



The challenges of teaching nursing ethics: Navigating complexities in education and practice. A discussion paper

Evridiki Papastavrou^{1,2} · Michael Igoumenidis³ · Stefania Chiappinotto⁴ · Riitta Suhonen⁵ · Chris Gastmans⁶ · Catherine McCabe⁷ · Vasiliki Kourkouni³ · Alvisa Palese⁴

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Abstract

Ethics education constitutes a fundamental component of nursing development, shaping practitioners capable of sound moral judgment, responsible action, and ethically grounded clinical decision-making. Despite long-standing written ethical codes within the nursing profession, substantial gaps persist between theoretical instruction and real-world practice, leading to fragmented moral competence among nursing students and nurses. This discussion paper synthesizes evidence from the “Promoting a Morally Competent Nurse” project, insights derived from an international blended intensive program to examine the multifaceted challenges that hinder effective nursing ethics education, and expert contributions. Identified challenges include complexity of ethics theories; inconsistencies in the nursing curricula; the misalignment between formal and hidden curriculum; lack of resources and time dedicated to ethics education; inconsistencies in the training methods; and issues related to ethical leadership. The paper argues that cultivating moral competence requires more than the transmission of theoretical knowledge -it demands experiential learning, role modelling, and ethically supportive environments. A roadmap is proposed outlining complementary roles for academic nurses and nurse managers in strengthening ethics education across educational and clinical settings. Enhancing ethical leadership, harmonizing curricula, and investing in educator preparation are critical steps toward building an ethically resilient nursing workforce. The paper concludes that ethical competence is not a static achievement but a lifelong developmental process that must be nurtured through intentional, coordinated, and context-sensitive strategies.

Keywords Ethics · Nurse · Teaching challenges · Experiential learning · Ethical leadership

Extended author information available on the last page of the article

Introduction

Ethics education plays a foundational role in shaping nursing professionals who are not only clinically competent but also morally responsible and ethically grounded, as nursing ethics requires nurses to make sound decisions when facing ethical conflicts. A lack of such competence can result in poor decision-making and inappropriate actions, especially within the increasingly complex landscape of modern healthcare, with consequences for patients, caregivers, and nurses alike (Fazljoo et al. 2016). For patients in particular, the ethical dimension of nursing practice is crucial to safeguarding their well-being, dignity, and human rights.

Recognizing this, the European Union Directive 2005/36/EC mandates that professional ethics be an integral part of nursing education from the outset and throughout a nurse's career (European Parliament, 2005). This directive aligns with broader international initiatives to formalize ethical standards in healthcare professions. For example, UNESCO (2023) actively engages stakeholders in a multi-pronged strategy to reinforce ethical education worldwide. Its objective is to strengthen the capacity of Member States to promote nursing ethics education at all levels. Similarly, professional bodies and healthcare organizations emphasize the centrality of ethics by embedding ethical principles in their codes of ethics or conduct. They also require academic institutions to integrate ethics into nursing curricula, reinforcing regulatory recognition of nurses' dual obligations: to uphold professional standards and to act with moral integrity (International Council of Nurses, 2021). This emphasis is also reflected in the recent new definition of nurse and nursing, where values and ethics are considered a milestone (International Council of Nurses, 2025).

Nursing has a long ethical tradition, supported by a substantial body of literature dating back to the 1870s in the United States, well before the formal emergence of bioethics. This tradition embodies core values and ideals that have endured over time and continue to shape nursing ethics today (Fowler 2024). Despite its recognized importance, significant educational gaps remain between academia and practice (Hoskins et al. 2018), and ethical education in nursing continues to face major challenges. Nursing programs vary considerably in the content, timing, and extent of ethical education provided. In some cases, ethics is taught as a stand-alone course, while in others it is only superficially integrated into the clinical setting (Papastavrou et al. 2025). Ethics education, however, is not merely about transmitting theoretical knowledge but about cultivating moral competence. Ethics is an inherently complex concept, with strong philosophical, cultural, and social dimensions. As Aristotle emphasized, ethics cannot be acquired simply by reading a treatise on virtue; rather, it must be cultivated as a practical science, with benefits that emerge through lived experience and practice (Aristotle, 1994, *NE* 1103a-1103b). At the same time, it remains unclear how education contributes to the development of moral competence (Ghoozlu et al. 2023), and there is still limited research examining the links between moral reasoning and clinical decision-making in real-world settings (Knight and Papanikitas 2020).

