

ETHICAL SELF-EFFICACY AS EXPERIENCED BY NURSING PROFESSIONALS. WHY IT NEEDS ATTENTION AND A PROPOSAL FOR A DEFINITION.

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Abstract

The requirement to act ethically is inherent to the professional delivery of nursing care. It is in this context that nursing professionals' self-efficacy, and their expectation of self-efficacy, are drawing increasing research attention. Discourse on ethical challenges may reference individual actions and decisions, and may also engage with institutional and societal conditions. We recognise the utility, particularly in the context of nursing education generally and ethics education specifically, of setting out a distinct definition of ethical self-efficacy. Accordingly, this article seeks to outline the particular concept of perceived ethical self-efficacy among nursing professionals, alongside detailing the factors that influence experienced or perceived ethical self-efficacy.

Keywords: Ethical self-efficacy; ethical agency; nursing ethics; nursing practice; nurse education; nursing professional

1 INTRODUCTION

"Good" nursing care can be described as a complex interpersonal interaction incorporating aspects of emotional work, the building of cooperative relationships, and work on and with the physical body and lived body (*Leib*); an interaction that resists standardisation to an extent, and that entails the use of both external and internal evidence, resulting in actions led by a dual logic.¹ The actions of nursing professionals take place in an institutional context, with or for individuals and groups who require support owing to health conditions and limitations on their ability to care for themselves and are therefore vulnerable, which endows the actions of nursing professionals with an inherent ethical significance.² In engaging with factors such as the lifeworlds of those who receive their care, nurses, in their professional actions, access a specific perspective centring on ethical argument, ethical reflection and a way of acting rooted in ethical considerations, from which, in turn, emerges a sense of the ethical significance attaching to the nursing profession in a manner distinct from other professions within healthcare.³

The analysis of and reflection on ethical matters and lines of argument grounded in ethics are therefore real and tangible components of nursing as a profession and its habitus⁴; accordingly, those

¹ Seefeldt/Hülken-Giesler 2020; see also Remmers 2018.

² Wöhlke/Riedel 2023; Riedel/Lehmeyer 2022; International Council of Nurses (ICN) 2021; Hamric 2020.

³ See also section 4 of this article.

⁴ Monteverde 2019; Riedel/Lehmeyer/Monteverde 2022.

working in the nursing profession find themselves the subjects of expectations regarding their knowledge, methodological repertoire and attitudes in the ethical realm.⁵ Such expectations may, however, appear to be undermined in the context of “grand challenges” affecting the whole of a society, particularly demographic change and the shortage of skilled workers, which is projected to worsen in the future, and the concomitant precarious conditions in which nursing professionals find themselves working, alongside further actual or potential implications⁶ for their capacity to deliver “good” nursing care. That delivery of care now takes place via an increasingly diverse set of more or less highly qualified nursing-allied professions. In light of the challenges facing nursing practice today and its ethical significance, competence in ethical matters appears to be an elementary aspect of the emergent and established set of professional values that nurses need.⁷ Issues of increasing relevance in the current professional landscape include the fact that nursing practice can only be standardised to a very limited extent, given the unique and highly individual character of each nursing interaction, the concomitant capacity of nursing professionals to act in a manner appropriate to the situation and founded on ethical reflection, and their confidence, drawing on their professional education, in their ability to manage a variety of situations with a moral component. In this context, the concept of self-efficacy, first set out by Bandura within his Social Cognitive Theory,⁸ can evidently serve as a sphere of reference, from which we can derive the notion of ethical self-efficacy as a significant response to the demands and expectations placed on nursing professionals today.

Considering the properties of “good” nursing care with which we commenced this article, the resultant complexity of its delivery, and the ethical significance of what nursing professionals do, it would seem apposite, particularly in relation to nursing education and more precisely to education in nursing ethics, to expand Bandura’s concept of self-efficacy and magnify its specificity for our context. We would not be the first to have considered this.⁹ That said, the work published internationally in this area has made very little impact to date on the German-language discourse, which has yet to provide a solid underlying definition of ethical self-efficacy. Since we were prompted to attempt an engagement with the concept from a specifically German-speaking perspective, the specificities of nursing qualifications and pathways prohibit us from adopting concepts from the international sphere without careful examination and appropriate adaptations.

