

Issues up close

Keeping pace: ANA's revised *Code of Ethics for Nursing*

By Mary Davis

FOR MANY NURSES TODAY, the workplace may feel like uncharted territory. New technologies, bold advances in health care, and a growing urgency to collaborate and innovate are changing the way nurses manage care and interact with their patients, their colleagues, and each other.

This unsettled landscape is rife with new ethical dilemmas, and nurses need information and support to navigate them. The American Nurses Association (ANA) has a resource that will help—the newly revised *Code of Ethics for Nurses with Interpretive Statements* (The Code), released in January 2015.

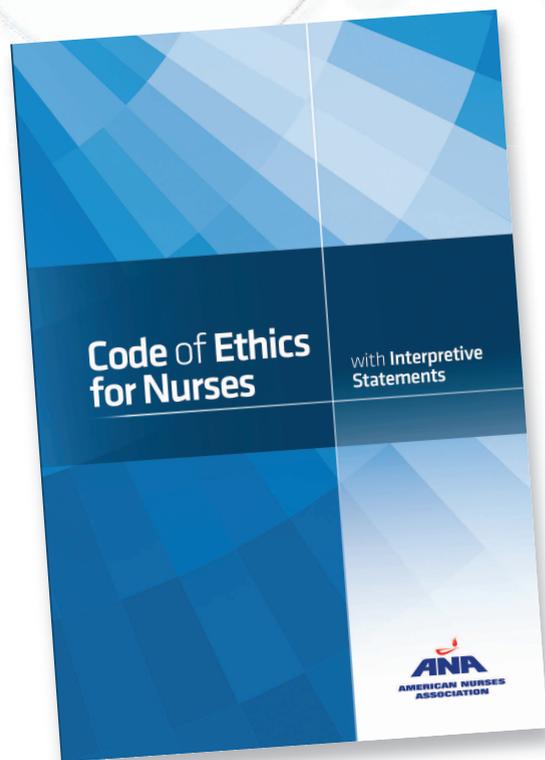
ANA has been the steward of nursing's Code since 1950, ensuring that nurses have guidance for making ethical decisions on a vast range of issues, from bullying in the workplace to end-of-life care. But as the times change, so do the issues, and the Code has kept pace by publishing revisions in 1968, 1976, 1985, and 2001.

“Since 2001, there have been massive changes in the delivery of care, emerging diseases, and roles for nurses,” says Marge Hegge, EdD, MS, RN, FAAN, who chaired the 15-member steering committee charged with updating the 2001 Code. “It was time for another revision.”

Hegge is passionate about the field of ethics. She attended the Kennedy School for Ethics at Georgetown University and is a professor of nursing at South Dakota State University, teaching ethics and developing an ethics curriculum at the doctoral level. She says that nurses and other readers will see several important changes in the 2015 revision.

For example, “We addressed conscientious objection more clearly than ever before,” Hegge says. When a particular action exceeds moral limits or violates moral standards, the nurse is justified in refusing to participate on moral grounds. “Whistle blowing is another emphasis in this Code. It’s been in the Code before,” she adds, “but now it’s specified as a responsibility.” RNs should report incompetent, unethical, illegal, or impaired practice that is not corrected and continues to jeopardize patient well-being and safety.

Additionally, Hegge states, there are significant revisions in the last several provisions that address a wider



global vision and call for a unified voice from nurses to address poverty, contaminated water, lack of sanitation, climate destabilization, and other issues that affect the public's health.

Most importantly, Hegge says, the 2015 Code takes into account the changing face of the nursing profession. “The nursing workforce today is more diverse than ever before. So we were very careful to ensure it is inclusive of all nurses regardless of their religious or cultural background.”

Timothy Godfrey, SJ, DNP, RN, PHCNS-BC, an assistant professor of ethics at the University of San Francisco and another member of the steering committee, finds many of the changes in the revised Code are not immediately obvious to the reader. “This was really a revision, not a rewriting,” he says. “The intent was not to start all over. It was to build on what we had because some of it is core and not changing.”

One of the important things that Godfrey hopes readers will see reflected in the revised Code is the sense of personal authority that nursing has adopted and nurses have grown into more deeply. “There’s been a change in how we view ourselves,” he says.

Now that the **Code** is published, the next goal is to ensure that nurses are able to apply it to their **practice**.

“We have grown. We have developed. And we are claiming that sense of personal identity and authority, which is a greater understanding of who we are and what we are about.”

