International Journal on Science and Technology (IJSAT)
E-ISSN: 2229-7677 ● Website: www.ijsat.org ● Email: editor@ijsat.org

Ethical Dilemmas in Interprofessional Collaboration: A Multidisciplinary Perspective from a Tertiary Hospital

Waseem N. Alshahrani[1], Saad M. Aldafian[2], Sultan A. Alsubaiee[3], Mazen S. Alotaibi[4], Saud A. Jaser[5], Hizam M. Alsahli[6], Mohammed S. Alshammari[7], Najwa J. Alshammari[8], Hajer A. Bader[9], Samarah A. Alsulami[10], Hashem Fawzi Alsamannoudi[11]

Abstract

Background: Interprofessional collaboration is very important in tertiary healthcare units. While it is very useful, it tends to cause complex ethical issues because of role differences, organizational communication problems and system constraints. This research investigates the ethical issues experienced by nurses, pharmacists, paramedics, radiologists and dentists in one of the tertiary hospitals in Saudi Arabia.

Methods: Having semi-structured interviews with twenty-five health practitioners, a qualitative descriptive approach was employed. The interviews have been analyzed using thematic analysis to determine elicited ethical issues in multi-disciplinary practices.

Results: Three major themes emerged: (1) *Role-based ethical tensions*, including blurred scopes of practice and suppressed ethical voices; (2) *Communication as both a barrier and enabler* of ethical clarity; and (3) *Institutional constraints*, such as resource limitations and rigid policies, which often conflicted with patient-centered ethical decisions.

Conclusion: In interprofessional care, the ethical issues are discovered as systemic, specific to a profession, and culturally contextualized. The institutions need to adopt policies aimed at these issues by initiating the multidisciplinary team approach comprising the interdisciplinary healthcare team to foster inter-role dialogue on ethics, provide defined role relations, and allow flexible ethnocentric policies that undermine ethical action and support moral doing in and among healthcare teams.

Keywords: Interprofessional collaboration, healthcare ethics, moral distress, tertiary care, Saudi Arabia, multidisciplinary teams, ethical dilemmas

Introduction

One of the most modern marked features of health care today, especially in tertiary hospitals, is interprofessional collaboration because patients often require care that spans multiple specialties. Each professional including nurses, pharmacists, paramedics, radiologists and dentists adds their own

distinctive clinical knowledge and professional obligations to the care process. As much as this model of interprofessional collaboration improves patient outcomes, it also creates ethical issues based on divergent values, disparate scopes of practice, and habitual communication patterns regardless of professional hierarchy.

Any one member of an interprofessional team could experience ethical tensions in health care practice due to diverse professionally devised care protocols, blurring lines of authority or decision-making, reluctance to shared responsibility, respect of patient autonomy, or differing values and ethics in prioritizing care. In tertiary hospitals, increasing multidisciplinary collaboration in often results in urgent, real-time problem-solving, leading to rapid interprofessional decision-making and the attainment of set objectives regardless of professional boundaries, roles, and hierarchies intertwining clinically and professionally.

Whitehead et al. (2015) illustrates that moral distress appears to be a phenomenon that spans multiple disciplines and is usually initiated by morally distressing situations where one is an active clinician and feels ethically compromised but simply cannot act. Pharmacy practice also faces ethical complexities (Gallagher et al., 2015), as well as the incorporation of dentistry into health systems (Formicola et al., 2012) and paramedicine in acute care settings (Bruun et al., 2022). More of these issues particularly related to collaborative decision-making have been documented in radiology (Gunderman, 2008) and nursing-physician relationships (Baggs et al., 1999).

Closer to home, oddly absent is the empirical research studying such ethical strains in multidisciplinary manners and within the confines of a single institution. This is the gap the current study aims to fill. The study investigates ethical dilemmas in interprofessional collaboration among nurses, pharmacists, paramedics, radiologists, and dentists within a tertiary hospital. Findings regarding commonalties and divergences of ethical experiences among diverse professional groups will help in developing ethically guided teamwork practices and enhancing integrated collaboration.