Against this backdrop, this article sets out to provide a rationale for expanding the concept of self-efficacy and to draw up a definition of ethical self-efficacy in relation to nursing professionals¹⁰. In adapting the notion of ethical self-efficacy for the German-language context, we seek to supply an example of and an inspiration for reviewing theoretical concepts for their applicability to other national discourses, adjusting them where appropriate, and applying theoretical scaffolds to their contextual extension. Having commenced by briefly outlining the current state of research in this area, we will discuss the ethical agency of nursing professionals and detail further components of a distinctly ethical¹¹ concept of self-efficacy, following this by setting out our proposed definition of ethical self-efficacy as it applies to nursing professionals. We will then proceed to consider implications of this definition for theoretical and practical nurse education, setting out the conclusions we draw for educational processes going forward and the requirements that the nursing profession will have of this education in the future. In

⁵ Wöhlke/Riedel 2023; ICN 2021; American Nurses Association (ANA) 2025.

⁶ See, for example, Destatis 2024; Rothgang/Müller/Preuß 2020; Drupp/Meyer 2020; also Klotz/Riedel 2023, 2025.

⁷ See, for example, Hülsken-Giesler 2015.

⁸ Bandura 1977.

⁹ One example is Ishihara et al. 2022; see also the next section of this article.

¹⁰ While we focus in this article on qualified nurses, our considerations may equally apply to, for instance, trainees/student nurses, nurse managers, and other groups of professionals training for or working in occupations related to nursing.

¹¹ We mean this in contrast to a general conception of self-efficacy (see section 2.1) and “moral” self-efficacy (see section 3 in particular).

our conclusion, we place the issues this article discusses in a broader societal and political context and point to possibilities for successfully translating the concepts we have outlined into nurse education.

2 SELF-EFFICACY AND ETHICAL AGENCY

2.1 SELF-EFFICACY

Bandura defines self-efficacy as an ability pertaining to the individual.¹² His concept deems perceived self-efficacy to be people's confidence in their ability to reach a particular level of attainment which itself influences events that have an impact on their lives. Self-efficacy "produces personal accomplishments, reduces stress and lowers vulnerability to depression".¹³ The definition of self-efficacy put forward by Schwarzer and Jerusalem regards it as

the subjective certainty of being able, through one's own competency, to manage new or difficult situations that require one to act. These are not tasks that can be handled via simple routines, but rather ones whose difficulty requires processes of action entailing effort and stamina if they are to be completed.¹⁴

Self-efficacy involves an individual's self-assessment and their confidence in their own competency to act,¹⁵ and as such is of significance in relation to the capacity to act ethically and make ethical decisions.¹⁶ The degree of self-efficacy a person has also affects their choice of actions to take and their initiation of the actions chosen.¹⁷ In the ideal case, an individual's personal self-efficacy can come into play in complex situations, thus laying vital foundations for that individual's perceived self-efficacy that are effective throughout the entire process of an action and "denote [...] [a person's] confidence in their own competency in setting actions, including difficult actions, in motion and seeing them through. It gives expression in particular to the surmounting of barriers via one's own intervention".¹⁸

