

Code of Ethics for Nurses with Interpretive Statements, 2001

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Objectives: By completing this independent study module, the nurse will be able to:

1. Discuss the relationship between Codes of Ethics and Professional Identity
2. Describe a brief history of the Code of Ethics for Nurses, the revision process and reasons for the current changes
3. List the nine provisions of the 2001 Code of Ethics for Nurses.
4. Identify the key interpretive statements.
5. Explain the significance of the Code in guiding and empowering nurses in their practice and workplace (e.g., clinical practice, education, research, administration).
6. Relate the 2001 Code of Ethics for Nurses to their own nursing practice within and without the community of nursing and to the practice of nursing within their workplace.

Abstract: As nurses face challenges with their roles as health care providers in the face of ever-changing health care system in the U.S., their need for guidance regarding ethical decision-making has increased. Although nursing has a long history of an “ethic of care,” embodied in prior Codes of Ethics, the context in which nurses practice, educate, research and lead has changed and expanded. Some historical concepts, such as patient advocacy, have been expanded and new concepts, such as duty to self, have been added. In addition, nurses fill broader roles than those historically performed at the bedside. For this reason, nurses may need guidance with ethical decision-making as they perform as administrators, researchers, and policy makers.

The primary purpose of this independent study module is to familiarize the nurse with the nine major provisions of the Code with the accompanying interpretive statements. It will educate nurses as to what this ethical code is and how it affects their own nursing practice, within and without the nursing community, and facilitate the nurse's ability to use the Code as a guide. In addition, the module will provide the nurse with a brief history of the development of the Code of Ethics.

Text Outline:

1. Introduction

- 1.1 Codes of Ethics and Professional Identity
- 1.2. Empowered caring, autonomy professional self-definition

2. History of the Code of Ethics for Nurses

- 2.1. Chronology from the Florence Nightingale Pledge 1893 to the Code of Ethics with Interpretive Statements, 2001.
 - 2.3. Rationale for Changes in the new Code of Ethics for Nurses
 - 2.3.1. Changing health care environment
 - 2.3.2. Re-conceptualization of the patient
- 2.4 Expanded roles for nurses (direct care, education, research, administration, policy makers)

3. Preface to the Code

- 3.1 Overall need for a Code of Ethics
- 3.2. A central and necessary mark of a profession
- 3.3. A social contract with the public
- 3.4 Conflict confronting nurses
- 3.5 Different nursing roles.

4. Discussion of the nine provisions, or planks of the Code

4.1. Provisions 1-3: Fundamental Values of the Professional Nurse

Discussion of the first three provisions specifically, and as a unit, and how these compare and contrast with 1985 Code.

4.2. Provisions 4-6: Duty and Loyalty

Discussion of the second three provisions, specifically, and as a unit, and how these compare and contrast with 1985 Code.

4.3. Provisions 7-9: Expanded Duties Beyond Direct Patient Care

Discussion of the last three provision, specifically, and as a unit, and how these compare and contrast with 1985 Code.

5. Conclusion

Introduction

What makes a code of ethics an important document for nurses? Generally, a code of ethics functions as a tool and necessary mark of a profession and professional self-definition (Davis, 2008). Professionals also engage in self-regulation. Nursing is no different. A code of ethics is one such structure that displays nursing's scope and responsibilities as a profession (ANA, 2003). As nursing continues to strengthen its model of professionalism, the relationship between that model and a code of ethics must be seriously considered. The mere existence of a code provides a positive argument that a group self-identifies as "professional," not just as occupational. Professionals recognize that they must embrace specific responsibilities and obligations to those they serve to legitimately call themselves professionals. A code, then, functions as a reminder of these duties to both the practitioner and the public (Nursing's Social Policy Statement, ANA, 2003). As Alexandra and Woodruff write, "...membership in a profession...entails duties, but also rights...of a distinctive kind"(Alexandra, 1990, p. 227). A code of ethics outlines these distinctive duties and rights. The importance of a code of ethics for nurses is also emphasized in nursing's social policy statement and is considered a measurement criteria in nursing's scope and standards of practice, requiring nurses to use the Code of Ethics for Nurses with Interpretive Statements, 2001, to guide practice (ANA, 2004).

