

CJON WRITING MENTORSHIP PROGRAM PAPER

Ethical Dilemmas and Moral Distress in Oncology Nursing Practice

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Although ethical values and principles guide oncology nursing practice, nurses often are challenged to fulfill every professional core duty and responsibility in their everyday practice. Nurses commonly encounter clinical situations that have ethical conflicts, and they often have difficulty recognizing and articulating them. Unresolved conflicts can cause feelings of frustration and powerlessness, which can lead to compromises in patient care, job dissatisfaction, disagreements among those in the healthcare team, and burnout. This article reviews the ethical principles and values individual nurses bring to their practice as well as those basic to the profession of nursing. This article also discusses ethical conflicts in oncology practice and describes how nurses, especially students and novice nurses, may react to such situations with moral uncertainty or distress. In addition, a process for analyzing and resolving ethical problems in clinical situations is outlined. Increasing awareness and dialogue about ethical issues is an important first step in the process. Additional resources in the clinical setting may encourage nurses to actively participate in ethical decision making and take deliberate action as moral agents.

"I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of vital power to the patient."

—Florence Nightingale (1859, p. 6)

Nursing has come a long way since Florence Nightingale wrote those words, at a time when the nursing profession consisted of women who performed basic tasks to tend to the sick and ailing. Today's nurses have the education and responsibility to make complex decisions about the care of patients and their families as well as to implement their decisions. Although they function independently in many healthcare roles, nurses also collaborate with other members of interdisciplinary teams to reach optimal patient outcomes. In such contexts, nurses encounter ethical dilemmas when conflicting values and judgments are present regarding what is the best course of patient care. Ethical dilemmas are more common and intense in today's technologic and cost-contained healthcare settings, and nurses need skills to help resolve ethical conflicts. In addition, many nurses often are faced with other, more subtle moral conflicts, which they may not recognize, especially in everyday practice (Varcoe et al., 2004). As a result, nurses may feel tension and frustration in their clinical practice, experience professional dissatisfaction, and compromise social relationships, including their interactions with patients (Gutierrez, 2005).

At a Glance

- ◆ Nurses' reactions to specific ethical dilemmas are based on their individual values and beliefs as well as ethical principles, professional codes, and the climate of the healthcare setting.
- ◆ Students and novice nurses may experience more uncertainty and distress related to ethical issues because of their limited knowledge base, lack of confidence and influence, and discrepancies between what they learned in school and what they see in actual practice.
- ◆ Nurses must recognize when conflicting values result in ethical questions and moral distress and must actively dialogue to process and resolve the problems.

The purpose of this article is to describe ethical dilemmas in oncology practice and discuss how nurses may react to morally troubling situations with uncertainty and distress. Ethical

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principles and values pertinent to the nursing profession are discussed, examples of ethical conflicts that may arise in oncology practice are given, and outlines for approaches and resources to help nurses identify and resolve ethical conflicts in their everyday practice are reviewed. Nurses are encouraged to raise awareness and actively dialogue about ethical issues in their practice settings to decrease feelings of uncertainty and distress that may result from unresolved ethical conflicts.

Ethics in Nursing Practice

Nurses are guided in their everyday lives by their personal values and beliefs about what is right and good. Such personal beliefs define nurses' sense of morality and influence how they customarily make decisions and react to usual problems (Fletcher, Miller, & Spencer, 1997). Kohlberg's (1981) theory of moral development offers a process model that describes how individuals mature from childhood through adulthood to make moral judgments. Kohlberg asserted that the moral reasoning process follows cognitive development and that, by early adulthood, most individuals have reached the postconventional level of reasoning, which uses an abstract thinking ability and depends on universal and fundamental moral principles. At that level, individuals make decisions based on principles associated with justice, respect, dignity, and commitment, not on self-centered needs or social convention. Adults' moral reasoning may continue to change over time toward a higher, more principled level of reasoning as a result of cognitive maturity, experience, formal education, and environment (Ham, 2004).

