.09) and nurse attitudes toward mental illness patients (M = 3.17).

4. Discussion of Findings

The findings of this study indicate that student nurses at Rivers State University perceive significant barriers to applying ethical principles in clinical practice, with a grand mean score of 3.29 (SD = 0.79) on a 4-point Likert scale across 13 items. The highest-rated inhibitors included poor or lack of knowledge of ethical principles (mean = 3.43), poor supervision leading to non-accountability, malpractice, and negligence (mean = 3.39), and the influence of institutional policies, protocols, and procedures (mean = 3.38). Other notable factors encompassed time constraints, organizational barriers, stress overload contributing to malpractice and injustice, inadequate advocacy support, and issues like lack of confidentiality due to poor communication among nurses. These results suggest strong agreement among respondents that individual, educational, organizational, and systemic elements hinder consistent ethical application during clinical postings.

These perceived barriers align closely with existing literature on ethical challenges in nursing education and practice. Knowledge deficits and inadequate preparation emerge as critical issues, as student nurses often struggle to translate theoretical ethics into real-world scenarios due to limited exposure or insufficient depth in ethics training (Jingwei et al., 2024; Nezamzadeh et al., 2024). Jingwei et al. (2024) identified factors influencing ethical behavior among Chinese undergraduate nursing students, including educational gaps and personal attributes that affect moral decision-making. Similarly, Nezamzadeh et al. (2024) conducted a conceptual analysis of ethical conflicts in nursing students' clinical education, attributing such conflicts to discrepancies between idealized ethical standards and practical constraints, such as hierarchical dynamics and limited authority, which impede ethical application and foster moral distress.

Supervision and mentorship play pivotal roles in mitigating these barriers. Poor or absent supervision can lead to unchecked malpractice, negligence, and non-accountability, as highlighted in the current study. This echoes findings from Larsson et al. (2023), who examined the clinical learning environment in postgraduate district nursing students and emphasized how supportive supervision enhances professional development and ethical competence. Inadequate oversight leaves students vulnerable to ethical lapses, particularly in high-pressure settings where they lack guidance to navigate dilemmas.

Table 4: Factors affecting student nurses' application of ethical principles to the nursing care of people with illness in institution

S/NO	ITEMS	SA	A	DA	SDA	\bar{X}	Std.
1.	Time constraints is a hindrance to consistently applying ethical principles	74	101	7	9	3.25	0.74
2.	There are organizational barriers that hinder the application of ethical principles in nursing care	100	62	25	4	3.35	0.79
3.	The act of non-maleficence in patient care is not upheld due to the practice of mechanical restraint of patient as a result of patient's aggressiveness	87	75	20	9	3.36	0.83
4.	Malpractice and injustice in patient care can occur due to stress overload	98	68	19	6	3.35	0.79
5.	False imprisonment and prevention of patient autonomy can occur due to high rate of patient influx	77	69	30	15	3.09	0.93
6.	Poor or lack of supervision and monitoring of nurses' activities can lead to non-accountability, malpractice and negligence in the care of patient	90	87	12	2	3.39	0.65
7.	Poor or lack of knowledge of ethical principles in nursing practice can lead to infidelity, battery of patient and negligence	105	66	17	3	3.43	0.72
8.	Patient's attempt or act of ascendance can lead to tort inform of battery, assault, false imprisonment or negligence in the care of the patient	81	79	21	10	3.21	0.84
9.	The attitude of the nurse towards the people with mental illness can lead to or prevent act of beneficence and non-maleficence in patient care	73	91	14	13	3.17	0.84
10	Lack of strong advocacy support for nurses can make them liable in patient's care and put the mina state of dilemma	97	62	27	5	3.31	0.81
11	Institutional policies, protocols and procedures can influence application of ethical principles in patient care	102	71	6	12	3.38	0.82
12	Poor security situation in the hospital where nurses are solely held responsible for patient's ascendance encourages intentional tort and maleficence towards patient	80	93	10	8	3.28	0.72
13	Lack of confidentiality can be due to poor communication principle among nurses	79	80	17	5	3.20	0.82
	Grand Mean/SD					3.29	0.79

Source: Field Survey Data, 2024

Organizational and environmental factors, including policies, protocols, time constraints, and resource limitations, were also prominent inhibitors. These align with research showing that ethical climate profoundly influences nurses' ability to uphold principles (Ghasemi et al., 2022; Hou et al., 2021; Ozdoba et al., 2024). Ghasemi et al. (2022) explored the relationship between organizational ethical climate and nursing error reporting in Iranian hospitals, finding that a positive ethical climate—characterized by peer support and leadership—encourages error disclosure and reduces malpractice risks, whereas poor climates suppress reporting and perpetuate ethical violations. Hou et al. (2021) similarly linked moral distress in emergency department nurses to unfavorable ethical climates and practice environments, underscoring how institutional structures can either facilitate or obstruct ethical practice. Ozdoba et al. (2024) further demonstrated associations between ethical climate, professional values, and job satisfaction, noting that supportive organizational conditions enhance adherence to ethical standards and reduce distress.

