

**EXPERIENTIAL HIGHER INSTITUTE OF SCIENCE AND
TECHNOLOGY (EXHIST)**

SCHOOL OF HEALTH SCIENCES

One Year Conversion Nursing Degree Program

COURSR: Fundamentals of Nursing

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COURSE DESCRIPTIONS

Course Code	Course Title	Status	Credit Value	CH	TH	PH	Total
ENUH5101	ENUH5101 Fundamentals of Nursing	C	5	45	10	20	75

UNIT II. ROLES AND FUNCTIONS OF THE NURSE & BASIC LEGAL CONCEPTS:

Caregiver, Decision Maker, Communicator, Manager of care, Advocate, Teacher; Ethics and values in nursing, National Nursing Code of Ethics, Florence Nightingale Pledge , Resolution of ethical problems, Biomedical Ethics, ICN competencies for nurses, Regulatory framework as a tool for nursing, Career Paths for professional nurses.

Role Statement

The professional nurse occupying the position of registered nurse accepts responsibility and accountability in:

- 1) Providing quality nursing to the clients in their care, placing emphasis on the medical/ psychosocial/spiritual needs of the clients and to be mindful of the needs of the relatives and/ or carers;
- 2) Co-operating with the Nursing Units and all other Departments within the Hospital;
- 3) Understanding all activities in relation to patient care and other assigned duties;
- 4) Actively participating in the Nursing Team;
- 5) Actively pursuing continuing self-education; and
- 6) Actively providing appropriate health education to the individuals, families, groups and community at large in various settings.

ROLE OF THE PROFESSIONAL NURSE

- 1. Care provider:** caring /comforting involve knowledge and sensitivity to what matter and what is important to the client.
- 2. Communicator / Helper:** Effective communication is an essential element of all helping profession, including nursing. It helps the client to explain the internal feeling.
- 3. Teacher/educator:** teacher refers to activities by which the teacher helps the student to learn. The client also need education based on the case.
- 4. Counselor:** counseling is a process of helping a client to recognized and cope with stressful psychological or social problem, to develop improved interpersonal relationships and promote personal growth.
- 5. Client advocate:** An advocate pleads the cause of others or argues or pleads for a cause or proposal
- 6. Change agent:** a change agent is a person or group who initiates changes or who assists others in making modification in themselves or in the system.
- 7. Leader:** leader ship is defined as mutual process of inter personal influence through which the nurse helps a client make decision in establishing and achieving goals to improve the client wellbeing.
- 8. Manager:** management defines manager as who plans, gives direction, developing staff, monitoring operations, giving rewards fairly and representing both staff member and administration as needed.
- 9. Researcher:** majority of researchers in nursing are prepared at doctoral and post-doctoral level. Although an increasing number of clinicians and nurses with master's degree are beginning to practice it.

Expanded and Extended Role of Nurses

The expanded and extended role of nurses can be described as a role, which goes beyond the traditional nursing role to encompass or include additional responsibilities and a wide range of functions in community and clinical care settings. In traditional role qualified nurses were concentrated in curative sector of the health care system providing general nursing services. In an expanded role, trained nurses are urged to move to the community and extend their services to the people. In institutional settings the new role will enable trained nurses with clinical expertise to retain the clinical role for direct nursing care in general units and expand their functions to meet the needs for specialized nursing care and skills in speciality units.

This implies continued education and advanced nursing education of nurses in various fields of nursing.

There is now a worldwide trend to expand the scope of nursing practice. Nursing functions are being expanded in both developed and developing countries. Two major directions are indicated for expansion of nursing role:

Outward, in order to extend nursing services to the community in support of primary health care.

Upward, to enable nursing experts to utilize their expertise for direct care of client; the client may be an individual, the family, a group, or a community seeking health care.

To meet the changing health care needs of the people, three categories of nurses are defined for the expanded role-nurse practitioner, nurse clinician, and nurse specialist.

Nurse Practitioner

The Nurse Practitioner is a primary health care provider who assumes responsibilities of the expanded role to meet the health care needs of a group in the community. She is meant to provide first contact primary care to clients. All registered nurses are authorized to practice nursing. In this sense, all registered nurses can be called nurse practitioners, but currently the term 'Nurse Practitioner' is used for those assuming responsibilities of the expanded role whose work reflects the kind of nursing practice which encompasses additional functions and activities beyond the scope of traditional nursing practice.

The Nurse Practitioner acquires additional skills and professional expertise to make a health assessment, and to identify and manage health-illness problems in primary health care settings. She may function in the community, homes, clinics, health centres, dispensaries, outpatient departments, schools and factories.

Depending on the situation prevailing in a country, the nurse practitioner can be authorized to perform the following expanded role-related functions:

- a) Make a health assessment
- b) Order laboratory tests
- c) Identify health problems
- d) Diagnose minor ailments and common diseases of a recurrent type
- e) Initiate, continue or discontinue treatments, or refer clients of a secondary level of health care
- f) Prescribe medicines (which may have to be authorized within a framework of standing orders approved by the health authorities on essential drugs)
- g) Manage the care of patients

h) Maintain appropriate records.