Traditional pedagogical approaches to nursing ethics education are increasingly being replaced by experiential and case-based methods that foster ethical reflection and practical application. However, despite these educational innovations, preparing

nurses to be morally competent remains a challenge. This paper discusses the multifaceted challenges in nursing ethics education, examines both systemic and pedagogical barriers, and suggests ways to more effectively integrate ethics into professional nursing formation.

Method

The critical discussion paper (Grant and Booth 2009) is considered an important tool in academic and policy-making contexts because it is designed to summarize critical thinking and debate by exploring topics in depth, offering diverse perspectives, and presenting well-structured, stimulating arguments. It is regarded as an independent document, either exploratory or argumentative, that presents ideas, opinions, or theoretical perspectives on a topic. In this case, the debate was combined with original research, offering insights, recommendations, or critiques to stimulate further inquiry.

The discussion in this paper began from two main starting points. First, the authors participated in an Erasmus+ project, “Promoting a Morally Competent Nurse” (PROMOCON), which focused on supporting the moral and ethical competence of nursing professionals. During the first phase of the project, which was primarily research-based (e.g., Chiappinotto et al. 2025; Papastavrou et al. 2025; Wiisak et al. 2024; Wiisak et al. 2025), many issues and discrepancies emerged regarding how ethics is taught in European countries, prompting the group to initiate a discussion on the topic.

Second, the authors organized a Blended Intensive Program (BIP) in May 2025, involving students and teachers from various institutions: University of Udine (Italy), University of Primorska (Slovenia), Angela Boskin Faculty of Health Care (Slovenia), University of Maribor (Slovenia), University of Patras (Greece), Cyprus University of Technology (Cyprus), University of Turku (Finland), and Tartu Health Care College (Estonia). The BIP program focused on ethics in nursing, specifically addressing the main ethical issues nurses encounter in clinical practice, education, research, and management. During this event, many insights emerged, prompting the authors to collect the main challenges of teaching ethics in a single document.

The first set of challenges was identified by an expert researcher in the field (EP) and then expanded by a second expert (MI). At this stage, each author participated in agreeing on these challenges while teaching ethics, providing constructive feedback based on their knowledge, experience, available evidence, and insights from the PROMOCON project. At the end of this process, six main challenges were identified and discussed: the complexity of ethical theories, due to the abstract nature of ethical concepts and the difficulty of bridging theory and clinical practice; inconsistencies in nursing curricula, due to a lack of updates and the influence of the medical approach; misalignment between the formal and hidden curriculum; lack of resources and time dedicated to ethics education; inconsistencies in training methods, linked to the absence of standardized education for educators and a lack of shared and accepted ethical frameworks; and issues related to ethical leadership and its impact on shaping work environments (Fig. 1).

Fig. 1 The main challenges of teaching nursing ethics



Reflexivity and rigour

The team members brought together a wide range of professional and personal experiences. Authors were mainly nurses with PhDs and experts in nursing education, research, and ethics; one was a bioethicist with background in theology and philosophy. This diversity provided valuable contextual insight and helped ensure that the interpretations remained closely connected to the lived realities of patients.

The reflexive process was led by EP (see authors), with MI (see authors) co-facilitating and supporting discussions to maintain transparency and rigor throughout the rounds aimed at refining the reflection. Reflexivity (Dodgson 2019) was embedded throughout the analysis and discussion via a series of structured in-person (BIP) and online meetings (PROCOCON project), allowing the team to explore differing interpretations, address potential biases, and consider underrepresented perspectives. This reflexive engagement continued through all stages and remained integral until the discussion was completed.

