Contextualizing my remarks

**THESIS:**
Based on an analysis of nursing’s heritage ethics,

_Nursing Ethics is not a form of bioethics, it is a form of Social Ethics_

Contextualizing my remarks

**Social Ethics**
“issues of social order—the good, right, and ought in the organization of human communities and the shaping of social policies. Hence the subject matter of social ethics is moral rightness and goodness in the shaping of human society.” (Gibson Winter)

Contextualizing my remarks

**Social Ethics includes**
Social Criticism
Social Change
Social Policy
Contextualizing my remarks

Social Ethics
Nursing’s warrant for involvement in the shape of society arises from the very first days of nursing

Contextualizing my remarks

1916 California Board of Nursing Education
Mandated content for ethics in nursing:

“Democracy and Social Ethics”
“Modern Industry”
“Housing Reform”
“The Spirit of Youth and the City Streets”
and other social-ethical concerns.

Contextualizing my remarks

1917 National League for Nursing Education’s “Standard Curriculum for Schools of Nursing”
Mandated content for ethics in nursing:
“social virtues”
“ethical principles applied to community life”
“social and professional subjects”
“modern social problems”
[AKA health disparities...]
Reclaiming a Genuine Nursing Ethics

Nursing’s distinguished ethical tradition...

- 1896 ANA Articles of incorporation call for the creation and maintenance of a code of ethics
- 1870—1965 ("before bioethics revolution") over 100 nursing ethics textbooks with 2 to 11 available at any given time

(M. Fowler, 2015, Guide to the Code)
Nursing’s distinguished ethical tradition...

- Periodic revision ~ 10/25 years
- Provisions endure longer than interpretive statements
- The “Code” is the provisions plus the interpretive statements
- Nursing’s extensive body of ethical literature

(Quoted from M. Fowler, 2015, Guide to the Code)

Things to Consider during revision:

- Not lightning rod for controversial, divisive public debate
- Not political
- Timeless language, avoiding buzz words that will outdate
- Succinct, clear and understandable to students, new nurses

Inclusive Intent

All nurses, all roles, all settings

- Chief nursing officers
- Nurse Educators
- Nursing Students
- Researchers
- Regulators
- Clinical Nurses
- APRNs
- Nurse Volunteers in Disasters
- Nurses in Uniformed Services

[YOU KNOW, LIKE EVERYONE!!]
What's old

- Patient: Individual, Family, Group, Community, Population
- Basic structure of 9 provisions with interpretative statements, Preface, Afterword
- Non-negotiable
- Standard of practice

What's new -- overall:

- Less wordy, i.e., more direct and incisive language
- Stronger use of formal ethical language and categories
- Reorganized interpretive statements to follow the order of the respective provision
- Modified the provisions for clarity and directness

What's new -- overall:

- Effort to be explicitly inclusive of all nurses, roles, settings; more global
- Some new material added
- Most dramatic changes occur in provisions 8 & 9
- Retain what you can; change what is necessary
What's new -- format:

- New Preface: Sets the broader context
- Added Introduction: speaks to content
- Added Index
- Resource list and electronic links coming online for each Provision on NursingWorld.org
- Added Glossary

What's new—terms, topics, emphases…

- Research and evidence-informed practice
- Nursing leadership, advocacy
- Interprofessional work and collaboration
- Moral distress
- Incivility, bullying and violence
- Nurses' voice in social justice and health policy

What's new -- terms, topics, emphases

- Social determinants of health
- Ethical practice environments
- End of life care
- Social media, genetics
- Nursing as a global unified profession
- Global collaboration to address climate destabilization, violence and other global threats to health
Important change!

The interpretive statements have moved from being descriptive to being normative hence “The Code” is not simply the provisions, but rather the provisions AND their interpretive statements.

Revised 2015 Code Structure

- Preface
- Introduction
- Provision
- Interpretive Statement
- Afterword
- Glossary
- Index

The Code, 2015

The three part division of the nine provisions is retained:

- 1-3: fundamental values and commitments
- 4-6: Boundaries of duty and loyalty
- 7-9: duties beyond patient encounters
Provision 1
- The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
  - Provision shortened and sharpened
  - Sharpened inclusivity of all nurses, all roles, all settings
  - Hardens the line against prejudice or bias and updates personal attributes
  - Attempts to make the language clearer, more direct, and incisive
  - Explicit about culture
  - Better developed end-of-life section
  - More active nurse, taking leadership

Provision 2
- The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.
  - Acknowledges issue of available resources
  - Acknowledges conflicts of interest occur in many roles and not limited to the financial
  - Adds population concerns
  - Less opaque, more direct about gifts, dating, sexual relationships with patients or co-workers

Provision 3
- The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
  - Combines and sharpens the section on privacy and confidentiality
  - Explicitly grounds protection of human participants in research in respect for autonomy, & respect for persons, & respect for self-determination
  - Expands section on informed consent
  - Clearer about reporting violations re research participant
  - Moves performance/review material to provision 7
  - Adds section on “culture of safety”
  - Clearer about process to address impaired practice
Provision 4

- The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Explicit about APRN roles and nursing orders
- Clarifies relationship of accountability to responsibility
- Expands and clarifies section on responsibility
- Revises and expands section on assignment and delegation, and more explicitly includes nurse educators

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.
- Clarifies wording in the provision, reorganizes interpretive statements
- Adds promotion of the personal health, safety, well-being of the nurse
- Clearly states that nurses need never tolerate abuse
- Adds continuation of personal growth beyond what is required for professional performance

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, quality health care.
- Adds ethical environment
- Expands and sharpens the section on virtue and the moral environment
- Expands section on the nature of a morally good environment
- More direct about responses to a morally unacceptable environment, and expands the section
Provision 7
- The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- Reorganizes the Interpretive Statements
- Provision changed to explicitly include all nurses, all roles, all settings
- Reintroduces the emphasis on research and including scholarly inquiry lost in 2001 Code
- Clearly describes contributions in different roles

