Nursing Values, Ethics, and Advocacy

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LEARNING OBJECTIVES

After mastering the contents of this lecture, the student should be able to:

1. Define the terminologies.
2. Describe the nursing values.
3. Explain the nursing ethics.
4. Identify on morality and ethics.
5. Describe the principles of nursing ethics.
6. List the specific ethical issues.
7. Explain the role of nurse as advocacy.

TERMINOLOGIES

Advocacy  Ethics  Nonmaleficence
Autonomy  Euthanasia  Values
Beneficence  Fidelity  Veracity
Bioethics  Justice
Contracts  Morality
Introduction

Nursing, which embodies a concern for the client in every aspect of life, encompasses a great responsibility one that requires knowledge, skill, care, and commitment. As society and technology change, the issues affecting nursing practice also change. The delivery of ethical health care is becoming an increasingly difficult and confusing issue in contemporary society. Nurses are committed to respecting their clients' rights in terms of providing health care and treatment. This desire to maintain clients' rights, however, often conflicts with professional duties and institutional policies. Nurses must thus learn to balance these potentially conflicting perspectives to achieve the primary objective the care of the client.

Ethics and values which are closely related, which both enlightens and complicates the nurse's balancing the ethical principles of the client with those of the health care profession. Nurses must understand their own values in order to practice ethically.
Values

Values something of worth; enduring beliefs or attitudes about the worth of a person, object, idea, or action. They are important because they influence decisions, actions, even nurse’s ethical decision making.

A value system is an individual's collection of inner beliefs that guides the way the person acts and helps determine the choices the person makes in life. The impact of values on decisions and resultant behaviors is often not considered. Values are similar to the act of breathing; one does not think about them until a problem arises.

Nurses often care for clients whose value systems conflict with their own.

Values Transmission

Values are learned through observation and experience. Therefore, they are influenced greatly by cultural, ethnic, and religious groups and by family and peer groups. Example: a parent consistently demonstrates honesty in dealing with others, the child will probably value honesty. Our health beliefs are also learned this way.

Values Clarification

Values clarification a process by which individuals identify, examine and develop their own value. Raths, Harmin and Simon described a “valuing process”

- Choosing (cognitive) – beliefs are chosen freely from alternative and reflection and consideration of consequences
- Prizing (affective) – beliefs are prized and cherished
✓ Acting (behavior) – chosen beliefs are confirmed to others, incorporated into behavior consistently in one’s life

**Clarifying the Nurse’s Values**

The student nurse needs to examine the values they hold about life, death, health, and illness. It is important for the nurse to be aware of their own values so if helping a client they are not imposed on the client.

**Clarifying Client Values**

To plan effective care, the nurse needs to identify the client’s values as they relate to health problems. If the client is unclear or has conflicting values the nurse can help guide the patient to clarify the client’s values by using the seven following steps:

1. List alternatives. Are you considering other courses of action? Tell me about them.
2. Examine possible consequences of choices. What do you think you will gain from doing that? What benefits do you foresee from doing that?
3. Choose freely. Did you have any say in that decision? Do you have a choice?
4. Feel good about the choice. Some people feel good after a decision is made, others feel bad. How do you feel?
5. Affirm the choice. How will you discuss his with others (family, friends)?
6. Act on the choice. Will it be difficult to tell your wife about this?
7. Act with a pattern. How many times have you done that before? Would you act that way again?
Morality and ethics

**Ethics** is the branch of philosophy concerned with determining right from wrong on the basis of knowledge rather than on opinions.

**Bioethics** ethical rules or principles that govern right conduct concerning human life or health.

**Nursing ethics** ethical issues that occur in nursing practice.

**Morality** a doctrine or system denoting what is right and wrong in conduct, character, or attitude.

**Moral Development**
Moral development process of learning to tell the difference between right and wrong and of learning what ought and ought not to be done; the pattern of change in moral behavior with age.

**Moral Frameworks**
Moral theories provide different frameworks through with nurses can view and clarify disturbing client situations. The following three frameworks are widely used:

1. Consequence-based (teleological) theories the ethics of judging whether an action is moral.
2. Principle-based (deontological) theories emphasize individual rights, duties, and obligations.
3. Relationships-based (caring) theories stress courage, generosity, commitment, and the need to nurture and maintain relationships.
Ethical Principles

Ethical Principles are statements about broad, general philosophical concepts. They provide the foundation for forming Moral rules - specific prescriptions for actions. Examples:

- ethical principle – respect other people
- Moral rule – do not lie

Ethical Principles that a nurse should follow:

1. **Autonomy** right to make one’s own decisions because each person is unique.
2. **Nonmaleficence** the duty to do no harm.
3. **Beneficence** the moral obligation to do well or to implement actions that benefit clients and their support persons.
4. **Justice** distributes equitable potential benefits and risks.
5. **Fidelity** a moral principle that obligates the individual to be faithful to agreements and responsibilities one has undertaken.
6. **Veracity** a moral principle that holds that one should tell the truth and not lie.

