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Convergences and divergences in nursing ethics across the European Union: A qualitative comparative analysis of national codes

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ABSTRACT

Background: Nursing ethics guides practice, but European Union national codes were developed in diverse socio-legal contexts, generating heterogeneous emphases.
Purpose: To compare European Union nursing codes of ethics, mapping convergences, divergences, and emerging ethical dimensions.
Methods: Qualitative documentary analysis with thematic content analysis examined 22 European Union member-state codes plus the European Nursing Council and International Council of Nurses (ICN) codes, with input from nursing, qualitative, and health-law experts.
Discussion: Fourteen themes were identified: Dignity, Respect and Non-Discrimination; Autonomy and Informed Consent; Professional Secrecy and Data Protection; Safety and Evidence-Based Practice (EBP); Interprofessional Collaboration and Shared Responsibility; Protection of Vulnerable Groups and Violence Prevention; Palliative Care and Dignity at the End of Life; Conscientious Objection and Continuity of Care; Technologies and Artificial Intelligence; Environmental Sustainability and Public Health; Social Justice and Advocacy; Organizational Well-being; Governance, Integrity, and Professional Discipline; Training and Professional Development. Fundamental principles showed strong convergence, while newer areas (AI, One Health, organizational well-being) appeared unevenly. The findings suggest the existence of a shared ethical core across European nursing while highlighting differences in the formalization of emerging ethical challenges. These variations may reflect contextual priorities, regulatory traditions, and different stages of ethical adaptation across national frameworks.
Conclusion: This study provides an updated overview of the European nursing ethics landscape and may inform future discussions on the evolution of ethical guidance in response to contemporary healthcare challenges while respecting national contexts.

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Introduction

The adoption of the International Code of Ethics for Nurses by the International Council of Nurses (ICN) in 1953 marked a milestone in defining the universal ethical principles of the profession, establishing respect for life, dignity, and human rights as foundational values, independent of culture, religion, or national legislation (Oguisso et al., 2019).

Ethical values significantly influence the scope of nursing practice, the way nurses think and act, and consequently the care they provide (Kosmidis et al., 2021). The concept of "nursing professional ethics" has progressively evolved from a normative and prescriptive perspective centered on individual morality toward a systemic and reflexive framework in which nurses assume the role of moral, political, and social agents (Liaschenko & Peter, 2016).

In the current scenario, the ICN Code of Ethics for Nurses (ICN Code of Ethics, 2021) functions as a global reference point, structured around four fundamental dimensions:

1. Nurses and patients or other people requiring care or services—respect, compassion, and non-discrimination;
2. Nurses and Practice—competence, integrity, and accountability;
3. Nurses and the Profession—advancement of knowledge, leadership, and commitment to research;
4. Nurses and Global Health—promotion of public health, social justice, and sustainability.

While the ICN Code remains the most influential international ethical framework for nursing, some contemporary challenges remain only partially addressed within the document. Emerging domains such as artificial intelligence (AI), telehealth, advanced health data governance, algorithmic decision-support systems, and digitally mediated care environments are not systematically incorporated into the Code. As healthcare systems become increasingly technology-driven, these developments raise important questions regarding the adequacy of existing ethical frameworks to guide nursing practice in rapidly evolving clinical and organizational contexts (Botrugno, 2019). Recognizing these limitations is particularly important because national codes of ethics may represent the first regulatory and professional response to emerging ethical challenges, thereby offering valuable insights into the future evolution of nursing ethics.

In Europe, the development of professional ethics codes has occurred within a heterogeneous socio-legal context, resulting in a plurality of national formulations. Nevertheless, despite such differences, a degree of ethical and deontological harmonization has been achieved through the publication of the Code of Ethics and Conduct for European Nursing (Sasso et al., 2008), promoted by the European Federation of Nursing Regulators (FEPI), now the European Nursing Council (ENC), in collaboration with the European Council of the Liberal Professions (CEPLIS).

The document, developed in accordance with European Directives 2005/36/EC and 2006/123/EC, proposed a set of common principles for the nursing profession, centered on human dignity, patient safety, equitable access to care, accountability, confidentiality, and professional integrity.

Previous European initiatives have also explored similarities and differences in nursing ethics across countries. Among these, Tadd et al. (2006), within the Ethical codes in nursing project funded by the European Commission (D: QLG6-CT-2001-00945), provided a comparative analysis of nursing codes in six European countries and highlighted both common ethical foundations and contextual variations in their understanding and application.

Although the current Code of Ethics and Conduct for European Nursing encompasses "all the ingredients of a contemporary professional ethics code" (Kearns & Kearns, 2021), there remains a need for ongoing reflection on the role and function of ethics codes.

Ongoing reflection is particularly necessary in a Europe characterized by increasing professional mobility (Decock et al., 2022), cross-border healthcare (Dussault et al., 2026), and digital transformation (Medina Martin et al., 2024).

Ethical codes increasingly serve not only as normative instruments but also as mechanisms that support consistency in professional identity, public trust, and accountability across different healthcare systems (Essex et al., 2026). Greater ethical alignment may facilitate professional mobility, support patient safety, and promote consistency in professional standards across European healthcare systems. Previous research (Kearns & Kearns, 2021) highlighted the need for a revision of the ENC Code that incorporates the United Nations Sustainable Development Goals, capable of catalyzing the advancement of emerging ethical dimensions of sustainability, social justice, and global health.

In this framework, comparative analysis of European nursing ethics codes assumes strategic value for understanding the evolutionary trajectory of contemporary nursing ethics and for proposing common guidelines toward potential deontological harmonization at the European level.

Topics such as digital transformation, the integration of AI in care processes, teleassistance (Choi et al., 2025), AI-assisted nursing documentation and care safety (Torreno & Torreno, 2025), sustainability (de-Diego-Cordero et al., 2025), and the consequent new competencies required of nurses (Notarnicola, Dervishi, et al., 2025) are progressively finding space in national regulations, although with different modalities and levels of formalization. These elements attest to a progressive extension of nursing ethics to emerging challenges and support the necessity for a proposal of operational harmonization between national levels and international standards.