Margaret Ngai, BSN, RN, staff nurse at Cascadia Behavioral Healthcare in Portland, Oregon and a steering committee member, says the reference to social media is another change in the Code.

“When the *Code of Ethics* was last revised in 2001,” she observes, “personal access to technology wasn’t nearly as pervasive in our culture as it is today. While we try to keep the Code timeless and don’t reference any specific communication platforms, we did include social media in the provision regarding protection of patient rights, including confidentiality and privacy.” The revision acknowledges rapidly evolving communications and the need for nurses to maintain vigilance regarding postings, images, and recordings that may jeopardize patient rights and erode nursing trust.

Steering committee member Lori Lioce, DNP, FNP-BC, CHSE, FAANP, executive director of the Learning and Technology Center at the University of Alabama, Huntsville, says the 2015 Code includes many different views and is more holistic and probably more visionary than previous versions.

“The 2001 Code seemed to be geared more for staff nurses. Today, nursing is a much broader profession and the 2015 Code reflects that,” she says. “It is more collaborative and relevant for all levels of nursing, including those with graduate and terminal degrees, such as advanced practice registered nurses or others who are doctors of nursing practice.”

Godfrey agrees, stating, “There is an acknowledgement in the Code that nursing practice covers a lot of specialties. In other words, whether we are educators, administrators, or policy folks who may not be doing bedside nursing or direct patient care, we are all doing nursing practice.”

While great efforts were made to ensure the revised document is inclusive for all nurses, that same spirit of inclusion defined the process that brought the Code to life.

The revision of the *Code of Ethics for Nurses* was in-

formed by more than 7,800 responses from 2,780 nurses with diverse educational backgrounds, roles, and practice settings who responded to an on-

line survey asking whether or not revising the Code was warranted. These comments helped shape the revised draft of the Code, which was posted online for comment. Again, nurses across the country responded in force. More than 1,500 additional responses were received, closely reviewed by the steering committee, and incorporated into the final draft where needed.

“The responses were very helpful,” says Godfrey. “They gave us a good snapshot of the diversity of legal issues, practice issues, and cultural issues that nurses have to negotiate to provide the level of care that is needed. I think the Code reflects that.”

Now that the Code is published, the next goal is to ensure that nurses are able to apply it to their practice. To that end, ANA has designated 2015 the “Year of Ethics” and planned a range of activities, including live webinars, updates to nursing ethics information on NursingWorld.org, a continuing education module, an ethics symposium to be held June 4-5 in Baltimore, and

the publication of a new *Guide to the Code of Ethics*.

With other nursing leaders, ANA participated in a national nursing ethics summit held in August 2014 at the Johns Hopkins University. Using ANA’s Code as a guide for how nurses carry out their ethical obligations, the summit’s vision to change the nation’s healthcare culture to more strongly support basic ethical values and more effectively enable nurses’ ethical practice was endorsed by the ANA Board of Directors in November. The summit resulted in a Blueprint for 21st Century Nursing Ethics to strengthen ethics in the profession (available at www.bioethicsinstitute.org/nursing-ethics-summit-report).

To read the 2015 Code and for more information, go to www.NursingWorld.org/ethics. To order copies, visit www.NursesBooks.org. For a summary of revisions to the Code, visit www.AmericanNurseToday.com/?p=19473. ★

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2015 Code of Ethics for Nurses with Interpretive Statements: Summary of revisions to the 2001 Code

By Laurie Badzek, LLM, JD, RN, FAAN, and Martha Turner, PhD, RN

The newly revised 2015 *Code of Ethics for Nurses with Interpretive Statements* (The Code) responds to the complexities of current nursing practice for nurses in all roles and settings. The 2015 Code is intended to be well organized, clearly articulated, anticipatory of advances in health care, and easier to use—a document that serves everyone in the nursing profession. Nursing continues to be identified as the most trusted profession in America. The Code expresses nursing's proud ethical heritage.

The 2015 Code retains the nine provisions of the 2001 version of the Code, with only minor revisions for clarification and simplicity. Together, these nine provisions provide an inherent relational theme, beginning with nurse-to-patient and expanding to nurse-to-nurse, nurse-to-self, nurse-to-others, nurse-to-profession, nurse-to-society, and nursing-to-society. The relationships are both national and global. The revision also retains interpretive statements for each of the nine provisions that contain additional information and guidance for nursing practice.

The first three provisions and the corresponding interpretive statements in the 2015 Code describe the most fundamental values and commitments of the nurse.