Hartmut Rosa, setting out his considerations on the concept of resonance, likewise references Bandura's idea of self-efficacy: "a person with strong perceptions of self-efficacy is more confident, invests more energy in conquering difficulties, sets more demanding goals for themselves, and perseveres longer in the face of obstacles."¹⁹ A perceived self-efficacy, in Rosa's terms, is effectively an expectation of "resonance",²⁰ that is, the expectation that, with each action, a response will come, in the relationship linking the "subject [to the] world".²¹ In another passage, Rosa points out that the perceived self-efficacy "not only does not reduce the likelihood of experiencing resonance, but in fact [...] is apt to enhance the quality of such an experience".²² Self-efficacy, in the terms of resonance theory, refers to "being able to reach something or someone as part of a responsive, open-ended encounter".²³ "Reachability", in turn, is about entering into contact with, letting ourselves be touched by another entity; "the experience, or at least expectation, of self-efficacy in the sense of being able to reach the object we come into contact with", with an additional "element of responsivity".²⁴ Self-efficacy and the expectation of self-efficacy, then, depend on resonance and responsiveness if they are to develop,

¹² Bandura 1994.

¹³ Bandura 1994, p. 71.

¹⁴ Schwarzer/Jerusalem 2002, p. 35.

¹⁵ Schwarzer/Jerusalem 2002.

¹⁶ Stenmark/Redfearn/Kreitler 2021; Aoyanagi et al. 2022.

¹⁷ Barysch 2016; Schwarzer/Jerusalem 2002.

¹⁸ Schwarzer/Jerusalem 2002, p. 39.

¹⁹ Rosa 2019, p. 159.

²⁰ Originally "Resonanzerwartungen". Rosa 2023, p. 273.

²¹ Originally "Subjekt und Welt". Rosa 2023, p. 277.

²² Rosa 2020, p. 55.

²³ Rosa 2020, p. 54.

²⁴ Rosa 2020, p. 56.

unfold an effect, and intensify.

Following Schwarzer and Jerusalem, this, and of particular significance in the light of the high levels of fluctuation observable in the nursing profession, is the fact that self-efficacy represents “an important precondition of high motivation and high performance, of psychological and physical wellbeing, and of a high level of satisfaction with work and life”.²⁵ It is further linked to confidence in practice, reduces nurses’ inclination to leave the profession and improves the quality of nursing care.²⁶

2.2 ETHICAL AGENCY

Self-efficacy and agency are connected in substantive ways. Bandura notes that “[e]fficacy beliefs are the foundation of human agency”²⁷ and that “many actions are performed in the belief that they will bring about a desired outcome”.²⁸ Ethical agency, then, is a vital component of self-efficacy. We considered above how the concept of self-efficacy indicates that, rather than simply reacting to external influences, people are actively engaged in shaping and forming their experiences. Agency is a key concept in our context, as it describes the capacity of human beings to act consciously and direct their own lives. We can conceive of agency as the fundamental ability of people to regulate their actions, proactively and towards a specific purpose, and to adapt them as required. Bandura proposes three properties of agency: forethought, self-reactiveness, and self-reflectiveness. Forethought, in Bandura’s definition, is forward-looking self-regulation aligned to objectives visualised and the likely consequences of actions taken. Practised over time, forethought gives direction, coherence and meaning to an individual’s day-to-day life. Self-reactiveness refers to an individual’s regulation of their actions in line with behavioural standards that that individual lays down for themselves. Self-reflectiveness, meanwhile, takes place whenever people consider whether their thoughts and actions are congruent with their values and their ideas of morality, and manage instances of conflict between competing values and alternative courses of action. Bandura’s definition of agency transcends the behaviour of individuals and references people collectively.²⁹ Values and fundamental ethical assumptions are, therefore, key to self-reactiveness and self-reflectiveness in particular. It also bridges the gap between moral thinking and moral actions, in pointing to people’s mechanisms of self-regulation, such as self-reactiveness and self-reflectiveness, that draw on ethical norms: “Abiding by one’s moral standards supports positive self-regard, whereas violating moral standards rouses self-contempt. These self-sanctions keep behavior in line with moral standards.”³⁰ We see, then, that acting in line with morality is not simply the upshot of cognitive judgements, but rather a process of self-regulation subject to the influence of self-efficacy beliefs, moral standards, and the capacity to self-reflect.