The COVID-19 pandemic exacerbated many of these challenges, providing context for understanding persistent barriers even post-crisis. Multiple studies documented heightened ethical conflicts during the pandemic, including resource rationing, end-of-life decisions, and compromised patient care due to overwhelming demands (Dziurka et al., 2022; Falcó-Pegueroles et al., 2021; Palacios-Ceña et al., 2022). Dziurka et al. (2022) investigated nursing students' clinical training experiences during COVID-19, revealing disruptions such as limited access to clinical sites, increased stress, and exposure to ethically fraught situations like isolation protocols and reduced patient interaction, which implications for education include the need for adaptive simulation and enhanced preparatory ethics training. Falcó-Pegueroles et al. (2021) focused on ethical conflicts in Spanish and Italian intensive care units during the pandemic, identifying factors like triage dilemmas, staff shortages, and moral injury that intensified conflicts and moral distress among professionals—challenges that trickle down to students in training environments. Palacios-Ceña et al. (2022) captured nursing students' perspectives on ethical challenges during COVID-19,

highlighting moral distress from witnessing substandard care, restrictions on family presence, and personal safety concerns, which eroded confidence in applying ethical principles.

Student-specific voices further illuminate these issues. Feeg et al. (2021) explored ethical dilemmas reported by nursing students and faculty in their own words, revealing student concerns centered on power imbalances, fear of retaliation, and gaps between classroom ethics and clinical realities—dilemmas that differ from faculty experiences and often lead to moral distress when students feel constrained from acting ethically. Schneider et al. (2022) examined ethical problems in hospital clinical experiences among nursing students and professionals, identifying recurring themes such as interpersonal conflicts, resource inadequacies, and violations of patient rights that challenge ethical application and highlight the need for better integration of ethics in clinical placements.

Broader factors like emotional intelligence, professional values education, and moral conflicts in specific cultural or institutional contexts also intersect with these findings (Mosallanezhad et al., 2023; Li & Li, 2024; Mojarad et al., 2021). Mosallanezhad et al. (2023) linked ethical sensitivity to emotional intelligence among nursing and related students, suggesting that emotional competencies aid in recognizing and resolving ethical issues. Li and Li (2024) proposed a framework for professional values education based on growth theory, advocating structured curricula to foster ethical development from undergraduate stages. Mojarad et al. (2021) described nurses' experiences of moral conflicts in Iranian educational-medical centers, emphasizing contextual influences like workload and support systems that mirror the organizational barriers noted here.

Overall, the study's results reinforce that barriers to ethical principle application among student nurses are multifaceted, involving educational shortcomings, supervisory gaps, organizational climates, and situational stressors amplified by events like the pandemic. These findings have implications for nursing education in Nigeria and beyond: curricula should prioritize practical ethics integration, simulation-based training for dilemmas, and cultural competence (as in Li & Li, 2024). Enhanced clinical supervision, positive ethical climates (Ghasemi et al., 2022; Hou et al., 2021), and interventions to build emotional intelligence (Mosallanezhad et al., 2023) could reduce moral distress (Feeg et al., 2021; Palacios-Ceña et al., 2022). Addressing these through policy reforms and faculty development will better equip students to uphold ethical principles, ultimately improving patient care quality and professional resilience.

5. Conclusion

This study reveals that undergraduate nursing students at Rivers State University, Nigeria, face substantial barriers in applying ethical principles during clinical practice, with a grand mean score of 3.29 (SD = 0.79) indicating strong agreement on inhibiting factors. Key challenges include inadequate knowledge of ethical principles (mean = 3.43), poor supervision leading to non-accountability and negligence (mean = 3.39), restrictive institutional policies (mean = 3.38), time constraints, organizational barriers, stress overload, lack of advocacy support, and poor inter-nurse communication.

These findings align with global evidence highlighting knowledge gaps, insufficient supervision, unfavorable ethical climates, and situational stressors—exacerbated during crises like COVID-19—that undermine ethical competence and increase moral distress among students and practitioners alike.

Implications for nursing education include integrating practical ethics training through case studies, simulations, reflection, and faculty role-modeling to bridge theory and practice. Clinical partnerships must strengthen structured supervision and supportive environments that foster accountability and emotional intelligence.

For practice, healthcare institutions should promote positive ethical climates via clear policies, ethics committees, adequate staffing, and error-reporting mechanisms without fear of reprisal. Regulatory bodies should enforce mandatory ethics education and resource support.

By addressing these barriers, nursing education and practice can cultivate ethically competent professionals who uphold patient dignity, reduce moral distress, and enhance care quality in Nigeria and beyond.

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