Ultimately, a code serves as the written word, or the public document, declaring how professionals think of themselves, individually and collectively, and the serious responsibilities they have embraced. Indeed, the written word can "have a striking influence on our attitudes, understandings, and sometimes our behavior." (Fitzpatrick, 1990, p. 1) Without a codification of duties and behaviors, the risk of losing professional clarity is high, especially for health care providers who practice in the midst of an ethically challenging environment. The written word provides that clarity and the moral power that flows from it.

The Code of Ethics for Nurses with Interpretive Statements, 2001, herein referred to as the Code of Ethics, also reflects nurses expanded professional roles as administrators, care coordinators, educators, quality assurance managers, and researchers, as well as providers of direct patient care. All nurses in today's health care environment are faced with multiple ethical challenges, which are related either directly or indirectly to fiscal constraints, pay for performance initiatives, managed care payment plans, staffing shortages and complex medical conditions that affect not just individuals, but whole communities.

In the current health care delivery system, and as a result of the expanded responsibilities of nurses, the relationship between nurses and patients has been challenged more than ever. Nurses face "ethical issues and stresses in intra-professional and inter-professional relationships not envisioned in years past" (Walleck, 1989, p. 366). The Code is available to help nurses navigate this new moral paradigm in an era "when hospitals have become marketplaces..." (Curtin, 2000, p. 56) The nursing profession is challenged to remain vigilant in its advocacy for patient and family centered care through leadership, political action, and collective unity.

The Code articulates nursing's commitment to provide high quality care to patients and communities, supporting each other in the process, so that all nurses can fulfill their ethical and professional obligations, as well as meet their own professional career goals. The Code of Ethics for Nurses, 2001 exists as concrete evidence of nursing's thoughtful and considered ethical commitments. Although nurses are still deeply committed to caring, they can no longer "care" at the expense of being disempowered in relationships and systems. The Code of Ethics contributes to what Rankin refers to as "empowered caring" (Rankin, 2000, p. 194).

History of Codes of Ethics for Nurses

The first official nursing code of ethics was adopted by the American Nurses Association (ANA) in 1950. However, an early nursing organization, the Nurses' Associated Alumnae of the United States and Canada (which became the American Nurses Association in the early 1900s), met as early as 1896 to discuss the adoption of a code of ethics for nurses (Fowler, 2008). In 1926 a "Suggested Code" was discussed but not adopted by ANA. Fourteen years later, in 1940, a "Tentative Code" was published by ANA. After seeking counsel and input the

“Tentative Code” was adopted by ANA as “The Code for Professional Nurses” in 1950. It was 10 years before a substantive revision of the 1950 Code was proposed, but would not be adopted until 1968. This was followed by a revised version in 1976, then 1985. The Code of Ethics for Nurses with Interpretive Statements, 2001, is the first revision of the Code of Ethics since that time (Fowler, 2008).

Despite the long history of deliberation and the drafting of versions of a code and the actual adoption of codes of ethics, nursing’s moral past and present is always represented in each version. In spite of what may seem a weakness, having revisions of the code of ethics is in reality the Code’s strength. Fowler writes that The Code for Nurses “reflects both constancy and change—constancy in the identification of the ethical virtues, values, ideals, and norms of the profession, and change in relation to both the interpretation of those virtues, values, ideals and norms, and the growth of the profession itself” (Fowler, 2008, p. xviii). The ANA code, when first developed, was used as a model by nursing organizations worldwide (Davis, 2008).

The Preface to the Code

Nursing has strong ethical responsibilities. The Code, 2001, exists to assist nurses in identifying those ethical responsibilities and engaging in serious ethical reflection. Such assistance and engagement are crucial in an era when health care is undergoing fundamental changes in delivery systems and personnel. Now more than ever, nurses can benefit by reflecting on the fundamental assumptions about people that nurses bring to practice. Identifying assumptions about patients, colleagues and the public at large can be discussed, while exploring the similarities and differences among fellow professionals (Taylor, 2008).

A code of ethics makes explicit the primary goals, values and obligations of the profession. Traditionally, health care ethics have relied on the principles of respect for autonomy, beneficence, nonmaleficence, and justice. The Code of Ethics addresses these principles and the responsibility derived from them and relies on humanist, feminist, and social ethics as well as the cultivation of virtues. The Code of Ethics guides nurses when they recognize that many of the decisions they make have an ethical component and may involve conflicts among ethical responsibilities. These conflicts may involve the clash between two ethical duties such as duty to respect autonomy and duty to benefit the patient. The conflicts, though, may be between professional ethical positions and religious ones. The conflicts may also be between duties to self and duties to the patient. In addition, there may be conflicts between rights versus benefits. "Many situations faced by the nurse pose the problem of the rights of the patient conflicting with benefits to the patient; that is, one course seems to protect the patient's right while another course would produce more good for the patient" (Fry & Veatch, 2000, p. 32).

