

## Moral Courage in Action: Case Studies

In the April 2007 issue, I discussed the importance of moral courage in resolving difficult ethical problems (Lachman, 2007a). Moral courage is the individual's capacity to overcome fear and stand up for his or her core values and ethical obligations (Lachman, 2007b). It is the willingness to address a problem that others are ignoring or sidestepping. Clinical practice offers a multitude of opportunities to speak out and advocate for patients, families, new graduates, and the preservation of quality care in your unit.

As promised, in this column four different case studies relevant to the practice of a medical-surgical nurse are analyzed. The first case study focuses on the need for moral courage in the dying patient, where the right action is supporting the patient's expressed wishes. The second case study will center on the management of a disruptive family. Case three will emphasize the ongoing ethical issues of incivility/bullying toward new nurses. The fourth and final case will spotlight the nurse's ethical responsibilities when the new nurse manager is asked to do something unethical. Each example will provide an overview of an actual case, disguised to protect the individual or organization. It will contain the basic description of the case, highlight the ethical issues, and describe the obvious need for moral courage and options for an ethical solution.

### Moral Courage with a Dying Patient

Mr. T. is an 82-year-old widower who has been a patient on your unit several times over the past 5 years. His CHF, COPD, and diabetes have taken a toll on his body. He now needs oxygen 24 hours a day and still has dyspnea and tachycardia at rest. On admission, his ejection fraction is less than 20%, EKG shows a QRS interval of greater than 0.13 seconds, and his functional class is IV on NYHA assessment. He has remained symptomatic despite maximum medical management with a vasodilator and diuretics. He tells you, "This is my last trip; I am glad I have made peace with my family and God. Nurse, I am ready to die." You ask about an advance directive and he tells you his son knows that he wants no heroics, but they just have never gotten around to filling out the form. When the son arrives, you suggest that he speak with the social worker to complete the advance directive and he agrees reluctantly. You page the physician to discuss DNR status with the son. Unfortunately, Mr. T. expe-

riences cardiac arrest before the discussion occurs and you watch helplessly as members of the Code Blue Team perform resuscitation. Mr. T. is now on a ventilator and the son has dissolved into tears with cries of, "Do not let him die!" What is the action the nurse needs to take?

It is the ethical obligation of this nurse to support the self-determination of this patient. This patient had capacity when he voiced "no heroics" and the expectation that his son, as his surrogate decision maker, would honor his expressed wishes. Mr. T. met the criteria for hospice referral prior to hospitalization, but even more so now that he has a history of cardiac arrest (National Hospice Organization, 1996). The attending physician is not discussing the facts of the case with the son and has never brought up the topic of hospice. The *Code for Ethics for Nurses* (the *Code*) (American Nurses Association [ANA], 2001, p. 9.) provides the following guidance for the nurse:

The nurse supports the patient self-determination by participating in discussions with surrogates, providing guidance and referral to other resources as necessary, and identifying and addressing problems in decision-making process.

The nurse knows the son will need help in letting go of his father and asks if he would like her to call his sister and pastor. The nurse also musters the courage to start a conversation with the physician and discovers that Mr. T. has been his patient for 20 years. Though both physician and son initially are defensive, the nurse's assertiveness and perseverance get results. Mr. T. is removed from the ventilator 24 hours later. He dies peacefully in the presence of his family and physician.

### Moral Courage with a Family Disruption

Tom has been a clinical nurse on the unit for 3 years and tonight is charge nurse for a fully occupied 30-bed unit. Even though two staff members called in sick, the supervisor was able to pull a RN and a nurse's aid from another unit. In shift report, Tom had heard again in detail about the Host family. This family has been problematic for the last week, and the staff has complained constantly about their continuous, frequent requests; rudeness; and unwillingness to leave the room when the patient in the other bed requests privacy.

The 79-year-old patient in the Host family has COPD and mild dementia, and currently is hospitalized because of diagnosis of cerebrovascular accident (CVA). The CVA has left her with partial paralysis of the left side and inability to speak. The family expects the nurses to

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do everything for the patient, even though the patient is able and willing to do a number of basic care functions.

The crisis occurs when the son comes to the nurses' station, screaming at the unit secretary about the staff's incompetence and demanding to see the nursing supervisor. The charge nurse is in the nurses' station and is able to address the hostile situation. What actions should the charge nurse take?

The ethical obligation in this situation is to maintain an environment that preserves the integrity of all concerned, including the family. Tom also is obligated to safeguard the privacy of the other patient in Mrs. Host's room. The *Code* (ANA, 2001, p. 19) provides the following guidance for the nurse:

Threats to integrity may include...verbal abuse from patients and coworkers....Nurses have a duty to remain consistent with both personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of nurse or others.

The charge nurse has the ethical and administrative obligation to preserve the integrity of all concerned. This will require courage, calmness, and skills in conflict resolution.

