

Ethical Dilemmas among Healthcare Workers in Private Hospitals and Their Implications for Organizational Governance and Well-Being: Evidence from Sarawak, Malaysia

Dr Ammal Dzulfihar Bin Ismail

Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), Sarawak State Health Department, Malaysia;
Faculty of Law Enforcement and Public Sector Management (FLAME), Saito University College,
Malaysia.

DOI: <https://dx.doi.org/10.47772/IJRISS.2026.100300030>

Received: 02 March 2026; Accepted: 07 March 2026; Published: 24 March 2026

ABSTRACT

This study explores the ethical challenges that healthcare professionals experience in private hospitals in Sarawak, Malaysia, and the consequences of these challenges on the professionals' well-being and on the administrative structure of the hospitals. The central focus of this study is to capture the scope and type of ethical challenges that healthcare staff experience in private hospitals, the negative effects of these challenges on personal well-being and the administrative structure of an organization, and the impact of ethical standards and institutional frameworks on the challenges and issues that arise within these complexities.

A cross-sectional, descriptive research design was utilized. Data were collected via an online survey that included a structured questionnaire targeting private hospital workers across Sarawak, Malaysia, including physicians, nurses, allied health professionals, administrators, and support staff. The participants were selected through convenience sampling, and their participation was voluntary and anonymous. Statistical analyses (mainly descriptive and inferential statistics) were conducted to study the interrelationships of ethical challenges, the well-being of healthcare employees, and administrative outcomes.

The analysis shows the frequency of ethical dilemmas being encountered in the daily grind of the individual. Most acts of daily ethical dilemmas in the medical profession include informing a patient to consent to the treatment, how a doctor decides to allocate his services to his patients; is the action of a doctor in the best interests of the patient and does he keep the patients ethical dilemma, and what are the religious beliefs of a patient. Statistically, the more ethical dilemmas a person encounters, the more likely he or she is to experience negative outcomes, a decline in morale, and leaves a job because of lack of satisfaction and professional well-being. In the organizational world, the more ethical dilemmas a person encounters, the weaker the organization's governance is and the more the organization's ethical accountability and the more difficulty the organization has in applying standards to unethical behavior. On the contrary, governance and ethical behavior improves in the presence of ethically clear and unambiguous organizational criteria, social relations and a more ethical presence of organizational systems such as ethical committees and ethical consultations.

In private hospitals, ethical dilemmas are a challenge to the individual professional, and a problem of governance. Strengthening ethical governance to institutional ethical support systems and organizational and regulatory frameworks is a means of maintaining the professional's honor, increasing accountability, and ensuring that private health care is sustainable.

Keywords: healthcare ethics, ethical governance, moral distress, organizational ethics, healthcare professionals

INTRODUCTION

The healthcare systems around the globe face different challenges in the field of ethics. Technology in medicine is changing on one hand, while the people who provide the service (i.e. healthcare professionals) face constant changes in the way their customers (i.e. patients) think, demand, and act. The aforementioned factors (technology and demographic changes) lead to the growth of conflicting clinical practice scenarios. Healthcare practitioners

are often tasked with the challenging job of making choices that fulfill conflicting healthcare ethics, namely: patient autonomy, beneficence, non-maleficence, and justice.

An ethical dilemma in each case occurs when the available actions are not sufficiently clear, or not all the necessary ethical values can be satisfied. A clear case is a patient who has democratic rights to choose to accept or refuse any treatment that health care professionals offer, and that may not coincide or may be contradictory to the health care professional's clinical judgement. In other words, a health care professional may be faced with a patient who has an elected right that is contrary to or potentially damaging to that patient. This is not the patient's choice and may cause a great deal of ethical tension and psychological pain to the health care provider.

The definition of moral distress has been defined by Andrew Jameton. Jameton's definition has clear reflections in health workers and professionals, to the extent that he comes to describe the situation as a moral crisis. This is because he/she recognizes an action as ethical and morally just, and yet she/he is unable to take that action for a variety of reasons, most of which are dictated by the institution or organization with which the professional collaborates. The situation has been documented and described particularly in the health care and medical fields, where it has been linked to professional burnout, job dissatisfaction and erosion, and where it is believed that this phenomenon results in a detriment to the health and lives of patients.

Healthcare organizations have begun developing ethical governance structures to aid in ethical decision making as a response to these issues. Such structures include general policies from the institution, ethics consultation services, the codes of ethics for various professions as well as ethics committees. Regardless of these structures, healthcare practitioners often still experience a lack of clarity when faced with ethical dilemmas.