This study aims to conduct a thematic comparative analysis of nursing codes of ethics across European Union Member States to identify convergences, divergences, and emerging ethical dimensions. Attention is given to contemporary ethical challenges, including digital health, AI, sustainability, and social justice, and to the implications of these findings for future nursing policy, professional regulation, and education at the European level. This comparison intends to provide an updated vision of European nursing ethics, outlining perspectives for a future transnational professional harmonization, in coherence with the principles of the ICN, a reference document at the global level, not only because it reaffirms the values of dignity, equity, and social justice, but also because it integrates the United Nations Sustainable Development Goals as a universal ethical framework for nursing practice (Holmberg & Ahlstrom, 2025). The findings could support policymakers, professional regulators, nursing organizations, and educators in identifying priority areas for future revisions of ethical frameworks and professional standards across Europe.

Materials and Methods

Study Design

A qualitative comparative study was conducted, grounded in documentary analysis (Bowen, 2009) and informed by thematic qualitative content analysis (Vaismoradi et al., 2013).

The study was framed within a constructivist–interpretivist paradigm (Walt, 2020), acknowledging that ethical meanings are not simply embedded within documents but are interpreted within specific social, professional, cultural, and regulatory contexts. From this perspective, codes of ethics were considered not only formal regulatory texts but also socially situated artefacts that express professional values, responsibilities, and priorities, reflecting the historical, institutional, and socio-legal environments in which they

are produced and used. This understanding is consistent with contemporary approaches to document analysis, which view institutional documents as context-dependent and interpretively constructed rather than neutral repositories of information (Laugerud, 2026).

A thematic analytical approach was selected because it enables interpretive engagement with texts, capturing both explicit ethical prescriptions and latent value structures embedded within regulatory discourse. This approach is particularly suitable for cross-national comparison, where ethical meaning is shaped by socio-legal contexts and professional traditions.

Thematic analysis enabled the identification and interpretation of common ethical dimensions, cultural differences, and conceptual gaps across European nursing codes of ethics, with themes developed inductively from coding rather than applying predetermined categories a priori.

The ICN Code of Ethics (2021) and the Code of Ethics and Conduct for European Nursing developed by the ENC (2008) were included as reference documents. Their role was to serve as interpretive reference points during the comparative analysis. In this way, convergences, divergences, and emerging ethical dimensions identified across national codes could be interpreted in relation to international and European ethical standards. The comparative dimension of the study focused on identifying both common ethical foundations and differences in the ways ethical responsibilities were articulated, prioritized, and operationalized across national documents.

To ensure methodological rigor and structured reporting, the study adhered to the Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014).

The unit of analysis consisted of ethical statements, normative prescriptions, and value-based principles contained within each code, including both explicitly stated duties and broader ethical commitments.

Research Team and Reflexivity

The analysis was conducted by an interdisciplinary research team comprising researchers with specialization in qualitative methodology and nursing science, supported by a legal expert (BP). The principal researchers possess advanced academic training (Master's and doctoral degrees) in nursing science and research methodology and are registered nurses with extensive experience in qualitative research. All team members are proficient in English and conversant in at least one of the languages analyzed.

The credibility of the study was strengthened through the involvement of a legal expert, who ensured juridical and deontological coherence in the interpretation of the codes, supporting alignment between ethical principles and European regulatory standards concerning professional responsibilities, rights, and obligations. The team maintained a consistently reflexive stance toward the impact of its epistemological assumptions, disciplinary experiences, and professional affiliations on the analytical process, consistent with qualitative standards for reflexive inquiry (Nowell et al., 2017). Individual reflective memos were prepared and regularly discussed to make the researchers' positions transparent and to enhance interpretive transparency and analytic consistency throughout the process.

Documentary Corpus

The corpus subject to analysis comprised:

- **Twenty-two national documents** (codes of ethics, statutory extracts, or professional association documentation) from European Union Member States (Table 1);
- **the ICN Code of Ethics** (2021), considered as the reference framework for five EU Member States (Austria, Estonia, Germany, the Czech Republic, and Sweden) that do not possess an autonomous national code and that formally adopt or align with the ICN code (Table 2);
- **the Code of Ethics and Conduct for European Nursing** of the ENC (2008).

All selected documents constitute official sources, publicly accessible through the respective websites of nursing orders, councils, or professional associations, and are composed in English or translated into English through a structured process. Translations were performed using DeepL Pro software, a specialized application based on AI.

To enhance conceptual equivalence, translated sections containing ethically sensitive or legally loaded terminology were cross-checked by bilingual members of the research team, and ambiguities were resolved through team discussion, including the legal expert.

Translation into a single language proved necessary to ensure the homogeneity of comparative analysis; potential limitations of machine translation, particularly concerning culturally situated concepts, were considered in the interpretation of findings. Data collection was conducted between May and July 2025.

Inclusion and Exclusion Criteria

Inclusion criteria:

- Ethical and/or deontological codes, normative extracts, or official association documents officially recognized by competent institutional authorities: Ministries of Health (Bulgaria, France, Greece, Lithuania, Luxembourg, Slovakia, Portugal), national professional representative bodies (Denmark, Italy, Poland, Romania, Spain), regulatory boards (Ireland, Malta), professional chambers (Croatia, Hungary), or accredited nursing associations (Belgium, Cyprus, Finland, Latvia, the Netherlands, Slovenia);
- ENC Code (2008) and ICN Code (2021);
- Full versions or validated English-language translations;
- Texts with clear identification of ethical principles, reference values, and professional responsibilities.

Exclusion criteria:

- Regional, partial, sectoral, or codes non applicable to the entire nursing profession;
- Purely normative documents lacking explicit ethical content.

Analytical Procedure

The analysis incorporated a comparative logic by examining how each theme was articulated across countries, identifying convergent ethical cores as well as divergences in scope, prescriptiveness, and operational guidance.