Provision 1 and interpretive statements

This provision, which maintains an emphasis on nursing's commitment to human dignity and self-determination, is streamlined to meet the request for greater brevity in the Code. The interpretive statements acknowledge nursing's wide sphere of influence through myriad practice roles and settings. They similarly underscore nursing's commitment to promote health and well-being, both in nursing practice and through relationships that are caring, compassionate, and just for all.

Provision 2 and interpretive statements

This provision, regarding the nurse's commitments to the patient, includes an emphasis on actual rather than aspirational actions by the nurse. The concept of *population* was added to the provision and the interpretive statements were reworded to clarify the nurse's role when encountering conflicts of interest and to emphasize collaboration while eliminating competing terminology and redundancy. In addition, specificity was added to enhance understanding.

Provision 3 and interpretive statements

Provision 3, focused on nurse advocacy, was reorganized to clarify language pertaining to competent nursing practice, questionable practice, and impaired practice. The provision and interpretive statements emphasize concepts of privacy, confidentiality, and protection of human participants in research. They also affirm that nursing remains accountable for its professional behavior.

Provisions 4, 5, and 6, and their interpretive statements address the boundaries of duty and loyalty.

Provision 4 and interpretive statements

This provision describes the nurse's duties regarding optimal nursing care. The concept of authority has been added to accountability and responsibility for nursing practice. There is a clear emphasis on the importance of authority, accountability, and responsibility in the delegation of nursing functions as well as the extreme importance of open communication with management without fear of reprisal.

Provision 5 and interpretive statements

The nursing actions or duties were revised in this provision to represent a logical progression of these self-regarding behaviors, with two interpretive statements added and others reordered accordingly. Interpretive statement 5.2 addresses maintenance of personal health, safety, and well-being, as all are necessary both for the well-being of the nurse and to accomplish the expectations in the Code. Interpretive statement 5.6 is included to recognize the synergistic relationship

between personal growth and effective nursing practice. Language in other interpretive statements was updated to reflect current and ongoing changes in nursing and the healthcare environment.

Provision 6 and interpretive statements

This provision was revised to expand definitions of the virtues of nursing and to describe the moral environment in which nurses work. It expands the scope of responsibility in all roles to include creating, maintaining, and contributing to a moral environment that supports nurses in the fulfillment of their ethical obligations and nurtures excellence in nursing practice. It explains that the values of the profession are reflected when environments are constructed for equitable, fair, and just treatment of nurses. The provision now addresses the responsibilities of nurse executives for the healthcare environment to include organizational change and workplace advocacy, with special emphasis on involving nurses in decisions related to their practice and working conditions.

The final three provisions and their interpretive statements address aspects of duties beyond individual patient encounters.

Provision 7 and interpretive statements

This provision was revised to more thoroughly address the role of nurses involved in research, stressing the appropriate actions from study design to dissemination of results. Protection of participants in research was clarified by focusing on the nurse as data collector, investigator, or care provider. The provision specifies that patients' rights and autonomy must be honored and respected. Evidence-informed nursing practice is also included in this provision as it is the more current terminology.

Provision 8 and interpretive statements

This provision focuses on collaboration to achieve ends that cannot be achieved individually. It was revised specifically to address global implications of nursing and human rights. It notes the ethical impact of advancing technology and genetics. Collaboration—with other healthcare professionals and the public to achieve health equity and prevent human-rights violations—is emphasized in all interpretive statements. Increased emphasis is given to nurses' moral obligation to advance health and human rights by stressing the authority that the nursing profession has to intervene when such violations are encountered.

The accompanying interpretive statements were rewritten and expanded to assert the leadership role of the nurse and the profession in advancing health and human rights across diverse practice settings and geographic areas. Recognizing that health is a universal right in interpretive statement 8.1, subsequent interpretive statements were revised to affirm the obligation to address those social, economic, and cultural factors that impede access to or attainment of that right. Clarification is provided related to the nurse's decision making and care provision during times when human rights may be imperiled, such as in extraordinary contexts related to pandemics, environmental catastrophes, and warfare—situations in which nurses must necessarily practice under altered standards of care. During such extreme situations, nurses in rare cases may be required to subordinate human rights concerns to other considerations.

Provision 9 and interpretive statements

This provision was revised to include social policy concepts that explicate the overarching principles of social justice. The provision now emphasizes and clarifies the integrity of the profession, articulates values to illuminate the meaning of nursing, and includes new additions on the nurses' integrative role in health policy.

Visit NursingWorld.org/ethics to read the 2015 Code. To order copies of the Code, visit NursesBooks.org.

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