In Malaysia, while public healthcare systems have their own limitations, private hospitals step in to fill the gaps. The delivery of private healthcare in Sarawak is particularly complicated due to the geographical spread of the population and the limited healthcare workforce. Ethical governance is critically important, yet there is still very little research that explores the ethical dilemmas and the governance of such dilemmas in private hospitals in Malaysia.

Considering the above, this study seeks to understand ethical dilemmas experienced by private hospital healthcare workers in Sarawak, and their consequences on the workers' well-being and the organization's governance. The study also aims to determine which internal structures may enhance the capacity for ethical decision making and governance in private hospitals.

LITERATURE REVIEW

Ethical dilemmas in practice and research within healthcare fields are common phenomena, and they are considered integral elements within these domains. In practice, clinical discretion involves the equilibrium of multisided dilemmas, and particularly the demands of clientele. In healthcare research, ethical dilemmas are considered integral, and in clinical discretion, professionals consider institutional approaches and policies, legal frameworks, and the limited availability of healthcare resources.

In research on the ethical dilemmas in healthcare and clinical discretion, one of the leading authors is Tom L. Beauchamp and James F. Childress, who formulated the "Four Principles Approach." These authors present the model of ethical dilemmas consisting of 4 principle-based frameworks, namely, autonomy (the right to determine oneself), beneficence (the right to be assisted), and justice (the right to equity). They also present the ethical principle of non-maleficence (the right not to be harmed). These principles are integral part of bioethics and have significant implications in the resolution of ethical dilemmas in clinical settings.

Autonomy primarily focuses on the individual's right to determine him/her self, and in the context of healthcare, it is the right to determine oneself. Justice is also primarily concerned with the individual's right not to be harmed, and in the healthcare context, this is the right not to be harmed. In healthcare, justice also deals with the equitable distribution of healthcare services, meaning, the rationing and fair distribution of healthcare services ought to be prioritized ahead of healthcare services. To healthcare consumers this is the right to equality.

As ethical models of dilemmas, practitioners in healthcare, especially in the clinical settings, often encounter issues where they contradict the principles of ethics. In clinical practice, for instance, it is often the case where the principle of autonomy contradicts the principle of beneficence, and this occurs especially in the case of patient self-determination in the case where it is self-determined for the patient not to receive the recommended medical treatments.

Another significant notion in ethics in healthcare is the ethical climate of the organization. An ethical climate is the collective perception of an organization on how they approach and manage ethical issues. An ethical climate helps in fostering a culture that embraces the open discussion of ethical issues and provides support to health professionals in dealing with ethical issues.

Studies have shown that healthcare organizations with strong ethical governance have better ethical support systems. For instance, ethics committees provide a multidisciplinary approach to some of the more complex clinical problems. Furthermore, ethics consultation services provide healthcare professionals with tools and ways to tackle ethically problematic situations.

Despite the aforementioned, the ethical governance systems in healthcare institutions can be strikingly different. There are institutions with ethics committees and consultation services, and there are some with more informal governance structures.

In healthcare practice ethics, the perception and said use of the ethical governance systems by health practitioners is paramount in refining quality of ethical decision-making.

METHODOLOGY

This study engaged a quantitative cross-sectional survey method to gain insight into the ethical dilemmas faced by healthcare workers in private hospitals and to understand the implications of the dilemmas on workers' well-being and their perceptions of organizational governance. Given the study's objectives and the time constraints, the cross-sectional method seems appropriate as it provides the researcher with the ability to explore the structure of the dilemmas in the given organizational setting.

The center of the study was on healthcare professionals working in private hospitals in Sarawak, Malaysia. Private hospitals have a multi-layered organizational structure which force healthcare workers to find a balance between their clinical duties and the organizational and operational constraints given to them.

Study Population & Sampling Method

The study population included healthcare workers in private hospitals, which incorporates doctors, nurses, allied health practitioners, administrators and support staff.

Due to a lack of resources and time, a non-probability convenience sampling method was chosen. The survey was distributed through the author's professional networks and communication lines of the hospitals.

A total of 500 respondents took part in the research study. Participants were informed their involvement was voluntary and that their answers would be kept strongly confidential, as their identities would be unknown to the researcher.