Nurses work within their own value systems, but they also are educated and expected to adhere to the values of the nursing profession (American Nurses Association [ANA], 2001; Corley, 2002). Although morality refers to an individual's personal set of beliefs and values, the term *ethics* is used to describe the study or understanding of moral issues from a broader perspective (Fletcher et al., 1997). Ethical codes of professional practice outline principles that demonstrate the responsibility of the profession's members to society. The ANA *Code of Ethics for Nurses With Interpretive Statements* outlines the values and duties nurses are expected to follow to make ethical decisions and provide high-quality nursing care. The ANA code consists of nine provisions divided into three areas that deal with the fundamental values and commitments of nurses, the boundaries of duty and loyalty, and the duties beyond individual patient encounters. The provisions are provided in Figure 1.

The ethical principles and rules that commonly guide nursing practice and patient care include nonmaleficence, beneficence, autonomy, fidelity, veracity, and justice (Beauchamp & Childress, 2001). The principles of nonmaleficence and beneficence often are viewed together. Nonmaleficence is the obligation to do no harm, whereas beneficence addresses the moral obligation to act for the good of others. Autonomy refers to respecting the right of all people to make choices and decisions freely based on their own individual values and beliefs. Respect extends to treating all people, including patients, coworkers, and one's self, and the workplace with a sense of worth. Fidelity refers to faithfulness, particularly the duty to honor commitments made to others. Confidentiality often is considered with privacy. Information shared in an intimate relationship should not be dis-

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

Provision 6: The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Provision 9: The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Figure 1. American Nurses Association Code of Ethics for Nurses

Note. From *Code of Ethics for Nurses With Interpretive Statements* (p. 4), by the American Nurses Association, 2001, Silver Spring, MD: Author. Copyright 2001 by the American Nurses Association. Reprinted with permission.

closed to others, and every person has a right to his or her own time and space alone. Veracity involves actions and beliefs that are based on the values of truth, accuracy, and honesty. Finally, according to the principle of justice, all people should be treated fairly and available resources should be used equitably.

Ethical Dilemmas in Everyday Oncology Nursing Practice

Ethical dilemmas arise from situations that involve conflicting values or beliefs about what is the right or best course of action. In such situations, conflict may arise between two or more ethical principles, and each possible solution to the conflict may contain undesirable outcomes for one or more parties involved (Ham, 2004). In oncology settings, nurses may experience ethical conflicts in numerous contexts—between nurses, between nurses and other healthcare providers, between nurses and the organization, between nurses and their patients, and between patients and their families or significant others. Nurses may encounter conflicts with each other about

issues related to job performance or misconduct, honesty, and patient safety. Conflicts between nurses and other healthcare providers may include disagreements over informed consent, a patient's resuscitation status, futility of treatment, truth telling, and the meaning of "death with dignity." Organizational tension may occur regarding questions about inadequate staffing, competency of staff after the orientation period, support from peers and administration, and rationing of scarce resources. Conflicts between nurses and their patients may arise when nurses see patients or family members as drug seekers, noncompliant, or in denial. Nurses may become involved in disagreements between patients and their families about the best course of treatment. Other situations may arise with patients who become incapacitated or incompetent, permanently or temporarily, as a result of their cancer process or treatment complications. For example, the family of a rapidly deteriorating patient who requires emergent transfer to intensive care may be left to make important treatment decisions. When a conflict exists between family members when no legal spokesperson has been named, questions arise about who is responsible for making decisions, resulting in a "locus of authority" dilemma (Purtillo, 2005).

Oncology nurses may not see or identify many of these everyday situations as ethical issues (Hamric, 2000; Varcoe et al., 2004). How an individual nurse perceives and reacts to a patient care situation is a highly individualized process that depends on the individual's unique set of beliefs and values. What one nurse sees as an ethical conflict may not be seen as troubling by another nurse who is guided by a different set of principles and priorities. For example, a nurse who highly values nonmaleficence, or seeks to minimize harm, may feel uncomfortable when giving chemotherapy to an older adult patient when she feels that the risks outweigh the benefits. On the other hand, a nurse who is guided by the principles of respect and autonomy may not be troubled, feeling that the most important duty is to fulfill the patient's request, despite the ratio of benefit to risk.

