How often have you felt powerless in the face of ethical conflict? Learn how to manage ethically challenging situations before they escalate to complex conflicts. During this stimulating session, you’ll take part in audience polls and apply insights from focus groups on ethical dilemmas. You’ll consider strategies from speaking up to staying silent—and everything in between—as well as promising models for ethical action, including CO: Advocate and SUPPORT.

**Content Area:** Clinical Practice

**Content Level:** Intermediate

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**Full Disclosure:**
Nothing to Disclose

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**Full Disclosure:**
Nothing to Disclose

**Objectives:**
At the end of this session, participants will be able to:
1. List the risk factors, early indicators, and nursing actions for ethically difficult situations.
2. Describe the ethnographic research findings on ethical challenges and system factors that mediate action.
3. Evaluate the CO: Advocate and SUPPORT Models.

**Content Outline:**
I. Define ethical dilemmas, moral distress, and ethical conflict.
   A. Audience polling to engage nurses in thinking about what an ethical dilemma means to them
   B. Case studies for audience polling
   C. Background and motivation for conducting the research
II. Critical Incident Study that lead to
   A. Feasibility Study on Ethics Screening and Early Intervention Tool
   B. Ethnographic Research: Examines beliefs, practices, and interactions within a culture, society, or organization
III. Share very powerful nurse’s story from the ethnography research as discussion points for beliefs, risk factors, early indicators, and nursing actions.
   A. Audience polling to engage the audience members to think about their own actions
IV. Review the research results from the ethnography study, physician study, and nurse managers/CNS study.
V. Discuss the a nursing ethics models: CO:ADVOCATE and SUPPORT.
VI. Explain what nursing education for ethics should include.
   A. Review Ethics Competency Plan.
VII. Future plans

**Bibliography:**
Nursing Priorities, Actions, and Regrets in Ethical Situations 39th ONS Congress May 3, 2014

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Santa Monica UCLA Medical Center & Orthopedic Hospital, Santa Monica, CA
Carol Pavlish, PhD, RN, FAAN
UCLA School of Nursing, Los Angeles, CA

Definition

Ethical Dilemmas
- Situations that arise when two or more ethical principles or values conflict
- More than one principle applies and good reasoning can support mutually inconsistent courses of action
- Although very difficult, violating one of the principles is inevitable

Consequences of Unresolved Ethical Dilemmas / Conflicts
- Persistent moral discomfort / stress / distress.3, 20
- Crescendo effect of moral distress; moral residue.8
- Affects all HCPs, especially nurses (time / space).20,21
- Influences professional relationships, teamwork.21
- Contributes to disengagement, professional burnout.2, 4, 20
- Can lead to medical errors, harmful decisions and unnecessary patient suffering.3, 4, 6
- Accounts for substandard health care.1, 5, 6

Problem: Ethical Conflicts and Moral Distress

Concerns about: Safety, Quality, Satisfaction

Critical incident Study
(70 nurses – risk factors, early indicators)

Ethics Screening Tool
(28 ICU/oncology nurses; 2 sites)

Ethics Online Survey
(114 physicians)

Ethnographic Study
(50 oncology nurses; 12 key informants)

Exploratory Study
(on collaboration with physicians and nurses)

Clinical Trial
(‡O-ADVOCATE)

Findings: Risk Factors for Ethical Conflicts

Individual Risk Factors
- Patient vulnerability (87%) Patient near end of life (73%)
- Patient suffering (71%) Failed treatments (64%)

HCP Risk Factors
- Unethical behavior (28.6%)
- Conflict among team (22.9%)
- False hope offered (21.4%)

Family Risk Factors
- Disagreement with plan (42.9%)
- Lack of knowledge (30.6%)

System Risk Factors
- Lack of limit setting (37.1%)
- Different cultures (25.7%)
- Limited resources (14.3%)
Findings: Nurses’ Regrets

40% reported regrets (n=28)

- Unnecessary patient suffering (n = 10)
- Not doing enough (n = 9)
- Lack of policies on medical futility (n = 5)

“This case has haunted me for years as I feel I could have been a better advocate for her.”

