 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

The nurse’s primary commitment is to the recipients of nursing and healthcare services—the patient—whether individuals, families, groups, communities, or populations. Any plan of care must reflect the fundamental commitment of nursing to the uniqueness, worth and dignity of the patient. Nurses provide patients with opportunities to participate in planning and implementing care and support that is acceptable to the patient. Addressing patient interests requires recognition of the patient’s place within the family and other relationships. When the patient’s wishes are in conflict with others, nurses help to resolve the conflict. Where conflict persists, the nurse’s commitment remains to the identified patient.

2.2 Conflict of Interest for Nurses

Nurses may experience conflict arising from competing loyalties in the workplace, including conflicting expectations from patients, families, physicians, colleagues, healthcare organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values and the values and interests of others including those who are also responsible for patient care and healthcare decisions, and perhaps patients themselves. Nurses address these conflicts in ways
that ensure patient safety and promote the patient’s best interests while preserving the professional integrity of the nurse and supporting interdisciplinary collaboration.

Conflicts of interest may arise in any domain of nursing activity including clinical practice, administration, education, consultation and research. Nurses in all roles must identify and, whenever possible, avoid conflicts of interest. Nurses who bill directly for services and nurse executives with budgetary responsibilities must be especially aware of the potential for conflicts of interest. Changes in healthcare financing and delivery systems may create conflict between economic self-interest and professional integrity. Bonuses, sanctions, and incentives tied to financial targets may present such conflict. Any perceived or actual conflict of interest should be disclosed to all relevant parties and, if indicated, nurses should withdraw from further participation.

2.3 Collaboration

In health care the goal is to address the health of the patient and the public. The complexity of healthcare requires effort that has the strong support and active participation of all health professions. Nurses should actively foster collaborative planning to provide high quality, patient-specific health care. Nurses are responsible for articulating, representing and preserving the unique contribution of nursing to patient care and the nursing scope of practice. The relationship with other health professions also needs to be clearly articulated, represented and preserved.
Collaboration intrinsically requires mutual trust, recognition, respect, transparency, shared decision-making, and open communication among all who share concern and responsibility for health outcomes. Nurses assure that all relevant persons, as moral agents, are participatory in patient care decisions. Patients do not always know what questions to ask. Nurses assure informed decision-making by assisting patients to secure the information that they need to make choices consistent with their own values.

Collaboration within nursing is fundamental to address the health of patients and the public effectively. Nurses who are engaged in non-clinical roles, such as educator, administrator, consultant, or researcher, though not primarily involved in direct patient care, collaborate for the provision of high quality care through the influence and direction of those who provide direct care. In this sense, nurses in all roles are interdependent and share a responsibility for outcomes in nursing care and for maintaining nursing’s primary commitment to the patient.

2.4 Professional Boundaries

The nature of nursing work is inherently personal. Within their professional role, nurses recognize and maintain appropriate personal relationship boundaries. Nurse–patient relationships and collegial relationships have as their foundation the protection, promotion, and restoration of health and the alleviation of suffering. Professional relationships are therapeutic in nature yet at times remaining within professional boundaries can be tested. The intimate nature of nursing care, the
involvement of nurses in important and sometimes highly stressful life events, the mutual dependence of colleagues working in close concert, all may contribute to the risk of boundary violations. This is compounded by the need for nurses to maintain authenticity in expressing themselves as individuals. In all communications and actions nurses are responsible for maintaining professional boundaries and for seeking the assistance of peers or supervisors in managing difficult situations or taking appropriate steps to remove themselves from the situation.