

Health Care Quality and Ethics

Implications for Practice and Leadership

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KEYWORDS

• Ethics principles • Virtue ethics • Care ethics • Patient care • Ethical climate

KEY POINTS

- This article proposes that ethics is the framework that supports quality and that nurses are central in this interdependence.
- Nurses have been involved with defining and assessing quality since long before the current emphasis on quality improvement and proliferation of quality/safety initiatives.
- The principles of autonomy, beneficence, nonmaleficence, and justice form the foundation of Western health care ethics, practice, and research.

INTRODUCTION

This article proposes that ethics is the framework that supports quality and that nurses are central in this interdependence. As Nelson and colleagues^{1(p40)} maintain, “Quality care is built on ethical standards and ethical practices foster quality care.” The requisites of quality care described by the Institute of Medicine (IOM) (patient-centered, safe, effective, timely, efficient, and equitable) embody ethical principles¹ and elements of both virtue and care ethics. To practice ethically and deliver quality care, nurses must work in a moral, caring environment that also reflects the same principles and qualities.

A brief history of the nursing profession’s concern with quality and ethics is presented. A discussion of ethical principles, virtue ethics, and the ethics of care is provided, with examples of how they are manifested in the IOM quality aims. In addition, implications of the principles and virtue/care approaches for practice and leadership and their impact on quality care are suggested. An example is presented of ongoing collaboration between staff nurses and leadership to improve quality care through development of a nursing ethics council and unit-based ethics steward program.

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NURSING, QUALITY CARE, AND ETHICS: A BRIEF HISTORY

Nurses have been involved with defining and assessing quality since long before the current emphasis on quality improvement and proliferation of quality/safety initiatives. Florence Nightingale was responsible for perhaps the most remarkable hospital quality improvement ever undertaken and, as evident in her careful documentation, of both the processes and outcomes of care. Nightingale analyzed mortality data among British troops in 1855 at Scutari Hospital in what is now Istanbul and accomplished significant reductions in mortality through organizational and hygienic practices. She is also credited for creating in 1859 the world's first performance measures of hospitals. In 1974, Lang² proposed a quality assurance model that remains in use today. Based on societal and professional values as well as the most current scientific knowledge, Lang's work predates the IOM's definition of quality by almost 2 decades.

The quality mandate is also evident in standard 7 of *Nursing: The Scope and Standards of Practice*,³ which states: "The registered nurse systematically enhances the quality and effectiveness of nursing practice." To accomplish this goal, the American Nurses' Association (ANA) has developed the National Database of Nursing Quality Indicators, which collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States. The ANA has also established an online learning community for information on quality initiatives, the Nursing Quality Network.⁴ In conjunction with the IOM, the Quality and Safety Education for Nurses⁵ project endeavors to provide nurses with the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the health care systems in which they work.

Nurses also have an extensive history of identifying and responding to ethical issues in health care and taking seriously their moral responsibilities as health care practitioners. From the earliest nursing ethics text, *Hospital Sisters and their Duties* by Eva Luckes in 1886,⁶ through the first ANA Code for Professional Nurses issued in 1926,⁷ to development of the journal *Nursing Ethics* in 1994⁸ and tenth revision of the *Code of Ethics for Nurses* in 2001,⁹ nurses have continually sought to articulate their role as patient/family advocates and provide care based on ethical principles. Professional nursing organizations such as the Association of Perioperative Registered Nurses and the American Association of Critical Care Nurses (AACN) have published explications of the provisions of the code specifically for their respective members.^{10,11} Both organizations, among others, have issued position statements and related documents on ethics and issues affecting quality care, including perioperative care of patients with do-not-resuscitate or allow-natural-death orders, patient safety, moral distress, and bullying/lateral violence.^{12,13}

The essential, interdependent relationship between ethics and quality initiatives designed to measure, evaluate, and improve practice is contained in provision 3 of the *Codes of Ethics*, among others, and states: "The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient."^{9(p21)}

ETHICAL PRINCIPLES, VIRTUE AND CARE ETHICS, AND QUALITY

The principles of autonomy, beneficence, nonmaleficence, and justice form the foundation of Western health care ethics, practice, and research. These principles also "prescribe and justify nursing actions and form the basis for rules of behavior addressing patient-related issues such as informed consent, confidentiality, and veracity."¹⁴ They also have implications for practice and leadership in regards to intra-professional and interprofessional teamwork and developing an ethical climate in the perioperative area.

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