Category

Type of Practitioner

Practice Area

A) Generalist Nurse Practitioner

Nurse-midwife Practitioner

B) Specialist Nurse Practitioner

School health Nurse, Maternal and child health Nurse Practitioner, Geriatric Nurse, Family Health Nurse, Mental Health Nurse, Occupational health Nurse

Nurse Clinician

The Nurse Clinician role was proposed when there was a need for senior nurse with experience and expertise to retain their role as they moved up the career ladder into supervisory and administrative positions. The traditional career structure in nursing failed to reward clinical skills of nursing staff. Advancement opportunities were available primarily for those who gave up patient care responsibilities. Senior nurses could progress up the ladder by moving into administrative or teaching positions. There was no structure for advancement within the clinical nursing area. The special concern of the nursing profession was that nurses were neglecting care as they became more experienced.

The Nurse Clinician was expected to be clinically competent in carrying out:

Care functions,

Cure functions, and

Counselling functions.

The Nurse clinician would also be competent to provide a broad range of services which would include:

Coordination of patient care, therapeutic regimen and professional services,

Collaboration with other members of the medical team, and

Continuity of care.

The Nurse Clinician would thus be a clinical nursing expert with a depth of understanding of nursing in her clinical area who would be recognized for her clinical expertise in working with a defined group of patients. During her professional period she should continue education to update skills in clinical teaching, clinical administration and clinical research.

Nurse Specialist

The need for maintaining high standards of nursing care in specialized units is a major responsibility of the nursing profession.

The Nurse Specialist role evolved in response to the need for nursing experts, with appropriate educational preparation and experience, who could deliver high quality nursing care in a defined area of specialization. It was recognized that, in addition to basic nursing functions, there were some areas where nurses had to acquire additional knowledge and specialized skills for high quality care.

The Nurse Specialist is an expert practitioner in a specific branch of nursing with advanced knowledge, high degree of skill and extensive experience in the care of clients or patients in the speciality concerned.

In clinical nursing practice, the Nurse Specialist is master clinician with high level of knowledge, skills and competence in a specialized area of nursing like Cardiac Nursing, Cancer Nursing etc. In community nursing practice, the nurse specialist has comparable level of knowledge, skills and competence in a branch of community with focus on protective and preventive aspects of nursing care e.g. School Health Nursing, Occupational Health Nursing. Initially, the Nurse Specialist may find more opportunities for speciality nursing practice in the hospitals, but with shift towards community-oriented health care, it is possible that nurse specialists in branches of community nursing can also be utilized.

Speciality nursing can thus develop along a variety of lines according to different approaches

Disorders affecting Organs, body systems

- Cardiac Nursing — Neurological Nursing
- Ophthalmological Nursing — Orthopaedic nursing

Age of Client

- Neonatal Nursing — Child Nursing
- Adult Nursing — Geriatric Nursing

Health Service priorities or Health care needs

- Maternal and Child Health Nursing — Public Health Nursing — Family Health Nursing

Professional Nursing Goals

- Holistic Health Nursing — Wellness-oriented Nursing
- Palliative Nursing — Rehabilitative Nursing

Tasks, Functions

- Infection Control Nursing — Stoma Care Nursing

Health Care Setting

- Community Nursing — Hospital Nursing

Length or Severity of Illness

- Intensive Care Nursing — Critical Care Nursing

— Chronic Illness Nursing — Acute Illness Nursing

Medical Interventions or therapy

— Medical Nursing — Surgical Nursing — Plastic Surgery Nursing

The Nurse Specialist has a multi-faceted role which encompasses the following sub-roles:

Practitioner: The nurse Specialist is an expert practitioner who maintains direct contact with client; the client may be an individual, a group, or a community with specific health- illness problems.

Educator: The Nurse Specialist teaches and guides nursing staff and students. She assumes major responsibilities for staff development and inservice education of nursing personnel. She organizes clinical meetings, seminars and conferences relevant to her speciality area for ongoing education of staff.

Change Agent: The Nurse Specialist initiates change necessary for improvement of nursing care. She is an innovator, and with her expertise and leadership skills, she has the ability to stimulate staff and students to try out new methods and techniques for improving efficiency and effectiveness of nursing care.

Consultant: The Nurse Specialist coordinates patient or client care to avoid fragmentation of care, a problem often associated with technological advancements in health care. She maintains links with other health professionals in the health team and collaborates with them for proper articulation of nursing services with other services for the patient or client.

The administrative role of the Nurse Specialist is an optional one which may have to be assumed in certain circumstances for improving overall management of patient care in specialty areas. Even if she does not take up the administrative role, she is expected to contribute ideas and proposals for improving organizational structure and arrangements for supporting high quality nursing practice in a speciality area.

The Nurse Specialist has formal academic preparation at a post-graduate level in a university and adequate experience for speciality nursing practice. Postgraduate study in institutions of higher education, with focus on preparation for advanced nursing practice in a branch of nursing is considered to be the minimum qualification for a Nurse Specialist.