Too often nurses feel helpless and then quickly call security personnel, rather than recognizing that listening and mediation might be a better approach. Calling security staff, or even the house supervisor, is likely to escalate this conflict. Because this family has been "disruptive" for a week, it is important to recognize that the problem has not been resolved for either nursing staff or family members. If the charge nurse is not able to de-escalate the situation, then a patient relations representative might be useful to facilitate a family meeting. As in the situation with the dying patient, the nurse needs to look for all resources necessary to resolve the problem.

### **Moral Courage to Confront Bullying**

Melissa started on the unit as a new graduate 5 weeks ago. She is still in orientation and has a good relationship with her preceptor. The preceptor has been assigned consistently to Melissa for most of the last 4 weeks, but due to family emergency has not been available in the last week. Melissa has been told that she will be precepted by a different nurse for the remainder of her orientation. The new preceptor has not been welcoming, supportive, or focused on the educational goals of the orientation. In fact, this new preceptor has voiced to all who will listen her feelings about the incompetence of new BSN graduates.

The crisis occurs when Melissa fails to recognize a patient's confusion as a result of an adverse medication effect. The preceptor berates Melissa in the nurses' station, makes sarcastic comments in shift report about "inability of university-educated nurses to recognize the basics," and informs the nurse manager "that new graduates are a danger to patients."

Melissa tells you that she thinks she should resign and that maybe her previous preceptor was too easy on her. You know her preceptor is an excellent clinician and experienced teacher. What is your advice to Melissa?

The ethical obligation to support colleagues is outlined in a section of the *Code* (ANA, 2001, p. 9) below:

The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals....The standard of conduct precludes...any form of harassment or threatening behavior, or disregard for the effect of one's behavior on others.

Although workplace verbal abuse has many sources, it is most stressful when a co-worker is the perpetrator (Center for American Nurses, 2007). The nurse who is bullying in this situation is using the power imbalance of being a senior nurse. The victim of bullying is emotionally affected, resulting in an inability to use normal problem solving as a coping strategy. Unless something is done, Melissa's self-confidence and psychological well-being will be eroded. By discussing this abuse with you, she is less isolated, but your assistance also needs to include how to approach the perpetrator.

To support her acting courageously, the guidance to Melissa should include the following:

1. Prepare what she will say the next time she is criticized by the preceptor.
2. Include in the statement that the behavior is unacceptable and harmful: "When you criticize me in front of people, I feel degraded because your comments are not meant to help me constructively be a better nurse. I would like you to focus your feedback on how I can change behaviors to be a great nurse."
3. If the confrontation does not work, then she must go to the manager.

Role playing with her a few times also would be supportive. What is important is that the nurse speak up; otherwise the abuse will continue.

### **Moral Courage to Confront Unethical Behavior In Management**

Sarah was promoted to nurse manager because of her excellence in delivering patient care and recognized leadership ability. She was a preceptor, excellent charge nurse, outstanding patient advocate, and chair of the practice council. Sarah has been a medical-surgical nurse for over 10 years and loves the variety of patients under her care. She only recently completed her BSN degree and earned her certification in medical-surgical nursing.

When Sarah was in her position for less than 3 months, her immediate supervisor moved to another state because of his wife's promotion. This individual had been a mentor, confidant, and recognized leader in the organization. Sarah tried to make the best of the situation and follow the direction of her new supervisor. However, right from the beginning, she found this individual to be very focused on the negative. As an optimistic person, Sarah found this approach counter to her basic instincts about people.

Every time she tried to discuss this difference in approach, her director would say she was naive and that the staff was taking advantage of her good nature. The director used several of her recent project failures to justify her position. However, Sarah understood that these

disappointments had been the result of staff illness and institutional reorganization.

The crisis point was reached when the director told her to get rid of two staff members who were the most vocal in their dissatisfaction with the reorganization. These individuals are excellent clinical nurses, well-liked by staff, and each has over 12 years of seniority in the organization. Sarah knew that the director did not like these nurses for reasons unrelated to reorganization and their performance. After her third sleepless night, she comes to you to ask for guidance. What advice do you give?

Your ethical obligation is again to support the integrity of the nurse, remembering, "An integrity preserving compromise does not jeopardize the dignity or well-being of nurse or others" (ANA, 2001, p. 19). The nurse manager has a responsibility to establish, maintain, and promote conditions of employment that support professional practice and the *Code* (ANA, 2001). Nurses are placed repeatedly in circumstances of conflict arising from competing loyalties in the workplace. This is why the *Code* (ANA, 2001, p. 20) discusses the concept of *conscientious objection*.

Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether it be in direct patient care or in any other forms of nursing practice, they may express their conscientious objection to participation.

Sarah is obligated to take this issue to the appropriate person because firing people for prejudicial reasons is unethical. It will take courage for her to say "no" to her supervisor and possibly even more courage to voice her concerns to the chief nursing officer. However, she has a professional responsibility to maintain her integrity, tell the truth, and resolve issues that threaten a moral practice environment.

### Conclusion

Acting morally requires knowledge of professional ethical obligations and the courage to confront the problem assertively. In all four of these scenarios, the nurse reaches a point of choice. The challenge in our fast paced medical-surgical environment is to do the right thing, even when it takes more time and when it is frightening to speak out. ■

### References

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