As stated in the Preface, the "values and obligations expressed in this Code apply to all nurses in all roles and settings" (ANA, 2001, p. 6). The definition of nursing practice includes all nurses, including those involved in direct patient care, nursing administration, education, and research. Simultaneously, the definition of patient encompasses those who are acutely ill, those undergoing rehabilitation and individuals who want to enhance their health.

Understanding 'roles' is important in this revised Code since sometime the resolution of an ethical dilemma is based on understanding the different obligations that arise from nurses' various roles. "If we can achieve clarity about the role or roles involved, and about our movement from one role to another, we will achieve more clarity about our ethical obligations as well. The existence of role ambiguity and conflict does not negate the importance of roles in determining ethical obligations" (Lebazq, 1985 p. 58). Clearly, different nurse roles will affect nurses' particular ethical dilemmas and ultimate decision-making.

The Code of Ethics for Nurses with Interpretive Statements, 2001, also reflects nurses' expanded professional roles as administrators, care coordinators, educators, quality assurance managers, and researchers, as well as providers of direct patient care. All nurses in today's health care environment are faced with multiple ethical challenges, which are related either directly or indirectly to fiscal constraints, pay for performance initiatives, managed care payment plans, staffing shortages and complex medical conditions that affect not just individuals, but whole communities.

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Provisions 1-3: Fundamental Values of the Professional Nurse

Provision 1: The Nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

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

Provision 3: Then nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

The fundamentals of nursing ethics, the fundamental values and responsibilities nurses assume, are expressed in the first three provisions of the Code of Ethics. When nurses need help expressing their primary commitment, that is, what serves as the core of their professional activity, they can find that core commitment outlined in the first three provisions of the Code. These values include nurses' respect for human dignity, nurses' primary commitment to the patient, and nurses' protection of patient privacy.

What does respect for human dignity mean in health care and how is it demonstrated? The concept of human dignity is based on the principle of respect for persons, and is derived from philosopher Immanuel Kant's rationalist theory, as well the Judeo-Christian texts, that people should treat others in the same manner in which they desire to be treated: that persons should be treated as ends in themselves, not as means to an end. This ethic translates into respect for all persons. "The concept of respect is a dynamic concept that not only requires the person to make a conscious decision to act in a respectful manner but also requires the development of a pattern of behavior that can be applied to a variety of persons in similar situations" (Bosek, 2008, p. 105).

Respecting all persons means the nurse respects other and honors their dignity in every encounter. This includes patients as well as interactions with colleagues, other professionals, and in fact, in encounters with everyone. For the bedside nurse, this can be expressed in small gestures such as closing curtains for privacy, and in large gestures, such as assuring patient autonomy through the establishment of conditions necessary to provide truly informed consent.

The concept of informed consent is fundamental to the ethical delivery of health care and springs from respect for persons and the support of patient autonomy. The nurse's responsibility is paramount in ensuring that patients are fully informed and understand their options. "Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients to self-determination" (ANA, 2001, p. 8). The nurse does this by assessing the patient's comprehension of the treatment options presented and the implications of each. If the nurse feels that the patient's comprehension is questionable, the nurse enlists the use of a surrogate. In the absence of a surrogate, the nurse does his or her best to ensure that decisions are made in the best interest of the patient, considering "the patient's personal values to the extent that they are known" (ANA, 2001, p. 9).

What if the patient's idea of self-determination includes relying on others for medical decision-making? Is it the nurse's ethical responsibility to enforce individual expressions of autonomy? Should the nurse intervene to enforce his or her concept of autonomy? The Code of Ethics recognizes that professional nurses encounter an increasingly pluralistic and diverse culture and that individualism can

be culturally defined. Some patients may choose to defer to the values of others, such as family or community, as they make decisions. The Code of Ethics supports this, stating, that "support of autonomy in the broadest sense also includes recognition that people of some cultures place less weight on individualism and choose to defer to family or community values in decision making" (ANA, 2001, p. 9).