BELIEFS, VALUES AND PHILOSOPHY OF NURSING

Beliefs: A belief represents the intellectual acceptance of something as true or correct.

Beliefs can also be described as convictions or creeds. Beliefs are opinions that may be, in

reality, true or false. They are based on attitudes that have been acquired and verified by experience. Beliefs are generally transmitted from generation to generation.

In nursing, it is important to know and understand one's beliefs because the practice of nursing frequently challenges nurses' beliefs. Although this may create temporary discomfort, it is ultimately good because it forces nurses to consider their beliefs carefully.

They have to answer the question: "Is this something I really believe, or have I accepted it because some influential person (such as a parent or teacher) said it?" Abortion, living wills, the right to die, the right to refuse treatment, alternative lifestyles, and similar issues confront all members of contemporary society. Professional nurses must develop and refine their beliefs about these and many other issues.

Beliefs are exhibited through attitudes and behaviors. Simply observing how nurses relate to patients, their families, and nursing peers reveals something about those nurses' beliefs.

Every day nurses meet people whose beliefs are different from, or even diametrically opposed to, their own. Effective nurses recognize the need to adopt nonjudgmental attitudes toward patients' beliefs. A nurse with a nonjudgmental attitude makes every effort to convey neither approval nor disapproval of patients' beliefs and respects each person's right to his or her beliefs.

Values: Values are the social principles, ideals, or standards held by an individual, class, or group that give meaning and direction to life. A value is an abstract representation of what is right, worthwhile, or desirable. Values reflect what people consider desirable and consist of the subjective assignment of worth to behavior.

Although many people are unaware of it, values help them make both small, day-to-day choices and important life decisions. Just as beliefs influence nursing practice, values also influence how nurses practice their profession, often without their conscious awareness.

Everything we do, every decision we make and course of action we take is based on our consciously and unconsciously chosen beliefs, attitudes and values. Nursing is a behavioral manifestation of the nurse's value system. Values influence behavior and that people with unclear values lack direction, persistence, and decision-making skill. Because much of nursing involves having a clear sense of direction, the ability to persevere, and the ability to make sound decisions quickly and frequently, effective nurses must have a strong set of professional nursing values.

Types of Values

1. Personal Values: Most people derive some values from the society in which they live. Eg: self worth, sense of humour, honesty, fairness and love

2. Professional values: are reflections of personal values. They are acquired during socialization into nursing. Some of the important values of nursing are:

- Strong commitment to service
- Belief in the dignity and worth of each person - Commitment to education
- Autonomy

Values Clarification

This is the process of defining one's own values. Nurses as well as people in other helping professions need to understand their values. This is the first step in self-awareness, which is important in maintaining a nonjudgmental approach to patients.

Importance of value clarification for nurses in professional practice

- a. Provides a basis for understanding how and why we react and respond in decision-making situations.
- b. Enables us to acknowledge similarities and differences in values when interacting with others which ultimately promotes more effective communication and care
- c. Enables nurses to be more effective in facilitating the nursing process with others

Impact of institutional values on nurses

Nurses need to be conscious of both the spoken and unspoken values in their work settings. Nurses should identify congruencies between personal values and those of the institution, because accepting employment implies committing to the value system of the organization.

Case Presentation

Nelson has been the nurse manager of a unit for the past five years and is highly regarded by the hospital's administration. For the past several months, however, he has been feeling less satisfied with his work because of staffing cuts and other institutional decisions.

Providing quality nursing care has always been the most rewarding part of his job. However, recently he feels he is forced to attend more to the needs of the organization. He considers leaving, but he has good benefits in the organization and two children to support.

1. Identify values evident in this situation. Which of these reflect your personal values?
2. What conflicts might arise from these values?
3. If you were in Nelson's position, what beliefs, ideals, or goals would guide you in making a decision to stay or leave? Identify potential consequences of each choice.

Philosophies of Nursing

Philosophies of nursing are statements of beliefs about nursing and expressions of values in nursing that are used as bases for thinking and acting. A philosophy of nursing is a statement that outlines a nurse's values, ethics, and beliefs, as well as their motivation for being part of the profession. It covers a nurse's perspective regarding their education, practice, and patient care ethics. A philosophy of nursing helps you identify the beliefs and theories that shape the choices you make on the job every day.

Most philosophies of nursing are built on a foundation of beliefs about people, environment, health, and nursing.

Every nurse has a philosophy of a set of beliefs upon which to base nursing action.

Nurses' personal philosophies interact directly with their philosophies of nursing and influence professional behaviors. An important point about philosophies of nursing is that they are dynamic and change over time. Developing a philosophy of nursing is not merely an academic exercise required by accrediting bodies. Having a written philosophy can help guide nurses in the daily discussions they must make in nursing practice.

In actual practice, those who study philosophy try to answer questions such as; of what is this world made? Who made it? Why does this world exist? What am I? Why do I exist? From where did I come? Where am I going? What is the purpose of what I am doing?

