

# Open Minds

Internacional Journal

ISSN 2675-5157

vol. 2, n. 4, 2026

## ... ARTICLE 5

Acceptance date: 02/03/2026

# ARMED CONFLICT AND ETHICS IN CARE: EXPERIENCES OF MILITARY NURSES

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**Abstract :\_Objective:** To analyze and synthesize the available scientific evidence on the ethical dilemmas experienced by military nurses when providing care in armed conflict contexts. **Methodology:** Integrative literature review, in the scientific databases Pubmed, MEDLINE, and CINAHL (March-June 2025), with the search equation (“military nurse” OR “military nursing”) AND (“ethical dilemma” OR “ethical issue” OR “moral distress” OR “moral injury”) AND (“patient care” OR “healthcare”), including articles published between 2015 and 2025, which resulted in the analysis of three articles. **Results:** The articles analyzed highlighted ethical dilemmas related to the triage and allocation of scarce resources, the provision of care to enemy combatants and prisoners of war, respect for cultural and religious differences, and the tension between military duties and nursing principles. These situations were associated with moral distress, compassion fatigue, burnout, and post-traumatic stress disorder, affecting the mental health and professional practice of military nurses. **Conclusion:** The findings highlight the complexity of the ethical dilemmas experienced by military nurses and reinforce the need for specific ethical training, psychological support, and decision support protocols. It is urgent to expand research to other cultural and geopolitical contexts.

**Keywords:** Ethical dilemmas, Military nursing, Delivery of Health Care, Armed Conflicts.

## Introduction

Contemporary armed conflicts continue to be one of the main causes of mortality, morbidity, and forced displacement of

civilian populations, significantly compromising access to healthcare. According to United Nations data, civilians constitute the majority of victims of these conflicts, with attacks on health infrastructure and professionals also frequent, which exacerbates the vulnerability of affected populations and hinders the provision of safe and effective care. These scenarios pose substantial ethical challenges for health professionals deployed to contexts of instability, armed violence, and resource scarcity<sup>(1)</sup>.

In this context, nurses are called upon to provide care in high-risk environments, often outside their comfort zone and under constant pressure. Clinical practice in armed conflict scenarios is characterized by the need for rapid decision-making, limited material and human resources, and the high emotional burden associated with caring for victims of extreme violence. These circumstances give rise to ethical dilemmas and moral distress, understood as the experience of feeling constrained in acting in accordance with professional values and principles due to institutional, hierarchical, or contextual limitations<sup>(2)</sup>.

Despite facing adversities similar to those in civilian practice, military nurses are differentiated by the setting in which they perform their duties—an environment permeated by strict hierarchical orders and decisions that often conflict with the fundamental principles of nursing ethics<sup>(2)</sup>. In theaters of operations, where offensive, defensive, stabilization and support missions take place, military nurses may be the most qualified professionals within a considerable radius of action, forcing them to practice often autonomously, under pressure, imminent danger and with limited resources

Military nursing, as a specific discipline, aims to prepare professionals to respond effectively to the demands of war, disaster, or catastrophe scenarios, promoting the development of technical, logistical, and ethical skills<sup>(5)</sup>. The provision of care in these contexts requires impartial action, based exclusively on the clinical needs of the person being cared for, regardless of their civilian or military status or enemy status. However, this ethical requirement confronts military nurses with a reality of dual jurisdiction or dual loyalty, in which the professional duty to care intersects with the obligation to comply with hierarchical orders and military objectives, giving rise to significant ethical and moral conflicts<sup>(2,5)</sup>.

According to the Code of Ethics<sup>(6)</sup>, it is imperative that nurses be guided by universal ethical values, regardless of the context. In addition, the Regulations for the Professional Practice of Nurses reinforce that care must be provided with the aim of person-centered assistance, regardless of whether the person is a civilian, military personnel, or even an enemy<sup>(4)</sup>. This ethical commitment sometimes conflicts with the military oath to “defend the homeland, even at the cost of one’s own life”<sup>(7)</sup>, revealing the dual military bond: to defend and to care.

Thus, the practice of military nursing is not free from ethical and moral conflicts. On the contrary, professionals often face complex dilemmas that require decision-making under pressure, in ambiguous and emotionally demanding contexts, calling into question their professional autonomy, emotional balance, and satisfaction with their practice. Continued exposure to these dilemmas has been associated with moral distress, compassion fatigue, *burnout*, and post-traumatic stress disorder<sup>(8)</sup>.

