Indonesian Nurses' Experiences with Ethical Problems and Challenges and the Need for an Ethical Supervision Model: A Qualitative Descriptive Study

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Abstract: Nurses frequently encounter ethical problems and challenges in clinical practice, highlighting the need for an ethical supervision model. This study explored nurses' experiences with ethical problems and challenges, and identified requirements for developing an ethical supervision model suitable for clinical practice. A qualitative descriptive design was used, with focus group discussions involving 28 nursing managers, ward heads, and staff nurses at a private hospital in Surabaya, Indonesia, conducted between June and August 2025. Participants with at least one year of work experience participated in six focus group sessions. The discussions were transcribed and analyzed thematically using NVivo 11 software. The analysis revealed three themes: 1) emotional and practical ethical challenges in daily nursing practice; 2) ethical supervision as a catalyst for caring and professional integrity; and 3) expectations regarding ethical supervision. Findings emphasize that ethical supervision is vital for promoting professionalism and patient-centered care. A structured model, such as the Proctor framework with the 4S approach (Structure, Skills, Support, Sustainability), is recommended to ensure consistent implementation and long-term sustainability.

Keywords: Decision making, Ethical challenges, Ethical problems, Ethical Supervision Model, Nurses

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Introduction

Nursing is a profession grounded in ethical principles and a commitment to humanistic, patient-centered care.[1] Nurses are guided by ethical principles that help them address complex issues related to providing quality care.[2] An ethical dilemma is defined as a situation in which a difficult choice must be made between two courses of action, each of which entails transgressing a moral principle.[3,4] In contrast, ethical problems or

challenges refer to situations in which the ethically appropriate course of action is relatively straightforward but challenging to implement due to organisational, cultural, or contextual constraints.[5,6] In the Indonesian context, particularly in private hospitals in Surabaya, nurses predominantly encounter ethical problems and challenges shaped by cultural,[3] institutional, and societal factors.[4,5] This distinction is essential, as nursing practice in Indonesia is influenced by collectivist values, hierarchical professional structures, and limited institutional resources, conditions that differ markedly from those in Western healthcare systems, where many dominant ethical frameworks have been developed.[2,10]

In private hospitals in Surabaya, ethical challenges commonly arise in relation to strong family involvement in medical decision-making,[6] limited professional autonomy for nurses,[4] and ongoing resource constraints.[12] Families often hold decisive authority, especially in end-of-life situations where they may request continued aggressive treatment despite a poor prognosis.[8] These expectations can conflict with the nurse's ethical obligation to advocate for patient welfare, and tensions are intensified by the hierarchical structure of Indonesian healthcare, where nurses have restricted decision-making authority.[14,15] In addition, shortages of medications, staffing, and medical equipment complicate nurses' ability to maintain safe and ethical practice.[16]

These culturally and institutionally embedded challenges demonstrate why Western ethical frameworks, often based on individual autonomy, clear professional boundaries, and stable resource environments, are insufficient for Indonesian contexts.[2,7,17] Western ethical frameworks tend to emphasize individual autonomy and independent decision-making, which may not align with the collectivist culture in Indonesia, where family involvement in medical decisions plays a central role, especially in situations like end-of-life care.[13] As a result, nurses may experience moral distress when

ethical obligations conflict with cultural expectations, organizational constraints, or professional hierarchies.

Ethical supervision is a structured and ongoing professional process in which a supervisor and a supervisee engage in a collaborative, reflective relationship to support ethical practice, professional development, and accountability.[18,19] It provides a reflective and supportive space in which nurses can examine ethical problems and challenges, clarify professional values, strengthen ethical decision-making, and receive emotional support.[19] Unlike managerial supervision, ethical supervision emphasizes reflection, dialogue, and professional learning rather than performance monitoring or disciplinary control.[16,17] Although there is no single, universally defined ethical supervision model in nursing, several clinical supervision frameworks incorporate ethical functions and are widely used to support ethical practice. One of the most frequently cited frameworks is Proctor's, which integrates normative, formative, and restorative functions, and the 4S approach (Structure, Skills, Support, Sustainability), which provides organizational conditions for effective supervision. However, these frameworks were developed mainly in Western healthcare contexts and may not fully account for Indonesia's collectivist culture, family-centred decision-making processes, or hierarchical clinical environments.[22,23] Adapting these models to local realities is therefore essential to ensure that ethical supervision is both meaningful and effective.