These questions are very difficult to answer. But almost without our knowing it, we have already asked these questions. We have also found some answers we can accept and then believe.

Philosophy of Nursing Examples

Florence Nightingale developed a foundational philosophy of nursing that is still in place today. She theorized that the environment of the patient should be changed to allow for nature to work on the patient.

Philosophies of nursing are typically a few paragraphs long. But here are some excerpts from philosophies of nursing crafted by nursing students:

Carolann McLawrence: "I strive to be an educator, an advocate and a promoter of disease awareness, good health practices, and a supporter of strong family values within the community and the world."

Megan McGahan: "Nursing is more than treating an illness; rather it is focused on delivering quality patient care that is individualized to the needs of each patient."

Brandi Dahlin: "My philosophy is that nurses have a responsibility to the public to provide safe, holistic, patient-centered care. I must remember that my patients are not room

numbers or medical conditions, but individuals that require and deserve individualized attention and care.”

Joanne de Guia-Rayos: “Knowing that I can apply my personal experience and contribute to a client’s recovery and wellness gives me a sense of personal pride, which in turn, strengthens my commitment to this profession.”

NURSING CODE OF ETHICS.

Code of ethics is formal statement of a group’s ideas and values that serve as a standards and guidelines for the groups’ professional actions and informs the public of its commitment.

Codes of ethics are usually higher than legal standards, and they can never be less than legal standards of the profession.

Purposes of code of ethics

Nursing code of ethics has the following purposes:

- To inform the public about the minimum standards of profession and to help them understand professional nursing conduct.
- To provide a sign of the profession’s commitments to the public it serves.
- To outline the major ethical considerations of the profession.
- To provide general guidelines for professional behavior.
- To guide the profession in self-regulation.
- To remind nurses of the special responsibility they assume when caring for the sick.

ICN Code of Ethics

The need for nursing is Universal. Inherent in nursing is respect for life, dignity, and rights of man. It is unrestricted by considerations of nationality, race, creed, color, age, sex, politics or social status.

Nurses render health services to the individual, the family, and the community and coordinate their services with those of related groups.

Responsibility & Accountability:

- The fundamental responsibility of the nurse is fourfold: to promote health, prevent illness, restore health and to alleviate suffering.
- Nurses act in a manner consistent with their professional responsibilities and standards of practice
- Nurses advocate practice environment conducive to safe, Competent and ethical care
- Nurses work in accordance with dependent, interdependent and collaborative functions of

nursing

- Nurses carefully handle nursing practice on specific ethical issue and resolve the ethical problems systematically.
- Nurses are accountable for their professional judgment and action

Nurses and People

The nurse's primary responsibility is to those people who require nursing care

The nurse, in producing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgment in sharing this information.

Nurses and Practice

The nurse carries responsibility for nursing practice and for maintaining competence by continual learning. The nurse maintains the highest standards of nursing care possible within the reality of a specific situation. The nurse uses judgment in relation to individual competence when accepting and delegating responsibilities.

The nurses when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

Nurse and Society

The nurse shares with other citizens the responsibility for initiating and supporting actions to meet the health and social needs of the public.

Nurse and Co-workers

The nurse sustains a cooperative relationship with coworkers in nursing and other fields. The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other health personnel.

Nurse and the Profession

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education. The nurse is active developing a core of professional knowledge. The nurse, acting through the professional organization, participates in establishing and maintaining equitable social and economic working condition in nursing. medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and /or treatment.

Responsibilities of nurses for specific ethical issues

Patient's bill of rights: The patient's rights are as follows:

1. The patient has a right to considerate and respect full care.
2. The patient has a right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know by name the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and / or treatment. Except in emergencies, such information for informed consent should include but not necessary are limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and /or treatment.
4. The patient has the right to refuse treatment to the extent permitted by Law and to be informed of the medical consequences of his action
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case dissociation, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential,
7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for their services. The hospital must provide evaluation, service, and/ or referral as indicated by the urgency of the case. When medically permissible a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has a right to obtain information as to any relationship of his hospital to other health care and educational institutions as far as his care is concerned. The patient has the

right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating him.

9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill regardless of the source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

LEGAL CONCEPTS IN NURSING

General Legal Concepts: Law can be defined as those rules made by humans who regulated social conduct in a formally prescribed and legally binding manner. Laws are based upon concerns for fairness and justice.

1. Public Law: refers to the body of law that deals with relationships between individuals and governmental agencies. An important segment of public law is criminal law which deals with actions against the safety and welfare of public. Example, theft, homicide.

2. Private Law or Criminal: is the body of law that deals with relationships, between individuals. It is categorized as contract law and tort law.

Contract Law: involves the enforcement of agreements among private individuals or the payment of compensation for failure to fulfil the agreements.

Tort Law: the word tort means 'wrong ' or "bad" in Latin. It defines and enforces duties and rights among private individuals that are not based on contractual agreements. Example of Tort law applicable to nursing

1. Negligence and malpractice
2. Invasion of privacy and assault.

Kinds of Legal Actions

There are two kinds of legal actions:

1. Civil or private action.

2. Criminal action

1. Civil actions: Deals with the relationships between individuals in a society. Example, a man may file a suit against a person who he believes cheated him.