Rather than assessing the frequency of ethical concepts, the analysis focused on understanding how ethical principles were formulated, contextualized, and translated into professional responsibilities within different national frameworks. The comparative approach, therefore, sought to identify both shared ethical foundations and variations reflecting different regulatory traditions, professional cultures, and socio-legal contexts.

Thematic qualitative content analysis guided the data extraction and interpretation process. This consisted of (a) familiarization with the data through repeated reading of texts in English or in translation, (b) conducting a line-by-line coding process, generating initial codes, (c) generating themes according to semantic and value-based similarities, with attention to any emergent dimensions, (d) reviewing themes to ensure coherence and consistency across the entire dataset, (e) defining and naming themes, and (f) producing a

Table 1
National Ethical Codes Included in the Analysis

Country	Official Document - Year of Publication (Last Revision)	Regulatory Models
Belgium	(Code de déontologie des praticiens de l'art infirmier belges, 2017)	Binding professional code
Bulgaria	(Кодекс За Професионална Етика На Медицинските Сестри, Акушерките И Асоциираните Медицински Специалисти, 2015)	Code with legal rank
Cyprus	(Κωδικασ Νοσηλευτικησ Δεοντολογιασ, 2012)	Binding professional code
Croatia	(Etički Kodeks Medicinskih Sestara, 2005)	Binding professional code
Denmark	(Code of Ethics for Nurses, 2014; Etisk Grundlagfor Sygeplejersker, 2024)	Orientative and value-based codes
Finland	(Sairaanhoitajan Eettiset Ohjeet, 2021)	Orientative and value-based codes
France	(Code De Déontologie Des Infirmiers, 2021)	Code with legal rank
Greece	(Κώδικασ Δεοντολογίασ Νοσηλευτών, 2024)	Code with legal rank
Ireland	(Code Of Professional Conduct And Ethics For Registered Nurses And Registered Midwives Incorporating The Scope Of Practice And Professional Guidance, 2025)	Binding professional code
Italy	(Codice Deontologico Delle Professioni Infermieristiche, 2025)	Binding professional code
Latvia	(Māsu Ētikas Kodekss, 2022)	Binding professional code
Lithuania	(Slaugytojo Profesinės Etikos Kodeksas, 2006)	Binding professional code
Luxembourg	(Code De Déontologie De Certaines Professions De Santé, 2018)	Code with legal rank
Malta	(Code Of Ethics And Standards Of Professional Conduct For Nurses And Midwives, 2020)	Binding professional code
Netherlands	(Beroepscode Van Verpleegkundigen En Verzorgenden, 2015)	Binding professional code
Poland	(Kodeks Etyki Zawodowej Pielęgniarki I Położnej Rzeczypospolitej Polskiej, 2023)	Binding professional code
Portugal	(Deontologia Profissional - Capitulo VI - Estatuto Da Ordem Dos Enfermeiros, 2015)	Code with legal rank
Romania	(Codul De Etică Şi Deontologie Al Asistentului Medical Generalist, Al Moaşei Şi Al Asistentului Medical Din România, 2023)	Binding professional code
Slovakia	(Etický Kódex Sestry, 2002)	Code with legal rank
Slovenia	(Kodeks Etike V Zdravstveni Negi Slovenije, 2024)	Binding professional code
Spain	(Código Deontológico De Enfermería Español, 1998)	Binding professional code
Hungary	(A Magyar Egészségügyi Szakdolgozói Kamara Etikai Kódexe, 2014)	Binding professional code

Table 2
European Union Member States That Adopt the ICN Code

Austria	(Der Icn-Ethikkodex Für Pflegefachpersonen, 2021a)
Estonia	(Rahvusvahelise Õdede Nõukogu Eetikakoodeks Õdedele, 2021)
Germany	(Der Icn-Ethikkodex Für Pflegefachpersonen, 2021b)
Czech Republic	(Etický kodex sester vypracovaný Mezinárodní radou sester, 2012)
Sweden	(ICN:s etiska kod för sjuksköterskor, 2022)

report presented with direct text excerpts to display thematic meaning.

Coding was conducted by two researchers (G.G. and C.I.A.G.) with experience in qualitative research and nursing ethics. An initial subset of documents was independently reviewed to refine coding definitions and establish a shared analytical understanding. Subsequent coding proceeded iteratively, with regular meetings among researchers to discuss emerging interpretations, refine code definitions, and resolve discrepancies through discussion and consensus.

The entire process was supported by NVIVO qualitative software, employed to organize coding, extract quotations, and systematically manage the documentary corpus. Acknowledging that software may have facilitated over-coding and disconnection from the data, researchers alternated between manual coding phases and collegial discussion to maintain direct engagement with the texts.

A provisional codebook was developed during the early stages of analysis and progressively refined throughout the analytical process. Code definitions, inclusion criteria, exclusion criteria, and illustrative examples were documented and updated as themes evolved.

Throughout the process, theme development remained interpretive rather than frequency-driven; coding density was not used as a proxy for importance, and themes were retained only when they demonstrated conceptual coherence across the corpus.

The final set of 14 themes emerged through successive cycles of coding, comparison, thematic refinement, and team discussion. Themes were retained when they demonstrated conceptual coherence across multiple documents and captured ethically meaningful dimensions relevant to the study objectives.

Comparative mapping was subsequently conducted to examine the degree to which each theme was explicitly articulated, partially addressed, or not present within individual national documents. These categorizations reflected analytic judgments within a qualitative comparative framework rather than quantitative measurement of prevalence.

Five EU Member States (Austria, Estonia, Germany, the Czech Republic, and Sweden) formally adopt the ICN Code and do not maintain autonomous national nursing codes. The unit of analysis was the ethical document; therefore, the ICN Code was coded once and subsequently mapped to each adopting country, avoiding duplication while enabling country-level comparison.

Analytical decisions, reflective memos, and inter-coder revisions were tracked to ensure transparency, replicability, and methodological rigor (Nowell et al., 2017).