Findings and discussion

Complexity of ethics theory

This first challenge in teaching ethics was further divided into two main points, discussed below: (a) the abstract nature of nursing ethics concepts, and (b) issues in combining theory with practice.

The abstract nature of nursing ethics concepts

According to the literature, moral competence begins with the cultivation of moral sensitivity and is established through moral knowledge, reflection, and action (Lechasseur et al. 2018), ultimately developing individual critical reasoning, empathy, and moral courage, along with other moral capacities and attitudes. However, ethics is based on abstract principles and concepts that are not directly observable, tangible, or easily understood, and are difficult to objectify. This creates a persistent risk of misunderstanding and misinterpretation.

Teaching such concepts presents challenges at every level of education, requiring careful analysis and planning, particularly when these concepts lack a physical form or direct sensory experience (Johnson and Bulla 2021). Abstract thinking demands considerable mental effort, and for students with limited exposure to ethical reasoning, this can be overwhelming, especially in nursing, where students often struggle to connect ethical principles with everyday practice (e.g., Ghoozlu et al. 2023). It is also difficult to determine whether a student has truly understood an abstract concept or has merely acquired superficial knowledge, since such concepts cannot easily be reduced to measurable answers. In fact, students may resort to memorizing definitions without fully grasping their deeper meaning. Additionally, although some authors argue that concepts should be simplified to be easily understood by students (Ghoozlu et al. 2023), there is a risk that oversimplification may lead to misconceptions and misguide students' actions and behavior.

Another important issue related to this point is the diversity of cultural and personal values and the difficulty in explaining and understanding them. Moral development is influenced by a wide range of sociodemographic factors, including culture, prior professional experience, education and training (Rassin 2008), demographic background, social status, lifestyle, and religious background (Carvalho et al. 2012). Nursing students frequently come from diverse backgrounds and cultures, carrying different moral beliefs and values, which may at times conflict with professional ethical standards. Yet entering the nursing profession requires strict adherence to these standards, as there are codes of ethics and other normative documents that professionals need to endorse. Teaching universal professional principles while respecting cultural pluralism introduces additional ethical challenges, particularly due to the abstract nature of ethical values and their diverse interpretation by students.

Issues in combining theory with practice

Aristotle argued that the “wise” person demonstrates moral virtue, recognizes the truth, and through right desire and action becomes the standard of virtue for others (Aristotle, 1994, *NE* 1103a-1103b). The effect of this ethical “teacher model” is also supported by social learning theory, which suggests that leaders promote the ethical behavior of followers through modeling processes such as learning through observation, imitation, and identification (Snelling 2024). Thus, knowledge acquired through direct experience can also be gained by observing the behavior of others and its consequences. However, this can become an issue when considering the theory-practice gap in the teaching of ethics.

The practice of nursing is inherently characterized by moral and ethical complexity (Scott 2024). The abstract nature of ethical concepts makes them difficult to understand, which complicates the application of ethical principles in practice (Ghoozlu et al. 2023). Evidence also points to cognitive deficits regarding the concept of ethics, questions about the ethical conscience of young nurses, conflicting demands between leaders and team members, and limiting factors in creating an ethical climate (Storaker et al. 2022).

Moreover, some studies (Lesandrini and Reis 2022; Madani et al. 2020) have identified a disconnection between educators' perceptions of curriculum delivery and students' experiences. Several studies over the last decades have confirmed the gap between theory and practice in nursing (Saifan et al. 2021; Tambunan 2024), suggesting that ethics education taught in a decontextualized manner may not effectively support the transfer of knowledge from the classroom to clinical practice. Future educational efforts should focus on providing students with tools or strategies that help them contextualize the theoretical knowledge they learn during lessons to the settings in which they apply their skills.