When people face ethical challenges, ethical agency emerges as a facet of their coping with these situations; it also arises from, and is driven by, social modelling. Role models both demonstrate and influence people’s attitudes, values, behaviours, and strategies of action, and the process of learning from role models boosts self-efficacy. Actions demonstrated by role models reinforce people’s expectations with regard to their aims and to the results of their future actions, and the values that role models embody feed into the development of abilities of self-regulation.³¹ One of the core categories in the

²⁵ Schwarzer/Jerusalem 2002, p. 36.

²⁶ Boswell et al. 2020; Eller et al. 2016.

²⁷ Bandura 2001, p. 10.

²⁸ Bandura 1997, p. 3.

²⁹ Bandura 2018.

³⁰ Bandura 2018, p. 132.

³¹ Bandura 2018.

study of nurses' moral self-efficacy by Ishihara et al. – that participants in their education programme “progressed in nursing with ethical agency” – points to the central significance of ethical agency. The authors emphasise, in this context, the immanence of ethical behaviours in the delivery of professional nursing practice.³²

2.3 MORAL EFFICACY

Hannah et al. define “moral efficacy” as a person’s conviction that they have the motivation and the cognitive resources to act in situations with relevance to morality.³³ This encompasses the ability to organise and mobilise the resources and courses of action required for these moral actions, and to sustain these actions in the face of moral adversity.³⁴ Studies referring specifically to nursing indicate a link between moral distress and expectations of self-efficacy in settings including intensive care,³⁵ and point to the connection between moral distress and perceived moral self-efficacy in acute inpatient care.³⁶ The definition set out by Rullo et al. terms moral self-efficacy a person’s ability to behave in line with their own ideas of morality,³⁷ a matter of significance with relation to skills in acting ethically and taking ethical decisions.³⁸ Lee et al. found that a high level of moral self-efficacy can indeed induce an individual to take a stand against immoral behaviours.³⁹

Parciello et al., drawing on Bandura’s Social Cognitive Theory, regard two facets of moral self-efficacy – its self-reflective and its behavioural dimension – as key.⁴⁰ Self-reflective moral self-efficacy, in this definition, centres on an individual’s ability to reflect on behavioural errors they may have made in the past and to learn from them, while self-efficacy in behavioural morality is the individual’s capacity to regulate their behaviour in situations that present them with a moral challenge. The effect of moral self-efficacy, then, can be both retrospective and situational. We can define, in this context, the expectation of moral self-efficacy as someone’s personal conviction of and confidence in their own abilities, enabling them to actively take ethical decisions and actions in situations of ethical complexity, reflect on and reconsider those actions, and develop new strategies. We may combine the individual sphere of reference evident here with a collective angle, as touched upon above,⁴¹ to generate relevant input for a definition of ethical self-efficacy. The act of ethical reflection in itself engages a supra-individual space,⁴² a space occupied in our context by the nursing profession.

³² Ishihara et al. 2022.

³³ Hannah et al. 2011.

³⁴ Hannah et al. 2011.

³⁵ Harorani et al. 2019.

³⁶ Rathert et al. 2016; Ishihara et al. 2022.

³⁷ Rullo et al. 2022.

³⁸ Stenmark et al. 2021; Aoyanagi/Shinod/Takahashi 2022.

³⁹ Lee et al. 2017.

⁴⁰ Parciello et al. 2023, p. 1099.

⁴¹ Bandura 2018.

⁴² See also Schicktanz/Buhr 2021.

3. ETHICAL SELF-EFFICACY AMONG NURSING PROFESSIONALS

3.1 DEFINITION

Having considered the context of nursing practice in the light of ethical agency and the concomitant challenges, we are able to derive from these a definition of ethical self-efficacy for the delivery of professional nursing care. Our choice to create a specific definition referencing “ethical” (as opposed to “moral”) self-efficacy stems from the fact that the former concept addresses both the analysis and management of, and reflection on, situations with a moral component, and people’s ability to handle situations with ethical competency. In general terms, morality relates to subjective values, while ethics encompasses a reflective engagement with and analysis of morality. In centring the concept of “ethical self-efficacy” rather than the internationally more widespread notion of “moral self-efficacy”, we follow this distinction. While the moral substance of situations is of relevance, we note the central importance of ethical reflection upon and an ethical rationale for the action in which an individual perceives their moral self-efficacy and is able to experience an expectation of being self-efficacious.