2. Criminal actions: Deals with disputes between an individual and the society as a whole. Example if a man shoots a person, society brings him to trial.

Ethics versus Morality

Ethics is derived from the Greek word *ethos*, meaning custom or character. Ethics can be defined as the branch of philosophy dealing with standards of conduct and moral judgment. It refers to a method of inquiry that assists people to understand the morality of human behavior. (i.e. it is the study of morality). When used in this sense, ethics is an activity; it is a way of looking at or investigating certain issues about human behavior. Ethics refers to the practices or beliefs of a certain group (i.e. Nursing ethics, Physicians' ethics). It also refers to the expected standards as described in the group's code of professional conduct. Ethics is concerned what ought to be, what is right, or wrong, good or bad. It is the base on moral reasoning and reflects set of values. It is a formal reasoning process used to determine right conduct. It is professionally and publicly stated. Inquiry or study of principles and values. It is process of questioning, and perhaps changing, one's morals.

Moral: is principles and rules of right conduct. It is private or personal. Commitment to principles and values are usually defended in daily life

Common Ethical theories

Ethical theories may be compared to lenses that help us to view an ethical problem. Different theories can be useful because they allow us to bring different perspectives in to our ethical discussions or deliberations. There are four ethical theories:

1. Deontology
2. Teleology
3. Intuitionism
4. The ethic of caring

Deontology (Duty or rule-Based theory): This theory proposes that the rightness or wrongness of an action depends on the nature of the act rather than its consequences. This theory holds that you are acting rightly when you act according to duties and rights.

Responsibility arises from these moral facts of life. The theory denotes that duties and rights are the correct measuring rods for evaluating action. One place where such factors are presented is in codes of professional ethics. E.g. informed consent, respect of patient...

Teleology (utilitarian or end based theory)

This theory looks to the consequences of an action in judging whether that action is right or wrong. According to the utilitarian school of thought right action is that which has greatest utility or usefulness. Utilitarian hold that no action in itself is good or bad, the only factors that make actions good or bad are the outcomes, or end results that are derived from them

Intuitions: The notion that people inherently know what is right or wrong; determining what is not a matter of rational thought or learning. For example, nurse inherently know it is wrong to strike a client, this does not need to be taught or reasoned out.

The ethic of caring (case based theory): Unlike the preceding theories which are based on the concept of fairness (justice) an ethical caring is based on relationships. It stresses courage, generosity, commitment, and responsibility. Caring is a force for protecting and enhancing client dignity.

Ethical Principles

Principles are basic ideas that are starting points for understanding and working through a problem. Ethical principles presuppose that nurses should respect the value and uniqueness of persons and consider others to be worthy of high regard. These principles are tents that are important to uphold in all situations. The major principles of nursing ethics are:

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

1. Autonomy

Autonomy is the promotion of independent choice, self- determination and freedom of action. Autonomy means independence and ability to be self-directed in healthcare. Autonomy is the basis for the client's right to self-determination. It means clients are entitled to make decision about what will happen to their body. The term autonomy implies four basic elements

.The autonomous person is respected

- The autonomous person must be able to determine personal goals. The goals may be explicit or may be less well defined
- The autonomous person has the capacity to decide on a plan of action. The person must be able to understand the meaning of the choice to be made and deliberate on the various options, while understanding the implications of possible outcomes.
- The autonomous person has the freedom to act upon the choices.

Competent adult clients have the right to consent or refuse treatment even if health care providers do not agree with clients' decisions; their wishes must be respected. However, in most instances patients are expected to be dependent upon the health care provider. Often, health care professionals are insensitive to ways by which they dehumanize and erode the autonomy of consumers. For example:

- Right after admission patients are asked about personal and private matters
- Workers who are new to patients may freely enter and leave the patients' room making privacy impossible.

Four factors for violations of patient autonomy

- Nurses may assume that patients have the same values and goals as themselves
- Failure to recognize that individuals' thought processes are different
- Assumptions about patients' knowledge base
- Focus on work rather than caring

Infants, young children, mentally handicapped or incapacitated people, or comatose patient do not have the capacity to participate in decision making about their health care. If the client becomes unable to make decisions for himself/ herself, this "surrogate decision maker" would act on the client's behalf.

Autonomy of clients is more discussed in terms of larger issues such as: informed consent, paternalism, compliance and self-determination.

Informed consent: is a process by which patients are informed of the possible outcomes, alternative s and risks of treatments and are required to give their consent freely. It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments and procedures. Informed consent will be discussed in detail in selected legal facts of nursing practice.

Paternalism: Restricting others autonomy to protect from perceived or anticipated harm. The intentional limitation of another's autonomy justified by the needs of another. Thus, the prevention of any evil or harm is greater than any potential evils caused by the interference of the individual's autonomy or liberty. Paternalism is appropriate when the patient is judged to be incompetent or to have diminished decision-making capacity.