Instrument for Data Collection

The survey tool was constructed using themes in the available literature on healthcare ethics. The survey aimed to determine respondents' experiences with ethical dilemmas, perceptions of organizational bottom-line support, and the impact of ethical issues on the professional's overall wellness. The survey was divided into sections and included the following subheadings: sections pertaining to the response instrument are divided into four sections:

- Demographic information
- Ethical conundrums faced in the course of clinical practice
- Perceptions regarding ethical governance in organizations, and
- Experience regarding ethics in decision-making

Most of the items are expressed in 5-point Likert scales ranging from 'not at all true' to 'completely true'. The Likert scales give respondents diversity to elucidate their level of agreement regarding ethical dilemmas and support from the organization. Also, the finite-choice response pattern on the survey instrument limited respondents' true perceptions regarding the ethical dilemmas.

Analyzing The Data

The analysis of data was done using software for analysis of data. The analysis included both inferring and describing.

The respondents' demographics and the most frequently cited ethical dilemmas faced by the respondents in private hospital settings were analyzed and described using statistics that summarize the information.

To study the various kinds of relationships among the variables of the research, inferential statistical methods were used. Establishing correlations was used to clarify the relationships among the ethical dilemmas, healthcare worker well-being, and how the participants viewed the organization's governance. Additionally, regression analysis was used to clarify how much ethical dilemmas affected the well-being of the participants and the perceptions of the governance of the organization.

These methods of analysis helped the research study many aspects of ethical dilemmas in the organization and the outcomes caused by the ethical dilemmas.

To evaluate the internal consistency of the constructs of the questionnaire, Cronbach's alpha coefficient was calculated for the main measurement constructs. Cronbach's alpha is the most common method for evaluating reliability in survey research.

Reliability is evaluated for the ethical dilemmas, the healthcare worker well-being and the organizational governance, to ensure that the questionnaire items related to the constructs of the ethical dilemmas, the healthcare worker well-being and the organizational governance were measured.

Table 1: Demographic Characteristics of Respondents

Demographic Information		Frequency	Percentage
Gender	Female	378	75.6
	Male	122	24.4
Age	Under 25 years old	18	3.6
	25 to 34 years old	156	31.2
	35 to 44 years old	155	31.0
	45 to 54 years old	94	18.8
	55 years old and above	77	15.4

Professional Role	Administrator/Manager	83	16.6
	Allied Healthcare Professional (e.g., pharmacist, lab technologist)	47	9.4
	Nurse	245	49.0
	Physician/Doctor	48	9.6
	Others	77	15.4
Years of experience in healthcare	Less than 1 year	6	1.2
	1 to 5 years	90	18.0
	11 to 20 years	132	26.4
	6 to 10 years	101	20.2
	More than 20 years	171	34.2

Table 2: Reliability of ethical dilemmas, perspectives on guidelines and support systems, support systems/resources and well-being and governance

Variables	Total Items	Reliability α
Ethical dilemmas	4	0.89
Perspectives on guidelines and support systems	7	0.88
Support systems/ resources	5	0.87
Well-being and governance	3	0.81

Table 3: Normality test of ethical dilemmas, perspectives on guidelines and support systems, support systems/resources and well-being and governance

Variables	Mean	5% Trimmed Mean	Variance	Standard Deviation	Skewness	Kurtosis
Ethical dilemmas	3.85	3.91	1.30	1.14	-0.74	-0.74
Perspectives on guidelines and support systems	4.39	4.43	0.31	0.56	-1.03	0.82
Support systems/ resources	4.54	4.57	0.21	0.46	-0.59	-0.81
Well-being and governance	4.57	4.62	0.28	0.53	-1.21	0.56

RESULTS

Prevalence and types of ethical dilemmas

Survey participants noted that they encountered ethical dilemmas frequently in everyday practice. The most frequently cited examples included dilemmas around obtaining informed consent, distributing scarce clinical

resources, conflicts of interest, patient confidentiality, and end-of-life decision making. This shows that ethical dilemmas are an essential, routine part of the practice of professionals working in private hospitals.

Ethical dilemmas and the well-being of healthcare workers

Contrary to distance from the issue, ethical dilemmas are negatively related to the well-being of healthcare workers, and the relationship is direct. Generally, participants who reported facing ethical hardships also experienced moral injury, reduced satisfaction with work, and increased emotional load. The findings show that ethical dilemmas that are left unsolved adversely affect the well-being of professionals.

Ethical dilemmas and organizational governance

At the organizational level, increased exposure to ethical dilemmas is correlated with lower perceptions of effectiveness of governance. Poor decision-making, lack of organizational direction, and confused ethical accountability are reported in regard to the organizational response to ethical dilemmas. It has been demonstrated that the most ethical dilemmas weaken governance and the capacity of leadership.