Another consideration is that nursing combines technical and clinical skills to provide safe and effective care in dynamic, high-pressure environments. This prompts important questions about how these priorities connect to the ethical aspects of care. With moral values at its core, clinical competence and ethical competence are two closely related and deeply interconnected domains of nursing (Scott 2017), as in every patient interaction, beyond technical skills, the human element of caring is essential (Varkey 2021). To strengthen ethics in nursing, educational programs should be designed to raise awareness of ethical issues, enabling students to recognize ethical and unethical behavior in health services (Blaich et al. 2023; Madani et al. 2020).

Issues related to nursing programs

Regarding issues related to nursing programs, two main aspects were identified: gaps in updated nursing ethics courses and the influence of medical approaches.

Gaps in upgrade ethics nursing courses

Although ethics education is gradually being integrated into curricula across Europe, studies continue to identify gaps in nursing ethics content, a lack of core objectives, significant deficiencies in clinical ethics issues, and an absence of consensus on educational standards – especially regarding curriculum content and teaching strategies (Blaich et al. 2023; Hoskins et al. 2018; Lesandrini and Reis 2022; Madani et al. 2020; Papastavrou et al. 2025).

Another issue complicating this situation concerns current changes at the three levels of health care systems. At the macro level, that sets priorities according to societal changes, new elements arise from major societal evolutions, such as the aging population and the increasing use of technology. These developments necessitate redesigning the content and issues addressed in nursing ethics curricula. At the meso level, after the pandemic, many challenges within health care organizations, such

as short staffing and the mental health and well-being of professionals, have raised new ethical issues and dilemmas that are not yet discussed in ethical education. At the micro level, significant changes have been made to improve the quality of care, but changes in professional roles have resulted in a lack of clarity, conflicts of interest, and challenges in maintaining professional autonomy (Naamati-Schneider et al. 2024). Furthermore, cultivating virtue ethics, care ethics, and a relational emphasis on care remain ongoing challenges in nursing ethics education that must be addressed (Cannaerts et al. 2014).

Knight and Papanikitas (2020) highlight several challenges in delivering ethics education to a satisfactory standard. These include difficulty in demonstrating its tangible benefits, lack of consensus regarding assessment methods, and varying levels of emphasis on ethics across different specialties due to competing educational priorities. Fowler (2017) also reflects on this issue, noting that in previous years, the approach to ethics teaching could be summarized as: “If everything else the student needs to know has been taught, and there is still room, then let us put in some ethics lectures.”

As a result, healthcare science students, especially those in medicine and nursing, are often unprepared to face ethical dilemmas in clinical contexts (Blaich et al. 2023; Naamati-Schneider et al. 2024). In fact, Krautscheid and Brown (2014) found that when students encountered a micro-ethical dilemma, such as decisions about the safe administration of medications during a simulation, they struggled to recall and intentionally apply ethical principles.

All these points highlight the necessity to redesign and update nursing ethics curricula in higher education. This redesign should address not only critical ethical dilemmas but also the ethical dimensions of everyday clinical practice (Hoskins et al. 2018).

The influence of medical approaches

It is also noteworthy that nursing education has traditionally been shaped by the dominance of a principle-based approach and biomedical models, which emphasize disease, diagnosis, and clinical interventions. The principles of biomedical ethics (Beauchamp and Childress 1979) provide a solid foundation for teaching the fundamental obligations of health care professionals to patients. However, the ethical essence of nursing is the provision of care in response to human vulnerability, aiming to maintain, protect, and promote dignity as much as possible (Gastmans 2013). Principlism alone does not provide an adequate framework for nursing or for addressing everyday “micro-ethical” challenges (Krautscheid and Brown 2014). These challenges include supporting patients in decision-making, advocating for their needs, and ensuring fair allocation of resources and time among patients (Hoskins et al. 2018).

According to nursing historians, bioethics is increasingly being adopted within the nursing profession (Fowler 2024). However, as it evolves within nursing, it often fails to integrate the valuable ethical heritage, history, and literature that predate the field of bioethics. The dominance of the principlist approach tends to sideline the holistic and ethical dimensions of nursing care. As a result, it diminishes nursing’s traditional

commitment to care and reduces its broader social-ethical scope. Medicalized curricula may also overshadow the distinct values of nursing, such as person-centered care, empathy, advocacy, and relational ethics. This can lead to identity confusion among nursing students and a weakened emphasis on their moral responsibilities.