Without appropriate support systems, nurses are at heightened risk of moral distress, which is associated with burnout, job dissatisfaction, and diminished quality of care.[24-27] This underscores the urgent need for an ethical supervision model that reflects the specific cultural and institutional dynamics of private hospitals in Surabaya. To address this gap, the present study employed a qualitative descriptive approach to describe nurses' experiences with ethical problems and challenges and to identify their

expectations regarding ethical supervision.[24,25] By systematically describing these experiences and contextual challenges, the study aimed to identify key elements required for developing a culturally appropriate ethical supervision model for clinical nursing practice.

Methods

Study Design: This study employed a qualitative descriptive design using focus group discussions (FGDs) to describe nurses' experiences with ethical problems and challenges and their perceptions of ethical supervision in clinical practice. A qualitative descriptive approach was selected because it allows for a comprehensive, practice-oriented summary of participants' experiences and perspectives while remaining close to their own language and accounts.[30] Such an approach is particularly appropriate for studies aimed at informing practice development and model construction in healthcare settings rather than theory generation.[31] FGDs were chosen instead of individual interviews to capture shared experiences, common ethical challenges, and collective perspectives embedded within the organizational context of nursing practice. Collective dialogue was expected to reveal patterns of ethical tensions and expectations related to ethical supervision that might not emerge through individual narratives alone. To minimize potential power dynamics, focus groups were organized according to professional role. This format facilitated open discussion and encouraged participants to reflect collectively on ethical challenges and organizational expectations encountered in their daily practice. The study was conducted and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure methodological rigor and transparency.[32]

Research Team: Data were collected by two female nursing lecturers with Master of Nursing (MN) and PhD qualifications, serving as primary and secondary facilitators, respectively. Both researchers had formal training and experience in qualitative research methods and focus group facilitation. In keeping with a qualitative descriptive approach, the research team maintained reflexive notes to document procedural decisions and enhance transparency during data collection and analysis. Before data collection, the principal investigator established rapport by explaining the study purpose, ensuring confidentiality, and emphasizing voluntary participation. No prior relationships existed between researchers and participants. Field notes captured non-verbal cues, emotional expressions, and significant contextual features. The facilitators monitored group dynamics, encouraged quieter participants, and ensured no single individual dominated discussions.

Settings: The study was conducted from June to August 2025 in a 220-bed private hospital in Surabaya, Indonesia, offering inpatient, ICU, emergency, and hemodialysis services. Ethical challenges in this setting often differ from those in public hospitals due to family-centered decision-making, profit-driven policies, and varying resource allocation mechanisms.

Participants and Sampling: Participants included nursing managers, ward heads, and staff nurses directly involved in patient care. Recruitment was conducted through direct invitations from the research team to avoid coercion or influence from supervisors. Inclusion criteria were: ≥1 year clinical experience, current placement in key units, and willingness to participate. FGDs were conducted separately by role to minimize hierarchical pressure. Each group consisted of 6-8 members and was facilitated by a trained moderator who ensured equitable participation by prompting quieter individuals and managing dominant voices. All invited nurses agreed to participate, and no participants withdrew from the study. Data collection continued until descriptive

saturation was achieved, defined as the point at which no new categories or issues relevant to the study aims emerged. This approach is consistent with methodological guidance indicating that two to three focus groups per relatively homogenous group are generally sufficient for thematic development in qualitative descriptive research.[26]

Data Collection: Data collection involved six FGDs facilitated by the principal investigator with support from a moderator and a note-taker. Discussions were conducted in a quiet, private meeting room to ensure confidentiality and psychological safety within the hospital and lasted 60–90 minutes. A semi-structured discussion guide was used to maintain consistency across groups, covering domains such as understanding of nursing ethics, experiences of ethical problems, strategies for managing ethical problems, and expectations for ethical supervision. Each session began with introductory questions to encourage participants to share general experiences related to ethics in nursing practice, followed by more focused questions exploring specific ethical problems and approaches to managing them. Open-ended and experience-based prompts, such as "Can you describe a situation in your practice where you encountered ethical problems and challenges?", were used to elicit detailed descriptions of relevant events. Probing questions encouraged participants to clarify actions they took, the decision-making processes, and contextual factors influencing their responses. Field notes were recorded during each discussion to capture non-verbal communication, group interactions, and relevant contextual information. The facilitators actively managed group dynamics to prevent individual participants from dominating and to encourage balanced participation. Data collection continued until descriptive saturation was reached, defined as the point at which no new issues or categories relevant to the study objectives emerged.