Non-compliance: Unwillingness of the patient to participate in health care activities. Lack of participation in a regimen that has been planned by the health care professionals to be carried out by the client. Non- compliance may result from two factors:

- When plans seem unreasonable to the patient

- Patients may be unable to comply with plans for a variety of reasons including resources, lack of knowledge, psychological and cultural factors that are not consistent with the proposed plan of care

2. Beneficence

Beneficence is doing or promoting good. This principle is the basis for all health care providers. Nurses take beneficent actions when they administer pain medication, perform a dressing to promote wound healing or providing emotional support to a client who is anxious or depressed. This principle provides nursing's context and justification. It lays the groundwork for the trust that society places in the nursing profession and the trust that individuals place in particular nurses or health care agencies.

The principle of beneficence has three components:

- Promote good
- Prevent harm
- Remove evil or harm

3. Nonmaleficence

Nonmaleficence is the converse of beneficence. It means to avoid doing harm. When working with clients, health care workers must not cause injury or suffering to clients. It is to avoid causing deliberate harm, risk of harm and harm that occurs during the performance of beneficial acts. E.g. Experimental research that have negative consequences on the client. Nonmaleficence also means avoiding harm as a consequence of good. In that cases the harm must be weighed against the expected benefit

4. Justice

Justice is fair, equitable and appropriate treatment. It is the basis for the obligation to treat all clients in an equal and fair way. Just decision is based on client need and fair distribution resources. It would be unjust to make such decision based on how much he or she likes each client.

5. Veracity

Veracity means telling the truth, which is essential to the integrity of the client-provider relationship.

- Health care providers obliged to be honest with clients
- The right to self-determination becomes meaningless if the client does not receive accurate, unbiased, and understandable information.

6. Fidelity

Fidelity means being faithful to one's commitments and promises.

- Nurses' commitments to clients include providing safe care and maintaining competence in nursing practice.
- In some instances, a promise is made to a client in an over way
- Nurse must use good judgment when making promises to client. Fidelity means not only keeping commitment but also keeping or maintaining our obligation.

7. Confidentiality

Confidentiality comes from Latin fide: trust.

Confidentiality in the health care context is the requirement of health professionals (HPs) to keep information obtained in the course of their work private.

Professional codes of ethics (and conduct) will often have statements about professions maintaining confidentiality, but confidentiality is often qualified. Confidentiality is non-disclosure of private or secret information with which one is entrusted. Legally, this requirement applies to HPs and others, who have access to information about patients, and continues after the patient's death. Nurses hold in confidence any information obtained in a professional capacity, and use professional judgment in sharing such information. Each nurse will treat as confidential personal information obtained in a professional capacity. The nurse uses professional judgment regarding the necessity to disclose particular details, giving due consideration to the interests, well-being and safety of the patient and recognizing that the nurse is required by law to disclose certain information.

Ethical Arguments for Maintaining Patient Confidentiality

(i) Utilitarian argument: Patients' assurance of confidentiality helps ensure they will seek treatment (e.g., for complaints that may be personally embarrassing, or related to socially denigrated, or illegal activities, etc.). This helps to ensure that patients will be properly diagnosed and treated. This in turn helps to minimize harm, and maximize good.

(ii) Respect for autonomy (may be a deontological or utilitarian justification)

Respect for autonomy requires allowing individuals to control any disclosure of information about them. Such control is essential for personal freedom (e.g., from coercion, or to pursue one's goals/values).

(iii) Promise keeping: There is an implicit promise between HPs and patients that information will not be disclosed to third parties. Hence, breach of confidentiality breaks a promise. The notion of confidentiality draws upon the principle of privacy, which may derive from the concept of autonomy or be conceptually separate.

PRIVACY

(1) Bodily privacy: An ethical concept of bodily privacy can be derived from respect for autonomy, where autonomy includes the freedom to decide what happens to one's body. Bodily privacy is recognized in law: actions in assault, battery and false imprisonment may be available to the person who does not consent to health care.

(2) Decisional privacy: Decisional privacy is distinguished as control over the intimate decisions one makes (e.g., about contraception, abortion, and perhaps health care at the end of one's life).

(3) Informational privacy: This type of privacy underlies the notion of confidentiality.

Arguments for respecting privacy

(i) Privacy and property: Personal information is regarded as a kind of property, something one owns.

(ii) Privacy and social relationships: Privacy is a necessary condition for the development and maintenance of relationships, including those between HPs and patients

(iii) Privacy and the sense of self: The notion that one is a separate self includes the concept of one's body and experiences as one's own. Privacy is to be valued for its role in developing and maintaining our sense of individuation.

Limits of confidentiality

Should the principles of confidentiality be honored in all instances? There are arguments that favor questioning the absolute obligation of confidentiality in certain situations. These arguments include theories related to the principles of harm and vulnerability. The harm principle can be applied when the nurse or other professional recognizes that maintaining confidentiality will result in preventable wrongful harm to innocent others.