A definition of nursing professionals’ ethical self-efficacy

Nurses can experience themselves as possessing self-efficacy when they experience themselves as being in a living relationship of resonance with themselves and their – in this case, occupational/professional – environment, and accordingly have a high expectation of self-efficacy in relation to moral and ethical issues and challenges and are able to make use of this ability to effect change. It follows from this that someone’s expectation of ethical self-efficacy is linked to their sense of, and confidence in, being capable of bringing about change for themselves and, in the context of work with colleagues, in relationship with and alongside others, including in situations of moral complexity. Subjective (individual) and collective experiences of self-efficacy build on this, reinforcing these individual and collective expectations of self-efficacy. In other words, when a nurse perceives and experiences herself or himself as ethically self-efficacious, they possess, by virtue of their expectation of self-efficacy, the skills to manage and reflect upon

- complex ethical challenges,
- situations featuring difficult demands and a moral component,
- issues of ethical complexity,

acting on the basis of and in line with the standards of professional nursing ethics. Furthermore, they are motivated to engage actively in establishing and advancing healthcare and nursing care that rests on a foundation of ethical reflection and to persist in addressing the associated issues and challenges.

Nurses with robust ethical self-efficacy benefit from it and also experience challenges linked to it.⁴³ Studies on moral distress have found that nurses' strong confidence in their professional and ethical skills – the competencies that enable nurses to handle complex and stressful situations in a way that is congruent with their values – is the decisive factor in their capacity to constructively manage stress in critical situations at work.⁴⁴ Strong professional and ethical competency alongside self-confidence and moral courage boost people's ability to make considered decisions that are in line with their values; this in turn fosters both individual and collective self-efficacy and supports the provision of effective care centred on patient needs, that is nursing practice that has a preventive effect against moral stress and injury and intensifies wellbeing, satisfaction at work and professional identity.⁴⁵ We conclude from this that it is necessary for nurses to take an active role in continuous reflection on and improvement of institutional conditions and organisational ethics which, once improved in this way, will help create a culture of ethics and a working environment that enables, supports and, in the best case, insists on the implementation of ethical standards.

Our definition of ethical self-efficacy, then, incorporates the particularities of nursing, as a profession embedded in the healthcare system, and in so doing validates the significance we attach to the concept of ethical self-efficacy in this context. In our view, this specific reference to the profession and this drawing up of a fundamental definition are vital in two respects: firstly, to make the concept in its significance accessible to further work in nursing ethics, and, secondly, to provide a concrete account of the expectation of ethical self-efficacy for the use of ethics in nursing education and, in the long term and in the ideal case, potentially making this expectation usable as a point of reference when evaluating relevant educational processes. The influencing factors in ethical self-efficacy set out in the following point to further specificities of nursing and therefore to the significance of our concept for the profession.

3.2 WHAT INFLUENCES ETHICAL SELF-EFFICACY, AND WHAT ITS DEVELOPMENT REQUIRES

When nurses take an active role in managing ethical challenges, they gain experiences of successful coping that can support their sense of ethical self-efficacy.⁴⁶ Alongside and beyond this, ethical self-efficacy requires, in order to emerge, an individual sensitivity that enables that individual to perceive when situations entail ethical challenges. This means that nurses require education on the actual or potential ethical components of specific situations they will encounter in their day-to-day work and on possibilities for intervening in these situations and the concomitant implications. Put another way, it is necessary for nurses not only to possess theoretical knowledge of ethical issues, but to be able to incorporate this knowledge into their practice and apply it where required. "Applying" it, in this context, means both being or becoming aware of the ethical import of the situation at hand and of the ethical conflict or disputes that may arise, and adopting an ethical position in response to the situation that is

⁴⁴ Riedel et al. 2023.

