When caring for patients with life-altering and life-threatening disease, oncology nurses confront many challenges ranging from complex and fragmented healthcare systems, continuous research advances, multiple treatment choices, and helping patients and families adapt, all while considering the moral dimensions of care and articulating ethical concerns. Researchers have suggested that oncology nurses frequently encounter ethically difficult situations (Ferrell, 2006; Raines, 2000; Shepard, 2010), experience more moral distress than other nurses (Rice, Rady, Hamrick, Verheijde, & Pendergast, 2008), and confront ethical issues such as value conflicts with pain management, resource use, informed consent, and end-of-life decisions (Cohen & Erickson, 2006; Raines, 2000; Shepard, 2010). According to some researchers, healthcare providers (including nurses) report increasing pressure from administrators, colleagues, patients, and families to provide life-extending treatments (Chen, 2007; Hamric & Blackhall, 2007; Morris & Dracup, 2008). Too often, structural problems such as inadequate interprofessional communication and collaboration result in mounting moral distress (Ulrich, Hamric, & Grady, 2010), which lead to patient safety concerns and quality-of-care issues (Campbell & Cornett, 2002; Maiden, Georges, & Connelly, 2011). This article describes an ethnographic study that explored the experiences of oncology nurses and other key players (e.g., clinical ethicists, oncologists) in ethically difficult clinical situations. The results yielded deeper understandings about ethical challenges that nurses encounter and factors that impact their response.

Moral Complexity in Clinical Practice

Nurses in a variety of settings report using moral-ethical advocacy more than any other type (Kubsch, Sternard, Hovarter, & Matzke, 2004). However, coping with the ethical dimensions of patient-centered care in systems that emphasize science-based decision making and cost containment is challenging (Goethals,