

# Gaining clinical wisdom from adversity: Nurse leaders' ethical conflict and resilience experiences

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**Abstract**— Developing effective nurse leaders in today's "reengineered" corporate healthcare cultures requires that more attention be given to the preparation of ethical leadership during undergraduate programs and nurses' formative years in practice. Through analyzing the experiences of three nurse leaders dealing with ethical conflicts and the meaning they made of these experiences, we identified that nurses need practical guidance to successfully negotiate ethical conflicts, take risks to uphold their ethical codes, and foster collaborative relationships. According to these nurse leaders, it was important to mentor student and novice nurses in working through workplace ethical conflicts and help guide them through the formulation of successful practical strategies. Our findings showed that these nurses developed resilience and clinical wisdom which they carried through to their leadership practice and future situations.

**Index Terms**— nurse leadership; relational ethics; clinical wisdom; resilience; narrative inquiry; reflection

## I. INTRODUCTION

Nurse leaders develop ethical knowing through positive and negative experiences of resolving ethical conflicts, which they then apply in their leadership practice. Nurse leaders play a key role in fostering positive practice environments in which nurses can successfully negotiate ethical conflicts, yet many nurses feel unsupported by their formal leaders [1]. Storch et al. [1, p. 155] argue that "[f]urther research is needed to determine how nurse leaders perceive their role with regard to ethics and how specific strategies may be developed to help them take up these responsibilities." In this research project, we examined how nurse leaders experienced and negotiated formative ethical issues, and how these experiences influenced their leadership practice. We also wanted to understand the knowledge they used to guide others in effectively dealing with ethical conflicts in healthcare workplaces that are understaffed, underfunded, and often described as "war zones." We define nurse leaders as those who have taken on clinical or educational management roles in practice settings.

## II. ETHICAL LANDSCAPE IN WHICH NURSE LEADERS WORK

Ethics permeates all aspects of healthcare, as the codes of ethics and standards of practice established by each healthcare profession demonstrate. Following the 1990s

shift from public health management in hospitals and communities to management by healthcare corporate cultures, issues such as balancing standards of care and efficiency while improving access to care have been the focus of federal governing bodies in Canada [2]. With the serious criticisms of healthcare delivery in Canada during the late 1990s and early 2000s, the Federal Department of Health First Ministers' Accord on Health Care Renewal [3] set out to define benchmarks for medical procedures and treatments. Yet, building and sustaining healthcare for the future has not only been dependent on clinical expertise and efficiency but on the human dignity inherent in each client-caregiver encounter. Current social issues— including end-of-life support, assisted suicides for persons with terminal illnesses, humane mental health, dementia care approaches and dignity amid diversity of cultures in an age of internationalization— challenge healthcare leaders to effectively and sensitively manage the complex ethical practices that support human worth during care encounters. The Academy of Canadian Executive Nurses [4] asserts the need to shift from the current traditional hierarchical healthcare structures to those that support cultural and relational ethics as well as client care ethics. Following from Cathcart et al. [5, p. 441], who argue that we have limited understanding of how nurse leaders develop "skilled practical knowledge" and how they use this acquired knowledge in particular situations, we add that there is limited understanding of how nurse leaders develop skilled ethical knowledge or how they use this acquired knowledge in particular situations.

Leadership in nursing entails knowledge of human health, health regulatory systems and economics as well as commitment toward shaping larger public policy outcomes through collaboration with practice and policy stakeholders. Ethical leadership is necessary to ensure that the values of individuals, teams and organizations are respected, and considered in relation to professional values that support human dignity and flourishing [6]. Ethical nurse leaders take account of an overall situation by considering the implications for clients, families, staff, and the organization. At times, they take a stand against practices that compromise quality of client care and staff welfare, and act in ways that reassure clients and others of their trustworthiness. Nurse leaders have both a duty to demand organizational and human support in the allocations necessary for ethical nursing care, and a shared responsibility with nurses, employers, governments,

regulatory bodies/professional associations, educational institutions, unions, and the public) to develop and support quality professional practice environments [7].