Similarly, in teaching ethical decision-making, medical models often prioritize protocols and standardization, which can conflict with the nuanced, context-dependent nature of ethical reasoning in nursing. While education in bioethics and medical ethics can support decision-making in complex situations where nurses are not the sole decision-makers, these approaches often fail to address the everyday challenges nurses face in delivering quality care to individuals who are all different (Robichaux et al. 2022). This underscores the need for nursing students to develop ethical competence and sensitivity, recognizing that even the simplest nursing actions – from mobilizing a patient to assisting during mealtime – are ethically sensitive.

The misalignment between the formal and hidden curricula

The hidden curriculum (tacit learning) in nursing education significantly influences the internalization of ethical values and conveys implicit messages that shape students' understanding and application of professional ethics (Raso et al. 2019). However, the hidden curriculum is beyond the control of academic teachers and is sometimes misaligned with the aims of the formal curriculum, influencing students in two distinct ways (Raso et al. 2019). On the positive side, it reinforces key ethical values such as respect for dignity, privacy, patient rights, fairness, and impartiality in treatment (Raso et al. 2019). It also contributes to the development of professional identity, dignity, social image, and professional independence at both individual and social levels (Abbaspour et al. 2022).

On the negative side, the hidden curriculum may expose students to ethical violations, such as preferential treatment, workforce-oriented clinical environments, and the use of students merely as “pairs of hands,” all of which contradict the ethical standards promoted by the formal curriculum (Raso et al. 2019). When rooted in the clinical environment, the hidden curriculum can influence students' ethical values through factors such as familiarity with the work environment, interpersonal relationships, nursing responses to systemic pressures (Woods 1999), and the overall organizational climate (Cerit and Özveren 2019), all of which affect individual values.

The misalignment between the formal and hidden curricula often undermines the effective transmission of professional values and ethics. Many nurse educators are either unaware of this influence or underestimate its impact. Research findings (Abbaspour et al. 2022; Hosseini et al. 2023; Raso et al. 2019) emphasize that addressing the negative aspects of the hidden curriculum while strengthening its positive potential could reinforce ethical values and improve nursing education outcomes. Enhancing and upgrading the learning environment, especially in clinical settings, is essential to maximize the positive contribution of the hidden curriculum. There is a pressing need for lifelong education and for cultivating ethical reasoning among clinical nurses in healthcare organizations.

Lack of resources and dedicated time

A commonly reported challenge is the lack of resources to support ethics education. There is often insufficient time and space within the curriculum dedicated to ethics, and the time that is available is frequently overshadowed by clinical commitments that take precedence. Ethics teaching is therefore considered a lower priority compared to other areas of health education. As a result, it is often allocated less time than clinical skills, which undermines opportunities for deep reflection, and critical thinking.

A minimum standard of safe and competent nursing includes the basic principles of nursing care, moral values, and professional conduct in compliance with nursing codes of ethics (Tønnessen et al. 2020). Professional nursing knowledge, the skills to apply that knowledge, technical competence, and communication skills are assumed to be integrated with ethical principles and professional virtues such as compassion, integrity, and conscientiousness (Varkey 2021).

However, in nursing education, this integration is not always evident. An imbalance often exists, as professional skills are treated as separate from ethical competence or are not linked to clinical situations. As a result, the teaching of ethics is frequently overshadowed by the focus on professionalism. Ethics is often regarded as a marginal component and tends to be treated as a peripheral or purely theoretical subject rather than as an essential practical element of clinical training. Consequently, ethical reasoning remains underdeveloped compared to clinical skills, due to both limited curricular time and fragmented placement within the curriculum (Madani et al. 2020).

Training methods inconsistencies

Two major training inconsistencies have emerged: a lack of inter-professionality and trained educators, and the absence of widely accepted training frameworks for teaching nursing ethics.

