Do You Use Your Professional Code of Ethics?

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Recommended Citation
Schroeter, Kathryn, "Do You Use Your Professional Code of Ethics?" (2014). College of Nursing Faculty Research and Publications. 388.  
https://epublications.marquette.edu/nursing_fac/388
Do You Use Your Professional Code of Ethics?

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The author declares no conflict of interest.

If someone asked you how you use your professional code of ethics, I am confident that you could easily identify examples of how abstract, ethical principles are translated daily in the practice of nursing, into realistic, specific actions.

However, if someone were to ask you how many provisions are found in the American Nurses Association (ANA) Code of Ethics for Nurses With Interpretive Statements, or were to query you on the content of a specific provision from the Code, you might find that a little more... challenging.

No, I'm not saying that nurses need to memorize every word of the ANA Code of Ethics. Such rote memorization is no guarantee of actually understanding something. It's the understanding of your professional Code that will enable you to enhance your current practice.

What is the point of a professional code of ethics? Our Code of Ethics for Nurses was developed as a guide to carry out nursing responsibilities in a manner consistent with quality in nursing care and the
ethical obligations of the profession. The current code has 9 provisions, which address the following: fundamental values and commitments of the nurse (provisions 1–3); boundaries of duty and loyalty (4–6); and duties of the nurse that extend beyond individual patient encounters (7–9).

The ethical standard established by the Code of Ethics is nonnegotiable. The principles it represents cannot be compromised. The Code applies to and supports the nurse in a steadfast way across various settings and in various nursing roles. All nurses in the United States are bound by our professional code as well as supported by it. While the Code of Ethics focuses on nurses, it also identifies the relationship between nurses to those whom they serve. The Code of Ethics ensures that nurses are doing their best to provide care for their patients and their communities, supporting each other in the process so that all nurses can fulfill their ethical and professional obligations.

I would like to highlight the third provision in the ANA Code of Ethics for Nurses to better illustrate the aspects of empowerment and support provided within the code. The third provision notes that the nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. This provision empowers nurses to take action on behalf of their patients. It means that nurses cannot stand by and ignore unethical, illegal, or incompetent practice. It is the provision that empowers nurses as advocates for their patients. It requires that nurses speak up for their patients, because many patients are vulnerable and unable to speak for themselves. While all health care providers should be patient advocates, the ANA Code of Ethics specifically notes here that nurses are advocates for their patients.

When nurses advocate on behalf of a patient, it implies that they are advocating to someone else. That someone else could be an individual, a group, or even an organization. Nurses advocate within their work facilities, specialty practice associations, and within other professional nursing organizations. Various professional organizations will take positions on policy and do their best to make their positions very evident to politicians and other civic leaders. If you are a member of an organization that takes public positions, you owe it to yourself and to your organization to make your views known, and known sincerely. An organization's leadership depends on its members for such input.

So why, then, does advocating for our patients seem to be difficult at times? Knowing we have to do something that will perhaps result in conflict can result in moral distress. Moral distress can occur when the nurse knows the ethically correct action to take, but feels powerless to take that action, based on a real or perceived barrier. The barrier in this case is often the potential for conflict. Most people do not like conflict and nurses are no exception. However, there are times when we have to risk it to protect our patients.

What if you observe another health care provider at work who appears to be impaired in some way, perhaps because of substance abuse or illness? As patient advocates, nurses must take action to prevent harm to the patient (nonmaleficence). This means that we must either directly confront the person or report the potential for harm through the appropriate channels within the organization. Either way, nurses are ethically bound to protect the health, safety, and rights of the patient. So, how does the code support us here? If the nurse is asked why he or she is taking the action to advocate, the appropriate response is “Advocacy is an integral provision in the Code of Ethics for Nurses.” The code, when applied to our practice, clarifies for others why we take the actions that we must.
There are many types of advocacy; many levels. In its simplest form, the nurse could bring something to the physician's attention, in an appropriately professional manner. The nurse, realizing that learning is a life-long process (and that nowhere else is this true, than in the medical profession), is ready to learn from the advocacy experience. Was there truly a breakdown in established procedure? If so, how can it be prevented? Is the issue an educational opportunity? Should it be communicated to other nurses? Should that be done locally, through training at the nurse's particular facility, or profession-wide, through a journal article?

What if the nurse's advocacy is based on an error or a misunderstanding of the situation? The nurse is strong in integrity to advocate for the patient in the first place; integrity, in this case, means putting into practice the principles of the Code of Ethics. If the nurse has made a mistake, and told so, the nurse needs to be strong in self-esteem, learn from that mistake, and thereby improve professionally.

As professionals, we need to be able to articulate all areas of our practice. We need to be able to support our practice decisions when confronted or questioned by others. One sure way to do that is having a firm understanding of our ethical code. Going to the ANA Web site to review the Code of Ethics for Nurses With Interpretive Statements is an excellent way to refresh one's familiarity with the code.

Based on those principles, we can confidently explain and defend (to ourselves and others) every particular professional action we take. In doing so, we build a better future for both nurses and patients.

REFERENCES