⁴⁵ Lamiani et al. 2017.

⁴⁶ Ishihara et al. 2022.

the result of professional reflection. It is evident here that, alongside nurses working in the delivery of care, nurse managers and other groups may, depending on the specific situation and its content, be called upon to engage ethically in this manner.

We consider it vital in this context to focus on sets of professional values⁴⁷ alongside personal ones, which can serve as a basis for the development of ethical self-efficacy, and knowledge of which will enable practitioners to incorporate these values into their actions. In view of the properties of “good” nursing care outlined at the outset of this article, particularly the bringing together of external and internal evidence in nursing practice and the limited amenability of “good” care to standardisation, a professional ability to reflect ethically appears essential when it comes to assessing specific situations. Developing high levels of ethical self-efficacy, and the expectation thereof, among qualified and trainee nurses seems to require an extension of processes in nurse education and an expansion of the framework in which it takes place. A lack of availability or uptake of training courses and of continuing professional development on ethical reflection in complex nursing situations may be a factor in poor professional and ethical competencies and limited self-confidence among nursing professionals.⁴⁸

In their proposal for an ethics education programme for nursing, Ishihara et al. emphasise the importance, in placement settings, of identifying, and thus simultaneously supporting the ability to act morally in complex nursing situations, with the aim of advancing nursing practitioners’ ethical skills and their ability to reflect on their practice, and of improving their professional self-confidence and resilience.⁴⁹ The authors list three key components of this process, drawn from Bandura’s theory of self-efficacy: vicarious experiences, mastery experiences and emotional self-regulation, of which the latter references Bandura’s emphasis on emotional states^{50,51} Processes of social learning via models provide prospective and qualified nurses alike with the opportunity to observe experienced colleagues successfully managing ethical issues and uncertainties in complex situations that occur in nursing practice and, in so doing, acting as role models, boosting their observers’ confidence in their own ability to act ethically. The experience of competence and of engaging in consultations around ethics, leading to experiences of success, supports people’s confidence in their abilities, which makes this experience instrumental in the emergence of moral and ethical self-efficacy.⁵² The capacity for emotional self-regulation, implemented by the study authors through continuous analysis of cases and feedback from colleagues, enables people to sit with and work with difficult feelings they and others experience. The study sought to instil long-term change by emphasising the importance of positive feedback from management staff. Over time, the interventions resulted in lower levels of moral distress and more ethical nursing practice.⁵³

Institutional settings can promote ethical self-efficacy by drawing up and implementing appropriate guiding principles in this context. Factors that can have an impact in this regard include whether institutional guidelines provide statements on ethical matters; whether, if they do, this guidance is in line with current views on ethics within the profession; the extent to which these principles come to life in the institutional culture; and whether leaders expect staff to take ethical stances that are impossible to realise or maintain in the day-to-day stresses of nursing practice. An institutional culture that

⁴⁷ ICN 2021; ANA 2015.

⁴⁸ Rushton et al. 2023.

⁴⁹ Ishihara et al. 2022.

⁵⁰ Bandura 1997.

⁵¹ Ishihara et al. 2022.

⁵² See, for example, Morgan/Jones/Milliken 2024; Rushton et al. 2021; Ranisch et al. 2021; Albisser Schleger et al. 2019.

⁵³ Ishihara et al. 2022.

⁵⁴ Rushton et al. 2023; Albisser Schleger 2023; Dos Santos 2020; Rasool et al. 2017. This points to the significance of ethical self-efficacy in leadership and organisational ethics. See Paciello et al. 2023; Zhang et al. 2022; Frömmer et al. 2021; Owens et al. 2019; Lee et al. 2017; May/Luth/Schwoerer 2014.

prioritises cost-cutting and efficiency over ethical values can cause nurses to question their ability to act in ethical ways and induce moral stress and burnout.⁵⁴