Data Analysis: Focus group discussions were transcribed verbatim and analysed using thematic analysis following Braun and Clarke's approach,[34] supported by NVivo 11 software. Analysis began with repeated reading for familiarization, followed by open coding to identify meaningful statements. Codes such as "limited authority in patient communication" and "resource shortages" were grouped into categories and subsequently organized into broader themes that summarized nurses' reported experiences, challenges, and perceptions related to ethical problems and ethical supervision. Consistent with a qualitative descriptive approach, the analysis focused on providing a clear and comprehensive summary of participants' accounts while remaining close to their original language. Themes were developed to describe common patterns across the data rather than to generate abstract theoretical interpretations. Two researchers independently reviewed the coding and theme development, and differences were resolved through discussion to reach consensus. Member checking was conducted by sharing a summary of the preliminary themes with participants to ensure that the findings accurately reflected their reported experiences. An audit trail, including coding logs and analytic notes, was maintained to enhance transparency.

Trustworthiness: Lincoln and Guba's criteria were used to enhance trustworthiness.[28] Credibility was enhanced through triangulation of data sources (nursing managers, ward heads, and staff nurses) and data types (focus group transcripts and field notes), as well as member checking to confirm the accuracy of the descriptive findings. Dependability was supported through detailed documentation of analytic procedures and coding decisions. Confirmability was enhanced by maintaining reflexive notes and an audit trail to document methodological decisions. Transferability was addressed by providing a detailed description of the study setting, participants, and

contextual characteristics, enabling readers to assess the relevance of the findings to other nursing contexts.

Ethical Considerations: Ethical approval was granted for June-August 2025 from the Institutional Review Board of Surabaya Islamic Hospital Jemursari (No. 074/KEPK-RSISJS/VII/2025). All participants provided written informed consent. Participants were allowed to stop or withdraw if discussions triggered emotional discomfort. Facilitators provided supportive debriefing when sensitive issues emerged to prevent distress or ethical harm.

Findings

Participant characteristics

Twenty-eight nurses participated in the study, consisting of five nurse managers, seven ward heads, and 16 staff nurses. Most participants were female (71.4%) with a mean age of 36.1 years, and an average of 10.3 years of clinical experience. The majority worked in inpatient wards, followed by intensive care units, emergency departments, and hemodialysis units. This range of experience and unit placement shaped the depth of ethical problems and challenges they encountered. It influenced how

they interpreted and navigated ethical challenges in a culturally complex private hospital setting in Surabaya.

Overview of themes

Analysis of six FGDs generated three overarching themes supported by five consolidated categories. The themes reflect how nurses experience ethical problems, how these problems influence caring behaviour, and what forms of ethical supervision they expect. Themes are organized to reflect the logical progression of participants' emotional and practical challenges, the strategies they employed, and their expectations for system-level support. These themes are summarized in **Table 1.** The analysis yielded three overarching themes: 1) emotional and practical ethical challenges in daily nursing practice, 2) ethical supervision as a catalyst for caring and professional integrity, and 3) expectations for a structured and sustainable ethical supervision model.

Figure 1 illustrates the initial conceptual model derived from these findings, showing how ethical problems and challenges emerge from cultural norms, hierarchical structures, and family-dominated decision-making, and how these experiences inform the need for a culturally responsive ethical supervision model.

Table 1. Thematic analysis nurses' experiences in addressing ethical problems and challenges