Methodological rigor was ensured by applying the criteria of credibility, transferability, dependability, and confirmability (Doyle et al., 2020; Lincoln & Guba, 1985; Nowell et al., 2017).

- **Credibility**: Dual coding on a subsample of texts, peer debriefing, and systematic comparison of codes.
- **Transferability**: Complete documentation of the analytical process through audit trail and reflexive memos, rendering all interpretive decisions traceable.
- **Dependability**: Replicable, standardized procedures supported by NVivo, with a clear description of all analytical phases.
- **Confirmability**: Interpretations anchored to data through direct textual citations and cross-verification between independent researchers, uninfluenced by subjective preferences.

The integration of these criteria ensured systematic, rigorous, and replicable analysis, providing reliable and comparable results within the international context of nursing ethics.

The analytical process remained primarily interpretive and comparative rather than quantitative. The objective was not to measure the prevalence of ethical concepts but to understand how ethical responsibilities were framed, prioritized, and operationalized across national nursing codes.

Results

Thematic Analysis

The analysis generated 14 macrocode themes, specifically:

1. **Dignity, Respect and Non-Discrimination**: these are recognized as absolute and universally acknowledged ethical foundations. All examined codes of ethics concur that nursing care must be provided with deep respect for human life and dignity at every stage, excluding any form of discrimination. "*Inherent in nursing is a respect for human rights, including the right to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, color, culture, ethnicity, disability or illness, gender, sexual orientation, nationality, political beliefs, language, race, religious or spiritual beliefs, legal, economic or social status*" (ICN Code Preamble).
2. **Autonomy and Informed Consent**: these are recognized as an essential ethical pillar of care, safeguarding the individual's right to self-determination. This obligation requires nurses to ensure that people have all information relevant to their health and procedures so that the information is "legal, adapted and intelligible," enabling them to make informed choices. Nurses must respect and promote individuals' freedom to choose or refuse treatments, as established in the Polish code (Art. 9) and Romanian code (Art. 30), where patients have the right to refuse or discontinue a medical intervention and assume responsibility for their decision after consequences have been explained. Seeking consent is paramount, and nurses are called not to use "status-macht, dwang or misleiding" to obtain it, as specified in Slovenia (Principle II). When individuals lack the capacity to express their will, nurses must consult legal representatives or family members, as indicated in the Spanish code (Art. 8). Although most examined codes strongly recognize autonomy and consent, implementation of this principle is less explicit operationally in some countries. For instance, the Lithuanian code contains no direct references to self-determination or informed consent, while the Slovak code names autonomy as a basic ethical principle (Point 4.b) but includes no prescriptive requirement for informed consent or shared decision-making.
3. **Professional Secrecy and Data Protection**: this is recognized as an absolute ethical foundation and a binding responsibility in nearly all examined documents. This obligation requires professionals to maintain confidentiality regarding all personal, health, and contextual information acquired in the exercise of their profession, considering such data as confidential and to be used solely for the intended purposes. The protection of the patient's privacy is central, such that in many contexts, confidentiality extends beyond the end of treatment or even after the patient's death, as explicitly stated in the Romanian code (art. 33) and Slovenian code (Principle III). Latvia (Section VI, point 2) adopts the need-to-know principle, limiting the disclosure of confidential information to other professionals strictly to the extent necessary for the performance of their duties. Furthermore, in response to technological advancement, several countries, including Belgium (art. 15), Poland (art. 14), and Slovenia (Principle III), impose particular attention to the protection of digital privacy and the use of electronic communication tools and social media. Although this duty is nearly universal, the only notable gap identified concerns the Danish code, in which no specific provisions on confidentiality or privacy are present.
4. **Safety and Evidence-Based Practice (EBP)**: these are shared and transversal principles whereby the primary obligation requires professionals to ensure safe and high-quality care, always acting in accordance with "*lex artis*" and basing clinical decisions on the most current scientific evidence as required by the French code (Art. R4312–10) and Italian code (Art. 10). However, in Croatia (Art. 6.1–6.2), Denmark (p. 3–2024), Latvia (Section II), Lithuania (Arts. 17–20), Portugal (Arts. 97 and 109), and Romania (Arts. 6 and 20), the reference to "evidence-based practice" is more generic or considered implicit in the duties of continuing education and competence.
5. **Interprofessional Collaboration and Shared Responsibility**: all examined codes of ethics emphasize the importance of collaboration among healthcare professionals. In each document, exhortations of cooperation, mutual respect, and coordination with other practitioners (physicians, colleagues, multidisciplinary teams) are found. No case of absence emerges: every analyzed code reports at least one norm or principle focused on interprofessional collaboration. Some codes dedicate entire sections to this theme, such as the Cypriot code ("*the nurse's relationship with colleagues*"), Hungarian code ("*the relationship between healthcare professionals*"), and Irish code ("Principle 5: Collaboration").
6. **Protection of Vulnerable Groups and Violence Prevention**: this principle aims to protect individuals in conditions of fragility from abuse, maltreatment, or neglect, often requiring specific obligations of intervention and reporting. The presence of this theme is heterogeneous. Some national codes contain articles dedicated specifically to the protection of vulnerable groups (minors, elderly persons, detainees, individuals with disabilities) and the prevention of abuse. The Spanish Code comprehensively addresses the protection of individuals with disabilities, minors, and the elderly (arts. 35–46), making explicit the obligation to report to the competent authorities cases of abuse of which the nurse becomes aware (Art. 39) and to protect the patient from physical or mental maltreatment (Art. 55). The Romanian code dedicates entire chapters to special situations, such as the protection of psychiatric patients (Arts. 39–42) and patients deprived of liberty (detainees) (Arts. 44–45), where causing harm to physical integrity, psychological integrity, or dignity is prohibited. The analysis revealed that 17 documents directly address this theme, while some either generically invoke the duty not to commit cruel acts and to protect the patient from abuse (Belgium and Latvia) or marginally mention the theme (Ireland), or do not include an autonomous treatment of the subject, thereby excluding violence prevention or additional protections for vulnerable categories (Croatia, Finland, Lithuania, Slovakia).
7. **Palliative Care and Dignity at the End of Life**: most of the analyzed codes contain provisions on respecting dignity in dying and caring for the terminally ill patient. Faced with a terminally ill patient, the nurse has the duty to ensure, with competence and compassion, the necessary care to alleviate suffering (Netherlands – p. 5), while also providing support to the family and respecting cultural norms, beliefs, and values (Malta – Art. 1.3.3–1.3.6). This topic is instead absent or entirely implicit in Cyprus, Finland, Croatia, Lithuania, Luxembourg, Romania, and Slovakia.

