



NMNEC Concept: **Ethics**

Mega Concept: Professional Nursing

Category: Professional Attributes

Concept Name: Ethics

Concept Definition:

The values, virtues, principles, and policies that guide the moral delivery of health care.

Scope/Categories/Types:

Scope:

The scope of ethics is broad, encompassing many different dimensions in our lives, including our laws, principles, beliefs, and moral reasoning. The scope of ethics occurs at more than one level, including individual, organizational, and societal. The scope of ethics includes understanding how an ethical foundation for reasoning and behavior is developed through interaction among the levels. Ethics within nursing is not simply a set of norms for the profession, but a discipline in which norms are explored, discussed, and evaluated (Yeo et al., 2010).

Categories:

- Societal Ethics: Behavior commonly accepted and practiced within a group of people, influenced by law and regulations. The basis of acceptable and unacceptable behavior is determined by the overall group.
- Organizational Ethics: Formal and informal values, principles, and systems of an organization which are expressed to members and outside entities, and guide actions of the organization, regardless of law or regulation.
- Professional Ethics: “Ethical standards and expectations of a particular profession.” “...fundamental element of one’s professional identity and character as a nurse.” (Bennett-Woods, 2017, page 406)
- Bioethics/Clinical Ethics/Research Ethics - Bioethics and clinical ethics are separate but related to professional ethics. Bioethics is concerned with ethics involving biological sciences and technology. Clinical ethics is concerned with patient care decisions involving an ethical issue, such as moral distress or an ethical dilemma (Kopala & Burkhart, 2005). Research ethics is a separate area of Bioethics and is concerned with ethics as it applies to research.
- Personal Ethics are influenced and may conflict with the above.



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- **Types:**

- Meta-ethics: Provides a foundation for development of thought about right/wrong and good/bad through a search for cause and meaning of right/wrong and good/bad.
- Normative ethics: Subjective interpretations of social behavior provide a practical basis for determining morality and acceptable behavior in action; moral standards.
- Applied/personal ethics: Applies ethical theory to the analysis of a controversial, moral issue.

Attributes/Criteria:

Using Tanner's (2006) *Thinking Like a Nurse: A Research-based Model of Clinical Judgment in Nursing*, thinking like a nurse involves a type of moral reasoning, rooted in engagement with the patient and a high level of concern for the patient's well-being. Recognition of the ethics concept as distinct from other concepts is important in learning to think like a nurse. Personal experiences, family, peers, religion, culture, profession, and society, are also important in professional formation.

Ethical principles in Health Care:

- Beneficence: To act in ways that promote the welfare and best interests of others.
- Nonmaleficence: To act in ways that avoid harm to others.
- Justice: To treat people equitably, fairly, and appropriately.
- Fidelity: To keep your promises, fulfill expectations, perform your duties, be trustworthy.
- Veracity: Truthfulness

Theoretical Links:

Moral Reasoning Approaches: Lawrence Kohlberg's Stages of Moral Development (Crain, 1985) provide a basis for understanding the development of moral reasoning, beginning in early childhood with a view of right and wrong to gain reward or avoid punishment (pre-conventional morality), to the capacity of complex and abstract reasoning about right and wrong (post-conventional morality) involving the greater good of the society

Lawrence Kohlberg Stages of Moral Reasoning:

- Preconventional
 - Stage 1: Obedience and Punishment Orientation
 - Stage 2: Individualism and Exchange
- Conventional
 - Stage 3: Good Interpersonal Relationships



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- Stage 4: Maintaining the Social Order
- Postconventional
 - Stage 5: Social Contract and Individual Rights
 - Stage 6: Universal Principles

Building on Kohlberg's work, Gilligan expanded the concept of moral reasoning by focusing on female moral development.

- Two Patterns of Reasoning (Gilligan, 1987):
 - Ethic of Justice: Focus on rights, universal rules for fairness
 - Ethic of Care: Focus on emotion and context of situation.