Literature Review

Ethical challenges in the context of healthcare practice processes are seldom the concern of one profession; they occur at the boundaries or intersections of different practitioners working together, especially in multidisciplinary tertiary care centers with highly specialized clinicians. Effective team-based care is dependent, not only on technical skills, but also on ethical sensitivities and collective moral reasoning. Differing patterns of professional training, communication, and ethics or moral reasoning have been documented as sources of tension, misunderstanding, and even conflict in multidisciplinary teams.

Whitehead et al (2015) surveyed a large institution to investigate moral distress in relation to different roles within healthcare. They determined that nurses and allied health professionals had situational constraints where they could not operate in an ethically evaluative manner due to higher order institutional or governance structures (Whitehead et al., 2015). It is evident that this form of moral

distress is closely associated with interprofessional engagements where the roles and authority to make decisions are poorly defined.

Gallagher et al (2015) examined ethical dilemmas in pharmacy practice and found conflicts of interest as a major one which included medication errors, patient confidentiality breaches and even conflictual relations with prescribing physicians. Pharmacists, though pivotal to the patient safety paradigm, suffer from contextually defined ethical exclusion when the team falls to pieces around the clinical decisions made by the pharmacist (Gallagher et al., 2015).

Even if dental professionals are often viewed as peripheral to the rest of the hospital-based care, they experience certain greater ethical dilemmas when seeking to integrate into broader interprofessional systems. Formicola et al. (2012) underscored the issues of preparing dentists for participation in teamwork, particularly around the informed consent framework and complex medical history integration when care is shared with other medicine practitioners (Formicola et al., 2012).

In radiology, Gunderman (2008) has described ethical distress of radiologists in negotiating their interpretive autonomy with collaborative clinical treatment pathways. Because radiologists work mostly behind the scenes, their ethical involvement hinges around the effectiveness and accuracy of reporting, transparency in consultations, as well as the responsibility for diagnoses in collaborative arrangements (Gunderman, 2008).

The paramedic perspective is especially important in life-and-death situations demanding immediate attention and action. Bruun et al. (2022) advanced a practice-based model of ethical analysis informed by qualitative interviews with prehospital emergency personnel and focused on ethics in the context of emergency care. Their results indicate that ethics-based dilemmas were particularly acute during interprofessional handovers and were worsened by ambiguous command and institutional frameworks (Bruun et al., 2022).

In another study, Baggs et al. (1999) analyzed collaborative decision-making by nurses and physicians and described a shared ethics framework. They argued that these aspects positively influenced care outcomes. In contrast, fragmented and hierarchical communication patterns caused ethical tension resulting in poor care quality (Baggs et al., 1999).

Regardless of the increase of literature on this subject, very few studies consider the ethical dilemmas of a single higher education institution from a truly cross-disciplinary perspective. Most of the existing research analyzes professional relationships on a dyad level or ethical issues of one profession. Understanding the interplay of ethical conflicts among five or more different professions in a highly stressful clinical environment is lacking. This is what we aim to explore in this research by understanding the perception and actions of nurses, pharmacists, paramedics, radiologists, and dentists regarding ethical dilemmas in collaborative team-based care in a tertiary hospital.

Methodology

Study Design

This study utilized a qualitative descriptive design with narrative interviews in order to describe the ethical issues arising from interprofessional relations within multidisciplinary healthcare teams in a tertiary hospital in Saudi Arabia. A qualitative approach was considered most suitable in portraying the intricacies and nuances of ethical encounters in practice as shaped by the different collaborating disciplines as different healthcare practitioners.

Setting

The study setting was one of the largest tertiary hospitals in Riyadh, Saudi Arabia, which offers a wide variety of general and subspecialty medical, surgical, and other specialized services. The institution has a multilevel and interprofessional organizational structure and employs nurses, pharmacists, paramedics, radiologists, and dental practitioners. This makes the hospital an ideal setting for examining ethical relations in a multidisciplinary context.