There may be times when the nurse is confronted with situations in which the support of autonomy and individual rights may bring severe harm to others, for example, a public health crisis. While supporting patient autonomy is paramount, the Code of Ethics considers limiting such autonomy appropriate, but reminds the nurse that the "limitation of individual rights must always be considered a serious deviation from the usual standard of care" and is justified only as a last resort (ANA, 2001, p. 9).

With regard to end-of-life care, the Code of Ethics reiterates the obligation to respect all persons and their autonomy. The Code of Ethics reminds nurses that they are "leaders and vigilant advocates for the delivery of dignified and humane care" (ANA, 2001, p. 9). The prohibition, however, still exists that nurses may never act with the direct intent of ending a patient's life. They may act only to alleviate suffering, albeit with the knowledge that some palliative care may hasten death. Because of the moral distress this kind of nursing care can provoke, nurses are encouraged to learn more about end-of-life care and contribute to the expansion of end-of-life care practices through research, education, practice, and policy development.

Provision 2 emphasizes the patient (whether person, family, group, or community) as the primary recipient of the nurse's commitment of caring. This emphasis is an acknowledgement of nursing's history, whereby nursing in the late 1800s and even after the Civil War, was practiced in family homes or military hospitals. The model of work was more private duty nursing and the nurse was employed by a family, sometimes in conjunction with physician's request for a particular nurse. It is easy to see that, conceivably, there could be four entities making claims on a nurse's ethical loyalty: patient, the registry, physicians, and oneself (Davis, 2008).

The Code of Ethics reflects the changes in health care financing and delivery systems that interfere with the delivery of humane respectful care and pose new possibilities of "conflict between economic self-interest (bonuses, sanctions, and financial incentives) and professional integrity" (ANA, 2001, p. 10). These conflicts are not restricted to clinical practice, but may occur in administration, education or research and be interpersonal or intra-personal in nature. Nurses in all roles are reminded to be aware of such conflicts of interest that may thwart the kind of respectful care nurses have historically given. If not addressed, conflicts may lead to 'ethical drift' described by Kleinman (2006) as an "incremental deviation from ethical practice that goes unnoticed by individuals who justify the

deviations as acceptable and who believe themselves to be maintaining their ethical boundaries” (Kleinman, 2006, p. 73). It is ethically incumbent upon the nurse in the hospital and in other workplace settings to be sensitive to the potential effects of financial cutbacks and conflicts which may put a patient at risk of sub-standard care. Frequent use of the Code of Ethics for guidance can help all nurses avoid ethical drift.

Privacy, confidentiality, and safety are the issues central to Provision 3. Privacy and confidentiality derive directly from Provision 1 since autonomy informs privacy and confidentiality (Twomey, 2008). The Code of Ethics recognizes this dynamic as more health care professionals and others make an assortment of claims to information about a patient's health state. Nurses must be especially aware of changes in their institution's charting and record-keeping mechanisms and alert the appropriate individuals when privacy and confidentiality safeguards appear to be threatened.

Given these new complexities, how do nurses keep the patient as their primary commitment when so many take care of the patient? They do this by recognizing that nursing is accomplished "through the interdependence of nurses in differing roles and working to make sure that all relevant parties are involved and have a voice in decision-making about patient care issues. (ANA, 2001, p. 11). Nurses are not isolated professionals. Creating a health care delivery system responsive to patients' and society's needs will not be achieved by one nurse alone. The Code of Ethics provides strength to nurses as it reminds them of their membership in the larger professional nursing community.

Research funding is available to test new drugs and therapies. The nurse has a responsibility to ensure patients will be protected if they choose to be part of such a research project. Special concerns are raised when research involves vulnerable populations or individuals, "including children, prisoners, students, the elderly and the poor" (ANA, 2001, p. 13). The Code of Ethics allows for the nurse to be a conscientious objector with regard to research if he or she questions the ethics of a particular research project. Nurses "have the duty to question and, if necessary, to report and to refuse to participate in research they deem morally objectionable" (ANA, 2001, p. 13). Research nurses must be ever vigilant as universities are experiencing intense pressure to generate the revenue tied to clinical trials.