Ethical Theoretical Approaches

- Ethics of Duty-Act and Rule Deontology (Immanuel Kant)
 - Doing what is right, acting on moral duty because it is the right thing to do; consequences are secondary considerations (Bennett-Woods, 2017)
 - Example: reporting fellow RN for diverting narcotics because it is one's moral duty/obligation to do so
- Ethics of Consequences: Outcomes of action
- Utilitarianism (David Hume, Jeremy Bentham, and John Stuart Mill)
 - Utilitarianism - action is taken based on the greatest good for the greatest number of people
 - Ethical Relativism: moral action is relative to one's culture.
 - Example: Reporting fellow RN for diverting narcotics out of concern for protecting the patients who might be harmed by an RN under the influence of narcotics.
- Ethics of Character: Virtue Ethics
 - Based in the character of the individual
 - Moral virtues: Respect, honest, sympathy, charity, kindness, loyalty, fairness
 - Practical virtues: Intelligence, patience, prudence, shrewdness
 - Common criticism: Ethical inconsistency due to variations in character (Bennet-Woods, 2017)
- Ethics of Relationship (Carol Gilligan)
 - A focus on the ethics which stem from relationships with others and within a community
 - Universal principles: applied only on a situation by situation basis
 - Example: Before reporting RN for diversion of narcotics, approach him/her in a supportive way to engage in dialogue and possibly accompany her to

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discuss with appropriate administrative personnel about the problem
(Bennett-Woods, 2017)

Context to Nursing/Healthcare:

- Moral Distress: The disconnect between what nurses believe they should do and what they can do (Indiana State Nurses Association, 2013); a barrier or constraint which interferes with the ability to carry out a moral act, either internal or situational. (Kopala & Burkhart, 2005)
- Reactive Distress or Moral Residue: The emotion which remains after experiencing an episode of moral distress.
 - Patterns of Response to Moral Residue
 - Objecting to what is being required (plan of care, orders)
 - Withdraw from situation or become passive participants
 - Burn-out (Bennett-Woods, 2017)
- American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements (2015): The nine ethical standards put forth by the ANA Code of Ethics (2015) comprise the “primary obligations” (Preface, p. vii, para. 2), are “non-negotiable” and reflective of “nursing’s own understanding of its commitment to society” (Preface, p. viii, para. 1).
- Ethical Dilemmas in Nursing: A problem which involves a conflict of values and available choices support conflicting values (Bennett-Woods, 2017). Ethical dilemmas may result from personal value systems, involve peers’ and other professionals’ behavior, regard patients’ rights, be created by patient data access issues (Whetten-Goldstein, Nguyen, & Sugarman, 2001), or-created by institutional issues, or may regard CLAS Standards (Culturally and Linguistically Appropriate Services) (U. S. Department of Health and Human Services (USDHHS), Office of Minority Health (OMS), 2001).
- Ethical Analysis Models: Helpful in the process of making a decision in the presence of an ethical dilemma

Interrelated Concepts:

Related to ethical guidance and conflict:

- **Health Care Policy** and **Health Care Law** may provide guidance and yet may create a values conflict (Bennet-Woods, 2017)
 - Duty to Warn (Yoder-Wise, 2018)
- **Health Care Economics**: Allocation of resources under managed care, and the new health care reform system, creates possibilities for ethical dilemmas and moral distress/moral residue, leaving a wake of negative emotions for nurses to manage (Bennet-Woods, 2017)

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- **Professional Identity:** Interrelated to professionalism, which is in tandem with ethical nursing practice (Bennet-Woods, 2017)

Related to ethical obligations, i.e., to act in the best interest of patients, prevent unnecessary harm, promote good patient outcomes, and manage health care resources efficiently and effectively through effective collaboration with the patient, family, and the interdisciplinary team:

- **Safety:** A basic foundation of this concept is an ethical obligation to prevent unnecessary harm.
- **Health Care Quality:** A basic foundation of this concept is an ethical obligation to promote best care outcomes.
- **Collaboration**
- **Evidence**
- **Technology and informatics** (Bennet-Woods, 2017)
- **Leadership:** Specific ethical obligations in allocation of resources and satisfying the needs and interests of patients, employees, the organization, and the community (Bennet-Woods, 2017)

Related to ethical patient care:

- **Culture**
- **Spirituality**
- **Health Disparities** (Bennet-Woods, 2017)

New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

American Nurses Association (ANA) Code of Ethics with Interpretive Statements

- Includes the nine provisions, with sub-provisions, to guide ethical decision-making and conduct in nursing; these are non-negotiable.
- The Knowledge, Skills, and Attitudes (KSAs) for this concept are the provisions of the ANA Code of Ethics.

Optional Exemplars

Clinical scenarios that incorporate ethical dilemmas and different ethical principles.

- Lifespan suggestions:
 - Reproduction
 - End of Life



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- Organization:
 - Conflict of conscience laws
 - Medication errors
- Patient Bill of Rights (currently an exemplar for Advocacy concept)



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