

# NURSING CODE OF ETHICS: PROVISIONS AND CrossMark

## INTERPRETATIVE STATEMENTS FOR EMERGENCY NURSES

### Introduction

Integral to any discipline is its ethical foundation for practice. The American Nurses Association (ANA) describes the Nursing Code of Ethics as the non-negotiable ethical standard of the nursing profession,<sup>1</sup> serving as an expression of nursing's commitment to society. The code consists of 9 provisions with interpretative statements (herein italicized under each provision). Each interpretative statement is followed by an explication of its relationship to emergency nursing's ethical values and professional obligations. The "Nursing Code of Ethics: Provisions and Interpretative Statements for Emergency Nurses" functions to supplement the Emergency Nursing Scope and Standards of Practice<sup>2</sup> and serves as a pledge to enumerate and codify those moral precepts that guide emergency nurses' provision of care to patients, families, and communities, supporting nursing colleagues in the process. The American Nurses Association has officially recognized emergency nursing as a specialty with their approval and acknowledgment of the Emergency Nursing Scope and Standards of Practice. (The 9 provisions are reproduced with the permission of the American Nurses Association.)

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

*1.1 Respect for Human Dignity.* All persons have a right to health care as a foundational basis for productive and meaningful lives. The emergency nurse provides care to any and each patient with professionalism, compassion, and respect.

*1.2 Relationships With Patients.* The emergency nurse provides equitable care free of bias and prejudice. Relationships with all patients are based on trust that integrates respect for their personal spiritual beliefs, socioeconomic status, personal autonomy, and their personal narratives of family, health-affecting behaviors, well-being, and quality of life.

*1.3 The Nature of Health.* All human beings have dignity; its value is intrinsic and cannot be taken away or

lost. The emergency nurse provides respectful care to all patients regardless of the person's, culture, values, and choices. She or he makes no value judgment when cultural practice and values potentially affect a patient's health but rather takes care to explain the risks, provides alternate solutions such as social workers and health educators, and attempts brief intervention: for example, in the case of an impaired driver who presents with motor vehicle crash injuries or a patient with cardiac disease who continues to smoke.

*1.4 The Right to Self-Determination.* Patients have a right to make their own health care-related decisions. Known verbal wishes, written instructions, and advance directives are manifestations of patients' autonomy. In emergency situations, consent is assumed. Patients have the right to expect compliance with do-not-resuscitate instructions after being informed of the potential for a satisfactory outcome if emergency care is administered.<sup>3</sup> Conversely, a patient has the right to request extensive emergency care, despite perceptions of the health care team that the effort might not be beneficial. When prognosis is poor, and resuscitation status is unknown, the emergency nurse has a duty to initiate open conversation with patients and their health care proxies to identify the patients' wishes. The emergency nurse, in collaboration with the health care team (to include the palliative care and ethics team), honors and advocates for the patient's final decision.

*1.5 Relationships With Colleagues and Others.* The emergency nurse demonstrates professionalism, respect, and dignity with all persons including peers, students, patients, visitors, and colleagues. Bullying behaviors and workplace violence toward emergency nurses are widely recognized and have been shown to be deleterious to the nurse's ability to be productive in providing safe practice and safe care.<sup>4</sup> The emergency nurse is responsible for her or his reactions; ethical behaviors and moral comportment are essential. When witnessing a negative behavior, the emergency nurse has an obligation to speak up and intervene appropriately.

#### **Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.**

*2.1 Primacy of the Patient's Interests.* A foundational tenet of emergency nursing professional practice and an ethical duty dating back to Florence Nightingale is the

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nurse's primary commitment to the patient. The emergency nurse has a duty to provide education, information and compassion to help empower patients to make informed health care decisions. The emergency nurse advocates for unaware or uncomprehending patients to help ensure that they will receive the care that honors their wishes.