What may be especially challenging for the bedside nurse is the Code's mandate that nurses be involved in review mechanisms. Nurses are crucial in planning, establishing, implementing, and evaluating review mechanisms that will ensure patient care and safety. This includes being part of peer review committees, credentialing, quality assurance procedures and hospital ethics committees. This ability to evaluate not only systems, but fellow colleagues, may prove uncomfortable for nurses, requiring nurse administrators to provide educational opportunities to assist nurses in these responsibilities.

Specifically, nurse administrators must ensure that all nurses have access to hospital ethics committees and that ethics committees have nurse representation. Multiple ethical obligations to the patient, colleagues, the organization, the profession and ones self may sometimes compete or be in conflict. Focusing on the probable consequences of a moral act that promises to resolve a conflict or taking action to resolve moral conflicts often takes moral courage.

In 1999, the Institute of Medicine reported large numbers of patients are harmed by medical errors (IOM, 1999). Nurses have key roles in the safe and accurate administration of medications. The Code of Ethics explicitly states the expectation that nurses are expected "to follow institutional guidelines in reporting errors committed or observed to the appropriate supervisory personnel and for assuring responsible disclosure of errors to patients" (ANA, 2001, p. 14). However, acknowledging the importance of systems theory, the Code of Ethics states that nurses are not expected to participate in "punitive responses to errors that exist only to fix blame rather than correct systems conditions that lead to errors" (ANA, 2001, p. 14).

What about incompetence or negligence? The nurse "must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy" (ANA, 2001, p. 14). The Code of Ethics makes an interesting distinction between questionable practice and impaired practice, acknowledging the difference between such things as a self-medicating nurse under a great deal of stress, a colleague who is overtly incompetent due to drug abuse, or a clinically incompetent practitioner.

According to the Code of Ethics, "the nurse's duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function" (ANA, 2001, p. 15). This is a form of patient advocacy and in some cases may result in whistleblowing. The Code exhorts professional associations to assist and support nurses who may have to take a "whistleblower" course of action, recognizing that nurses often become whistleblowers at their own professional peril.

When the rights of the patient collide with what is best for the patient, nurses may endure considerable moral distress. For example, consider the dilemma of a nurse working on a psychiatric unit specializing in the treatment of teenage patients with anorexia nervosa. The treatment program includes withdrawing rewards from the patients if their weight goes down. The nurse, however, believes, in principle, that people have the right, under most situations, to achieve a weight that they want. (Fry & Veatch, 2000, p. 32) However, in this instance, the patient's desired weight is detrimental to her health. Or consider a situation where nurses struggle to balance respect for a patient's desire to ambulate at will on the unit and the risk that

this patient will hurt himself (as he has already done) if he climbs out of bed without the assistance of nursing personnel. (Fry & Veatch, 2000, p. 18)

Provisions 4-6: Duty and Loyalty

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

Provision 6: The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provisions 4-6 in the revised Code of Ethics reinforce and extend Provisions 1-3 as they take the fundamental responsibilities of nurses and move directly into the more practical ethical applications of respect for persons. This set of provisions provides for the ethical application of respect for persons to include not only patients, but begins to address the issue of self-respect as well. Lastly, this section describes moral virtues and values and how these aspects of ethical conduct find their expression in nurses' efforts to create work environments conducive to the carrying out of ethical responsibilities.

Despite the repeated emphasis on collaboration seen throughout the Code, Provision 4 reminds nurses that each nurse is individually accountable and responsible for his or her own practice. What is the difference between accountability and responsibility? Accountability "means to be answerable to oneself and others for one's own actions" (ANA, 2001, p. 16). Nurses are accountable "for judgments made and actions taken in the course of nursing practice, irrespective of health care organizations policies or providers' directives," which may not always be in the best interest of the patient (ANA, 2001, p. 16). According to Badzek (2009) "Accountability for nursing judgment and action means that nurses act under a code of ethical conduct that is grounded in moral principles of fidelity, and respect for dignity, worth and self-determination of patients" (Badzek, 2009, p. 45). When policies of the hospital or actions by physicians are not in the patient's best interest, nurses may have to take a personal risk to advocate for the patient.

Responsibility "refers to the specific accountability or liability associated with the performance of duties of a particular role" (ANA, 2001, p. 16). Notable here is that nurses' accountability does not require organizational policy. If organizational policies require less than what nurses require of themselves, clearly, the nurse

relies on nursing values and practice standards to strive for a higher accountability. Accountability, the Code of Ethics describes, is grounded in fidelity and respect for the patient. In this section of the Code of Ethics, the important, but so far implied, concept of nurses' moral autonomy emerges.