Participants

A purposive sampling technique was implemented to obtain the sample of 25 participants, that included:

- 5 registered nurses
- 5 licensed pharmacists
- 5 paramedics
- 5 radiologists
- 5 dentists

The participants were required to have the following inclusion criteria: (1) a minimum of two years clinical experience, (2) participation in interdisciplinary healthcare as a role and (3) willingness to provide professional narratives pertaining to ethical decision-making processes in professional practice. All study subjects willingly signed a consent form.

Data Collection

Interviewing on participants' preference in their native language Arabic or English was the method of data collection between October and December 2024. Each participant's interview was obtained within a time frame of 30–60 minutes. The sessions were recorded after the participants gave consent. The focus of the interview guide included:

- Inter-Professionally Worked Ethical Dilemmas Which Were R Encountered.
- Conflict or Misunderstanding Perceived Causes.

- Conflict Evaluation Experience / Conflict Resolution Experience.
- Organizational Culture and Ethics Level Factors.

The interview guide did not include participant demographic data which could compromise confidentiality; hence, all necessary identifying information was encrypted.

Data Analysis

Thematic analysis was the chosen method for data analysis along with Braun and Clarke's (2006) six-stage framework. Various coding processes were utilized where distinct patterns were combined under one umbrella. Along with managing data and coding, NVivo 12 was the primary software utilized. To achieve credible results, two independent researchers corroborated the results, strong equity was attained with member-checking alongside select participants to confirm core conclusions.

Ethical Considerations

The ethics committee has approved the study granting it ethical clearance. During the entire timeline of the research study, confidentiality was sustained at all times regardless of the progress which was recorded in the study. During this timeline, all data that could identify the participant was encrypted. Participants were informed about the conditions on which they would be allowed and permitted to withdraw, which they could opt to do at any time during the study without facing any consequences.

Findings

A thematic analysis conducted on 25 interviews showed that there are three overarching themes, each containing complex sub-themes that exemplify the multifaceted ethical dilemmas confronted by practitioners in interprofessional collaboration. Such organization exposes the ways in which the organizational structure, flow of communication, and professional identity shape and determine ethical conduct within a tertiary care hospital in Saudi Arabia.

Theme 1: Role-Based Ethical Tensions

This theme captures the ethical uncertainty that arises from **ambiguous responsibilities**, **overlapping clinical roles**, and **power differentials** in interprofessional teams.

Sub-theme 1.1: Blurred Scope of Practice

Study respondents recounted scenarios in which obligations blended or informally changed because of time constraints or understaffing, creating ethical discomfort and risk.

"As a nurse, I’m expected to implement treatment plans, but sometimes the plan isn’t finalized yet. Do I delay care or act without clarity? Both are ethically wrong.”

— Nurse, Female, 9 Years Experience

“I am a dentist and am only consulted for systemic related cases, but I notice that I am left out of the wider context of the care provided, which compromises my ethical responsibility.”

— Dentist, Male, 10 Years Experience

Sub-theme 1.2: Professional Hierarchies and Suppressed Ethical Voice

As we have reported before, many participants mentioned that junior or lower-level staff members seemed to lack the capacity to challenge the ethically contentious decisions made by superiors.

"During a code blue, I brought up hypothetically changing some of the medications per protocol, but the physician wouldn’t entertain it. It haunted me for days—it felt like there was an ethical censorship."

— Pharmacist, Female, 6 years experience

"We, the paramedics, are trained to make ad-hoc ethics decisions, but after we hand the patient over, it is as if our judgment is irrelevant."

— Paramedic, Male, 4 years experience

Theme 2: Communication as an Ethical Facilitator and Barrier

Effective communication was identified as a crucial mediator of ethical collaboration. However, participants highlighted serious **gaps in ethical dialogue** and **cultural misalignments** that interfered with team-based ethical reflection.