### III. RESILIENCE AND CLINICAL WISDOM

The Canadian College of Health Leaders [8, p. 2] describes resiliency as the “ability to successfully change, adapt, overcome, and cope with unexpected setbacks.” Edward and Hercelinskyj [9] examined how nurses develop resilience in the face of workplace stress. Characteristics that foster a resilient attitude, according to their findings, include optimism, intelligence, and humour. Most importantly, they state that adopting reflective practice is key in developing resilience. Hornett [10, p. 763] adds that resilience is the ability to “learn from mistakes” and “bounce back” while keeping a sense of humour and a belief in one’s colleagues. This author alerts us that “[w]e can’t teach people to be resilient, it’s experience that makes it so.”

Two UK National Health Services surveys [11] concluded that emotional resilience is replenished by self-directed work on maintaining a balance, sense of purpose and mental wellbeing (p. 15). Thus, making meaning of challenging events through reflection allows nurses to transcend the stress associated with ethical conflicts [9]. This reflection allows nurses to reframe the situation and shift from a victim stance to a proactive approach. Thus, reframing can empower individuals and foster effective ethical leadership skills [12].

Engaging in “forms of deliberation which combine knowledge, reflection and life experience with social, emotional and ethical capabilities” [13, p. 233] to inform policy and practice can lead to “clinical wisdom.” Edmonston and Pearce [13] characterized clinical wisdom as including an ethic of care, clinical reasoning skills (discernment), tolerance for ambiguity during conflicts, and an ability to rebound (resilience) from predicaments. Practitioners can learn to develop such wisdom, they state, through reflective practice and feedback. McKie et al. [14] agree, arguing that traditional rational and evidence-based methods produce data that may not provide the contextual depth and breadth needed to deal with the complex challenges of today’s moral healthcare conflicts. Narrow methods, in Duchscher’s [15] view, teach student nurses to value hierarchy and control rather than ethics and autonomy. Clinical wisdom is a deep and challenging knowledge base to develop, yet for Crigger and Godfrey [16], it needs to be the focus of professionalism and ethics in nursing. Their framework posits clinical wisdom as moving practice toward knowledgeable personal and social outcomes. Clinical wisdom relates closely to ethical leadership practice [6] and to learning clinical leadership contextually [17]. This research project fostered participants’ resilience, engaging them in a narrative, reflective process that supported the development of clinical wisdom.

### IV. RESEARCH APPROACH: NARRATIVE INQUIRY

“The study of narrative... is the study of the ways humans experience the world” [18, p. 2]. Narrative is a “form of discourse in which the events and happenings are configured into a temporal whole” [19, p.137], capturing context-rich and situated understanding. Accessing nurses’ formative practice stories can provide insights into practitioners’ clinical learning [20]. These nurse leaders’ narratives reveal how they made meaning of and learned from their experiences. Woods [21, p. 5] argued that nurses share their stories with others to personally relate what it means to face a significant ethical conflict from a combined personal and nursing perspective, and that these “realistic ethical narratives are a major pathway towards the development of better practices.” Narrative inquiry provided study participants with the opportunity to reflect on and make meaning of the ethical conflicts they experienced in the workplace.

#### A. Study sample and data collection

We elicited three nurse leaders’ stories via individual semi-structured narrative interviews, either face-to-face or by telephone. Each author conducted one interview with a participant recruited from a different practice setting (clinical, community and education). Two participants were English speaking and held senior leadership positions. The third participant was French speaking, bilingual, and new to her leadership position. All participants were women.

We asked each participant about formative experiences with ethical conflicts, what she learned from them, and how she applied this learning to her leadership practice. We asked about the context of these conflicts, situating individual stories within participants’ workplace experiences, culture, and historical contexts. Interviews were about one hour in length, audio recorded and transcribed verbatim with personal identifying information removed. Transcripts were returned to participants to verify accuracy.

#### B. Interview questions

- Could you describe one or more ethical conflicts you experienced in your nursing practice that have influenced your practice as a nurse leader?
- What happened and how did you navigate the situation?
- What were the outcomes or resolutions of the situation?
- How did the experience affect you? What did you learn?
- How did that experience impact your leadership?