Jameton (1984) developed a framework that helps nurses and other healthcare providers distinguish among three categories of ethical issues: moral uncertainty, moral (or ethical) dilemma, and moral distress. Although many nurses can identify obvious clinical examples of moral dilemmas, they may be less likely to recognize moral uncertainty or distress. Nurses need to understand and distinguish among the categories to determine the most appropriate course of action. Moral uncertainty may be the earliest response and occurs when nurses feel that something is not right or are uncertain about the optimal course of action. Nurses' reactions may manifest as questioning, discomfort, tension, and frustration and may not be recognized as the result of an ethical issue. In a moral dilemma, nurses identify that two opposing courses of action can be justified and are unsure about which alternative should be taken. Moral distress occurs when nurses know the right course of action but feel powerless to act on the choice because of institutional obstacles or policies, hierarchical power structures, lack of resources, lack of support, or legal limits (Hamric, 2000). Moral distress also may occur when nurses disagree with a course of action that has been chosen. They may experience initial distress when first confronting the situation, followed by reactive distress, which results from the inability to successfully address the obstacles or

resolve the conflict (Jameton, 1993). Nurses may feel depressed, angry, or frustrated by the sense that a situation is wrong or that the right decision has not been made. In extreme cases, moral distress may escalate to moral outrage. Corley (2002) stated that nurses may feel moral distress when they observe patients who are suffering or in pain, when they feel patient care is compromised by institutional policies or constraints, or when they feel that the dying process is prolonged unnecessarily. In critical care settings, moral distress commonly results from situations in which nurses feel that care is overly aggressive for patients with limited prognoses, resources are used inappropriately, and treatment issues are not addressed accurately and completely with patients and families (Gutierrez, 2005). Eventually, feelings of moral distress and outrage may affect nurses' ability to care for patients, causing feelings of negativity, discomfort, and burnout (Corley).

Student nurses and novice nurses are a group that is particularly at risk for experiencing moral uncertainty and may be especially troubled by ethical dilemmas. They are likely to experience uncertainty when they see differences between the principles they learned in school and what they perceive in the practice setting (Cantrell, Browne, & Lupinacci, 2005). As they transition to the professional nurse role, new graduates report a lack of confidence in performance and decision making, concerns about peer and preceptor relationships, struggles between dependence and independence, and a lack of experience communicating with the healthcare team, which add to their confusion and frustration in ethical dilemmas (Casey, Fink, Krugman, & Propst, 2004). Research by Kelly (1998) suggested that newly graduated nurses struggle to maintain their moral integrity by going through a six-stage psychosocial process. In the early stages, new nurses are in shock and vulnerable to sacrifice their own moral standards to meet the challenges of the work setting. They self-judge their actions, often self-criticizing and self-blaming themselves for not being the "good nurses" they think they should be. During the next two stages, new nurses use a variety of defense mechanisms to cope with moral distress that results from sacrificing their moral values in practice. Defense mechanisms include avoiding patient interactions, blaming their organizations and administrations, and leaving their positions in search of a better setting. To move on, new nurses need to reconcile the discrepancy between what kind of nurses they aspired to be and the reality of the nurses they are in practice. In the final stages, nurses eventually construct new professional identities and self-concepts as they gain experience, master skills, and build self-respect and confidence as team members.