Given this reality, the present study aimed to analyze and synthesize the available scientific evidence on the ethical dilemmas experienced by military nurses in providing care in the context of armed conflict. The research question that guided this review was: What ethical dilemmas do military nurses experience in providing care in the context of armed conflict?

## Methodology

An integrative literature review (ILR) was conducted, as it allows for the inclusion and integration of studies with different methodological approaches, enabling a comprehensive understanding of complex phenomena, such as ethical dilemmas in military nursing. This type of review is particularly appropriate when the aim is to synthesize scattered knowledge and explore ethical, contextual, and experiential dimensions of professional practice.

The research question was structured based on the PICO framework, considering: Population (P) – military nurses; Intervention (I) – care provision in the context of armed conflict; Comparator (C) – not applicable; and Outcome (O) – ethical dilemmas.

The bibliographic search was conducted between March and June 2025 in the PubMed, MEDLINE, and CINAHL databases, accessed through the EBSCO platform. The search strategy combined DeCS descriptors and free terms, using the following equation:

“military nurse” OR “military nursing”) AND (“ethical dilemma” OR “ethical issue” OR “moral distress” OR “mo-

ral injury”) AND (“patient care” OR “healthcare”).

The inclusion criteria were defined as follows: articles with full text available, published between 2015 and 2025, written in Portuguese, English, or Spanish, and explicitly addressing ethical dilemmas in the field of military nursing in the context of armed conflict. The ten-year time interval was adopted due to the recognized scarcity of recent scientific production on this specific topic.

Studies that did not involve human beings, that focused exclusively on the COVID-19 pandemic—as these are ethical and operational contexts distinct from armed conflict scenarios—or that were not directly related to the research question were excluded.

The study selection process was carried out independently by three reviewers, with disagreements resolved by consensus. The management of the search results and the screening of studies were carried out with the support of the Rayyan platform. In the identification phase, 12 records were obtained from the selected databases. After removing seven duplicates, the screening and eligibility phases were carried out, resulting in the inclusion of three articles in this integrative review. The selection process is represented in the adapted PRISMA flowchart (Figure 1).

Data extraction was performed systematically, considering the following variables: authors, year and country of publication, study objective, study type, participants, context, phenomenon of interest, and main results. Data synthesis was performed using a narrative and thematic approach, allowing the identification and

grouping of the main ethical dilemmas experienced by military nurses in the context of armed conflict<sup>(10)</sup>.

## Presentation of Results

In order to answer the research question and achieve the proposed objective, we present the results obtained in Table 1. The articles were organized by publication date, in order to highlight the most recent evidence, and structured according to author, year and country of publication, type of study, data collection instrument, level of evidence, and general objectives, as well as the main conclusions.

The article “Making the Hard Decisions: Ethical Care Decisions in Wartime Nursing Practice” highlights the need for greater investment in the training of military nurses, especially in ethical decision-making before, during, and after deployments/missions. Despite the challenges, these professionals demonstrated the ability to provide compassionate, high-quality care to all victims, including civilians and prisoners of war.

The article “Adaptation and Testing of a Military Version of the Measure of Moral Distress for Healthcare Professionals” presents the validation of the “Measure of Moral Distress for Healthcare Professionals-Military” (MMD-HP-M) instrument, considered reliable for measuring moral distress in military nurses. The results suggest that the greater the professional experience, the higher the moral distress tends to be, thus establishing a negative correlation between the perception of the ethical environment of the unit and the levels of this distress.

In turn, the article “Doing the Right Thing: Moral Conflicts and Ethical Issues in Military Nursing Practice” highlights that nurses face dilemmas related to caring for detainees, cultural differences, end-of-life decisions, pain management, and assisting civilian victims. To deal with these challenges, they resort to a “moral compass” guided by the belief in “doing the right thing,” influenced by personal characteristics, military experience and training, religious beliefs, cultural sensitivity, and the role played in the deployment.

## Discussion of Results

The studies included in this review are mainly characterized by qualitative approaches, complemented by a methodological study of instrument validation, and were conducted entirely on the American continent, with an emphasis on the United States of America as the country of research. It is noteworthy that there are no studies conducted in Portugal that address the ethical dilemmas experienced by military nurses in the context of war, which reveals an important gap in national research. Overall, the objectives of the articles converge on identifying the ethical dilemmas faced by military nurses in contexts of war and/or armed conflict<sup>(11,12,13)</sup>.