Table 3
Thematic Framework

Macro-theme ↓ / Country/Organization →	BE	BG	CY	DK	FI	FR	GR	HR	IE	IT	LV	LT	LU	MT	NL	PL	PT	RO	SK	SI	ES	HU	ENC	ICN
Dignity, Respect and Non-Discrimination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Autonomy and Informed Consent	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Professional Secrecy and Data Protection	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safety and Evidence-Based Practice (EBP)	✓	✓	✓	–	✓	✓	✓	–	✓	✓	–	–	✓	✓	✓	✓	–	–	✓	✓	✓	✓	✓	✓
Interprofessional Collaboration and Shared Responsibility	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Protection of Vulnerable Groups and Violence Prevention	–	✓	✓	✓	X	✓	✓	X	–	✓	–	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓
Palliative Care and Dignity at the End of Life	✓	✓	X	✓	X	✓	✓	X	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	X	✓
Conscientious Objection and Continuity of Care	✓	✓	X	–	X	✓	✓	✓	✓	✓	X	X	X	X	✓	✓	✓	X	X	✓	✓	✓	✓	✓
Technologies and Artificial Intelligence	X	X	✓	–	X	X	✓	X	✓	✓	–	X	X	X	X	X	X	X	X	✓	X	X	X	✓
Environmental Sustainability and Public Health	X	–	✓	X	X	–	✓	X	–	✓	✓	–	X	–	✓	✓	X	–	–	✓	✓	X	X	✓
Social Justice and Advocacy	–	–	✓	✓	X	✓	✓	X	–	✓	–	✓	X	✓	✓	✓	X	–	✓	✓	✓	–	✓	✓
Organizational Well-Being	–	X	–	X	✓	X	X	X	X	✓	–	X	X	–	✓	X	–	–	✓	✓	–	X	X	✓
Governance, Integrity, and Professional Discipline	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Training and Professional Development	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note. BE, Belgium; BG, Bulgaria; CY, Cyprus; DK, Denmark; ENC, European Nursing Council; ES, Spain; FI, Finland; FR, France; GR, Greece; HR, Croatia; HU, Hungary; ICN, International Council of Nurses; IE, Ireland; IT, Italy; LT, Lithuania; LV, Latvia; LU, Luxembourg; MT, Malta; NL, Netherlands; PL, Poland; PT, Portugal; RO, Romania; SK, Slovakia; SI, Slovenia.
Present (✓), Partial (–), and Absent (X).

8. **Conscientious Objection and Continuity of Care**: the recognition of the right to conscientious objection is present in many codes, although with different formulations and limitations. The Italian code (Art. 6) and Croatian code (Art. 3.4) contain explicit provisions that guarantee nurses the right to refuse interventions conflicting with their convictions, with assurance of continuity of care. The Polish Code recognizes the right to conscientious objection in two specific areas, interruption of pregnancy (Art. 18) and biomedical experiments (Art. 19.3), to be exercised in a manner that respects patients' rights and balances freedom of conscience with professional duty. Conversely, some codes (Cyprus, Finland, Lithuania, Latvia, Luxembourg, Malta, Romania, and Slovakia) do not mention the topic at all, or it appears only in attenuated form, as in Denmark, which alludes to it implicitly with the phrase "challenge laws contrary to professional ethics".
9. **Technologies and Artificial Intelligence**: this topic is almost absent or only sketched in most codes. Cyprus (Art. 2.6), Denmark (Art. 4.6 – 2014), and Latvia (Sec. II) address safeguarding safety in the presence of new technologies. The Slovenian code (principles 1 and 7) and Italian code (Art. 31) are exceptions: they explicitly introduce principles of safe use of technologies and preservation of human contact. The Irish code (section 7) dedicates explanatory notes to artificial intelligence, while the Greek code is among the most advanced in this regard: article 29 states that nurses "*adopt and appropriately utilize advances in artificial intelligence, digital technologies, and medical equipment in their professional practice*" while ensuring that such innovations "*do not compromise patient privacy, confidentiality, autonomy, or safety*," and article 30 requires that tele-nursing services be delivered "*with the same ethical standards and professional responsibilities as in face-to-face care*." All other codes do not explicitly address artificial intelligence or digital decision-support, revealing a substantial ethical-normative gap in relation to rapidly evolving technology-enabled care.
10. **Environmental Sustainability and Public Health**: attention to environmental issues and collective health is also heterogeneous. Italy (Art. 7) and Slovenia (Principle X) are explicit in promoting ecologically sustainable lifestyles and recognizing the interaction between human health and the environment (One Health). Latvia (Sec. 3.3) and Greece (Art. 28.2) require active participation in protecting the environment from contamination and in sustainable resource management. Some codes make a slight reference to the concept of environmental sustainability and waste management (France, Ireland, and Malta), others refer to the concept of public health without explicit reference to ecological aspects (Bulgaria, Lithuania, Romania, and Slovakia), and still others do not mention the topic at any point (Belgium, Croatia, Denmark, Finland, Luxembourg, Portugal, and Hungary).