#### C. Data Analysis

Clandinin and Connelly [22] described narrative analysis as a process of transforming field texts (captured in interview transcripts) into interim texts (interim analyses), and ultimately into research texts (documents ready for

dissemination). We examined the field texts for “the patterns, narrative threads, tensions and themes within or across an individual’s experience and in the social setting” [22, p. 132]. In the first stage, as data were collected, we conducted an initial analysis for preliminary identification of themes and structures. In the second, once all of the interviews were completed, we analyzed all of the themes identified across the data. This narrative study told the story of individual nurse leaders’ experiences unfolding in a chronology of their personal, social, and historical contexts, and included the important themes and key direction-altering turning points within what Clandinin and Connolly refer to as those “stories lived and told” [22, p. 20].

## V. FINDINGS

Each nurse leader related her story using an unsolicited metaphor or phrase that captured a key theme of the story. The metaphor or theme encapsulated the overall experience of growth in resolving the ethical conflicts and changing practice in particular ways. In the following sections, each metaphor or key theme is described in the context of the participant’s story: “*stepping away from the norm*” to do the right thing for the client, “*you have to have hope*” to keep striving for even small victories and combatting burn-out, and relying on a supportive team to help you come to see things “*through clients’ eyes*.” We came to see these as “*coming of age*” stories since each participant recounted a difficult yet transformational experience through wrestling with an ethical conflict that resulted in the development of clinical wisdom and the courage to take a stand and do the right thing.

In the following sections, we briefly describe the story of each participant— Marilyn, Charlotte, and Sydney (pseudonyms)— to demonstrate the significance of the ethical conflict, use of resources in processing the conflict, and ways these experiences informed their practices.

### *Clinical Nurse Leader Marilyn: “Stepping Away from the Norm”*

Marilyn observed that “stories of ethical challenges in nursing are the ones that stick out in my mind over the years” and she readily related a story to illustrate. In her first position as a nurse, Marilyn received a doctor’s order to give morphine to a client facing the end of his life. Her more experienced nurse colleagues believed that the dose was too high and would essentially kill the client; therefore, they refused to administer the morphine. Marilyn’s ethical conflict was whether to follow the doctor’s order, knowing it would hasten the client’s death, or to adopt her colleagues’ stance of refusing to give the medication.

In resolving the issue, Marilyn reflected on her strong value of advocating for client’s wishes. Thus, she discussed her client’s options with him. He knew that the suffering would worsen and that he would die soon, so he informed Marilyn of his wish to end the suffering. Marilyn chose to honour his wish to have a peaceful death even if she risked the disapproval of her colleagues, a difficult step to take

without support. In Marilyn’s words, “I wished there had been somebody, anybody, there to assist me. I was on my own...it was incredibly hard...I learned to have the courage to stand on own two feet...to have the courage to step away from the norm ... [and this] made me the nurse and leader I am today.” This troubling experience haunted Marilyn as she wondered if she had done the right thing. However, after pursuing studies and a specialization in palliative care, she realized that she had made the right choice.

In her role as a leader, Marilyn coaches nurses, especially about their role in caring for dying clients. She tries to find ways to identify and support nurses who are unable to “cope with the stress of death and the dying client” and to “give them options to step away.” Marilyn has an open door policy for staff to discuss their concerns. Through her experience, she believed she developed resilience and now describes herself as “a more compassionate person with staff and clients.”

### *Non-Profit Agency Nurse Leader Charlotte: “You Have to Have Hope”*

As a manager of a community-based not-for-profit agency providing supports to seniors, Charlotte’s ethical conflicts were rooted in her dual role of providing the care her clients need, and managing the provision of services according to the limited resources available. She described the intense ethical distress she felt when her agency was unable to provide the support needed by elderly spouses caring for a husband or wife with dementia: “It’s tragic! We’re trying to provide resources when the agency has limited resources. I feel terrible, sick about it! I lie awake thinking of ways to help them cope... You need to find a balance between helping clients and keeping the agency afloat financially, and, as the leader, you need to develop strategies to create efficient processes.”

Charlotte noted repeatedly that negotiating such conflicts could eventually lead to burnout with its negative repercussions extending beyond her, the client, and client’s family. She also recognized the potential negative impact on the morale of the agency. However, her strong values made Charlotte determined to find ways to serve her clients, despite the emotional toll. She observed that “you have to have hope that you can find ways to help. You have to keep advocating for resources, to network to identify resources for alternative options.”