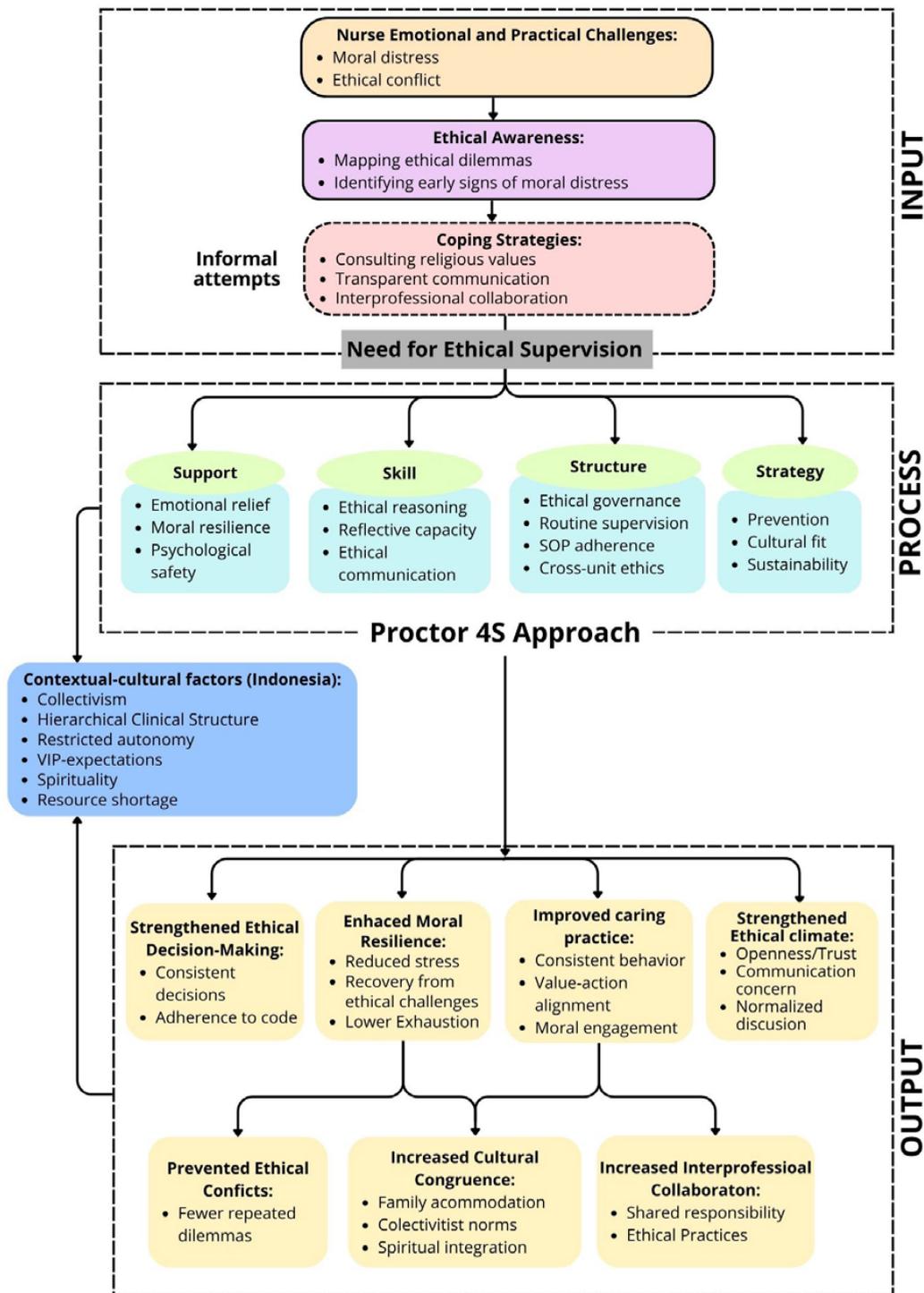| Themes	Sub-themes
1. Emotional and practical ethical challenges in daily nursing practice	1. Moral distress and emotional burden 2. Practical ethical constraints in a hierarchical and culturally complex system 3. Situations requiring ethical supervision 4. Strategies for managing ethical conflicts
2. Ethical supervision as a catalyst for caring and professional integrity	5. Strengthening caring behavior and professional identity 6. Preventive and integrative role of ethical supervision
3. Expectations regarding ethical supervision	7. Need for managerial commitment and follow-up 8. Call for competent and independent supervisors 9. Expectations for a broader scope and collaboration

Figure 1. Integrated Ethical Supervision Model: input–process–output framework moderated by cultural context

Theme 1: Emotional and practical ethical challenges in daily nursing practice

This theme describes nurses' experiences of ethical problems and challenges encountered in daily clinical practice, including moral distress, organizational constraints, and cultural pressures. Nearly all participants (24 of 28) reported encountering ethical challenges on a weekly or daily basis.

Sub-theme 1: Moral distress and emotional burden

This sub-theme describes nurses' experiences of moral distress arising from situations in which they were unable to act in accordance with their professional and ethical judgement due to organizational rules, hierarchical authority, or family expectations.

"Patients' families often ask us about conditions, but as nurses we cannot explain beyond our authority." (Staff nurse 3)

"Sometimes we feel confused, what we must do is not always the same as what the family wants." (Ward Head 6)

Participants noted that moral distress and emotional burden were more pronounced among nurses with longer clinical experience.

Sub-theme 2: Practical ethical constraints in a hierarchical and culturally complex system

This sub-theme describes ethical problems related to structural and cultural constraints that limited nurses' ability to practice ethically. Participants identified several key ethical problems. First, restricted professional autonomy due to hierarchical organizational structures limited nurses' independent decision-making.