Pavlish, Brown-Saltzman, Hersh, Shirk, & Rounkle, 2011b

Conclusions of the Critical Incident Study

- Nurses are keenly aware of pertinent risk factors and early indicators of unfolding ethical conflicts
- Many nurses reported feeling powerless in the face of ethical conflict
- If not managed effectively, ethically challenging situations can escalate into more complex conflicts that erode communication resulting in compromised care

Two Research Initiatives:

Feasibility Study on Ethics Screening and Early Intervention Tool

- Two sites – UCLA and Mayo Clinic
- Preliminary findings

Ethnographic Research

- Examines beliefs, practices, interactions within a culture, society or organization

Training and Use of Ethics Screening and Early Action Tool

- 28 critical care and oncology nurses – UCLA and Mayo Clinic
- 4 hour ethics workshop
- Utilize screening tool for 3 months
- Complete brief questionnaire including ethics situation (pt dx, situation), time needed to complete tool, and its usefulness for that particular situation
- At the conclusion of the 3 months:
  - Complete a survey
  - Attend a focus group

Ethics Screening and Early Intervention Tool

1. Identify risk factors
2. Identify early indicators (signs that dilemma, conflict is pending)
3. Assess likelihood of conflict occurring
4. Identify appropriate actions
5. Appraise risk of negative consequences occurring

Events that Prompted Screening

<table>
<thead>
<tr>
<th>Events that Prompted</th>
<th>29 responses</th>
<th>25 responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient suffering</td>
<td>9/10 (100%)</td>
<td>18/25 (72%)</td>
<td>27</td>
</tr>
<tr>
<td>Vulnerable patient</td>
<td>6 (20%)</td>
<td>18 (72%)</td>
<td>24</td>
</tr>
<tr>
<td>Family statement</td>
<td>8 (28%)</td>
<td>11 (44%)</td>
<td>29</td>
</tr>
<tr>
<td>Code status</td>
<td>7 (23.3%)</td>
<td>10 (40%)</td>
<td>17</td>
</tr>
<tr>
<td>Admission to unit</td>
<td>11 (38.9%)</td>
<td>4 (16%)</td>
<td>15</td>
</tr>
<tr>
<td>Change in pt. condition</td>
<td>8 (28%)</td>
<td>7 (28%)</td>
<td>35</td>
</tr>
<tr>
<td>Healthcare provider statement</td>
<td>10 (33.3%)</td>
<td>4 (16%)</td>
<td>14</td>
</tr>
<tr>
<td>Concern about patient autonomy</td>
<td>6 (20%)</td>
<td>5 (20%)</td>
<td>11</td>
</tr>
<tr>
<td>Patient statement</td>
<td>6 (20%)</td>
<td>1 (4%)</td>
<td>7</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 advance directive; change in staff</td>
<td>4 (2 family consent, family uncertainty, futile treatment)</td>
<td></td>
</tr>
</tbody>
</table>

^Multiple responses in each situation
Saturday, May 3

**Early Indicators**

<table>
<thead>
<tr>
<th>Early Indicators**</th>
<th>Site A N=20</th>
<th>Site B N=25</th>
<th>Totals N=45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs of patient suffering (prolonged discomfort, unrelieved pain)</td>
<td>16 (55%)</td>
<td>20 (80%)</td>
<td>35 (77%)</td>
</tr>
<tr>
<td>Signs of unrealistic expectations (unwilling belief in patient recovery, family dictating care, insisting &quot;everything possible&quot; to be done for patient)</td>
<td>17 (56%)</td>
<td>18 (72%)</td>
<td>35 (77%)</td>
</tr>
<tr>
<td>Signs of stress/moral distress (caught in the middle of different opinions, believe treatment is not helpful and causes patient suffering)</td>
<td>17 (57%)</td>
<td>13 (52%)</td>
<td>30 (67%)</td>
</tr>
<tr>
<td>Signs of conflict (disagreements, different opinions)</td>
<td>14 (47%)</td>
<td>11 (44%)</td>
<td>25 (56%)</td>
</tr>
<tr>
<td>Signs of poor communication (avoid end-of-life and other difficult discussions with family and among healthcare team)</td>
<td>7 (23%)</td>
<td>12 (48%)</td>
<td>19 (42%)</td>
</tr>
<tr>
<td>Signs of ethics violation (disrespect for patient autonomy, right to information / standard of care)</td>
<td>3 (10%)</td>
<td>3 (12%)</td>
<td>6 (11%)</td>
</tr>
</tbody>
</table>