Impact of ethical guidelines and institutional support systems

Respondents who noted the presence of unambiguous ethical guidelines, collegial ethical understanding, and organized institutional support of ethics (ethics committees and ethical consultation structures) achieve markedly better results, both concerning well-being and governance. Institutional support systems were found to counterbalance the negative impact of ethical dilemmas.

DISCUSSION

The results of this research show that ethical dilemmas are commonplace in professional healthcare practice concerning treatment choices, patient's autonomy, confidentiality, and distribution of scarce healthcare resources, which is consistent with existing studies that show that ethical dilemmas are a part of clinical practice, especially in clinical situations with high patient loads and low resources available.

A notable example of this study is the frequency of ethical dilemmas involving professional judgement, and patient's autonomy. There are some situations that healthcare professionals will face where the preferences of the patient are different from the recommendations given by the doctor. In this case, healthcare professionals are forced to implement patient autonomy, and at the same time recommend actions that may further harm the patient.

The results also specify the most effective way to organize structures in the process of ethical decision-making in practice. When the organizational policy and the structures of ethical decision-making are clear, the healthcare professionals within the organizations are encouraged to address ethical dilemmas. This result is affirmation of the existing literature that ethical governance structures within organizations are critical frameworks to aid behavioral decision-making of ethical dilemmas in healthcare practice.

Also, the presence of ethical governance structures in healthcare institutions, especially the ethical committees and consultation services systems, fosters positive impacts on ethical decision making. These systems facilitate access to divergent points of view to healthcare professionals and reduce the dilemmas for ethical problematic situations.

The influence of ethical climate on professional confidence has also been noted. A noted increase in professional confidence in addressing ethical issues has been recorded for healthcare professionals who work in organizations that encourage open discussions and ethical reasoning. In contrast, the lack of or the dismissed consideration of ethical issues has been noted to create moral distress in healthcare professionals.

These results indicate that healthcare organizations should accelerate the development of positive ethical governance. Aimed at addressing ethical dilemmas, institutional policies should describe the processes involved, and ethical awareness and decision-making programs should be available for healthcare professionals.

Overall, improving ethical governance in organizations will likely increase the ethical climate of the organization, the well-being of healthcare professionals, and the quality of care provided to patients.

The findings are particularly applicable to private healthcare in Sarawak. With the need to respond to the increasing demands and regulations regarding patients, private hospitals are required to be innovative and incorporate ethical governance into their organizational strategies.

Implications For Practice And Policy

The results suggest that private hospitals are integrating ethical governance into their organizational structures. Ethics committees should be empowered to act as advisors and shapers of policies to go beyond mere consultative bodies. Active ethics training should be institutionalized for all occupational strata, including top management.

At the policy stage, ethics governance may be integrated within the realms of hospital quality assurance and accreditation as per the discretion of healthcare regulators and ethics bodies. Greater institutional accountability for ethical practice is expected to yield greater workforce sustainability as well as greater trust of the patients.

Limitations And Future Research

The use of cross-sectional design and convenience sampling in this study limits the generalizability of findings and the possibility of causal statements. Self-reported data may also suffer from response bias. Longitudinal, or mixed methods studies, may be useful to examine in the future how ethical governance interventions affect organizational performance and retention of employees over a given period of time.

CONCLUSION

This research shows that ethical dilemmas are an ever-present factor in the practice of healthcare. Practitioners are challenged in clinical situations by ethical conflicts regarding a patient's autonomy rights, their right to confidentiality, the right of the patient to have a say in the treatment provided to them and the available resources to provide the treatment.

The research findings shed light on the need for support from the ethical governance of the organization to be able to help the healthcare practitioners in the resolution of ethical conflicts. Through Institutional policy, ethics committees, and ethics consultation services are excellent support systems to assist in the resolution of ethical dilemmas.

Therefore, it is lawfully acceptable to claim that healthcare organizations need to focus their resources to improve the ethical governance systems in place and on ethical training for healthcare practitioners. Training in ethics along with consultation available on the ethics dilemmas should improve ethical distress, decrease ethical distress, and should assist the healthcare practitioners to assist them navigate the ethics dilemmas.

There is a need to do research on the ethical climate of the organization as an ethical dilemma and the well-being of healthcare practitioners particularly in resource limited are of the healthcare system.