Foresee ability is an important consideration in situations in which confidentiality conflicts with the duty to warn. The nurse or other health care professional should be able to reasonably foresee harm or injury to an innocent other in order to violate the principle of confidentiality in favor of a duty to warn. The harm principle is strengthened when one considers the vulnerability of the innocent. The duty to protect others from harm is stronger when the third party is dependent on others or in some way especially vulnerable. This duty is called the vulnerability principle.

Vulnerability implies risk or susceptibility to harm when vulnerable individuals have a relative inability to protect themselves.

Actions that are considered ethical are not always found to be legal. Though there is an ethical basis for subsuming the principle of confidentiality in special circumstances, and there is some legal precedent for doing so, there is legal risk to disclosing sensitive information. There is dynamic tension between the patient's right to confidentiality and the duty to warn innocent others. Nurses need to recognize that careful consideration of the ethical implications of actions will not always be supported in legal systems.

Disclosure of Information

- Disclosure of information is not necessarily an actionable breach of confidence. Disclosure may be allowed, under certain circumstances, when it is requested by: the patient, and where it applies, freedom of information can be used by patients to obtain health care information;
- Other health practitioners (with the patient's consent, and where the information is relevant to the patient's care);
- Relatives in limited circumstances (e.g., parents when it is in the interests of the child);
- Researchers with ethics committee approval (and where the approved process is followed);
- The court;
- The media, if the patient has consented; and
- The police, when the HP has a duty to provide the information.

Unless there is a warrant or a serious crime has been committed, the information provided to the police is normally limited to the patient's identity, general condition and an outline of injuries. If in doubt, refer the issue to management and/or seek legal advice. When a patient has consented to the release of information to the media, management authorization is usually required.

Confidentiality is the ethical principle that requires nondisclosure of private or secret information with which one is interested.

8. Rules

The principles of health care ethics must be upheld in all situations. Rules are guidelines for the relationship between clients and health care Providers. They are the foundations for the ethical rules veracity, fidelity and confidentiality

Ethical Dilemmas & ethical decision making in Nursing

A dilemma is a situation in which two or more choices are available; it is difficult to determine which choice is best and the needs of all these involved cannot be solved by the available alternatives. The alternatives in a dilemma may have favorable and unfavourable

features. Ethical dilemmas in health care involve issues surrounding professional actions and client care decisions. They can lead to discomfort and conflict among the members of the health care team or between the providers and the client and family.

Legal issues in nursing

Nursing Practice Act: Nursing practice act or act for professional Nursing practice regulate the practice of nursing. Legally define and describe the scope of nursing practice, which the law seeks to regulate, thereby protecting the public as well. It protects the use's professional capacity. Each country may have different acts but they all have common purpose: to protect the public. It grants the public a mechanism to ensure minimum standards for entry in to the profession and to distinguish the unqualified.

Standard of Practice: A standard of practice is a means which attempts to ensure that its practitioners are competent and safe to practice through the establishment of standard practice. Establishing and implementing standards of practice are major functions of a professional organization. The profession's responsibilities inherent in establishing and implementing standards of practice include:

1. To establish, maintain, and improve standards
2. To hold members accountable for using standards.
3. To educate the public to appreciate the standard
4. To protect the public from individual who have not attended the standards or will fully do not follow them and
5. To safeguard individual members of the profession.

Standard of nursing practice requires:

- The helping relationship be the nature of client nurse interaction
- Nurse to fulfil professional responsibilities
- Effective use of nursing process

Standards of nursing practice are to describe the responsibilities for which nurses are accountable. The standards:

- i. Reflect the values and practices of the nursing profession
- ii. Provide direction for professional nursing practice.
- iii. Provide a frame work for the evaluation of nursing practice
- iv. Defines the profession's accountability to the public and the client outcomes for which nurses are responsible.

Nursing standard clearly reflect the specific functions and activities that nurses provide, as opposed to the functions of other health workers.

When standards of professional practice are implemented, they serve as yardsticks for the measurements used in licensure, certification, accreditations, quality assurance, peer review, and public policy. The profession maintains standards in practice in part through appropriate entry.

Credentialing: Credentialing is the process of determining and maintaining competence-nursing practice. Credentials includes:

- a. Licensure
- b. Registration
- c. Certification
- d. Accreditation

Licensure: It is legal permit a government agency grants to individuals to engage in the practice of a profession and to use particular title. It generally meets three criteria:

- There is a need to protect the public's safety or welfare.
- The occupation is clearly delineated with a separate, distinct area of work
- There is a proper authority to assume the obligation of the licensing process.

Registration: Is listing of an individual's name and other information on the official roster of a governmental agency. Nurses who are registered are permitted to use the title "Registered Nurses"

Certification: is the voluntary practice of validating that an individual nurse meet minimum standards of nursing competence in specialty areas such as pediatrics, mental health, gerontology and school health Nursing.

Accreditation: is a process by which a voluntary organization or governmental agency appraises and grants accredited status to institutions and/or programs.