Recognizing the complexity of nursing today, accountability and responsibility become increasingly important components of nursing practice as nurses take on more responsibility, such as advanced practice roles, delegation and supervision and resource utilization. The interpretive statements address accountability and responsibility with regard to the daily responsibilities of direct nursing care as well as the delegation of these responsibilities to others.

What exactly are nurses responsible for, other than providing good patient care? They are responsible for assessing their own competence, and seeking remedies when certain responsibilities fall outside their competency. Nurses do this by seeking educational resources, and collaborating with others, including nurse educators. All nurses are required to continually assess and improve their own competence through continuing education, self-study, networking, and formal programs.

In these times of increasing patient-to-nurse ratios, the delegation of tasks to others, sometimes non-licensed personnel, can be challenging for nurses. Nurses must accept their accountability for a patient's care even as they direct others to perform certain patient-care tasks. To this end, the Code of Ethics is specific that nurses must not only assess their own competencies, but the competencies of others.

The Code of Ethics explicitly states that assessment and evaluation responsibilities are not to be delegated to assistive personnel. Only tasks may be assigned to others. The interpretive statements allow for moral autonomy and decision-making. "Employer policies or directives do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks" (ANA, 2001, p. 17).

This moral responsibility in delegating and remaining accountable makes it incumbent on nurse administrators to provide safe staffing levels. Nurses are morally bound to refuse unsafe assignments, and to work to change unhealthy environments.

Nurses must express their moral autonomy when institutions actively thwart nursing's values and/or the values of the nurse in question. Nurses can be, and occasionally may need to be, conscientious objectors, both individually and collectively, if they feel that they are being asked to put aside their own moral values when providing patient care. In the workplace, compromises can be made only if they preserve the professional integrity of the nurse. Otherwise, the nurse

may need to make arrangements for another nurse to take over care of a particular patient.

The Code of Ethics, then, serves as educational armor which should encourage nurses to exercise their moral power in pursuing ethical reflection and action when needed. The Code of Ethics becomes power-giving as it reminds nurses that, despite their complicated position in the hierarchy, their status as independent moral agents remains unchanged. Indeed, the Code of Ethics helps nurses claim their rightful place as health care collaborators, not followers.

Provision 5 addresses duties to self in a very new and compelling way. In addition to physical health, continuing education and financial security, the new code includes wholeness of character, identity and integrity (Fowler, 2009). These themes can be found in interpretive statements 5.2, Professional Growth and Maintenance of Competence; 5.3, Wholeness of Character; and 5.4, Preservation of Integrity. Nurses must be aware that becoming a professional is a process of integration of professional and personal values and is key to wholeness of character. "Professional growth moves the nurse beyond mere competence, as a minimum standard of practice, toward excellence and is thus directed toward an ideal of practice" (Fowler, 2009, p. 59).

Competence is a self regarding duty, essential to self respect, self esteem, professional status and the meaningfulness of work" (Fowler, 2009, p. 60). Peer review and self evaluation are tools that can be used by nurses for achieving insight into their job performance. Wholeness of character acknowledges that nurses have a duty to themselves to participate in "authentic expression of one's own moral point-of-view in practice" (ANA, 2001, p. 19). This includes expressing informed opinions to the patient about health and illness if the patient requests such opinions. Always adhering to professional boundaries is essential. Developing and preserving integrity is articulated in provision five. The concept and practice of conscientious objection allows nurses to identify their own moral objections, if any, when an action would violate deeply held moral convictions

Creating, promoting and maintaining an environment for ethical practice is the responsibility of every nurse. Provision six provides guidance through explanation of the influence that the environment has on moral virtues, values and ethical obligations. It also describes methods and strategies for nurse's individual and collective participation in maintaining an ethical environment. Virtues are an important feature of the professionalization of the nurse, but they can be thwarted by the work environment. Nurses are encouraged to change organizational processes and structures in ways that improve patient care and the work environment. To this end, nurses must be part of organizational decision-making bodies. Shared governance, collective bargaining and workplace advocacy are methods to address workplace issues.