Addressing Ethical Dilemmas

The first step in addressing ethical conflicts requires nurses to recognize when ethical values may be compromised or are in conflict. Nurses may feel a nagging sense in situations when something "just doesn't feel right" or might experience conversations using the words *could* or *should*, indicating that a specific responsibility or duty may not have been executed in an optimal way (Kelly, 1998). Nurses need to acknowledge these feelings in themselves and in their colleagues and initiate discussion about the situations, which will help to validate the

experiences and clarify responses of uncertainty or distress. Preceptors have a special responsibility to recognize when students or nurses new to the oncology setting have questions or make comments about troubling patient care situations. Their reflections may relate to moral uncertainty and should be explored with open dialogue to acknowledge their feelings and offer information and support (Casey et al., 2004; Grace & McLaughlin, 2005). Seasoned clinicians also are likely to feel discomfort and uncertainty in situations in which their experience and expertise tells them that something is not right. All nurses experiencing moral distress will benefit from the opportunity to speak with a supportive colleague and mentor (Bosek, 2005). See Table 1 for examples of comments made by nurses that reflect moral questioning.

Table 1. Examples of Comments by Nurses That Reflect Moral Questioning

COMMENT BY NOVICE NURSE	ETHICAL ISSUE
"This patient touched my heart. I felt like even though the nursing staff was doing all they could do for her, she was still suffering in the intensive care unit."	Our care is supporting the patient, but it may still be causing harm. (Ethical dilemma)
"My patient and his wife were hearing impaired. After change-of-shift report on Monday morning, my first question was, 'Where is the interpreter?' No one had initiated this contact, and this was his fifth day! To me, this was shocking!"	The nurses did not fulfill their duty to help a hearing-impaired patient. (Moral distress)
"We had him sedated on propofol. I found this very odd. I have never been on a unit where so many patients are sedated all the time."	Sedation alleviates distress but also compromises patients' dignity and rights. (Ethical dilemma)
COMMENT BY SEASONED NURSE	ETHICAL ISSUE
"The doctors choose to continue treating this patient on the floor, and I know the patient would get better care in the intensive care unit (ICU)."	The patient needs ICU resources for best care, but physicians have decided not to transfer him. (Moral distress)
"I have a problem when administration says I can safely care for six patients. Will they back me up if something goes wrong?"	A nurse feels her assignment may lead to unsafe care, but she has a commitment to the institution. (Moral distress) Will the institution fulfill its commitment to her if she makes an error? (Moral uncertainty)
"I get very frustrated when I know patients aren't going to make it, yet they want everything done. I don't think they understand what will happen. Do they know they are going to be here in the hospital, away from home and family, and likely die here?"	Did the patient receive necessary information and support to make an informed decision to continue therapy? (Moral uncertainty) The patient's choice for more therapy may lead to more suffering. (Ethical dilemma)

Nurses may recognize that a troubling situation involves moral distress or an ethical dilemma but may choose not to discuss the dilemma or take action as a moral agent for many reasons. The climate of the workplace is a critical factor in choosing whether to initiate an ethical discussion. Nurses may fear punishment, alienation, or other consequences if they question authority in a hierarchical setting. Competing loyalties to colleagues, physicians, and institutions cause nurses to feel they are in the middle and unable to choose which commitment to uphold (Hamric, 2001). Nurses also may believe they are powerless to resolve ethical conflicts. Their fear of failure, fear they will become victims, or fear that they do not have enough expertise also may hinder nurses from raising ethical questions (Kelly, 1998). Finally, nurses may not believe that they have enough time or energy to deal with the emotional toll often involved with ethical conflicts.

Hamric (1999) reported that four factors influence nurses' willingness to respond to ethical dilemmas: nurses' perceptions of their influence in the setting, level of clinical expertise, degree of ethical concern, and whether they had professional education in ethics. Seasoned nurses with more experience may feel empowered to deal with difficult nurse-to-nurse or nurse-to-physician disagreements. They may see themselves as capable patient advocates as a result of their clinical expertise and influence. Although novice nurses also may see themselves as patient advocates, they may not feel confident to take action in their advocacy role because of their limited experience and decision-making skills. Nurses who were more likely to take action in troubling situations in Hamric's (1999) research felt strongly about the ethical issues whether they were novices or experts. Finally, nurses who had formal education in ethics were more willing to look at the issues and develop alternative solutions. When these factors were present, nurses were more likely to respond as moral agents and take deliberate action in ethical dilemmas. Each of the factors described can be modified and strengthened in oncology clinical settings to create a professional climate in which nurses' ethical concerns are acknowledged and supported rather than ignored or dismissed. For example, nurses with expertise in chemotherapy administration as well as continuing education about informed consent would be more likely to act as moral agents to ensure that the correct process has been followed. They would withhold treatment for a patient who had lingering questions about a new cancer treatment protocol until they collaborated to discuss the case with appropriate colleagues. Hamric (1999) suggested that nurses and their organizations work to create environments that enhance clinical collaboration, reward nurses who are clinical experts, and offer avenues for clinical ethics education and dialogue.