11. **Social Justice and Advocacy**: this topic is heterogeneous and assumes explicit connotations. Italy (Art. 2–3) actively promotes inclusion and the reduction of inequalities, also recognizing for nurses a role of advocacy toward the vulnerable. In Greece (Art. 3.3, 28.1), the nurse is defined as a "*defender*" of public health, while in Malta (1.3.2), the nurse "*acts as an advocate for the patient, promoting their interests and safety*." Slovenia (Principle X and XI) and France (art. R4312–11) focus attention on equity in access to care and equal treatment. Other countries (Croatia, Finland, Luxembourg, and Portugal) limit themselves to generic references to non-discrimination, without concrete commitments to advocacy or social justice.
12. **Organizational Well-being**: only some codes (Italy, Finland, Netherlands, Slovenia, Spain) contain provisions on the well-being of professionals, peer support, or positive working conditions. Slovenia (Principle VIII) is one of the most explicit countries, requiring the promotion of a "*healthy, stimulating, and non-violent work environment*" and care for one's "*psycho-physical condition*." Italy (Art. 15) introduces the concept of "*Care of Caregivers*" promoting solidarity and support among colleagues (*Nurses shall care for their colleagues and their families and significant others, offering support and assistance, contributing to creating a positive and collaborative work environment*). Other codes provide partial mentions, referring to dignified, safe, and ergonomic working conditions without fully addressing the topic (Belgium, Cyprus, Latvia, Malta, Poland, Portugal, and Romania). All others do not mention the topic at all.
13. **Governance, Integrity, and Professional Discipline**: this theme is universal. All analyzed national codes explicitly establish the mandatory nature of the code itself, the obligation to comply with its norms and associated disciplinary procedures (via registries and professional orders). For example, Poland (Art. 3.3) establishes that violation of the Code is grounds for professional responsibility proceedings; Croatia (Art. 2.3) and Slovakia (Art. 5) emphasize personal responsibility for actions and omissions; and Hungary (I.15) imposes the need to preserve professional independence and report conflicts of interest. No code lacks references to governance: every document includes at least one reference to integrity, accountability, and mechanisms of ethical control (for example, through oversight bodies or mandatory crime reporting obligations).
14. **Training and Professional Development**: all ethical codes, except the Danish and Luxembourgish ones, emphasize the commitment to continuous updating, knowledge sharing, and training. Poland (preamble and Art. 4 and 19) and Slovenia (principle IV) mandate systematic updating and active participation in research. Ireland (Principle 3) and Portugal (Art. 109) promote continuous updating and training in human sciences. Lithuania (Art. 18) emphasizes the obligation of continuous learning and participation in research.

As shown in Table 3, the analysis reveals a convergence among codes on fundamental ethical principles, such as human dignity, professional responsibility, and interprofessional collaboration, which represent the most solid and widely shared value cores. However, the analysis also highlights significant heterogeneities and gaps: in particular, marked differences emerge in the integration of technology ethics and artificial intelligence, attention to environmental sustainability, provisions on organizational well-being, the structuring of palliative care, and systematic protection of vulnerable groups. Such discrepancies delineate a non-uniform European framework, in which some codes present advanced developments while others address these areas marginally or omit them altogether.

Structural and Terminological Divergences

Despite internationally shared ethical principles, European nursing codes of ethics display significant differences in both structure and degree of normative binding force. Comparative analysis of these documents reveals three main models, attributable to distinct legal-professional and cultural traditions.

The first group comprises codes with legal status, formally embedded within national healthcare legislation. These texts have binding legal value and impose enforceable obligations on registered members (Greece, Luxembourg, Portugal, Slovakia, France, and Bulgaria).

A second model consists of binding professional codes issued by nursing regulatory bodies or chambers, with mandatory effect within systems of professional self-governance (Italy, Belgium, Croatia, Poland, Romania, Slovenia, Hungary, Latvia, Lithuania, Malta, the Netherlands, Spain, Cyprus, and Ireland).

The third group includes guidance-based and value-oriented codes (Denmark and Finland), predominantly rooted in associative or educational frameworks.

Significant differences are also observed regarding the target populations. Some codes apply exclusively to nurses (Belgium, Croatia, Italy, Latvia, Lithuania, the Netherlands, Spain, Finland, Denmark, and Greece), focusing on the identity and responsibilities specific to the profession.

Others also include midwives (Ireland, Poland, Malta, Cyprus, Romania, Hungary, Bulgaria, Slovenia, and Portugal), reflecting a tradition of integration between care professions.

A further group extends the applicability of the code to other related healthcare professionals—such as technicians, physiotherapists, or healthcare assistants (Bulgaria, Hungary, Luxembourg, Slovenia, and Romania)—where the code assumes a multiprofessional dimension.

Discussion

The results of this qualitative comparative analysis demonstrate that European nursing ethics is founded upon a core set of widely shared values, while simultaneously presenting significant heterogeneity in the formalization of certain emerging ethical dimensions, as well as in the regulatory approaches and normative integration of these areas across different national contexts. The convergence on fundamental principles suggests the existence of a consolidated common ethical foundation, consistent both with the four dimensions of the ICN Code of Ethics and with previous European frameworks promoted by the ENC (Sasso et al., 2008). Although developed within different normative and cultural contexts, European nursing codes of ethics tend to reflect a transnational ethical heritage rooted in human rights and the principles of contemporary bioethics (Beauchamp & Childress, 2019; Johnstone, 2022). This convergence should be interpreted cautiously, as it may partly reflect the influence of shared international and European reference frameworks, particularly the ICN Code of Ethics, which has informed the development and revision of several national codes.

The analysis indicates that certain ethical core elements are consistently identifiable across most analyzed codes, establishing themselves as stable elements of the European nursing professional identity. In particular, the recognition of human dignity, respect for fundamental rights, and the principle of non-discrimination emerge as constant ethical references, independent of national regulatory specificities, suggesting their deep internalization within nursing professional culture.

Alongside this robust value-based convergence, significant heterogeneity emerges in the treatment of certain emerging domains.

Dimensions such as digital ethics, environmental sustainability, organizational well-being, and nursing advocacy are developed unevenly across different national codes. Collectively, these findings suggest that European nursing ethics may be conceptualized as a dual-layer ethical architecture, in which a shared normative core coexists with context-dependent operational interpretations. Such a configuration reflects the capacity of professional codes to balance common ethical commitments with the regulatory, cultural, and organizational specificities of individual healthcare systems.