**Risk Assessment in Patient Suffering**

- Signs of patient suffering were also prevalent in both high and medium-risk situations but rare in low-risk situations.

---

**Individual Risk Factors**

<table>
<thead>
<tr>
<th>Individual Risk Factors Total:</th>
<th>Site A</th>
<th>Site B</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient vulnerability</td>
<td>10 (50%)</td>
<td>23 (50%)</td>
<td>42 (60%)</td>
</tr>
<tr>
<td>Life-threatening illness</td>
<td>10 (50%)</td>
<td>15 (60%)</td>
<td>25 (77%)</td>
</tr>
<tr>
<td>Failed treatments</td>
<td>12 (50%)</td>
<td>16 (64%)</td>
<td>28 (80%)</td>
</tr>
<tr>
<td>Unnecessary suffering</td>
<td>10 (50%)</td>
<td>16 (64%)</td>
<td>26 (80%)</td>
</tr>
<tr>
<td>Imminently dying</td>
<td>10 (50%)</td>
<td>10 (40%)</td>
<td>20 (77%)</td>
</tr>
</tbody>
</table>

*Multiple risk factors were checked for each situation*

---

**Family Risk Factors**

<table>
<thead>
<tr>
<th>Family Risk Factors Total:</th>
<th>Site A</th>
<th>Site B</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclear or absent ethics policies</td>
<td>16 (53%)</td>
<td>17 (48%)</td>
<td>33 (60%)</td>
</tr>
<tr>
<td>Uncertainty about plan of care</td>
<td>11 (57%)</td>
<td>11 (43%)</td>
<td>22 (60%)</td>
</tr>
<tr>
<td>Disagreement with plan of care</td>
<td>7 (23%)</td>
<td>13 (53%)</td>
<td>20 (60%)</td>
</tr>
<tr>
<td>Conflict between family members about plan of care</td>
<td>9 (30%)</td>
<td>7 (12%)</td>
<td>16 (29%)</td>
</tr>
<tr>
<td>Other (no family present; family under pressure)</td>
<td>2 (7%)</td>
<td>4 (16%)</td>
<td>6 (11%)</td>
</tr>
</tbody>
</table>

*Multiple risk factors were checked for each situation*

---

**HC Provider Risk Factors**

<table>
<thead>
<tr>
<th>HC Provider Risk Factors Total:</th>
<th>Site A 26</th>
<th>Site B 29</th>
<th>Totals 55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for cohesive plan of care</td>
<td>12 (40%)</td>
<td>10 (40%)</td>
<td>22 (40%)</td>
</tr>
<tr>
<td>Conflict among healthcare team about plan of care</td>
<td>4 (13%)</td>
<td>8 (28%)</td>
<td>12 (22%)</td>
</tr>
<tr>
<td>Divergence of views regarding prognosis</td>
<td>4 (13%)</td>
<td>3 (10%)</td>
<td>11 (20%)</td>
</tr>
<tr>
<td>Standard of Care concern</td>
<td>2 (7%)</td>
<td>3 (12%)</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>Other (false hope; unsure about capacity)</td>
<td>4 (13%)</td>
<td>1 (4%)</td>
<td>5 (9%)</td>
</tr>
</tbody>
</table>