Several authors mention that these dilemmas have physical and psychological consequences for nurses. The specificity of military nursing is marked by the constraints of military life and the discipline to which professionals are subject, as well as the nature of the missions<sup>(14)</sup>. This dual condition—being both a nurse and a soldier—translates into dual jurisdiction (the Nursing Association and military discipli-

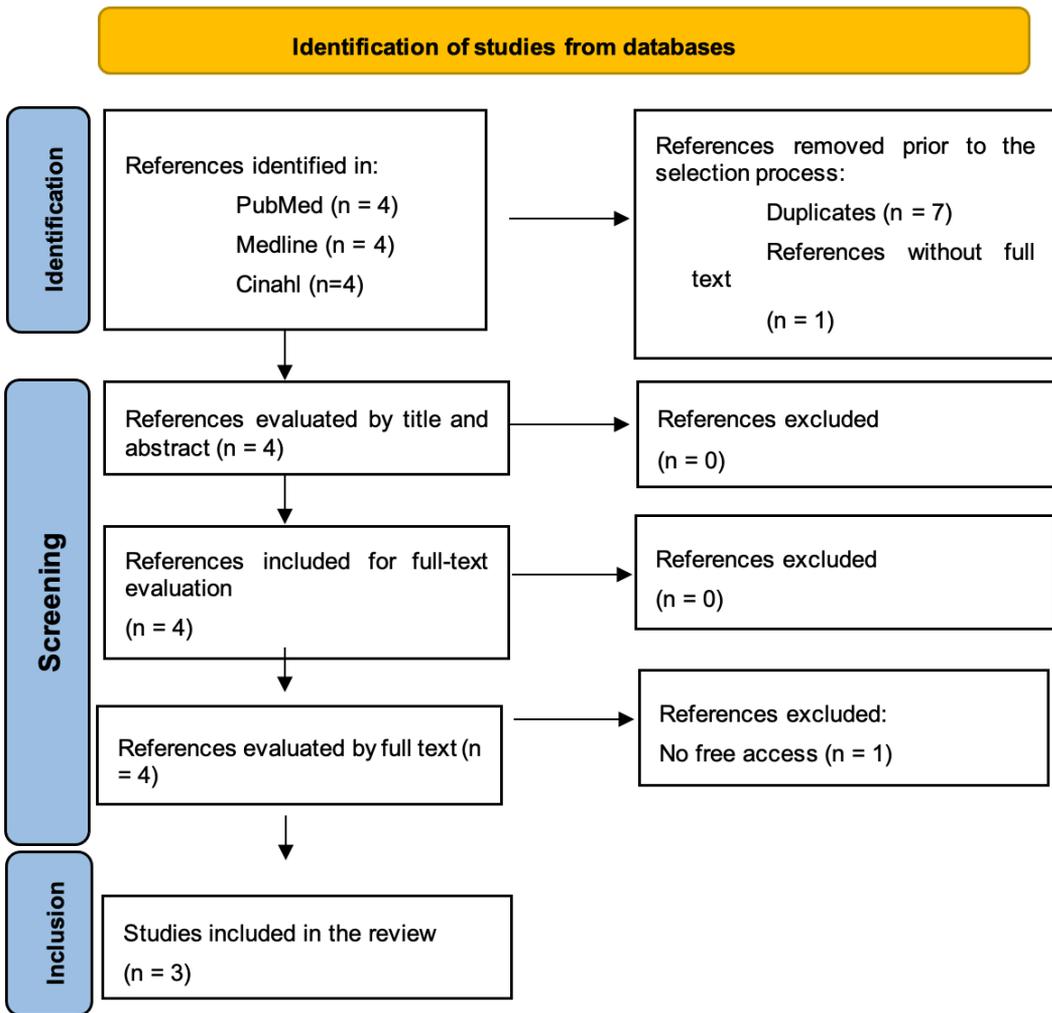


Figure 1: Screening flowchart

Article 1	Author/Year/ Publication/Country	Type of study / Data collection instrument  Data/ Level of evidence according to Melnyk and Fincout- Overholt	Participants Sample	General objective
<i>“Making the Hard Decisions: Ethical Care Decisions in Wartime Nursing Practice”</i>	-Agazio, J., Goodman, P.  -2017  -Nursing Outlook  -USA	- Qualitative secondary analysis (with data from a descriptive study and another grounded theory study).  - Focused interview guides.  - Level of evidence: VI	- US military nurses who participated in Operation Enduring Freedom  - Afghanistan and Operation Iraqi Freedom.  -N=111 (77 between 2002–2005 and 34 between 2011–2015)	- Explore the types of ethical situations faced by nurses during the conflicts in Iraq and Afghanistan and analyze how these situations relate to the principles and guidelines of the International Council of Nurses (ICN) Code of Ethics
<b>Main Conclusions</b>	<p>-Ethical dilemmas: allocation of scarce resources, triage and prioritization of care, providing care to enemies, prisoners of war, and insurgents, respect for culture and religion (cultural/religious differences—Muslim post-mortem rituals, gender differences).</p> <p>-Emotional and professional impact: moral distress, compassion fatigue, burnout, and PTSD, feeling incompetent in dealing with complex situations that do not fit into the daily practice of their duties.</p>			
<b>Article 2</b> <i>“Adaptation and Testing of a Military Version of the Measure of Moral Distress for Healthcare Professionals”</i>	-Wilson, M. A., Simmons, A., Harris, J. I., Thomas, S., Shay, A., Usset, T. J., Cook, W., Bevington, D., Hurley, A. C., & Epstein, E.  -2022  -American Journal of Critical Care  -USA	- Methodological study of adaptation and validation of psychometric instrument  -MMD-HP-M Questionnaire (Measure of Moral Distress for Healthcare Professionals – Military).  - Level of evidence: VI	- Military critical care nurses from the US Armed Forces (Army, Navy, Air Force, Active Duty, Reserve, and National Guard)  - N=245	- Adapt and validate an instrument adapted to measure moral distress in military critical care nurses, called Measure of Moral Distress for Healthcare Professionals – Military (MMD-HP-M), ensuring its psychometric adequacy for the military context.