Part of this heterogeneity may also be explained by the different chronological stages of the codes analyzed. The documents included in this review span almost three decades, ranging from the Spanish code published in 1998 to the most recent revisions issued in 2025, such as those adopted in Ireland and Italy. While foundational ethical principles appear remarkably stable across time, the incorporation of emerging themes seems partially associated with the recency of code revision. More recently updated codes generally show greater sensitivity toward contemporary challenges, whereas older documents were developed before issues such as artificial intelligence, digital health, environmental sustainability, and professional well-being became prominent topics within healthcare ethics and policy. This observation suggests that some differences identified across countries may reflect different stages of normative development rather than substantial divergences in professional ethical values.

This dynamic appears particularly evident in those areas that constitute the main source of heterogeneity among the codes, namely, emerging ethical dimensions. Among these, references to AI, telecare, and digital health are overall limited and heterogeneous, revealing an ethical-normative lag relative to the rapid transformation of care practices (de-Diego-Cordero et al., 2025; Ng et al., 2022). The absence of systematic treatment of AI in most codes suggests a temporal misalignment between technological evolution in care delivery and the updating of ethical and professional frameworks, as already highlighted by literature on its impact on clinical autonomy, moral responsibility, and the care relationship (Mohammed et al., 2025; Peirce et al., 2020).

This is striking given that the European Union has already initiated dedicated regulatory frameworks. For instance, the European Union established 16 ethical principles for digital health, promoting humanistic values, algorithmic transparency, and environmental sustainability in the digital domain (European Ethical Principles For Digital Health, 2022). Similarly, the European Health Data Space Regulation aims to enhance secure cross-border health data exchange, with emphasis on personal data protection and patient control (Digital health and care, s.d.).

These regulatory developments underscore growing European attention to the ethical challenges of digitalization, areas in which nursing codes of ethics remain lagging.

The limited integration of these issues within nursing codes may have important implications for nursing practice, professional accountability, and patient safety. As nurses increasingly interact with clinical decision-support systems, telehealth platforms, and AI-enabled technologies, ethical questions related to algorithmic transparency, explainability, bias, accountability, and data governance become increasingly relevant (Almagharbeh et al., 2025; Cao et al., 2025). In the absence of explicit ethical guidance, nurses may face uncertainty when balancing algorithmic recommendations with professional judgment and person-centered care.

From a theoretical perspective, these findings suggest that nursing ethics is progressively expanding beyond its traditional focus on the interpersonal nurse–patient relationship. As AI becomes increasingly integrated into healthcare delivery, ethical considerations extend to issues of transparency, accountability, justice, patient autonomy, and data protection. This evolution highlights the need for ethical frameworks capable of supporting nurses in navigating the complex ethical and professional implications of AI-enabled healthcare systems (Pham, 2025).

An analogous picture of heterogeneity emerges regarding environmental sustainability and global public health. Only certain national codes, such as those of Italy, Slovenia, Latvia, and Greece, include explicit references to environmental protection, environmental determinants of health, or the One Health approach, linking these dimensions to nurses' professional responsibility. In most codes, such connections are instead marginal or absent, or limited to technical indications lacking a clear ethical and value-based framework.

This gap appears particularly problematic considering the urgency of global challenges related to climate change, health system sustainability, and health inequalities. International literature increasingly recognizes the role of nurses as key actors in promoting global public health and in the transition toward sustainable health systems (Luque-Alcaraz et al., 2024). Nurses are global partners in achieving the Sustainable Development Goals, linking social equity, environmental health, and quality of care across all levels of the system (Fields et al., 2021). The limited integration of these perspectives in codes of ethics suggests that European nursing ethics remains predominantly centered on the individual care relationship, struggling to expand toward a broader conception of professional responsibility that includes environmental and social determinants of health.

Similarly, nursing well-being emerges as an ethical dimension still poorly formalized. Only a limited number of codes explicitly address issues such as burnout, moral distress, and organizational working conditions, despite extensive evidence linking professional well-being to care quality, safety (Hall et al., 2016), and care sustainability (Xames, 2025). This marginalization suggests a persistent tension between ethics predominantly centered on duty toward others and a more balanced vision that recognizes professional well-being as an ethical prerequisite for good care.

Social justice and the advocacy role are also treated unevenly. Although all codes reaffirm the principle of non-discrimination, only a few translate this into explicit commitments to promote equitable access to services and active protection of vulnerable populations. This is particularly relevant in healthcare systems where territorial disparities in nursing workforce availability may affect equitable access to care (Notarnicola, Duka, et al., 2025).

This discrepancy between the enunciation of principles and operational guidance reveals an unresolved tension between a declarative conception of ethics and one more explicitly oriented toward social and political action within the nursing profession.

Importantly, the absence of a specific ethical theme within a code should not be interpreted as evidence of its lack of relevance within the corresponding national context. Certain issues may be addressed through legislation, professional regulations, institutional policies, educational standards, or other normative documents that fall outside the scope of this analysis. Consequently, the findings should be interpreted as reflecting differences in ethical formalization within nursing codes rather than differences in the overall importance attributed to these issues.

Overall, the map of European nursing ethical themes delineates a landscape characterized by strong convergence on foundational values but significant heterogeneity in the formalization of emerging ethical issues. This mosaic reflects cultural, institutional, and temporal differences in the processes of code updating and may generate misalignments in the perception of professional identity and in citizen expectations regarding the ethical role of nurses. The findings do not support the hypothesis of rigid and prescriptive harmonization of ethical codes at the European level, which would be difficult to reconcile with existing normative pluralism. Rather, they suggest that the existence of a solid shared value core may constitute an operational basis for functional convergence, capable of promoting ethical alignment while respecting normative pluralism.