Nursing ethics

Because nurses are accountable for protecting the interests and rights of the client, quality nursing practice involves making ethical decisions. Each practice setting has its own set of ethical concerns. Nurses must balance their ethical responsibilities to each client with their professional obligations.
Nursing Codes of Ethics

Code of ethics a formal statement of a group’s ideals and values; a set of ethical principles shared by members of a group, reflecting their moral judgments and serving as a standard for professional actions.

ANA Code of Ethic for Nurses (approved July 2001)

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.

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

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

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.

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.

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

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with the other health professional and the public in promoting community, national, and international efforts to meet health needs.

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

Origins of Ethical Problems in Nursing

1. Social and Technological Changes

- Social – growing consumerism, women’s movement, large number of people without health insurance, workplaces redesigned under managed healthcare, issues of fairness and allocation of resources.

- Technology – extending life with monitors, respirators, and parenteral feedings, saving extreme premature babies, definition of death associated with organ transplants, cloning, and stem cell research.

2. Conflicting Loyalties and Obligations

- Loyalties and obligations may be conflicted between; * the client, * the client’s families, * the physician, * the employing institution, and * licensing bodies. Nursing code of ethics states that the nurse’s loyalty must always lie with the client, but it is the determination of which action best serves the needs of the client that is sometime difficult.
Specific ethical issues

► Acquired Immune Deficiency Syndrome (AIDS)
- The moral obligation to care for HIV-infected client cannot be set aside unless the risk exceeds the responsibility.
- Should health care providers and clients be mandatory? If so, should the results be released to insurance companies, sexual partners, or caregivers?

► Abortion
- The debate continues between the sanctity of life and the right for a woman to control her own body.
- Conscience clauses give the caregiver the right to refuse to participate in abortions, but they cannot impose their values on the client.

► Organ Transplantation
  Who deserves to be on the lists for possible transplants? Should organs be sold? Should parents have children just to harvest an organ for another child? What is the clear definition of death pertaining organ donators? Is there a conflict of interest between the potential donor and recipients? There are religious conflicts with both donating and receiving of organs.

► End-of-Life Issues
1. Advance Directives
   Having the client complete these saves many moral and ethical decisions.
2. Euthanasia “good death” and Assisted Suicide

Active euthanasia actions that directly bring about the client’s death with or without consent. This is forbidden by law (especially for the caregiver).

Assisted suicide a form of active euthanasia in which clients are given the means to kill themselves. This is legal in Oregon.

Passive euthanasia allowing a person to die by withholding or withdrawing measures to maintain life. This is both legally and ethically more acceptable to most persons than assisted suicide.

3. Termination of Life-Sustaining Treatment

Nurses must understand that a decision to withdraw treatment is not a decision to withdraw care.

4. Withdrawing or Withholding Food and Fluids

A nurse is morally obligate to withhold food and fluids (or any treatment) if it is determined to be more harmful to administer than to withhold them. The nurse must informed clients’ refusal of food and fluids.

▶ Allocation of Scarce Health Resources

▪ The moral principle of autonomy cannot be applied if it is not possible to give each client what he or she chooses. In this situation, health care providers may use the principle of justice – attempting to choose what is most fair to all.

▪ Some nurses are concerned that staffing in their institutions is not adequate to give the level of care they value.
Management of Personal Health Information

- Keeping the client’s privacy is both a legal and moral mandate. The client must be able to trust that the nurses will reveal details of their situations only as appropriate for the health care.

Advocacy

**Advocate** individual who pleads the cause of another or argues or plead for a cause or proposal.

Nurse as Client Advocate

The nurse's first step in acting as a client advocate is to develop a meaningful relationship with the client. The nurse is then able to make decisions with the client based on the strength of the relationship. The nurse's primary ethical responsibility is to protect clients' rights to make their own decisions.

The Advocate’s Role

The overall goal of the client advocate is to protect client’s rights. She / he does this by:

1. Informing clients of their rights.
2. Providing them with the information they need to make informed decisions.
3. Supports client’s in their decision giving the responsibility in the decision making when capable.
4. Remains objective and does not convey approval or disapproval of client’s choices.
5. is accepting and respectful of the client’s decision, even if the nurse believes the decision to be wrong.

6. Intervenes on the client’s behalf, often influencing others.

**Advocacy in Home Care**

- The client reverting to own personal values at home must, nevertheless, still have his autonomy respected.
- Financial considerations can limit the availability of services and materials, making it difficult to ensure the client needs are met.

**References**