Provision 8
- The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Major revision to mandate collaboration for human rights, health diplomacy, reduce health disparities
- Declarative: health a universal right
- Hits hard on human rights & health disparities
- Introduces health diplomacy & global concerns
- Adds complex, extreme, extraordinary practice settings

Provision 9
- The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.
- Significantly advances the provision from 2001
- Heightens the integration of social justice in nursing leadership, organizations, education
- Hits harder on nursing organizations’ addressing issues of social justice
Major Changes for the nurse

- Research and Evidence-Informed practice
- Care Coordination & Advocacy
- Interprofessional Collaboration
- Ethical Practice Environments
- Moral Distress, Incivility, Bullying & Violence
- End of Life Care
- Social Media, Genetics

Major Changes for the profession

- Nurses’ Voice in Social Justice and Health Policy
- Social Determinants of Health
- Nursing as a Global Unified Profession
- International Collaboration to Address
  - Climate Destabilization,
  - Violence and Terrorism
  - Emerging Epidemics
  - Other Global Threats to Health

Impact of Code

- Code integrated into State Nurse Practice Acts
  - Legal Standard of Care
- Used as Evidence in
  - Nurse Competency Hearings
  - Disciplinary Proceedings
  - Malpractice Cases
- Moral standard w/ legal force
Accompanying Resources

- Fowler, Marsha. *Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application*
- Resource links (URL) to be posted on NursingWorld.org in late 2015

Resources: Completing the Circle

- Code of Ethics for Nurses
- Nursing Scope and Standards of Practice
- Guide to Nursing & Social Policy Statement
- 2015 Nursing Informatics Competencies
- 2015 Standards for Professional Nursing Practice

Other ANA Resources:

- ANA Center for Ethics and Human Rights
- Position Statements on Ethics and Human Rights
- Ongoing Educational Opportunities:
  - Check Nursingworld.org for webinars
  - Read OJIN for CE articles
  - Watch for CE modules on many topics
The Code of Ethics for Nurses
with Interpretive Statements

Tradition
Heritage
Honor

May pride of profession
hold you in its grip!

AMERICAN NURSES ASSOCIATION: CALIFORNIA
AN AFFILIATE OF THE AMERICAN NURSES ASSOCIATION

Brunfelsia - Yesterday, Today, & Tomorrow
Other issues addressed

- Abuse
- EOL care
- Advocacy
- Disparities
- Collaboration
- Extraordinary settings
- Culture: yours, mine & ours

- Access
- Assignments
- Error
- Boundaries
- Dating
- Fatigue
- Students
- Social media
- Error
- Informed consent
- Altered standards of care
- Pain and suffering

Ethical Work Environment

- CNOs have a duty to create & maintain ethical environments that support nurse autonomy in ethical decisions
- Conscientious objection
- Whistle blowing without reprisal
- Incivility and Bullying
- Lateral Violence

Moral distress, moral outrage, and moral courage

- What troubles, nags at, or outrages you?
- What erodes or assaults your sense of being a morally good nurse?
- What galvanizes you to do the right thing despite impediments?
- Who supports you or assists in your efforts to pursue resolution of ethical concerns?

(M. Fowler, 1979)
Overall changes:

- Less wordy, i.e., more direct and incisive language
- Stronger use of formal ethical language and categories
- Reorganized interpretive statements to follow the order of the respective provision
- Modified the provisions for clarity and directness
- Effort to be inclusive of all nurses, roles, settings; more global
- Some new material added
- Most dramatic changes occur in provisions 8 & 9
- Addition of glossary, index, and availability of web-links
- Retain what you can; change what is necessary

The Code, 2015

The process of revision of the 2001 Code and adoption of the 2015 Code.

Revision Process

- Sept. 2013 - Code Steering Committee established to draft the revision, 14 members; Advisory Committee, over 300 members
- May 2014 through June 2014 - Draft revision posted for public comment; suggestions evaluated
- Nov. 2014 - Approved by ANA Board of Directors for publication
- Published Jan 1, 2015
Revision Process Highlights

- Open Forum/Dialog
- Ongoing Work: book/links on using the Code…
- NurseSpace, NursingWorld, Ethics tabs
- Conference calls,
- One onsite meeting

Results from posting 2001 Code

- Provisions 1-7
  - still relevant, but could update language
- Provisions 8 and 9
  - influenced by shifting landscape of healthcare delivery, technology, globalization, public and global health
  - required major revision
- Preface
  - Make simple, compelling summary of overarching ethical themes with a call to all nurses in all settings and roles to commit to the values and ideals of the Code

What is the Code?

- “A code of ethics is a fundamental document for any profession.”
- “It is a succinct statement of the ethical values, obligations duties, and professional ideals of nurses individually and collectively.
- “It is the profession’s nonnegotiable ethical standard.”
- “It is an expression of nursing’s own understanding of its commitment to society.”

(ANA, 2015, p. viii)
The Code, 2015

Preface and Introduction serve different functions

**Preface:** Sets the broader context of the Code
- Historical
- Nursing
- Social

**Introduction:** Addresses content
- Sets the immediate context
- Discusses choices of terminology
- Identifies new components: glossary, links…
- Discusses the relational framework for the nine provisions
- Discusses the three part division of the provisions

Throughout, a little more detail

- **The Interpretive Statements:**
  - Systematically articulate the content of the provision
  - Lay a foundation
  - Help to develop an understanding
  - Help to realize the application
  - Encourage further study
The Code, 2015

Something old, something new,
something borrowed, something blue…

Retain what you can, change what is needed…