"We cannot make decisions independently. Everything must go through doctors." (Ward Head 2)

Second, family dominance in clinical decision-making was frequently reported, particularly in end-of-life situations, and was described by 18 of the 28 participants.

"VIP families ask us to postpone procedures for hours." (Staff Nurse 5)

Third, resource shortages, including delays in medication availability, created ethical challenges related to patient safety and fairness.

"Sometimes medicine hasn't arrived, so we borrow from another patient." (Staff Nurse 7)

These ethical problems were shaped by collectivist family expectations, strong respect for hierarchy, and variability in resource availability within private hospital settings.

Sub-theme 3: Situations requiring ethical supervision

This sub-theme describes situations in which nurses experienced ethical dilemmas, defined as conflicts between competing ethical obligations, as well as situations of ethical uncertainty that required additional professional support. Ethical dilemmas were described primarily in contexts where nurses' professional responsibility to advocate for patient welfare conflicted with respect for family wishes, particularly in end-of-life care.

"We need ethical supervision when we feel dilemmas or confusion." (Staff Nurse 16)

These situations were experienced as morally challenging because no available course of action fully satisfied ethical principles, professional responsibilities, and contextual expectations simultaneously, highlighting the need for structured ethical supervision.

Sub-theme 4: Strategies for managing ethical conflicts

This sub-theme describes strategies nurses reported using to manage ethical conflicts in daily practice. Participants identified several key strategies. First, consulting religious and spiritual values was

described as a way to maintain emotional stability and moral clarity.

> *"When I feel stuck, I return to religious values. It helps me stay calm and see the situation with a clear heart. Sometimes I tell the family, 'Let's consider this based on your beliefs,' so the decision becomes easier for them to accept."* (Staff Nurse 8)

> *"I feel that spiritual values help us remain honest with ourselves. When facing dilemmas, we remind ourselves that every action must come from good intentions. It helps us find clearer direction in making decisions."* (Ward Head 2)

Second, transparent communication with patients and families was used to prevent misunderstandings and reduce tension.

> *"When families are confused or upset, we explain things slowly. We don't force them or make them feel blamed. Open communication often prevents misunderstandings before they escalate."* (Staff Nurse 3)

> *"I usually ask for some time to explain procedures in simple language. Sometimes families calm down only after understanding the clinical reasons behind our actions."* (Nurse Manager 1)

Third, interprofessional collaboration was viewed as essential in managing complex ethical situations:

> *"In difficult situations, I never make decisions alone. I immediately coordinate with the doctor so the information given to the family is consistent and not contradictory."* (Ward Head 6)

> *"When we face a serious problem, I invite the team to discuss it, especially the doctor and the ward head. That way, we can make joint decisions and the responsibility becomes clearer."* (Staff Nurse 12)

> *"When patients doubt our procedures, we explain in detail but do not force them, and always coordinate with the attending doctor."* (Ward Head 1)

While these strategies helped nurses cope with ethical challenges, participants noted that they relied largely on individual initiative rather than formal institutional support.

Theme 2: Ethical supervision as a catalyst for caring and professional integrity

This theme describes nurses' perceptions of ethical supervision as a supportive and developmental process that strengthens caring behaviour, professionalism, and ethical resilience. These perceptions reflect Proctor's normative and restorative functions and align with the Support element of the 4S framework.

Sub-theme 5: Strengthening caring behavior and professional identity

This sub-theme highlights nurses' views that ethical supervision supports caring behaviour and reinforces professional identity.

> *"With ethical supervision, caring becomes a habit, not something forced."* (Ward Head 5)

> *"We need ethical supervision when we feel dilemmas or confusion, when care seems to contradict ethical standards."* (Staff nurse 16)

> *"Ethical supervision can strengthen nurses' caring behaviour, which is central to our role as caregivers."* (Staff nurse 11)

Participants emphasized that supervision could help integrate ethical practice into daily nursing routines.

Sub-theme 6: Preventive and integrative role of ethical supervision

This sub-theme describes nurses' perceptions of ethical supervision as a preventive mechanism that promotes positive ethical behaviour before ethical violations occur.

"Ethical supervision is important, not only when violations occur. It should be preventive, shaping behaviour into positive habits." (Nurse manager 3)

"If ethics are maintained through supervision, then both patient safety and staff safety are achieved, and PCC can be implemented effectively." (Staff nurse 2)

Participants also linked ethical supervision, Patient-Centered Care (PCC) and safety for both patients and staff.

Theme 3: Expectations regarding ethical supervision

Participants identified system-level expectations crucial for establishing an effective ethical supervision model.