*Multiple risk factors were checked for each situation*

---

**System Risk Factors**

<table>
<thead>
<tr>
<th>System Risk Factors Total:</th>
<th>Site A 3</th>
<th>Site B 10</th>
<th>Totals 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclear or absent ethics policies</td>
<td>3 (10%)</td>
<td>8 (32%)</td>
<td>11 (39%)</td>
</tr>
<tr>
<td>Lack of clear, specific communication</td>
<td>10 (33%)</td>
<td>12 (48%)</td>
<td>22 (69%)</td>
</tr>
<tr>
<td>Other (lack of understanding health condition)</td>
<td>0 (0%)</td>
<td>1 (4%)</td>
<td>1 (4%)</td>
</tr>
</tbody>
</table>

---

**Risk Assessment in Patient Suffering**

- Signs of patient suffering were also prevalent in both high and medium-risk situations but rare in low-risk situations.
Shared Suffering

• Top three indicators of high risk for ethical conflicts in both settings pertained to:
  • patient suffering
  • provider distress
  • family’s unrealistic expectations

Silence Despite an Evidence-based Screening Tool

• Despite nurses’ comments about the empowering benefits of the screening tool, several nurses still remained silent about their concerns.

Ethics Screening and Intervention Tool: Perceived Risk in Following Up

Perceived Risk in Following Up

1. Discuss with physician:
   • “You bring up your concerns to the doctor and concerns are shoed away, like what you have to say is not necessarily important or I shouldn’t be questioning a doctor.”
   • “If the [physician] says, ‘No we aren’t going to do that right now’ I, frankly, am not going to. That is a wall, and I’m not going to try to climb it.”

2. Explore with patient, family:
   • “One thing I see as being the most risky is how much should I tell [the family], how should we talk about [what might happen], or ask what are your goals here? It feels risky.”

3. Initiate ethics consult:
   • “Ethics is kind of sometimes taboo because... you don’t want anyone to feel like you’re a whistle blower or you always have a problem with something.”

4. Contact palliative care team:
   • “[After a physician] went on this explosive tirade toward me...it just validated my concern that I can’t bring up my concerns to the physician because he is not going to consider palliative care...that’s not how this works in transplant.”

Screening Tool Acceptability and Usability

<table>
<thead>
<tr>
<th>Statement about the Tool</th>
<th>Strongly agree</th>
<th>Mean Score (1 – 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tool was user-friendly</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>2. Relevant to daily practice</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>3. Was sensitive to early identification of issues</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>4. Was easy to fit into flow of practice</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>5. Did not require a lot of extra time</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>6. Very little professional risk in completing tool</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>7. I became more effective in analyzing situations</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>8. Made me feel more part of healthcare team</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>9. Improved my communication with HCT</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>10. Overall, tool seemed to lessen ethical conflict</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>11. I experienced more distress over ethical issues</td>
<td>3.5 (all disagreed)</td>
<td></td>
</tr>
</tbody>
</table>
Do We Have Time for One More Thing?

<table>
<thead>
<tr>
<th>Time Required for Screening</th>
<th>(27 responses)</th>
<th>(23 responses)</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes or less</td>
<td>12/30 (40%)</td>
<td>5/25 (20%)</td>
<td>17</td>
</tr>
<tr>
<td>6-10 minutes</td>
<td>9 (30%)</td>
<td>13 (52%)</td>
<td>22</td>
</tr>
<tr>
<td>11-15 minutes</td>
<td>3 (10%)</td>
<td>4 (16%)</td>
<td>7</td>
</tr>
<tr>
<td>16 minutes or longer</td>
<td>3 (10%)</td>
<td>1 (4%)</td>
<td>4</td>
</tr>
</tbody>
</table>

Screening Tool: Follow-up Focus Groups

- “So I knew that there was something going on and this guy might code and we’re doing all these things to him and I already knew that this was going to end up being some sort of ethics thing, but the tool confirmed it. I think in a less obvious case where the son just wasn’t letting us do anything for pain, the problems were not quite as clear and so checking off ‘Disagreements’ Yes. ‘Patient suffering,’ Oh my God, yes. ‘Moral distress.’ Of course. ‘Unrealistic’ I mean it was like yes, yes, yes. So it [tool] really puts words to the things that are ambiguous or the things that you can’t hone in on because you’re so busy delivering care, especially to critically ill patients.”