Once nurses recognize moral distress or an ethical dilemma and become motivated to take action, they can undertake a six-step process described by Purtillo (2005) to analyze and resolve ethical problems in clinical situations. Ideally, nurses will not be working in isolation to resolve dilemmas but will be engaged in collaborative inquiry and dialogue with other members of the healthcare team. The familiar problem-solving process involves the steps of assessing, identifying the ethical problem, analyzing the problem, exploring the options, implementing the action, and evaluating the process outcome. In gathering information, nurses need to obtain the medical, social, psychological, and legal facts relevant to the situation. When specific patient cases

are involved, nurses need to consider patients' medical and psychological conditions as well as prognosis, goals of treatment, and capacity for understanding as well as their preferences for treatment and quality of life. Nurses need to assess the knowledge level, capacity, and choices of families as well. Finally, other contextual factors, such as cultural or religious beliefs, organizational policies, and available resources, also should be considered. At this informational step, acknowledging how much disagreement or uncertainty exists around the proposed facts also is important (Ahronheim, Moreno, & Zuckerman, 2000). Because this step requires information that provides a comprehensive view of the situation, nurses with limited clinical experience, including students and novice oncology nurses, likely will require guidance and assistance to acquire the information necessary for a complete picture.

Step two deals with identifying the ethical problem. Is the problem truly an ethical dilemma, or is the nurse responding to the situation with moral uncertainty or distress? Do other providers also have the nagging sense that something is wrong and action needs to be taken to rectify the circumstances? Asking other staff how they feel about the situation and considering other values and views are important actions to help bring the problem into focus. Does moral uncertainty exist that could be remedied with more complete information? Does the nurse feel moral distress that could be relieved by discussing the situation with colleagues and supervisors to advocate for the patient? Is the problem related to a question of locus of authority that could be answered with legal consultation? Nurses should carefully clarify the ethical principles and values that are relevant and in question. Common conflicts arise when nurses sense that a patient's rights are being compromised, basic duties are not completed, or confusion exists around the direction and goals of patient care.

Once a question is framed with an ethical background, the goal of step three is to analyze and begin solving the problem. A number of theoretical approaches may guide nurses in their analysis of situations. Some ethical theories are based on consequences, duties, individual rights, and communal or intimate relationships (Beauchamp & Childress, 2001). Nurses commonly follow either a consequence-based or duty-based approach when solving ethical problems. A utilitarian, or consequence-based, approach to problems focuses on the overall consequences of different actions, with solutions based on outcomes that would bring about the most benefit overall. Using a consequence-based view, for example, caregivers may feel that not telling patients the whole truth about their cancer diagnoses and prognoses is acceptable because they are saving patients from anxiety, grief, and hopelessness. Using a duty-based approach, actions are chosen based on the duties and rights of those involved, even though outcomes may not be optimal. Caregivers with a duty-based perspective feel obligated to always tell the whole truth to patients, even if honesty causes emotional suffering and grief. Nurses' values and beliefs will determine which approach seems most fitting to solve ethical problems, and most nurses frequently use a combination of approaches in their decision making. Nurses must recognize that, although opinions and views of all team members and the organization should be considered, the values of patients and family members usually have priority (ANA, 2001).