<b>Main Conclusions</b>	<p>- Specific factors of moral suffering identified (systemic causes - lack of resources and administrative pressures; negligence - following inappropriate orders and not reporting errors; violation of professional values - inappropriate treatment and causing unnecessary suffering; repeated experiences - recurring ethical situations; situational duty specific to the military context - providing care to enemies and allies simultaneously, lack of preparation for caring for children, physical and emotional exhaustion, failure to identify situations that endanger personal safety).</p> <p>-Worse perception of situations involving ethical issues that contribute to increased moral distress.</p>			

<p><b>Article 3</b></p> <p><i>“Doing the Right Thing: Moral Conflicts and Ethical Issues in Military Nursing Practice”</i></p>	<p>-Agazio, J., Padden, D. L.</p> <p>-2024</p> <p>- Journal of Nursing Scholarship</p> <p>- USA</p>	<p>- Qualitative study based on grounded theory</p> <p>-Focused interview guide</p> <p>-Level of evidence: VI</p>	<p>- US military nurses who participated in Operation Enduring Freedom - Afghanistan 2001-2014 and Operation Iraqi Freedom 2003-2011</p> <p>- N= 31</p>	<p>- To explore and describe the ethical situations and dilemmas that military nurses encounter during their experiences in times of war.</p>
<p><b>Main Conclusions</b></p>	<p>-Ethical dilemmas: use of resources; providing care to insurgents and enemies, prior knowledge of cultural differences; respecting and honoring religious beliefs; ethical conflict resulting from military duties and values and the ethical principles of the nursing profession</p> <p>-Management of ethical issues experienced by nurses was based mainly on their personal values and beliefs, highlighting faith as the pillar for dictating the right attitude to take</p> <p>-Impact on mental health: moral suffering, PTSD (post-traumatic stress disorder), compassion fatigue, suicidal thoughts.</p>			

**Table 1** - Summary of scientific evidence

ne) and is one of the main sources of moral suffering, as the duty to care often conflicts with military obligations.

One of the most frequently reported dilemmas concerns the triage and management of scarce resources. Ethical conflicts arise when decisions have to be made regarding the allocation of resources, the speed of triage and evacuation, and the provision of equitable care <sup>(13)</sup>. In mass casualty scenarios, the scarcity of medicines and equipment forces difficult choices <sup>(15)</sup>, a reality marked by the military imperative to save first those who are less seriously injured and capable of returning to the front line <sup>(16)</sup>. This circumstance creates a profound ethical dilemma, as nurses are forced to let the most seriously injured die for the sake of the mission.