Sub-theme 7: Need for managerial commitment and follow-up

This sub-theme highlights the importance of leadership commitment in ensuring the sustainability of ethical supervision.

"We hope management will really support ethical supervision so it can be implemented sustainably." (Ward Head 2)

Sub-theme 8: Competent and independent supervisors

This sub-theme describes nurses' expectations for supervisors who are trained, competent, and independent

"Assessors must be competent, trained, and not from the same unit." (Staff Nurse 2)

This reflects participants' concerns about fairness, power imbalance, and credibility.

Sub-theme 9: Broader scope and cross-unit collaboration

This sub-theme highlights expectations that ethical supervision should involve multiple disciplines and departments.

"Ethical supervision should be discussed collaboratively, not only among nurses. Doctors, management, and even pharmacy should be involved when the ethical issue concerns them." (Nurse Manager 4)

"Ethical problems often involve multiple units. So it will be more effective if supervision is conducted across departments, allowing a more complete perspective." (Staff Nurse 13)

Participants' expectations reflected the need for clear supervisory structures, competent supervisors, and sustained organizational support.

Discussion

This study provides valuable insights into nurses' experiences with ethical problems and challenges, as well as their expectations for ethical supervision, within a private hospital in Surabaya. Three interrelated themes were identified: 1) emotional and practical challenges shaped by cultural norms and hierarchical structures, 2) the role of ethical supervision in strengthening caring behaviour and professional integrity, and 3) nurses' expectations for institutional support to ensure sustainable supervision. Collectively, these findings illustrate how ethical problems and challenges are embedded in daily nursing practice and highlight the need for a structured and culturally responsive ethical supervision model.

Nurses described ethics as a guiding framework that supports moral judgment, protects patient rights, and maintains professional standards. This understanding aligns with literature emphasizing that nursing ethics are not merely a set of rigid directives but a reflective practice that informs professional identity and quality of care.[29-31] Participants also emphasized cultural and spiritual beliefs as central to their ethical decision-making. While earlier studies acknowledge the influence of cultural values,[39,40] the present findings extend this understanding by

showing that such values often function as compensatory resources in contexts where formal ethical support systems are limited. This highlights how Indonesian nurses rely heavily on cultural and spiritual resources to manage ethical problems, an aspect that remains underrepresented in much of the nursing ethics literature.

Despite their ethical awareness, nurses encountered recurring ethical problems, particularly involving communication boundaries, family–driven decision–making, and hierarchical constraints. Although prior studies identify conflicts between beneficence, autonomy, and procedural barriers as sources of ethical strain,[34,35] but our findings indicate that these tensions are further intensified in Indonesian settings where collectivist family authority and steep hierarchies limit nurses' ethical agency. Nurses' proximity to patients placed them at the frontline of questions regarding clinical conditions, yet hospital policies restricted the information they were authorized to disclose, creating misalignment and moral distress.[41,43] Strong family involvement in treatment decisions,[44] particularly among VIP patients, often supersedes clinical judgment and creates ethical pressure unique to private hospital settings in Indonesia. This context–specific dynamic contributes to a layer of moral distress that is not adequately captured in Western literature and underscores the need for institutional policies that promote shared responsibilities for communication between physicians and nurses.

Within this broader context of ethical problems and challenges, participants described ethical dilemmas in more specific situations involving competing ethical obligations. In particular, ethical dilemmas were experienced when nurses' professional responsibility to advocate for patient welfare conflicted with respect for family wishes, especially in end–of–life care. In such situations, nurses perceived that no available course of action simultaneously satisfied ethical principles,

professional responsibilities, and contextual expectations. Ethical supervision was therefore perceived as a crucial support mechanism, providing a reflective and dialogic space to clarify ethical principles, prevent deviations from professional standards, and reinforce accountability. These perceptions align with literature demonstrating that structured ethical supervision strengthens professional integrity, reduces ethical risk, and supports reflective practice.[8,45,46] In this study, supervision fulfilled both preventive and restorative functions, enabling nurses to navigate ethical problems and challenges more confidently within a complex clinical environment.

Nurses also described a range of culturally grounded strategies for managing ethical problems, including consulting religious values, maintaining transparent communication with patients and families, and engaging in interprofessional collaboration. These strategies reflect theoretical perspectives that recognize the importance of patient autonomy while acknowledging the influence of cultural and spiritual values on care.[39,40] They also align with principles of patient–centred care, which highlight the value of interprofessional collaboration and open communication in promoting ethical and safe decision–making.[48,49] These strategies illustrate adaptive responses to ethical challenges and highlight gaps in formal institutional ethical support, underscoring the need for structured ethical supervision.