Charlotte found learning from these ethical conflicts powerful and life-changing. As a leader, she realized her need to seek support from trusted colleagues with expertise. “Mentoring was important to me my whole life...It’s affirming.” At the same time, she needed to learn to care for self in such stressful and demanding situations which involved recognizing her own, the organization’s, and the staff’s limitations when the conflict seemed all-consuming. This required having faith in herself and colleagues at a time when such confidence was tested to its limits. She noted that “two things are important – balance and support.” To Charlotte, each success, whether large or small, affirmed her

own and her colleagues' leadership and ethical decision making; each built trust in her use of evidence, ethical practice, and gut intuition.

*Nurse Educator Leader Sydney: "Seeing Through Their Eyes"*

Sydney, who had recently taken on a leadership role, related a story about when she was newly graduated and employed within a complex acute care unit in a large city hospital. She was assigned to a teenaged client with Leukemia who needed blood transfusions, and a bone marrow transplant but refused these life-saving treatments due to religious beliefs. Sydney acknowledged that, although nursing and medical staff were required to respect the client's and family's beliefs, they struggled with the issue. Charged with saving lives, they now needed to let a child die, knowing that treatment could save her life. Sydney particularly struggled because the client was only a few years younger than she was, and it was difficult to let someone so close to her age die. "I had no previous experience and struggled with the ethics of decisions made."

Sydney noted that her "tight working supportive team helped me process the difficult ethical tensions that emerged and troubled me." With their support, she learned to work through the ethical conflicts by seeing things "through the eyes of clients and families." She upheld listening and supporting as key to caring for the client's wishes when they were in conflict with her own and the team's wishes. "I listen to their stories... acknowledge their voices and experiences." This ethical conflict later led her to a specialization in cancer care where she learned that ethical issues were "very, very complex" and not easily resolved or managed.

Now, as a nurse leader, Sydney applied the lessons learned from that earlier situation, mentoring new graduates and students by role modelling effective and sensitive ethical decision-making and interventions. She observed that nurses in ethically difficult situations need support to help them in "coping with the ethical stress." After all, "nurses are supposed to be caring in society .... and I believe that I need to practice what I preach." Sydney further described herself as "passionate about quality care and positive about learning ...[and] encourage[ing] nurses to follow my lead." Although she had not been prepared by her program or orientation to the unit to deal with a crucial life-threatening ethical conflict so early in her career, she perceived that this early experience made her reflect on her personal ethics code and to work with "what was in front of me" as a nurse. In this process, she believed she came to understand herself better. In her words, "Respect and ethics go hand in hand."

## VI. DISCUSSION

Though these three nurse leaders practiced in different Canadian healthcare settings, each of their stories demonstrated a great deal of reflection and meaning making, which provided deep learning and influenced their

current leadership practice. Evident in all the narratives of the ethical conflicts were references to workplace cultures, personal values, and leadership preparation.

*Workplace Cultures and Collegiality*

Both Marilyn and Charlotte identified workplace environments that did not support discussing the ethical issue or did not provide necessary resources. As a result, both nurse leaders felt stressed and exhausted from their struggles to create a positive care environment, lost sleep, or contemplated leaving their jobs. In contrast, in Sydney's story, the supportive culture from her team members made an important difference in her ability to process the conflict in a healthy way that she was able to use throughout her career afterward. Workplaces that are constructive, collegial and demonstrate competent leadership styles influence how a nurse works through ethically stressful experiences. In creating a climate of collegiality, safety and trust in the team, one can build trust in self to deal with an ethical conflict. Thus, nurses are strengthened in their abilities to work through more complex issues when they arise and have a stronger sense of confidence. Peer consultation during ethical conflicts help to guide a nurse's meaning making process, and foster hope, humanness and a vision of ethical change for the future.