Building interprofessional networks represents another vital strategy in this regard. In institutional terms, opportunities for nurses to share their experiences with members of other professions, particularly in the form of reflection through dialogue that enables their distinct points of view to complement one another, can serve as a component of ethical self-efficacy – or of its experience. By acknowledging the fundamental institutional value of such sharing of experiences and ideas in the context of ethics, and by enabling professionals to give voice to their views in dialogue, these opportunities can potentially intensify their profession-specific experience and enable them to access it more readily for reflective practice. Such dialogue requires institutional spaces, in both a literal and a metaphorical sense. Examples could include “ethics cafés”, case conferences and participatory processes for the creation of ethical guidelines.⁵⁵ A lack of adequate structures and processes and unclear responsibilities around matters of ethics present obstacles to both individual and collective ethical self-efficacy,⁵⁶ as can steep hierarchies, a lack of mutual support among colleagues, and the failure of managers to back up their staff,⁵⁷ which drive a tendency for people to acquiesce to decisions taken by others, even when these decisions go against their ethical convictions.⁵⁸

Finally, political, legal and societal regulations and conceptions are further factors influencing ethical self-efficacy. In Giese’s view, the ability to reflect on the conditions in which nursing practice takes place and on matters of professional recognition and of the acknowledgement of all care-related work, alongside the perception and fulfilment of the ethical obligations imposed by the profession, are concomitants of a nurse’s professional identity,⁵⁹ expressly encompassing the potential for political activism. Nurses’ ability to act as professionals, Giese writes, is “necessary if the nursing [profession] is to carry out its essential task in accordance with the commission society entrusts to it. The autonomy to draw up scientific and ethical standards which is required for this [...] is not an end in itself, but arises inevitably from the right of those in need of nursing care to receive care that achieves its objectives”.⁶⁰ Situations or conditions which place nurses in conflict with their professional identity can lead to stress and uncertainty when they are faced with ambiguities, specifically ethical ambiguities.⁶¹

4 CONCLUSION: A LOOK AHEAD

We have set out the significance of ethical self-efficacy, or the expectation thereof, in ensuring that nursing professionals can retain their ability to act in the face of challenges facing society at large and the precariousness induced by the institutional frameworks that govern day-to-day nursing practice. We have found substantial benefit in formulating a specific variant of Bandura’s original concept for nursing professionals and particularly for nurse education, in light of the constitutive roles of ethical competencies in professional nursing practice, their importance in the delivery of “good” nursing care, and the complexity characterising that care. It is on this basis that we consider the promotion of ethical self-efficacy to be a central component of the skills that nurses need to develop in their training. We have identified ethical agency as the foundation for an extended definition of self-efficacy as a general

⁵⁸ Lamiani et al. 2017.

⁵⁹ Giese 2025.

⁶⁰ Giese 2025, p. 32.

⁶¹ Wöhlke 2025; Kersting 2022; Schniering 2021.

concept, and assume that further components of ethical self-efficacy among nursing professionals can be identified by examining the phenomenon at the micro-, meso- and macro-levels.

Combining individual and collective professional development with institutional support can help nursing professionals acquire and build ethical self-efficacy and its perception. Well-structured ethics education programmes alongside a supportive organisational culture are vital in increasing nurses' confidence in their capacity to act ethically, and promote a working environment characterised by collaboration and ethical reflection. Institutions providing nurse education, such as universities, need to ensure that the practice of ethical reflection permeates all areas of the curriculum, so that student nurses learn about acting in line with their values and gain awareness of situations in which they can experience their ethical self-efficacy. We would mention again in this context the spaces for reflection we referenced above, which enable active engagement with ethical issues, and which might include ethics case conferences, clinical ethics ward rounds, and "ethics cafés". Furthermore, we note the importance of teaching methodological skills through collegial consultation and supervision within practical education settings.⁶² Tried-and-trusted methods and approaches regarding the provision of advice on ethics can act as supportive spaces for reflection in the context of ethics education, enabling students and those teaching them to explore ethical matters arising from nursing practice across all nurse education settings.