What We Learned

- Evidence is not enough!
- Engage the whole team in utilization of the tool
- Speaking up involves a safe environment
- There is more to be done!
- The goal is to normalize the ethical conversations, to create the moral space for exploration.

Ethics Screening and Early Action Tool

Patient Risk Factors (please check all that apply) ** critical factor
- **Escalation of treatment in imminently dying
- **Lack of decisional capacity
- **Unnecessary patient suffering
- **Unrepresented patient (no decision maker appointed)
- Patient vulnerability (such as diminished capacity, non-English speaking, mental illness, lack of education, very old or very young, low socioeconomic status, homeless, no support system, drug abuse)
- Terminal or life-threatening illness
- Series of failed treatments, worsening prognosis
- Complex healthcare needs with uncertain prognosis

Family risk factors: (please check all that apply) ** critical factor
- **Adherence about aspects of care or unrealistic expectations
- **Strongly-held faith / cultural beliefs that diverge from standard of care
- **Conflict between family members about plan of care
- Uncertainty about plan of care
- Multiple family members involved in decision making
- Disagreement with plan of care or view of prognosis
- Threatening legal action

Ethics Screening and Early Action Tool

Health Care Team Risk Factors (please check all that apply) ** critical factor
- **Lack of cohesive plan of care
- Concern about standard of care
- Poor communication with patient, family or within healthcare teams
- Conflict among healthcare team about plan of care
- Divergent views about prognosis
- Poor therapeutic alliance / relationship with patient or family
**Ethics Screening and Early Action Tool**

**Early Indicators**

(Please Check All That Apply) **Critical Sign**

- **Signs of unrealistic expectations** (unwarranting belief in patient recovery, family dictating care, existing that “everything possible” can be done for patient)
- **Signs of patient suffering** (prolonged discomfort, unrelied pain or other distressing symptom)
- **Signs of providers’ moral stress / distress** (feeling constrained from doing what is believed to be right; feeling concerns are dismissed; torn between competing obligations; believing treatment is non-beneficial and causes patient suffering; feeling uncertain about what is right; feeling pressure from colleagues, patient, family; having difficulty sleeping at night)
- **Signs of conflict** (arguments, patient or family anger, family requesting treatment contrary to patient wishes, disruptive behavior from any person involved in situation)
- **Signs of ethics violation** (disrespect for patient autonomy, right to information / standard of care)
- **Signs of avoidance** (healthcare team avoiding difficult discussions such as poor prognosis, code status; patient or family denying seriousness or showing reluctance to discuss prognosis)
- **Signs of high anxiety** (patient or family)

**Ethics Risk Analysis**

1. Low risk (0-3 boxes checked; none of critical factors checked which means ethical issue is not very likely to occur)
2. Medium risk (4-6 boxes checked; none of critical factors checked which indicates an ethical issue could occur)
3. High risk (7 or more boxes checked or any critical factor checked which means ethical issue is very likely to occur or has already surfaced)

**Action**

1. Action: Discuss with colleague; reassess PRN or q 3 days
2. Action: Initiate conversation with healthcare team; consider arranging a family conference; consider conversation with ethics expert
3. Action: Initiate conversations with healthcare team; initiate plans for ongoing care; initiate conversation with healthcare team; consider arranging a family conference; consider ethics consultation

**Leading Early Ethics Action Protocol (LEAP)**

Preliminary Validation:

1. Ethics experts’ review
2. Document review (ethics consultations)

**Ethnographic Research Design**

6 Focus Groups: Oncology Nurses - 30 nurses

12 Key Informants: 5 clinical ethicists, 5 nurse leaders, 2 physicians from 11 different settings

**Findings:** Challenges, Responses, Mediators

**Challenges of Working in Ethically-Complex Situations**

1. Being the eyes and arms to patient suffering – often without a voice

   – "We were ordered to administer chemotherapy on a patient who was almost in a vegetative state on a vent. You ask yourself, ‘What good am I doing to this patient?’ because you know you weren’t doing him any good, and yet, we were required to do it. It was horrendous.”