*Ethical Conflicts and Personal Values*

Each of the nurses interviewed spoke about the importance of their personal values that came into conflict during the ethical issues they faced. While Marilyn and Charlotte both felt heartsick over these crises, they worked through the conflicts holding fast to their values, principles of care, and ethical decision making. Sydney felt the conflict in terms of following a young client's wish to adhere to religious beliefs, which would lead to her death, when a medical intervention could have saved the client's life. Sydney grew through this challenge by working with an experienced team who helped her feel confident in herself and her ability to respect the client's belief system rather than imposing her own. Respect for self and others came through in all the nurses' narratives as a values system that guided ethical decision making. In all cases, the nurses' value of advocating for their clients and families influenced their ways of examining the conflict and working it through for all concerned, i.e., a "both-and" approach versus an "either-or" one [23, 24]. Each nurse noted that making good ethical decisions that honoured and trusted the client's life story also helped them honour and trust their own ethics, a reflective and reflexive process.

*Leadership Preparation for Dealing with Ethical Conflicts in Health Care*

Each nurse leader's experiences of ethical conflicts influenced her leadership. For example, in exercising a choice to pursue what she thought was the right ethical action in face of her colleagues' disagreement, Marilyn became a nurse leader who worked to support other nurses

in caring ethically for dying clients. Charlotte lost sleep over the limitations of her agency in supporting elderly clients with dementia. She faced burnout working to find new ways to help her clients and continuing to advocate for her clients within the system. In this way she took a proactive stance toward changing the system from within to improve client care. Over time, she felt that these initiatives tested her courage but that she had slowly developed confidence with each small success. In addition, she persisted in pursuing the issues slowly and consistently with governing bodies to gain support over time. In that way, she is mentoring other leaders as well. For Sydney, the interdisciplinary team demonstrated support from the beginning. They showed an open-door policy in terms of being available for discussions and working through emotional issues. Sydney subsequently integrated this form of ethical processing into her clinical teaching and course design for her students. In all cases, keeping the ethical conversation going was a significant tool in moving the conflict toward resolution and bringing others on side with the issues. This is, indeed, an interesting implicit issue in all these stories – one of establishing an ethic of relation in respecting all those involved in the conflict and their beliefs, even when they do not understand or agree with the nurse leader's view on an action. In maintaining a sense of respect for the parties involved, over time, it was possible for those dealing with the ethical conflicts to come together for the clients' best interests, resolve the tensions within themselves, and develop resilience for future challenges.

## VII. CONCLUSIONS

A growing body of international research suggests that ethical nursing leadership practices create a positive environment for nursing staff to enhance their potential [25]-[27]. However, the moral component of such nursing leadership has not been fully explored in the literature, which focuses primarily on personal distress, moral dilemmas and critical incidents experienced by front-line direct care nurses [28]. It is important to understand how nurse leaders develop skilled leadership practice, particularly in relation to ethical issues, within the competing demands of complex healthcare relationships. Clearly, nurse leaders engage in relational work and intervene to effect positive client outcomes while supporting the efficiency and professional development of nursing staff, other healthcare team members, and the organization [29]. These nurse leaders experience similar workplace contexts as do the front line direct-care nurses [30], and yet, little is known about the experiences and needs of nurse leaders in developing skilled leadership practice within the context of complex healthcare relationships [5].

The voices of nurse leaders are not prominent in professional literature, and so their experiences and the meanings they draw from these experiences remain largely unknown. To address this gap in knowledge of the ethical underpinnings of nursing leadership, we need to elicit and critically examine the narratives of nurse leaders in

relationship with the people they serve, each other, and interdisciplinary team members. Our narrative inquiry employed a relational approach that can empower nurse leaders to share their stories of experience—stories that teach ways to navigate through ethical conflicts and professional distress toward the development of personal resilience and clinical wisdom.

In this study, we have shown how narrative inquiry into the formative ethical conflicts of nurse leaders revealed not only the issues they faced, but also the supports they needed to help them reflect on, and make meaning of the ethical conflicts. The study reveals growing internal resilience as they gained knowledge of themselves as ethical leaders and how they applied that knowing to the benefit of their staff, their clients and their organizations. Nurse leaders' narratives of ethical decision making in contexts of uncertainty and limitations are poignant examples of courage and resilience. Such stories can provide powerful exemplars for other nurses in practice and for student nurses prior to engaging in active practice. More study into the experience of nurse leaders will extend our understanding of how they make meaning of their experiences, grow as leaders, and provide leadership and ethical mentoring to their nursing staff.

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