Nurses should generate and consider a number of alternative solutions to ethical issues. The benefits and costs of each

intervention should be deliberated until all parties agree on an acceptable course of action. Previous cases with ethical quandaries may provide guidance toward resolution, and consultation with ethicists and ethics committees may be helpful. Differentiating between the questions "What should be done?" and "What can be done?" also may be helpful. When considering all of the alternatives, however, some of the options may be restricted because of patient, family, or organizational restraints. Lack of resources and funding could make some options unavailable. For example, when hospital discharge is advised and a patient desires to go home, perhaps the family is not capable or available to provide the care that is needed. Under such circumstances, should discharge be delayed, should the patient return home to a suboptimal arrangement, or should the patient be transferred to another facility against his or her wishes? The chosen solution should be based on preferences and rights of the individuals involved and should consider the providers' needs and abilities. Initiation of the plan of action may require courage and strength, as nurses may be taking risks and subjecting themselves to the possibility of loss. Disagreements with family members, patients, and colleagues about the chosen solution may lead to second-guessing, criticism, and dissatisfaction. By focusing on the benefits of the chosen action, however, nurses can maintain their sense of moral competency and identity. Finally, follow-up evaluation is necessary to explore how the chosen solution was implemented and whether any important considerations or alternatives were missed. Noting whether individuals were satisfied with the process and the outcome and whether any continuing action needs to be taken to bring the situation to closure also is important.

Additional Resources for Resolving Ethical Dilemmas

Many hospitals have ethics committees and ethics consultation services to provide assistance to staff, patients, and families. The multidisciplinary committees can provide unique views to every situation that includes ethical questions. Senior clinicians who serve on the committees are excellent resources for new and seasoned nurses. Ethics consultation services include individuals with expertise in bioethics and clinical decision making who help facilitate communication, mediate conflicts, and alleviate distress in nurse caregivers (Clark & Taxis, 2003).

Ethics rounds and nursing ethics committees also are avenues for healthcare providers to discuss morally distressing situations and to identify strategies for coping. During ethics rounds, nurses and other members of the healthcare team have an opportunity to focus on specific cases with ethical dilemmas that cross all disciplines. Nursing ethics groups, composed only of nurses, also can be formed to develop nursing competencies and skills necessary for ethical problem solving (Andrews, 2004). In such a forum, nurses can discuss difficult cases and identify issues that may require policy changes. Such groups also can provide opportunities for nurses to learn, apply, and practice the process behind analyzing and solving ethical dilemmas. Many schools of nursing have clinical faculty who specialize in nursing ethics and who are excellent resources for consultation. Clinicians also can seek individual guidance from ethicists in their organizations or communities who are skilled and knowledgeable in ethical theory (Hamric, 2002).

Nurses are encouraged to complete formal education in ethics through electives or continuing education courses. Courses are available through schools of nursing, healthcare institutions, and professional organizations. Distance-learning classes may be offered to accommodate broad audiences (Ellenchild-Pinch & Graves, 2000). Journal clubs or brown bag lunch discussions are opportunities for staff to develop the communication and critical-thinking skills needed for ethical analysis (Turner, 2003). Educational offerings may focus on the role of nurses in supporting ethical practice, increasing awareness of the impact of ethical dilemmas in the healthcare setting, and enhancing nurses' abilities to form ethical arguments and justify decisions (Matzo, Sherman, Nelson-Marten, Rhome, & Grant, 2004).

Conclusion

Unidentified and unresolved ethical dilemmas in the clinical setting can lead to feelings of uncertainty, tension, and frustration in new and experienced oncology nurses. Today's healthcare environment, with shortages of staff and resources as well as economic constraints, can be overwhelming for nurses who try to uphold the basic duties of patient advocacy and high ethical principles. Troubling evidence suggests that nurses may sacrifice their own moral integrity to survive in current healthcare settings (Ham, 2004). In addition, nurses are likely to feel regret and continue to reflect on painful feelings related to moral distress long after its occurrence (Hamric, 2000).

