



Ethically Competent Radiology Nurses



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A B S T R A C T

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Radiology nursing is becoming more ethically challenging in today's rapidly changing health care environment. This article illustrates the practical guidance the 2015 Code of Ethics for Nurses offers to address everyday ethical challenges in radiology nursing. The article defines ethics and moral agency, highlights key elements of the revised code of ethics, and uses scenarios to analyze common ethical challenges for radiology nurses, including pediatric scenarios. The article concludes with resources every nurse can access to address everyday challenges and a brief discussion of moral distress and resilience.

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Introduction

Short staffing, patient acuity, myriad ever more complex procedures, leadership's focus on the Hospital Consumer Assessment of Healthcare Providers and Systems scores and finances, all make ethical practice all the more challenging for today's radiology nurses. Our work is not getting easier and neither is ethical practice. Would that one only need a good heart to be ethical? Moral agency, the ability to be trusted to be who the public needs us to be in our professional roles, is a prized capacity and requires the same sort of intentional development that expert practice requires. In January 2015, the American Nurses Association (ANA, 2015) released the newly revised *Code of Ethics for Nurses*. With its practical language and focus on contemporary ethical challenges, the code offers real guidance for all nurses. In this article, the author defines ethics and moral agency, highlights key elements of the revised code of ethics, and uses scenarios to analyze common ethical challenges for radiology nurses. The article concludes with resources every nurse can access.

Ethics and moral agency

Ethics can be defined simply as the study of who we ought to be in light of our identity. One of the roles of a profession is to clarify the identity of its members. The ANA (2015) issued an important statement about the ethical commitments of professional nurses.

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All practicing nurses, including radiology nurses, are advised to read this document, which is available at www.nursingworld.org.

Moral agency is the capacity to habitually act in an ethical manner. It is what allows the public to trust members of a profession to be who the public needs them to be. It entails a certain set of competencies in matters ethical as well as moral character and motivation. Essential elements of moral agency include moral sensibility and responsiveness, moral reasoning and discernment, moral accountability, moral character, valuing, and motivation, and transformative moral leadership.

Key elements of the revised Code of Ethics for Nurses

The *Code of Ethics for Nurses* provides a succinct statement of the ethical values, obligations, and duties of every individual who enters the nursing profession, serves as the profession's nonnegotiable ethical standard, and expresses nursing's own understanding of its commitment to society. Provisions 1 to 3 reiterate the fundamental values and commitments of the nurse, Provisions 4 to 6 identify the boundaries of duty and loyalty, and Provisions 7 to 9 describe the duties of the nurse that extend beyond individual patient encounters.

To illustrate the relevance of the code to everyday ethical challenges experienced by radiology nurses, I am pairing select provisions of the code with practice scenarios that may require moral courage on the part of the radiology nurses who value acting ethically.

- Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

- It is not uncommon on your unit to hear nurses, physicians, and others make derogatory remarks about patients and/or their families. Many times patients or families are referred to as difficult. Although some of these comments are humorous, and some simple venting about individuals who make life difficult for staff, they can at best create an unpleasant work environment and at their worst be deeply harmful to vulnerable patients.
- Provision 1.4: The right to self-determination
 - ... Patients have the moral and legal rights to be given accurate, complete, and understandable information in a manner that facilitates an informed decision and to be assisted with weighing the benefits, burdens, and available options in their treatment, including the option of no treatment. They also have the right to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or prejudice, and to be given necessary support throughout the decision making and treatment process.
 - A 93-year-old deaf and blind woman with severe Alzheimer's disease from a nursing home is referred for a drainage catheter. There is a signed consent on the chart from a family member with medical power of attorney. A personal care attendant from the nursing home accompanies the patient to radiology. You wonder about how the decision was made to execute this procedure. Moreover, you have grave concerns about sedating such a fragile patient with multiple other medical problems. Do you have any responsibility to advocate for a review of these orders? The nurse considers if the hospital's ethics committee should be alerted regarding this case but is hesitant to bring up this issue fearing pushback from providers and management.
 - A 62-year-old male is scheduled for a biliary tube change for patency concerns. He is very aware that his disease will be progressive, and how the illness has impacted his family. When the procedure is being done, it quickly becomes evident that his malignancy has advanced rapidly. The nurse wonders if she should suggest first to the radiologist or second suggest to the patient and his family to consider hospice care versus repeat tube changes that pose a significant risk to the patient given the new information on his medical condition.
- Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
 - You are discharging an 88-year-old male who requires discharge instructions about daily tube care, measuring outputs, and others. You do not think that either he or his wife are grasping the care for which they will be responsible. When you report this to your manager, you are reminded that the department is really busy today and you need to move to your next assignment. You feel responsible; what if a negative outcome happens as a result of lack of follow-through?
 - Your charge nurse does not think it necessary to use capnography for all patients who receive moderate sedation and/or analgesia during procedures in the imaging environment. You actually read the Association for Radiologic and Imaging Nursing position statement on capnography and believe this practice needs to be adopted—but it would not happen easily. The Association for Radiologic & Imaging Nursing endorses the routine use of capnography for all patients who receive moderate sedation and/or analgesia during procedures in the imaging environment. This technology provides the critical information necessary to detect respiratory depression, hypoventilation, and apnea, thus allowing the timely initiation of appropriate interventions to rescue the individual patient (Association for Radiologic & Imaging Nursing, 2016). You constantly ponder how to go about making a change without creating large waves.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe and quality health care.
 - Because of a sudden increase in procedures linked to another radiology practice coming on board, many nurses are working overtime, some scheduled time off has been cancelled, fatigue is the new normal, and everyone laughs when someone mentions work-life balance. Unit morale is suffering. Several of the more experienced nurses have left for other jobs, and no one seems to have time to orient the new registered nurses who are starting. Not surprisingly, there is an increase in errors related to nurses not picking up on deficiencies in the preintervention checklist.
- Provision 5.4: Preservation of integrity. When nurses are placed in circumstances that exceed moral standards in any nursing practice setting, they must express to the appropriate authority their conscientious objection to participating in these situations.
 - Over a 6-month period, three patients who underwent interventional procedures with the same practitioner experienced significant unexpected complications. When you voice concern that the patients are not being told what happened, your concerns are dismissed as overreacting. You no longer feel comfortable working with this practitioner. Now you are assigned to another case with the same practitioner. The nurse wants to request another assignment; the nurse considers resigning, as the personal stress is too much.

Ethically challenging pediatric scenarios

Scenario 1

Fifteen-year-old twins with sickle cell disease, Jane and Sharon, arrive in the department to have a port placed. Everyone is ready for the procedure when Jane refuses and starts kicking and screaming. Unfortunately, no one knows these young women or has a trusting relationship established. The radiologist quickly becomes impatient and urges everyone to get started. "Let's go. Maybe a little sedation will help."

An ethically competent nurse would literally halt efforts to place the port until more could be learned about Jane and the reasons for her refusal. The port placement is an elective procedure, and Jane will not suffer clinical consequences if it is not placed immediately. Although Jane is not legally an adult, at 15 she has the right to command our respect, and if we violate this, it may engender worse behaviors in the future. Although a sedative might yield a quick solution and is tempting from an efficiency perspective, there could be long-term worse consequences, including assault charges.

In this case, efforts should be made, perhaps through a social worker or child life specialist who knows Jane, to elicit her trust

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