   – “The distress was particularly high when we realized that every time we did something, she would bleed or something else would pop up.”

**Oncology Nursing Society 39th Annual Congress**

May 1–4, 2014
Challenges of Working in Ethically-Complex Situations

4. Managing the urgency caused by waiting
   – A nurse described accompanying her 6 year old, terminally ill, post-transplant patient being quickly transferred to ICU when the internist turned to the mother and said, “There’s a 3% chance that we are going to be able to keep her alive. You want us to intubate?” The mother turned to the nurse and asked, “What am I supposed to say, she’s my child.” The nurse described post-intubation conflicts between nurses and physicians and lamented delayed conversation about choices toward the end of life.

Challenges of Working in Ethically-Complex Situations

6. Weighing the risk of speaking up in hierarchal healthcare structures
   – “I am afraid if I talked to a patient about end of life choices and influenced him and then he dropped my name in front of the doctor, there would be repercussions.”
   – “You don’t want to create conflict between you and the physician. You don’t want to alter the relationships that you have with people you work with every day. For me, I just don’t want to step on anyone’s toes...but at the same time you want to intervene because this is not right, something has to be done. It’s just the fear of offending someone...and creating more problems for the patient.”
   – “It isn’t for us [nurses] to approach ethical situations, it’s outside our scope of practice.”

Nurses’ Responses to Challenges in Ethically-Complex Situations

• Speaking Sideways: “Murmurings” to one another
• “I think it [talking about non-beneficial treatment] just heightens our frustration because we’re always talking about it and we never do anything about it.”
• “We group together and talk amongst ourselves about what would be the best possible game plan, but we don’t call ethics.”
• “You’re doing all these efforts and you’re really not seeing any progress and I think that’s frustrating. I hear nurses say and I even say it myself, ‘If this person codes or we think they are going to code, I am going to walk really slowly because I don’t want to do it [chest compressions] when those issues [code status] have not been addressed [in futile situations].”

Nurses’ Responses to Challenges in Ethically-Complex Situations

• Staying Silent While Watching
   – “We thought about calling ethics but we didn’t.”

Mediators of Nurses’ Responses

• Trust in working relationships
  – Management support
  – Nurse-physician relationship
  – Ripple effect of negative encounters
• Strength of nurse-patient relationship
• Time available
• Opportunity for communication
• Self-confidence and ethics-specific education
• Degree of certainty about obligations
  – Legal obligation – informed consent – voice strong
  – Moral obligation – non-beneficial treatment – voice was more uncertain

Online Physician Survey

• 114 Physicians from UCLA Health System
  – 41.1% Professors / Clinical Instructors
  – 25.9% Residents
  – 18.6% Fellows
  – 4.5% Attendings
  – 9.8% PAs
• Years in Practice: 48.1% (0-5 years)
Frequency and Intensity of Ethical Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Frequency</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient lacking capacity (N=75)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty with prognosis (60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment decisions at end of life (59)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient or surrogate requesting/adamant about non-beneficial treatment (41)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate resources (52)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural or religious differences (45)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = number of physicians who see this frequently or occasionally

Frequency = 3-5 situations / month
Occasionally = 1-2 situations / month

Increased Risk for Ethical Conflicts

Critical Incident Study

Next Steps

CO:AVOCATE

- CO = community obligation to patients for safe, high quality, evidence and ethics-based care
- Activate ethics screening
- Deliberate responsibilities
- Voice concerns
- Open opportunities for dialogue
- Collaborate across disciplines/views
- Analyze differences
- Transform into agreeable components
- Evaluate processes and early action

Ethics Skill-Building for Nurses and physicians

Critical Incident Study with Nurse Leaders, CNS (N=102)