The principle of respect for others that has been so paramount prior to this section now turns the concept of respect for persons inward. The nurse must extend respect "to oneself as well; the same duties that we owe to others, we owe to ourselves" (ANA, 2001, p. 18). Peer review serves as a mechanism to maintain quality care for patients and to enhance nurses' self respect and integrity.

The Code of Ethics recognizes nurses have personal and professional identities that, while not identical, are certainly merged into a wholeness of character. When varying values are expressed regarding a patient's care, the nurse has a moral responsibility to express his or her viewpoint, even if this viewpoint is not the prevailing one.

Provisions 7-9: Expanded Duties Beyond Direct Patient Care

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education administration and knowledge development.

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Provision 9: The profession of nursing, as represented by associations and other members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Provisions 7-9 of the Code of Ethics for Nurses discuss the broader range of a nurse's responsibilities, specifically in advancing the profession of nursing, such as through active participation in professional associations. It is also in this section that nurses are reminded of their responsibility to collaborate with other health professionals and the public to work toward social reform in those areas that contribute to human illness and distress, such as poverty. Although many of these ethical obligations have been discussed earlier in the Code of Ethics, it is in this last section of provisions that the professional associations' duties are made explicit and nursing's overall concern for human rights is discussed.

Provision 7 creates a moral "link between the nurse as a person, the individual practice of the nurse, and the nursing professional as a whole" (Drought & Epstein, 2008, p. 91). In Provision 7, nurses are reminded to contribute to the larger spectrum of nursing through "leadership, activities, and the viability of their professional organizations" (ANA, 2001, p. 22). To become a nurse, then, is not to practice nursing as merely a job, but to see oneself through a professional's eyes, which means collaborating with other nurses to advance the profession. Through professional associations, standards and guidelines for nurses are developed and advanced. Because a professional has obligations to society as a whole, Provision 7 refers to the obligation nurses have to engage in "ongoing scholarly activities"

(ANA, 2001, p. 23). Nurses must be aware of ongoing challenges and anticipate future challenges that nursing must prepare itself to meet. Provision 7 mandates that nurses engage to some degree in policy and regulation of the profession through continual research that sets standards of clinical, administrative, and educational practice. It is Provision 7 that continues the argument that a hallmark of a profession is that is self-regulating.

Do nurses have an ethical obligation to pay attention to world hunger? World peace? Pollution? Relying on ethical theories of justice, Provision 8 answers these questions. Nurses are to be committed to the resolution of social ills that hinder the well-being of all people. Provision 8 reminds nursing that nurses, individually and collectively, have a responsibility to know the health needs of their communities as well as the large communities in which they live. Accessibility and availability of health care requires collaborating with other disciplines at the local, national and international levels (ANA, 2001). Many feel nurses have a significant opportunity to challenge the loss of the patient-centered ethic and step into more highly visible roles as public advocates. With nursing's patient-centered history, Rambur concludes that nursing "is the profession poised to take this leader/advocate role" (Rambur, 1998, p 64).

By making nursing's professional duties and commitments explicit to society, the Code serves to increase the trust between professional nurses and those they serve. With this trust secure, nurses will be in an ever better position of power and leadership "to bring about the social change necessary to enhance" health care (Fowler, 2000, p. 72).

Again, collaboration is necessary for this to happen. Nurses, individually and collectively, have an obligation to educate the public through different means about the health of individual communities. "The efficacy of the role of nurses envisioned in the Code largely depends on group action. It is often only within appropriately structured institutions that individual nurses can act as autonomous and collaborative workers. Given institutional inertia and conservatism, such structures are unlikely to be erected without concerted action by nurses as a group" (Alexandra & Woodruff, 1990, p. 227).

Provision 9 addresses professional associations and their responsibilities in "articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy" (ANA, 2001, p. 24). As individual nurses have these obligations, so do their professional associations. This provision addresses nurses' obligations to participate in civic responsibilities and for advocating for appropriate health-related legislation. The provision "crystallizes the role of professional association I social ethics on behalf of the profession" (Fowler, 2008).

Conclusion

The Code of Ethics for Nurses with Interpretive Statements, 2001, is for all nurses, regardless of practice setting or nursing role. Nurses may be challenged to fulfill moral and ethical obligations of their profession while providing care for their patients in a less-than-optimal health care system. The code sets the ethical standard for the profession of nursing and provides an enduring framework for all nurses to use in ethical decision-making.

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