Ethical dilemmas and ethical conflicts are an integral part of the organization and practice in the private healthcare system in Sarawak and it is a major determinant of the healthcare workers well-being and the ethical governance of the organization. The findings show that ethical issues need to be addressed as a systemic organizational phenomenon rather than an individual phenomenon. It is critical for the ethical governance systems and the organizational support systems to be focused to frame the problems for the first time to improve the ethical dilemmas to sustain professional autonomy, the organizational capacity, the ethical governance and sustain the private health care system.

Ethical Approval

This research study did not get ethical approval from an official Institutional Review Board (IRB) or ethics committee. However, ethical research involving human participants was followed. Participation was strictly voluntary, and Informed consent was obtained from all participants prior to data collection. Anonymity and confidentiality of responses were maintained. No Personally identifiable information (PII) was collected, and the data was used strictly for academic research.

Conflict Of Interest

The author declares that there is no conflict of interest associated with this study.

Disclosure / Author Note

This manuscript is derived from a Master of Law Enforcement capstone research project conducted by the author at Saito University College. The data has been re-analyzed and reframed for regulatory and healthcare governance publication.

REFERENCES

1. Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.
2. Bell, L. (2015). Code of ethics for nurses with interpretive statements. *Critical Care Nurse*, 35(4), 72–73. <https://doi.org/10.4037/ccn2015639>
3. Celis, I. V., & Méndez, C. C. (2019). Moral distress: Sign of ethical issues in the practice of oncology nursing—A literature review. *Aquichan*, 19(1), 1–11. <https://doi.org/10.5294/aqui.2019.19.1.3>
4. Epstein, E. G., & Delgado, S. (2010). Understanding and addressing moral distress. *OJIN: The Online Journal of Issues in Nursing*, 15(3), Manuscript 1. <https://doi.org/10.3912/OJIN.Vol15No03Man01>
5. Everyday ethics: Ethical issues and stress in nursing practice. (2010). *Journal of Clinical Nursing*, 19(21–22), 3216–3224. <https://doi.org/10.1111/j.1365-2648.2010.05425.x>
6. Haddad, L. M., & Geiger, R. A. (2023). Nursing ethical considerations. In *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK526054/>
7. Hakimi, H., Mousazadeh, N., Sharif-Nia, H., Nazari, R., & Dehghani, M. (2023). The predictive factors of moral courage among hospital nurses. *Philosophy, Ethics, and Humanities in Medicine*, 18, Article 9. <https://doi.org/10.1186/s13010-023-00141-9>
8. Hamric, A. B., & Blackhall, L. J. (2007). Nurse–physician perspectives on the care of dying patients in intensive care units: Collaboration, moral distress, and ethical climate. *Critical Care Medicine*, 35(2), 422–429. <https://doi.org/10.1097/01.CCM.0000254722.50608.2D>
9. Horton, J. (2002). Review of *Principles of biomedical ethics* (5th ed.), by T. L. Beauchamp & J. F. Childress. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 96(2), 231. [https://doi.org/10.1016/S0035-9203\(02\)90265-8](https://doi.org/10.1016/S0035-9203(02)90265-8)
10. Jonsen, A. R., Siegler, M., & Winslade, W. J. (2015). *Clinical ethics: A practical approach to ethical decisions in clinical medicine* (8th ed.). McGraw-Hill Education.
11. Moral distress among palliative care clinicians: A framework for understanding moral distress. (2013). *Journal of Palliative Medicine*, 16(9), 1074–1079. <https://doi.org/10.1089/jpm.2012.0490>
12. Nursing practice: The ethical issues. (n.d.). Georgetown University Library. <https://repository.library.georgetown.edu/handle/10822/800986>
13. Parsa-Parsi, R. W. (2022). The International Code of Medical Ethics of the World Medical Association. *JAMA*, 328(20), 2011–2012. <https://doi.org/10.1001/jama.2022.19697>
14. Quality of primary studies included in systematic reviews: Results of the MetaQuality cross-sectional study. (2005). *BMJ*, 330, 1053. <https://doi.org/10.1136/bmj.38414.515938.8F>
15. Ethical conflict among nurses working in intensive care units. (2019). *Nursing Ethics*, 26(7–8), 2074–2086. <https://doi.org/10.1177/0969733018796686>
16. Ethical issues in the disruptive behaviours of incivility, bullying and horizontal or lateral violence. (2014). *Nursing Ethics*, 21(1), 39–48. <https://pubmed.ncbi.nlm.nih.gov/24707670/>