**2.2 Conflict of Interest for Nurses.** The emergency nurse honors the patient's wishes even when those wishes conflict with her or his own personal beliefs. If duty to patient presents a conflict with legal duty to employer or physician order, the emergency nurse speaks up, initiates discussion, and searches for a mutually agreed-upon outcome that continues to honor the patient's wishes. When law or policy conflicts with ethics, the remedy may be to advocate for, assist in, or collaborate on the development or revision of policy.

**2.3 Collaboration.** Collaboration is essential for inter-professional teamwork. It "requires mutual trust, recognition, respect, transparency, shared decision making and open communication."<sup>1</sup> The emergency nurse engages in dialogues with colleagues, hospital leaders, and—if needed and available—with an ethics committee for guidance and assistance in delivery of care.

**2.4 Professional Boundaries.** A professional boundary is one that supports a therapeutic connection between the patient and emergency nurse.<sup>5</sup> At the heart of emergency nursing practice is the ability to rapidly establish a trusting relationship with the patient. This shared and complex connection permits special and intimate access into a patient's life. Professional boundaries may be crossed by omission or commission.<sup>5</sup> Violations of professional boundaries occur when the emergency nurse abandons professional judgment within the context of health care for personal need: that is, takes on the role of a parent, spouse, or friend instead of the appropriate role of a professional care provider.

**Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.**

**3.1 Protection of the Rights of Privacy and Confidentiality.** The patient's right to privacy and confidentiality of personal and health information is well established by federal law. Privacy can be defined as "the right of the individual to be let alone to make decisions about how personal information is shared," whereas confidentiality implies "an obligation of professionals with access to patient records or communication to hold that information in confidence."<sup>6</sup> Emergency care environments are at high risk for inadvertent violation of these rights: for example, discussing clinical information about one patient while in earshot of other patients or visitors, radio communications that can be heard through-

out the department, tracking boards in public view, or overheard telephone conversations while giving a report to unit staff. Privacy and confidentiality can be a particularly sensitive issue when caring for public figures; patients with behavioral health emergencies; children under age 18 seeking care for sexually transmitted infections, drug/alcohol treatment, or emergency contraception; victims of violence; potential perpetrators; and persons in custody. The emergency nurse is knowledgeable regarding policies, procedures, and laws in her or his jurisdiction that address these issues.

**3.2 Protection of Human Participants in Research.** Protection of human subjects involved in research is a fundamental ethical tenet of research. All research conducted in the emergency care setting requires approval by the institutional review board (IRB); informed consent is a key element. It is required that the research subject understands the purpose of the research and any associated risks and benefits. In critical situations—such as cardiac or respiratory arrest, coma, or overdose, when the patient is cognitively unable to give consent to participate in a research study—there is a process for proceeding without informed consent before implementing the intervention. The emergency nurse is knowledgeable regarding the requirements for conducting research and intervenes if the subject does not appear to understand that to which he or she is consenting. Overall, the emergency nurse supports relevant emergency care research.

**3.3 Performance Standards and Review Mechanisms.** The emergency nurse takes personal responsibility and accepts accountability for acquiring and maintaining knowledge on a path of lifelong learning. She or he participates in processes to validate skills and competencies and provides care in accordance with current standards and evidence-based practice guidelines. Thus, it is essential that the emergency nurse be provided with an organized competency-based orientation of sufficient length, with resources and support to practice safely. The emergency nurse addresses and seeks resolution for issues where no standards or clinical practice guidelines exist or in instances requiring re-evaluation.

**3.4 Professional Responsibility in Promoting a Culture of Safety.** The emergency nurse promotes a safe and therapeutic patient care environment. This encompasses the provision of a safe setting as well as safe practice. Strategies include being involved to identify and resolve unsafe environmental or system issues, incorrect patient and procedure identification, untimely and inaccurate documentation, interruptions and noise distraction (particularly during preparation of medication), and identifying and mitigating high-risk situations such as potential for violence, patient falls, similar medication names or packaging. Effective teamwork and communication are keys to safe

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