From a policy perspective, these findings provide a useful empirical basis for future revisions of nursing ethical frameworks at both national and European levels. The common ethical core identified may facilitate greater consistency in professional expectations across healthcare systems, while the uneven integration of domains such as artificial intelligence, digital health, environmental sustainability, professional well-being, and health equity highlights areas that may warrant greater attention in future ethical guidance.

For policymakers, professional organizations, and nursing educators, these findings offer practical indications regarding areas in which ethical frameworks may be strengthened to remain responsive to evolving healthcare needs. Future research should further explore how these themes are addressed beyond formal codes of ethics and examine how ethical frameworks evolve in response to technological innovation, societal expectations, and global health challenges. Overall, the findings suggest that the existence of a shared ethical core, together with the identification of areas of ethical heterogeneity, may provide a useful basis for the future refinement of nursing ethical frameworks in Europe. In this perspective, the study contributes to ongoing reflections on how nursing ethics can preserve its foundational values while remaining responsive to emerging challenges in healthcare.

Study Limitations

This study presents limitations that must be considered in interpreting the results. A first limitation concerns the heterogeneity of the analyzed documents, which differ in structure, scope, level of detail, and legal-professional nature, being issued by professional orders, ministries, regulatory boards, or nursing associations. Such differences reflect distinct normative and cultural traditions and may have influenced the comparability of content, particularly regarding the degree of explicitness and prescriptive nature of ethical principles. Consequently, the absence or partial presence of specific ethical dimensions cannot be interpreted as reflecting lesser relevance attributed to the topic but must be understood in light of different editorial and regulatory models of codes.

A further limitation is represented by the process of translating documents into English, necessary to ensure uniformity of comparative analysis. Although structured procedures were adopted, supported by advanced software and critical review by researchers, the loss of semantic or conceptual nuance cannot be excluded, particularly for ethical terms that are culturally and juridically situated. Some differences that emerged between codes may therefore reflect linguistic choices or modes of expression rather than substantive ethical divergences.

From a methodological perspective, the use of thematic qualitative content analysis within an interpretive framework entails active researcher involvement in theme construction. While consistent with the study's interpretive epistemological orientation and supported by rigorous qualitative strategies, the complete exclusion of influence from disciplinary perspectives, professional experiences, and epistemological assumptions of the research team on the analytical process cannot be entirely assured.

Finally, the analysis provides a comparative portrait of codes of ethics within a specific temporal arc; therefore, it does not fully capture the dynamic processes of review, updating, and ethical reformulation that may be underway in different contexts. Some thematic gaps identified may reflect transitional phases in documents rather than consolidated structural absences.

Despite these limitations, the study provides a systematic and comparative mapping of nursing ethics within the contemporary European context, offering a structured interpretive foundation for further research aimed at examining the evolution of codes of ethics, their translation into professional practice, and their role in responding to emerging challenges in healthcare delivery.

Conclusions

This study identified substantial convergence among European nursing codes of ethics regarding core professional values, particularly respect for human dignity, non-discrimination, professional responsibility, confidentiality, interprofessional collaboration, and lifelong professional development. These findings suggest the existence of a shared ethical foundation within European nursing, despite differences in legal, cultural, and regulatory contexts.

At the same time, the study revealed considerable variability in the treatment of several emerging ethical domains. Explicit provisions concerning AI and digital health, environmental sustainability, organizational well-being, social justice and advocacy, and, to a lesser extent, palliative care and the protection of vulnerable groups, were unevenly represented across national codes. These areas constitute the principal sources of divergence within the European ethical landscape.

In light of these findings, future revisions of national and European nursing codes of ethics could consider: (a) developing clearer ethical guidance on the use of digital technologies, AI, and health data governance; (b) strengthening references to environmental sustainability and the relationship between health and ecological determinants; (c) explicitly recognizing professional well-being and healthy work environments as ethical responsibilities; and (d) further developing nurses' advocacy role in addressing health inequalities and protecting vulnerable populations.

The findings do not support the need for a uniform European code of ethics but rather suggest the value of a functional ethical convergence grounded in shared principles while respecting national specificities. In this context, the International Council of Nurses' Code of Ethics may continue to serve as a common reference framework for future developments in nursing ethics. Furthermore, a revision of the Code of Ethics and Conduct for European Nursing could provide an opportunity to incorporate those ethical dimensions that were found to be less consistently represented across national codes, thereby strengthening the relevance of European nursing ethics within contemporary healthcare systems.

Ethics Approval

Ethical approval was not required for this study as it involved the analysis of publicly available documents and did not include human participants.

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CRediT Statement

Giovanni Gioiello: Writing – original draft, Visualization, Validation, Software, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. *Baldassarre Pizzorusso*: Writing – review & editing, Software, Investigation, Formal analysis, Data curation. *Andrea Caiazzo*: Writing – review & editing, Validation. *Giuliano Anastasi*: Writing – review & editing. *Anna Arnone*: Writing – review & editing. *Marzia Lommi*: Writing – review & editing. *Dhurata Ivziku*: Writing – review & editing. *Francesco Zaghini*: Writing – review & editing. *Gianluca Conte*: Writing – review & editing, Validation. *Alessandro Stievano*: Writing – review & editing, Supervision. *Gennaro Rocco*: Writing – review & editing, Supervision. *Ippolito Notarnicola*: Writing – review & editing, Supervision, Methodology, Formal analysis. *Cesar Ivan Aviles Gonzalez*: Writing – review & editing, Supervision, Methodology, Formal analysis, Conceptualization.

Data availability

All documents analyzed in this study are publicly available national codes of ethics published by official professional nursing bodies. A list of the analyzed documents, including sources and access links, is provided in the manuscript tables. Datasets are available on reasonable request to the corresponding author.

Declaration of Competing Interest

The authors declare no conflicts of interest.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this manuscript, the authors used DeepL Pro to assist in the translation of source documents into English. All translated content was subsequently reviewed and revised by the authors, who assume full responsibility for the accuracy and integrity of the final manuscript. Grammarly Pro was subsequently used for English language editing and grammatical revision of this manuscript.

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