The findings also demonstrate that ethical supervision plays a vital role in strengthening caring behavior, professionalism, and ethical resilience. Participants viewed supervision not as a punitive mechanism but as a reflective and developmental process that reinforces empathy, accountability, and ethical awareness. This is consistent with evidence suggesting that supervision enhances moral competence, supports emotional well–being, and helps prevent ethical violations.[43–45] When implemented consistently, ethical supervision contributes to a positive ethical climate that supports both staff and patient safety.

The third theme highlights nurses' expectations for institutional support in establishing a robust ethical supervision system. Participants emphasized the need for strong managerial commitment, competent and impartial supervisors, and cross‑unit collaboration. These expectations echo established clinical supervision frameworks such as Proctor's model and the 4S approach (Structure, Skills, Support, Sustainability).[46,47] However, the present study challenges the direct transferability of these frameworks to the Indonesian context, demonstrating that supervision models developed in Western healthcare systems require cultural and organizational adaptation to accommodate hierarchical structures, collectivist values, and strong family involvement in clinical decision‑making. This finding contributes an empirical insight into how ethical supervision can be meaningfully contextualized within Indonesian private hospitals.

The findings indicate that ethical supervision provides an essential framework for supporting nurses in managing ethical problems and challenges, reinforcing caring behavior, and sustaining professionalism. Effective ethical supervision models must be sensitive to cultural and institutional realities in which ethical principles intersect with family expectations, spiritual values, and hierarchical dynamics. Embedding ethical supervision as both a preventive and developmental process, supported by leadership, trained supervisors, and interdepartmental collaboration, can foster an ethically grounded, contextually relevant, and resilient nursing practice environment.

Conclusion

This study demonstrates that nurses in a private hospital in Surabaya primarily encounter ethical problems and challenges arising from organizational constraints, hierarchical professional structures, cultural norms, and strong family involvement in clinical decision‑making. Although nurses demonstrated strong ethical awareness and commitment to patient‑centred care, their ability to act ethically was often constrained by limited professional autonomy, communication barriers, and resource constraints.

Ethical dilemmas were experienced in more specific situations involving conflicting ethical obligations, particularly in end‑of‑life care, when nurses' professional responsibility to advocate for patient welfare conflicted with respect for family wishes. These situations were perceived as morally challenging because no available course of action fully satisfied ethical principles, professional responsibilities, and contextual expectations.

The findings highlight the importance of ethical supervision as a supportive and developmental process that assists nurses in managing ethical problems and challenges, navigating ethical dilemmas, and sustaining caring behaviour and professional integrity. Ethical supervision was perceived not as a punitive mechanism but as a reflective and dialogic space that supports ethical decision‑making, emotional resilience, and professional accountability.

Furthermore, this study underscores the need for strong institutional support to ensure the effective implementation of ethical supervision. Managerial commitment, competent and independent supervisors, and cross‑unit collaboration were identified as essential components of a sustainable ethical supervision system. While existing clinical supervision frameworks, such as Proctor's model and the 4S approach, provide practical foundations, they require cultural and organizational adaptation to align with the Indonesian healthcare context, where collectivist values, hierarchical structures, and family‑dominated decision‑making shape ethical practice.

Limitations and Recommendations

This study has several limitations that should be considered when interpreting the findings. First, the study was conducted in a single private hospital in Surabaya, which may limit the transferability of

the findings to other healthcare settings. In qualitative research, transferability is supported through a rich description of the study context, participants, and organizational characteristics, allowing readers to determine the relevance of the findings to other settings.[35] Studies conducted in different regions and types of healthcare institutions may further extend understanding of ethical challenges in nursing practice.

Second, the use of focus group discussions, while effective in capturing shared experiences and group perspectives, may not fully reflect individual viewpoints. Group dynamics, such as dominant participation or social desirability, may have influenced participants' responses. Finally, this study focused solely on nurses' perspectives; inclusion of patients' and family members' views could provide a more comprehensive understanding of ethical problems and challenges in clinical practice.

Despite these limitations, the findings highlight the importance of developing a culturally appropriate ethical supervision model for private hospitals in Indonesia. Existing clinical supervision frameworks, such as Proctor's model and the 4S approach, offer useful foundations but require adaptation to address hierarchical organizational structures and strong family involvement in decision-making. Training in culturally sensitive communication and ethical decision-making is essential to help nurses and supervisors manage ethical challenges effectively. Institutional policies should also promote shared responsibilities for communication between nurses and physicians to reduce moral distress and support ethical nursing practice.