The purpose of accreditation of programs in nursing is:

- To foster the continuous development and improvement in quality of education in nursing
- To evaluate nursing programs in relation to the stated physiology and outcomes and to the established criteria for accreditation.
- To bring together practitioners, administrators, faculty, and students in an activity directed towards improving educational preparation for nursing practice.
- To provide an external peer review process.
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Ethical issues related to patients' rights.

1. Right to truth: The right of patients to know the truth about their condition, prognosis, and treatment is an issue between the physician and the patient. The current trend is toward more frankness on the part of physicians. In the past, the moral obligation to disclose the truth-because the patient has the right to know and adjust to was often overcome by the professional need to protect the patient from potential physical or emotional harm that could be caused by knowledge of a critical or terminal condition.

Because of their extended contacts with patients, nurses often find it difficult to accept a physician's decision not to tell a patient the truth about his or her condition.

Because of the conflict between physicians' decisions and nurses' personal feelings, it may be advisable for the health care team to meet in order to resolve the problem and to devise a consistent approach to the patient.

2. Right to refuse treatment: For reasons that are sometimes known only to themselves, a patient may refuse treatment even though lack of treatment may result in their death. The question of refusal of treatment may have to be decided in court. Many times, the courts rule that patients cannot be forced to accept treatment. In the case of a minor child, however, the courts are likely to rule that parents cannot withhold treatment from a child for any reason. The child is usually made a temporary ward of the court and treatment is allowed to begin. A patient's decision to die rather than to accept treatment may be difficult for a nurse to understand. Nurses must recognize a patient's right to individual and personal attitudes and beliefs, however, and must not allow personal feelings to interfere with patient care. If nurses cannot reconcile their ethical values with those of patients, they should ask to be taken off the case in the interest of the patient.

3. Informed consent: The issue of informed consent applies to many health care institutions in both legal and ethical ways. Patients have the right to be given accurate and sufficient information about procedures, both major and minor, so that their consent to undergo those procedures is based on realistic expectations. The responsibility for imparting information about major surgery or complicated medical procedures lies with medical professionals. Nurses should inform their patients; in terms the patients can understand, about even simple nursing procedures before the procedures are started. This includes answering questions that patients may have. Failure to obtain informed, written consent to perform a procedure could involve nurses and other health care professionals in legal action or subject to disciplinary action by state regulatory agencies.

Because nurses spend considerable periods of time with patients, they are likely to be most aware of their patients' questions and concerns. Many times, these concerns should be brought to the attention of attending physicians who, because they see the patients' less frequently, may be unaware of the problems.

4. Human experimentation: Research and human experimentation are primarily concerns of the scientific and medical professionals. However, if nursing care is required for the subjects involved for such experimental projects, then nurses become involved. In these cases, nurses' responsibilities and ethical decisions are related to making sure that informed consent is given for participation in the research experiments and that the safety of their patients is protected.

The nurses' role, along considered to be that of patient advocate, may, in these situations, place them in direct conflict with research staffs and sponsoring agencies as well as human subjects research committees.

5. Behavior control

The issue of informed consent is a critical question in any form of behavioral control; the use of drugs or psychosurgery further complicates a highly complex topic.

Controversy persists over the rights of society to decide what is or is not desirable or acceptable behavior. The issue involves both personal and public behavior. Moreover, it also concerns whether individuals have the right to decide for themselves what suitable personal behavior is, or whether others can decide for them based on some other concept of suitable personal behavior. In this regard, one of the ethical questions that may be confronted by nurses involves informed consent for treatments that are intended to control behavior. Nurses may question whether involves who are candidates for drug therapy or psychotherapy are able and competent to give informed consent, and whether these patients, too, have the right to refuse treatment

The Nightingale Pledge

The Nightingale Pledge is a modified version of the Hippocratic oath specifically for nurses. It was created by nursing pioneer Lysa Gretter and a Committee for the Farrand Training School for Nurses in Detroit in 1893. According to the American Nurses Association, the pledge was named after Florence Nightingale, who is considered the founder of modern nursing.

In the pledge, nurses promise to uphold the Hippocratic oath, do no harm, practice discretion and be dedicated to their work as a nurse. Three versions of the pledge have been used by nurses:

Modern Practical Nurse Pledge:

While the pledge hasn't drastically changed, many nursing schools that still use the Nightingale Pledge have made updates to the earlier versions. One change was made specifically to remove the phrase, "loyal to physicians" to promote more independence in the nursing profession.

"Before God and those assembled here, I solemnly pledge; To adhere to the code of ethics of the nursing profession; To co-operate faithfully with the other members of the nursing team and to carry out faithfully and to the best of my ability the instructions of the physician or the nurse who may be assigned to supervise my work; I will not do anything evil or malicious, and I will not knowingly give any harmful drug or assist in malpractice. I will not reveal any confidential information that may come to my knowledge in the course of my work. And I pledge myself to do all in my power to raise the standards and prestige of practical nursing; May my life be devoted to service and to the high ideals of the nursing profession".