Inter-professionality and lack of trained nurse educators

The World Health Organization (WHO, 2010) recognizes interprofessional education as a means to foster effective collaboration and improve health outcomes. In clinical disciplines such as medicine, nursing, and allied health, integration often focuses on enhancing patient care through collaborative approaches among healthcare providers. Joint education on ethics is seen as a valuable starting point for such collaboration (Ko et al. 2023). Interprofessional education also promotes mutual respect and understanding (Homeyer et al. 2018). However, although ethics is central to all health professions' education and practice and may seem ideal for interprofessional education (Naidoo et al. 2020), the outcomes are not always as expected.

In their analysis of 52 studies published between 2011 and 2025, de Oliveira Cunha et al. (2025) explored how ethical competencies are developed within inter-professional education and collaborative practice. They found that teaching ethics

does not always result in the development of ethical competence. Ethics is often taught as rule-based (“deontological”) and normative, without fostering deeper moral reflection. The review also identified several challenges, including resistance from faculty and students due to limited understanding of ethics, difficulties in dismantling hierarchical structures within healthcare teams, and a lack of training and funding, all of which present significant barriers to the effective integration of moral reasoning.

A further risk of interdisciplinarity is its potential use as a cost-cutting strategy, delivering generic lectures to all participating professions. These lectures often emphasize shared core concepts but fail to meaningfully engage with the specific ethical concerns of each profession. The benefits and challenges of interprofessional ethics education largely mirror those of interprofessional education overall. However, the specific ethical issues unique to each profession, such as nursing, are often overlooked. This results in a superficial understanding of nursing’s ethical heritage (Fowler 2024) and fails to capture the essence of care ethics. For example, nursing ethical perspectives may be undervalued or overshadowed by medical norms, and unique nursing dilemmas, such as bedside moral distress, may not be adequately addressed. Additionally, an overemphasis on medical contexts can make the content appear abstract and disconnected from community, palliative, and long-term care nursing.

Another ongoing debate concerns who is best qualified to deliver ethics education. Proposed candidates include clinicians, philosophers, legal professionals, and education specialists. While these individuals bring valuable expertise and real-world insight to teaching, many also have additional professional responsibilities that limit their availability. As a result, many institutions rely on part-time contributors and often lack dedicated, full-time ethics faculty (Knight and Papanikitas 2020).

Lack of widely accepted training frameworks to teach nursing ethics

Another challenge is the lack of formal training for those responsible for teaching ethics. Currently, there is no widely accepted training framework or consensus on the core competencies required to teach ethics effectively (Brooks and Bell 2017). This absence of standardized preparation leads to inconsistencies in teaching quality and limited institutional support for educators.

Historically, early nursing leaders involved in ethics were often heads of schools or prominent figures in the profession, meaning the profession’s elite formulated and taught nursing ethics (Fowler 2024). In contrast, current practices in some countries assign the responsibility of teaching ethics to junior faculty members with no formal background in the subject, often simply because they have a reduced teaching load. This raises concerns that responsibility for ethics education may become diluted when it is not clearly assigned (Grason 2020; Mattick and Bligh 2006).

Another important consideration is the impact of the nursing background and experience of those who teach nursing ethics. Snelling (2024) reflects on how an educator’s professional identity influences their teaching and their relationships with students. He draws a compelling analogy between the nurse-patient and educator-student relationships, highlighting similarities such as care and confidentiality, as well as differences in power dynamics and autonomy. Accordingly, certain practices in nursing education, such as coercion and surveillance, may be inconsistent with the

values of nursing ethics. Nurse educators should therefore critically reflect on their teaching practices and advocate for the ethical treatment of students.

The relevance of ethical leadership

A key intervention in both educational systems and health care organizations is the ethical strengthening of leaders, as it directly influences individual, collective, organizational, and community trust (Abou Hashish 2017). When organizational development plans incorporate strategies for ethics education, they can gradually foster an organizational-ethical culture. Such a culture is shaped by nurses who lead with moral courage and wisdom and who honor both the human and relational dimensions of health care alongside the economic and managerial aspects of service delivery (Lesandrini and Reis 2022).