The issues we have raised in this article are complex and have considerable implications, meaning that we have only been able to touch briefly on some of their aspects. As we set out in our introduction, we have focused on the German-language context; this article can therefore provide, at most, a certain impetus for appropriate adaptations or extensions of its conclusions to other national discourses. Some of the thoughts with which we close this article are likewise specific to German-speaking settings, and may not be fully or directly translatable to other countries, other cultures of nursing care, other practices, or other nursing workforces and qualification pathways.

As a next step, the theoretical work carried out here, requires review for its underlying theoretical robustness and its practicability, and extension and validation where appropriate. Besides raising other issues, further debate in this area would need to engage more closely with theoretical and political matters relating to the nursing profession and to explore experiences and knowledge in this context from other caring professions.⁶³ This will, for example, enable the continued process of creating an increasingly specific picture of the characteristics pertaining to nursing in particular and their links to ethical self-efficacy, while drawing on analytical work from nursing theory. We would also urge critical reflection on the power relations behind nurses' perceived capacity to take decisions and act and, where appropriate, the changes that may have taken place in this capacity over the course of the evolution of nursing from an occupation into a profession. Furthermore, we recommend that actors in this field consider whether, and to what extent, the issues we have raised in this article are applicable to other healthcare professions. There are doubtless parallels, but we would caution that the conception of ethical self-efficacy we have outlined in this article is specific to the nursing profession in its close engagement with patient lifeworlds – closer than that seen in other healthcare occupations – and the distinctiveness of the concomitant ethical issues. Incorporating our considerations into nursing care will require the review of existing education, training and professional development formats

⁶² In our view, learning about ethics in "practical education settings" is not limited to those training student nurses, but also encompasses professional development for qualified nurses delivering patient care, placement supervisors, and nurse managers.

⁶³ See also Kuhn 2024; Käppeli 1988.

and the creation of new ones addressing particular target groups, alongside relevant information material. Besides this, we would note the necessity of systematically establishing appropriate education programmes and institutional structures to boost nursing professionals' ethical self-efficacy, and the need for research into the similarities and differences between manifestations of ethical self-efficacy in the various fields in which nursing care takes place, and in what those fields require of it.

In our view, the self-governing institutions of the various healthcare professions furnish opportunities creating standardised education programmes in the area of ethical self-efficacy. In Germany, nurses are partially organised in *Pflegekammern*, which both act as regulators and represent the interests of nursing professionals in policy matters.⁶⁴ As well as supporting individual nurses in the exercise of their professional responsibilities, *Pflegekammern* provide a framework within which the profession as a whole can meet the duties expected of it by society. One of the purposes of the *Pflegekammern* is to issue codes of conduct which lay down ethical standards for the delivery of nursing care, alongside the scientific and legal principles governing it. In so doing, they supply nurses with a specific framework which enables them to reflect on their professional actions and seek support where required, thus increasing confidence and safety in nursing practice and intensifying nurses' experience of ethical self-efficacy. As entities under public law, *Pflegekammern* additionally have the capacity to influence policy and guide governments⁶⁵ in creating conditions in which quality care, on the basis of thorough ethical reflection, can flourish.⁶⁶ The German federal states have further established ethics committees for nursing and care occupations,⁶⁷ which provide information and advice on current issues in ethics. Finally, it is our view that meeting the ethical requirements placed upon the nursing profession requires more active involvement of nursing professionals and specialist nursing researchers in policy matters⁶⁸ and the political will to engage more closely with issues relating to nursing care.

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⁶⁴ See also Giese et al. 2024. A more detailed account of Pflegekammern and their significance is in Kuhn 2024, 2025.

⁶⁵ In Germany's federal structure, the administration of health policy is the responsibility of each federal state, meaning that Pflegekammern primarily work with government at this level.

⁶⁶ Kuhn 2016.

⁶⁷ See, for example, <https://www.pflegeethikkommission-nds.de/>.

⁶⁸ See also Remmers 2023.

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