Oncology nurses can make a difference to improve the ethical climate of their practice settings and strive for an environment in which feelings of moral uncertainty and distress are recognized and ethical compromises are actively discussed and resolved. Seasoned nurses can be role models for novice nurses and students and encourage them to speak about their personal and professional values and share when they are troubled by situations of conflict or compromise. All nurses should dialogue about moral distress in practice with nursing colleagues as well as with physicians, administrators, and institutional leaders. Such actions will demonstrate that oncology nurses can be active and equal partners in upholding ethical practice and seeking constructive solutions to complex ethical questions. As a result, nurses will reap more personal and professional rewards and ensure that they have acted to uphold the duties and responsibilities of the profession.

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CONTINUING EDUCATION TEST 1

Goal

The goal of this continuing education program is to further enhance the nurse's knowledge of the topic areas discussed in the articles.

Objectives

At the end of this program, the participant should be able to

1. Identify specific nursing actions affecting outcomes for patients with cancer at risk for infection.
2. Recognize the prevalence, impact, and nursing implications of sleep-wake disturbances in patients with cancer.
3. Discuss ways in which nurses respond to situations that cause ethical dilemma, ethical conflict or uncertainty, or moral distress.

Credit Hours: 1.4

Passing Score: 80%

Test ID# 06-10/6-11

Test Processing Fee: \$15

The Oncology Nursing Society is accredited as a provider of continuing education in nursing by the

- American Nurses Credentialing Center's Commission on Accreditation
- California Board of Nursing, Provider #2850.

Putting Evidence Into Practice: Prevention of Infection, p. 739

1. Which statistical trend associated with bacterial infection has been noted since the mid-1970s?
 - a. Infection rates are increasing.
 - b. Mortality rates are increasing.
 - c. Infection rates are decreasing.
 - d. Mortality rates are decreasing.
2. The use of prophylactic colony-stimulating factors is recommended most strongly for which of the following patient subgroups?
 - a. Those with a 20% or higher risk of neutropenic events
 - b. Those with solid tumors
 - c. Those with hematologic malignancies
 - d. Those older than 60 years of age
3. Which of the following statements most accurately reflects the use of prophylactic therapy in patients undergoing treatment for cancer?
 - a. Prophylactic antibiotics reduce the risk of infection and increase survival in patients with solid tumors.
 - b. Prophylactic antibiotics have limited benefit unless they are combined with prophylactic colony-stimulating factors.
 - c. Prophylactic antifungal agents are recommended for all neutropenic patients.
 - d. Prophylactic fluoroquinolones should be used in high-risk, post-

chemotherapy patients with neutropenia.

4. A patient in a clinic asks her nurse, "Do you think my husband and I should have flu shots next month because I just finished my chemotherapy treatments last week?" The best answer is
 - a. "Yes, both you and your husband should have flu shots."
 - b. "Your husband should have a flu shot, but you must wait for six months after chemotherapy."
 - c. "You shouldn't have any live vaccines for at least five years."
 - d. "Vaccinations are only recommended if you are traveling abroad."
5. Which of the following statements accurately reflects the proper use of protective isolation for patients with cancer who are immunocompromised?
 - a. Protective isolation still is practiced because research studies have been small and inconclusive.
 - b. Protective isolation has questionable efficacy, but those with infectious symptoms should not be allowed to visit.
 - c. Patients most often contaminate themselves, so no precautions are needed.
 - d. The use of protective isolation consistently has proven to reduce infection rates, fever duration, and antibiotic use.

6. Which of the following observations indicates that successful hand washing has taken place?
 - a. The caregiver uses a nail brush for five seconds on each hand.
 - b. The caregiver rinses water from the elbows to the wrists.
 - c. The caregiver rubs hands vigorously under water for 15 seconds.
 - d. The caregiver uses a betadine-based hand-wash solution.
7. Which of the following oral care products has proven most effective and cost efficient?
 - a. Oral saline
 - b. Diluted hydrogen peroxide
 - c. Chlorhexidine
 - d. Weak folic acid

Putting Evidence Into Practice: Interventions for Sleep-Wake Disturbances, p. 753

8. Which of the following statements accurately supports the need for further research related to sleep-wake disturbances?
 - a. Research into symptom clusters remains a relatively new phenomenon.
 - b. Sleep-wake disturbances occur in 20%–25% of patients with cancer.
 - c. Sleep-wake disturbances affect healing, functional activities, and quality of life.