A study of nurse leaders evaluated advanced ethics training through practical applications to address contemporary challenges. The findings demonstrated the development of ethical leadership skills and the creation of a more ethical work environment (Jeon et al. 2018). For students, results suggest that ethical leadership training can improve their self-efficacy in ethical leadership skills and knowledge (Blaich et al. 2023; Jeon et al. 2018), as well as communication skills for interpreting and understanding ethical dilemmas. Such training influences the ethical reasoning required to strengthen leadership skills, enabling individuals to address ethical dilemmas more effectively and reduce ethical conflicts (Blaich et al. 2023).

Ethics education is also fundamental for strengthening individual moral reasoning, ethical decision-making, and the capacity to lead groups ethically (Lesandrini and Reis 2022). It can change attitudes and behaviors, promote adherence to moral theories, and support the reconstruction of regulations and procedures that facilitate ethical practice. Furthermore, it can optimize persuasion strategies and enhance the emotions that motivate members of an organization (Madani et al. 2020). Students express a strong desire to learn how to act on ethical concerns (Blaich et al. 2023). At the same time, health care administrators are encouraged to provide structured ethical empowerment programs for managers at all levels (Saad Soliman et al., 2021).

A study including physicians highlighted the role of the organizational environment in shaping ethical development (Madani et al. 2020). Attachment to a group significantly influences human behavior, shaping beliefs and attitudes that may persist over time (Nolen-Hoeksema et al. 2009). Because every ethical act is based on reason and is considered voluntary, ethics education is regarded as imperative (Lesandrini and Reis 2022; Madani et al. 2020). Such education can guide professionals' knowledge, desire, and will, reducing the gap between theory and practice and ultimately fostering a more ethical organizational environment.

Ultimately, ethics enhances excellence in care delivery and patient outcomes. As ethical challenges continue to increase, nurse leaders will need to demonstrate strong ethical courage, values, and empowerment (Lesandrini and Reis 2022). Contemporary academic attention to ethical leadership is notable, with universities and advocacy organizations now offering online enrichment programs to address this growing need (American Association of Colleges of Nursing, 2025; Duquesne University, 2025).

A possible road map

The complex and evolving nature of healthcare creates significant structural, cultural, and operational barriers to effective ethics education in nursing. These challenges require a clear, coordinated roadmap that addresses both foundational knowledge and the practical application of ethics at all levels of nursing practice. There is an urgent need to equip nurses with strong ethical competencies to navigate modern dilemmas, from clinical decision-making to the responsible use of emerging technologies such as artificial intelligence. As summarized in Table 1, nurses in academic roles and nurse managers can implement strategies to address the problems listed above.

First, nurses in academic roles play a central part in establishing a solid theoretical foundation, clarifying difficult concepts, and organizing advanced ethical training that helps narrow the gap between theory and practice in nursing. Additionally, harmonizing ethics curricula, enhancing nursing ethics education, and allocating more time in the schedule can support future generations of nurses and advance interprofessional education. Academic institutions are essential for shaping critical thinking and preparing students and nurses to understand and engage with complex ethical issues.

Nurse managers are vital in translating ethical theory into everyday practice. Their responsibilities include addressing real-world ethical challenges, fostering an ethical workplace culture, and mentoring staff through leadership and example. Creating spaces dedicated to ethical discussion in clinical and organizational contexts also helps bridge the gap with education, ensuring that ethics remains relevant beyond theoretical considerations.

Finally, collaboration between academia and clinical management is essential to ensure continuous and context-sensitive ethics education, bridge the gap between classroom learning and clinical realities, and respond effectively to new ethical challenges, including those related to technology, cultural diversity, and healthcare system reforms. By aligning educational strategies and clinical leadership, the nursing profession can build a resilient, ethically grounded workforce prepared to meet the moral complexities of contemporary healthcare.