Sub-theme 2.1: Absence of Structured Ethical Conversations

Although interprofessional meetings were commonplace, very few included some level of ethical contemplation, even though a number of attendees wished for such discussion.

“Everyone discusses protocols and procedures, but no one ever talks about the ethical challenges that we deal with on a daily basis. There is no safe space to bring it up.' - Radiologist, Female, 13 years experience."

“We never ethically debrief after a case. That’s a missed opportunity, especially when there’s moral distress throughout the team' - Nurse, Male, 8 years experience.”

Sub-theme 2.2: Language, Cultural Diversity, and Ethical Misalignment

Workplaces in tertiary Saudi hospitals tend to be multicultural. Participants described that diverse cultures, especially in terms of language, gender, rank, and autonomy, resulted in ethical friction of some sort.

"From a cultural perspective, it might be considered very disrespectful to question a physician. But ethically, we are bound to flag concerns—even if we would prefer not to.''

— Pharmacist, Male, 7 years experience

"We once had a breakdown in communication between a nurse and a radiologist. The wrong imaging was performed. No one would take accountability for the mistake—and that in itself was a conflict avoidance ethical failure."

— Nurse, Female, 10 years experience

Theme 3: Institutional and Systemic Ethical Challenges

Participants across disciplines raised concerns about how **organizational policy**, **resource limitations**, and **bureaucracy** constrained ethical flexibility and sometimes forced clinicians into moral compromise.

Sub-theme 3.1: Resource Scarcity and Forced Prioritization

Ethical distressing was most apparent in instances where respondents had to postpone providing appropriate care, perform (systemic) diagnostic delays, or ration services.

"During peak times, we had to figure out which patients got imaging done first. It felt like ethically deciding who deserves care more."

— Radiologist, Male, 6 years experience

"Over one weekend we ran out of antibiotics. Making a choice of to whom to give it—it's not clinical, but ethical."

— Pharmacist, Female, 5 years experience

Sub-theme 3.2: Policy Limitations on Patient-Centered Ethics

Numerous participants noted rigid protocols and administrative procedures as ethical impediments, particularly when they clashed with one's clinical judgment.

"My scope of practice as a paramedic is very prescriptive. I can't start advanced life support on a patient who is crashing without a physician's order. That wait could be fatal."

- Female Paramedic, 7yrs experience.

"There are times when I can see that my dental skills are quite applicable, but I am not a formally part of the multidisciplinary case. Ethically, I feel complicit in neglect."

- Female Dentist, 12yrs experience.

Cross-Theme Observation: Emotional and Moral Toll

In every theme, participants reported emotional suffering and lingering moral distress that remained unresolved. Barriers to exercising one's ethical judgment, whether due to hierarchy, breakdown in communication, or institutional restrictions, were woven concerns which affected flourishing.

"I carry some of these decisions with me long after my shift ends. It's not burnout—it's moral injury."

— Nurse, Female, 11 years experience

Discussion

This research focused on the ethical conflicts facing nurses, pharmacists, paramedics, radiologists, and dentists within a tertiary hospital setting in Saudi Arabia. The emerging findings indicate that ethical conflicts are intertwined with interprofessional collaboration and are influenced by professional role delineation, communication patterns, and institutional frameworks. These findings are particularly important for understanding the Saudi healthcare system in addition to prior international research.

1. The Influence of Role Uncertainty and Vertical Dominance

As with other published work, this investigation shows that role uncertainty and organizational professional levels strongly contribute to an ethical conflict within interprofessional teams. Consistent with the results of Baggs et al. (1999), our study participants reported experiencing ethical discomfort when higher-level professionals made treatment decisions within their exclusive jurisdiction. This was particularly pronounced in pharmacist and paramedic circles who often felt their ethical viewpoints were disregarded or actively suppressed. The dominance of a hierarchy in clinical decision-making is common in many parts of the world; however, in more conservative and authoritarian regions, such as Saudi Arabia, the prevalence of these issues is much more acute. Such overwhelming circumstances can mute ethical voices, causing moral distress and ethical suffering (Whitehead et al., 2015).