- d. Interventions for sleep-wake disturbances currently are too uniform to promote individualized care.
9. Pharmacologic interventions for sleep-wake disturbances have been classified as
- Likely to be effective.
 - Recommended for practice.
 - Effectiveness not established.
 - Benefits balanced with harms.
10. Nonpharmacologic interventions are classified as “effectiveness not established” for which of the following reasons?
- Meta-analysis has shown inconsistent results.
 - Insufficient or inadequate data currently are available.
 - Research studies have had fewer than 500 subjects.
 - No benefit has been found for any of the interventions.
11. Which of the following results would be anticipated with cognitive behavioral therapies for sleep-wake disturbances?
- Negative thoughts and attitudes related to sleep are changed.
 - Patients are able to take more frequent catnaps.
 - Patients develop variable sleep routines.
 - Patients improve daily function despite poor sleep patterns.
12. What is the primary goal for Putting Evidence Into Practice card development?
- To encourage repetition of select research studies
 - To provide resources and evidence regarding nursing-sensitive outcomes
 - To establish standard nursing practice for common patient concerns
 - To promote comprehensive patient education
13. Which of the following results accurately reflects the current data related to exercise interventions?
- Patients who exercise three or more times per week report prolonged sleep duration.
 - Patients with cancer report similar sleep patterns regardless of exercise habits.
 - The relationship between fatigue and sleep disturbance is inversely proportional.
 - Improved sleep patterns have been associated with routine exercise.
14. Which of the following recommendations are made by the authors to improve research investigating sleep-wake disturbances?
- Limit patient populations to single disease states.
 - Expand samples to include various phases of treatment.
 - Repeat quasi-experimental design studies to verify current data.
 - Conduct more studies in the outpatient setting.
- Ethical Dilemmas and Moral Distress in Oncology Nursing Practice, p. 775**
15. Which of the following is a recognized consequence of subtle moral conflict commonly experienced in nursing practice?
- Professional dissatisfaction
 - Increased physical energy
 - Heightened self-confidence
 - Increased compassion
16. A young adult patient confides to the nurse that he does not want additional treatment despite his parents’ desire to seek aggressive therapy. The nurse experiences moral distress during physician rounds as an aggressive treatment plan is prescribed. This is an example of conflict between which ethical principles?
- Beneficence versus justice
 - Fidelity versus nonmalficence
 - Autonomy versus confidentiality
 - Veracity versus respect
17. Which of the following is an example of a dilemma involving the locus of authority?
- Conflict between two nurses who have different spiritual beliefs
 - Conflict between family members regarding healthcare decisions
 - Conflicting data related to optimal treatment for recurrent disease
 - Conflict between a nurse and patient related to medication compliance
18. Understanding and distinguishing moral problems will help nurses
- Reduce the incidence of moral distress.
 - Increase their tolerance to personal tension.
 - Decide on the best course of action.
 - Eliminate obstacles to policy change.
19. Which of the following statements indicates that a new nurse has been successful in adapting to frequent moral conflict experienced in the profession of nursing?
- “I’d like to go back to nursing school and teach the instructors about the real world of nursing.”
 - “I feel so sorry for Mr. J, but I’m glad the new pain medication has been effective.”
 - “It isn’t fair that every time we have enough nurses, someone has to float to another floor.”
 - “I don’t understand why so many good people have to die from cancer.”
20. Which of the following nurses is most likely to suggest an alternative solution to an ethical problem?
- A nurse who has taken a course in medical ethics
 - A nurse who has practiced in oncology for six months
 - A nurse who is floating to the oncology floor
 - A nurse who is in a case manager role

The continuing education form for the preceding test questions appears on the next page.

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