Conclusions

Nurses should possess strong ethical judgment to navigate daily clinical practice, supported by solid theoretical knowledge. The ethical process is inherently dynamic and ongoing. Ethical reasoning develops throughout an individual's life, shaped by diverse experiences and values, and direct ethical engagement often arises only in real-life situations. The more deeply individuals engage with moral concerns, the more open and flexible their minds become, allowing them to learn from new opportunities. It is important to recognize that moral maturity is never fully achieved; rather, it is a continuous process of acquiring moral distinctions, leading to individual emancipation and the gradual development of ethical competence. Through this process, individuals gain confidence in their ideas and their ability to act on them.

Table 1 Roles that nurses in academic and managerial positions can assume to help address the challenges of teaching nursing ethics

Challenge	Role of Nurses in Academia	Role of Nurse Managers
Complexity of ethics theory • Complex and abstract concepts • Gap between theory and practice	• Clarification without oversimplification • Advanced ethics training through practical applications	• - • Ethical strengthening of nurse leaders who act as role-models
Issues related to nursing programs • Gaps in upgrade nursing courses • Influence of medical approaches	• Harmonization of curriculum content and teaching strategies • Focus on nursing ethics education instead of biomedical ethics	• Identification of nurses' knowledge gaps and needs in clinical practice • Identification of common ethical dilemmas that need to be addressed by nurses
<i>Misalignment between formal and hidden curricula</i>	• Enhancing and upgrading the learning environment in clinical settings	• Addressing the negative aspects of the hidden curriculum
<i>Lack of resources and dedicated time</i>	• Allocation of more time to teach ethics in nursing education programs	• Allocation of more time for ethical assessments and group discussions in clinical environments
<i>Training methods inconsistencies</i> • Inter-professionality and lack of trained nurse educators • Lack of widely accepted training frameworks to teach nursing ethics	• Reconsideration of interprofessional education • Promoting projects aimed at established accepted frameworks regarding how to prepare teachers	• Active involvement of senior nurses in ethical education • -
<i>The relevance of ethical leadership</i>	Ensuring education in postgraduate/advanced programs; providing evidence on effective interventions of ethical leadership	

Additionally, the challenges that educators and nurses face, whether as students or clinical professionals, in developing these competencies are numerous and complex, requiring targeted, multidimensional interventions. In our discussion paper, we emphasized the important role of leaders. The ethical sensitivity of nursing students and clinical nurses is strongly influenced by the ethical behaviors and attitudes of their educators, managers, and especially nurse leaders.

This underscores the responsibility of nursing faculties and managers, especially in nursing services, to embody ethical values and ensure that their organizational activities are guided by normative ethical principles. Their role modeling is essential in contemporary healthcare education and practice.

Author Contribution EP, MI, AP, RS, SC made substantial contributions to conception and design; EP, MI, VK, AP, RS, SC, CM,CG were involved in drafting the manuscript or revising it critically for important intellectual content; EP, MI, AP, RS, SC, CM,CG gave final approval of the version to be published. All authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Authors and Affiliations

Evridiki Papastavrou^{1,2}  · Michael Igoumenidis³  · Stefania Chiappinotto⁴  ·
Riitta Suhonen⁵  · Chris Gastmans⁶  · Catherine McCabe⁷  ·
Vasiliki Kourkouni³  · Alvisa Palese⁴ 

✉ Michael Igoumenidis
igoum@upatras.gr

¹ Department of Nursing, School of Health Sciences, Cyprus University of Technology, Limassol, Cyprus

² Cyprus Nurses and Midwives Association, Nicosia, Cyprus

³ Department of Nursing, University of Patras, Patras, Greece

⁴ Department of Medicine, University of Udine, Udine, Italy

⁵ Department of Nursing Science, University of Turku, Turku, Pori, Finland

⁶ Department of Public Health and Primary Care, KU, Leuven, Belgium

⁷ School of Nursing & Midwifery, Trinity College, Dublin, Ireland