Purpose/Objectives: To explore ethical conflicts in oncology practice and the nature of healthcare contexts in which ethical conflicts can be averted or mitigated.

Research Approach: Ethnography.

Setting: Medical centers and community hospitals with inpatient and outpatient oncology units in southern California and Minnesota.

Participants: 30 oncology nurses, 6 ethicists, 4 nurse administrators, and 2 oncologists.

Methodological Approach: 30 nurses participated in six focus groups that were conducted using a semi-structured interview guide. Twelve key informants were individually interviewed. Coding, sorting, and constant comparison were used to reveal themes.

Findings: Most ethical conflicts pertained to complex end of life situations. Three factors were associated with ethical conflicts: delaying or avoiding difficult conversations, feeling torn between competing obligations, and the silencing of different moral perspectives. Moral communities were characterized by respectful team relationships, timely communication, and ethics-minded leadership, readily available ethics resources, and provider awareness and willingness to use ethics resources.

Conclusions: Moral disagreements are expected to occur in complex clinical practice. However, when they progress to ethical conflicts, care becomes more complicated and often places seriously ill patients at the epicenter.

Interpretation: Practice environments as moral communities could foster comfortable dialogue about moral differences and prevent or mitigate ethical conflicts and the moral distress that frequently follows.

Key Words: ethics; qualitative nursing research; workplace issues