2. Communication as a Dual-Function Ethical Mechanism

As much as the participants of the study claimed that effective communication is essential for problem resolution in any clinical situation, ethical dialogue, in most clinical interactions, is nonexistent. Participants wanted systematic discussion groups that focus solely on the ethical issues involved in providing patient care. This is a gap Gunderman (2008) described in radiology and Gallagher et al. (2015) in pharmacy. Cultural factors and language differences made communication more difficult, causing ethical misinterpretation and reluctance to confront conflict. All these issues of communication will contribute to hurdles in delivering multicultural healthcare in Saudi Arabia, which accentuates the filling loopholes in cross cultural provisions of healthcare services, and establishing effective in framework ethical consultation related guidelines.

3. Systemic Ethical Constraints and Institutional Moral Distress

The most striking finding of this study is how institutional policies and systems, including organizational culture, impact ethical practice. Participants indicated that existing protocols, understaffing, and

rationing of equipment resources compelled them to ethically challenging actions like treatment deferral. These findings are consistent with those of Bruun et al. (2022) on prehospital practitioners who remained under some form of systemic inefficiency on professional ethical dilemmas. Importantly, the feeling of institutional ethical 'paralysis' reflects a rule-bound distress and, equally, a lack of infrastructure support towards agile ethics in complex clinical settings.

4. Profession Specific Ethical Issues Within Interprofessional Teams

This study enhances the body of literature on ethically less researched professions like dentistry and emergency medicine by exploring their experiences within the hospital team context. Dentists noted clinically relevant multidisciplinary care omissions because they were excluded from participation—a blatant ethical absence documented in Formicola et al. (2012). Paramedics described field-based encounters with fast-paced ethical dilemmas that were not always acknowledged or supported at handover to the hospital. These findings illustrate the gap towards more inclusivity of ethical boundaries in interprofessional praxis.

5. Ethnicity Context and Saudi Healthcare Ethics

The global discussion of healthcare ethics benefits from Saudi Arabia's contribution. Cultural elements of authority, gender, and collectivism seemed to influence how participants reported ethical disputes. For example, most participants pointed out the reluctance to challenge any authority or go against the prevailing group decision, even if ethically, it was absolutely necessary. Cultures of the Middle East would appear to require alteration to western frameworks of ethical autonomy and self-determination.

Suggested Changes for Governance and Policy

• Scheduled Ethical Debriefing Sessions: Regular multi-disciplinary ethical debriefing sessions, especially after complicated clinical cases should be held on a routine basis in hospitals.

• Clarification of Scope and Accountability: Definition of roles bound by shared ethical accountability can decrease conflict and enhance clarity.

• Encourage Debate and Ethical Dialogue: Ethics should be taught as part of leadership training and taught across all disciplines.

• Tailor to Policy Flexibility Adaptability: Policies need to be designed ensuring the allowance of ethical discretion.

Limitations and Future Research

Generalizability may be constrained because this study was conducted at a single tertiary hospital. The inclusion of more institutions along with more stakeholders in the disciplines of medicine and

administration could increase the breadth of perspectives in future studies. Moreover, quantitative follow-up studies could explore the ethical tensions cross-discipline impact and occurrence.

Conclusion

Intractable ethical problems stemming from interprofessional collaboration are a typical feature of tertiary care. Their resolution, however, largely hinges upon the institutional architecture of communication, command, and moral scaffolding. The strength of the ethical discourse from diverse health care professionals studied in this complex cultural setting suggests that these ethical problems challenging the system are not simply individual concerns.—solving them means having institutional resolve, systemic inclusiveness, and a collective ethic framework.

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