Ethical supervision should be implemented as a regular and developmental process that emphasizes reflection, professional learning, and emotional support rather than punitive control. Supervisors should be independent of nurses' immediate units to enhance fairness and credibility, and structured support mechanisms, such as peer support or reflective forums, should be established to help nurses manage ethical

stress. Future research should explore ethical problems and challenges across diverse healthcare contexts and include patients' and families' perspectives to further refine and contextualize ethical supervision models.

Author Contribution

Conceptualization: YK
Method and design: YK, YS
Tool development and validation: YS, IF
Data collection: YK, YS, IF
Analysis and interpretation: YS
Drafting the manuscript, Revising the manuscript: YK, YS
Editing the manuscript, Responding to the editor, Final approval of the submitted version: YK

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Conflict of Interest

The authors declare no conflict of interest related to this study.

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ประสบการณ์ของพยาบาลอินโดนีเซียเกี่ยวกับปัญหาและความท้าทายทางจริยธรรมและความจำเป็นในการพัฒนารูปแบบการกำกับดูแลด้านจริยธรรม : การศึกษาเชิงพรรณนาเชิงคุณภาพ

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บทคัดย่อ : พยาบาลต้องเผชิญกับปัญหาและความท้าทายทางจริยธรรมในการปฏิบัติงานทางคลินิกอยู่บ่อยครั้ง ซึ่งสะท้อนถึงความจำเป็นในการมีรูปแบบการกำกับดูแลด้านจริยธรรมที่มีประสิทธิภาพ การศึกษานี้มีวัตถุประสงค์เพื่อสำรวจประสบการณ์ของพยาบาลเกี่ยวกับปัญหาและความท้าทายทางจริยธรรม รวมถึงระบุความต้องการที่สำคัญในการพัฒนารูปแบบการกำกับดูแลด้านจริยธรรมที่เหมาะสมสำหรับการปฏิบัติงานทางคลินิก การวิจัยใช้การออกแบบการวิจัยพรรณนาเชิงคุณภาพโดยใช้การสนทนากลุ่มกับผู้เข้าร่วมจำนวน 28 คน ซึ่งประกอบด้วยผู้บริหารทางการพยาบาล หัวหน้าหอผู้ป่วย และพยาบาลประจำการ ณ โรงพยาบาลเอกชนแห่งหนึ่งในเมืองสุราบายา ประเทศอินโดนีเซีย เก็บรวบรวมข้อมูลระหว่างเดือนมิถุนายน ถึง สิงหาคม พ.ศ. 2568 โดยจัดการสนทนากลุ่มจำนวน 6 ครั้ง ผู้เข้าร่วมทุกคนมีประสบการณ์การทำงานอย่างน้อย 1 ปี การสนทนาทั้งหมดได้รับการถอดเทปคำต่อคำและวิเคราะห์เชิงประเด็นโดยใช้โปรแกรม NVivo 11

ผลการวิเคราะห์พบ 3 ประเด็นหลัก ได้แก่ 1) ความท้าทายทางจริยธรรมด้านอารมณ์และการปฏิบัติในงานพยาบาลประจำวัน 2) การกำกับดูแลด้านจริยธรรมในฐานะกลไกสำคัญที่ส่งเสริมการดูแลเอาใจใส่และความซื่อสัตย์ทางวิชาชีพ และ 3) ความคาดหวังของพยาบาลต่อการกำกับดูแลด้านจริยธรรม ผลการศึกษาชี้ให้เห็นว่าการกำกับดูแลด้านจริยธรรมมีบทบาทสำคัญในการส่งเสริมความเป็นวิชาชีพ การตัดสินใจเชิงจริยธรรม และการดูแลผู้ป่วยเป็นศูนย์กลาง แนะนำให้ใช้รูปแบบการกำกับดูแลด้านจริยธรรมที่มีโครงสร้างชัดเจน เช่น กรอบแนวคิดของ Proctor ที่บูรณาการร่วมกับแนวคิด 4S ได้แก่ โครงสร้าง ทักษะ การสนับสนุน และความยั่งยืน เพื่อให้เกิดการนำไปใช้ที่สม่ำเสมอและยั่งยืนในทางปฏิบัติทางคลินิก

คำสำคัญ : การตัดสินใจ ความท้าทายทางจริยธรรม ปัญหาทางจริยธรรม รูปแบบการกำกับดูแลด้านจริยธรรม พยาบาล

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