Another critical issue is the provision of care to different groups: allied military personnel, civilians, or enemy combatants, in austere conditions. Despite the priority

given to wounded American military personnel, nurses recognize their ethical obligation, as health professionals and human beings, to provide universal care. Caring for enemy combatants proved to be one of the greatest sources of moral conflict, requiring nurses to be particularly culturally sensitive, especially when faced with differences in gender, customs, or communication barriers <sup>(13)</sup>.

The military hierarchy and codes of ethics also create tensions. Codes of ethics appeal to universal values—such as equal treatment regardless of gender, sexual orientation, religion, or ethnic origin—that apply beyond national borders. However, military status gives nurses dual jurisdiction: they answer to both the Nursing Board and military discipline. This reality is close to the concept of *dual loyalty*, widely described in international literature, in which healthcare professionals face conflicts between professional ethical duties and institutional or military obligations.

Faced with such challenges, nurses often resort to personal values, faith, and previous experiences as mechanisms for protection and guidance. Religious faith, military experience, and previous deployments serve as guides in a “moral compass” that influences ethical decision-making <sup>(13)</sup>. Cultural sensitivity and personal principles thus become fundamental resources in managing complex dilemmas.

The psychological impacts of these dilemmas are widely documented, significantly affecting the mental health of military nurses. Studies point to unresolved moral conflicts associated with compassion fatigue, professional burnout, dissatisfaction, and abandonment of the profession <sup>(12)</sup>. Factors such as the obligation to comply with ethically questionable orders from superiors, lack of autonomy, absence of privacy, and constant pressure from the operational environment contribute to high levels of moral stress <sup>(17)</sup>. These psychological impacts are consistently described in the studies by Agazio et al. (2017, 2024), which report persistent moral distress, PTSD symptoms, and suicidal thoughts in nurses after deployments to war zones.

In summary, the studies analyzed reveal the complexity of the ethical dilemmas faced by military nurses. Some limitations were evident, namely the geographical concentration of the studies analyzed (all conducted in the United States of America), which may not adequately reflect the realities of other military and cultural contexts, namely the Portuguese one. Another limitation concerns the small number of articles included (n=3), restricting the scope of the results and limiting the generalization of the conclusions. In addition, there is methodological heterogeneity among the selected

articles, which makes it difficult to directly compare results and construct more robust syntheses.

## Contributions to nursing practice

The results of this integrative review show that military nursing practice in the context of armed conflict is associated with complex ethical dilemmas that require not only high technical competence but also specific ethical preparation and structured organizational support. Continued exposure to situations of moral suffering and conflicting values reinforces the need for institutional responses that promote the ethical security and well-being of professionals.

In this sense, it is essential to invest in ethical training programs applied to military nursing, integrated in the pre-deployment, during the mission, and post-return phases, with a focus on decision-making in scenarios of scarcity, triage, care provision to diverse populations, and management of conflicts between professional duties and military obligations. The incorporation of clinical simulation strategies and discussion of real cases can enhance the development of reflective skills and preparation for recurring ethical dilemmas.

Additionally, the results point to the importance of developing protocols and tools to support ethical decision-making, adjusted to the military operational context, which assist nurses in managing complex situations and contribute to reducing moral suffering. These instruments should be based on the ethical principles of the profession and coordinated with command structures, promoting ethically safe practice environments.

Finally, there is a clear need to strengthen psychological support structures and longitudinal monitoring of military nurses, particularly after experiences in highly emotionally charged scenarios. The active involvement of military nursing leaders in creating an organizational culture that is sensitive to ethical issues and moral suffering is a central element in promoting resilience, professional satisfaction, and the quality of care provided.

## Conclusion

This integrative review highlights that the ethical dilemmas experienced by military nurses in the context of armed conflict arise mainly from the triage and management of scarce resources, the provision of care to enemy combatants, cultural and religious influences, and the tension between professional duties and military obligations. At the same time, personal values, faith, and previous experiences stand out as mechanisms that influence decision-making, which often translate into moral suffering, compassion fatigue, burnout, post-traumatic stress disorder, and suicidal thoughts, confirming the profound impact of practicing in war scenarios on the mental health and well-being of professionals.

This review contributes to the consolidation of knowledge about ethical dilemmas in military nursing, reinforcing the need for training, organizational, and research responses tailored to the uniqueness of this professional context.

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