

▶ **Page 58**
Ethical practice
multiple choice
questionnaire

▶ **Page 59**
Read Lisa Dryden's
practice profile on
surgical site infection

▶ **Page 60**
Guidelines on
how to write a
practice profile

Ethical practice in nursing care

NS671 Holt J, Convey H (2012) Ethical practice in nursing care. *Nursing Standard*. 27, 13, 51-56. Date of acceptance: September 14 2012.

Abstract

Ethical practice is acknowledged as an essential feature of good nursing, yet defining what comprises such practice is complex. This article examines aspects of ethical practice from the perspectives of healthcare professionals, service users and carers. The relationship between ethical practice and decision making is discussed, recognising the importance of context and the responsibilities of the nurse. To demonstrate ethical practice, the nurse needs to act as a moral agent. Practising ethically means not only knowing the right thing to do, but also being prepared to put this into action. With this in mind, the complexities of ethical practice and opportunities to practise skills in ethical reasoning are explored.

Authors

Janet Holt
Director of student education, School of Healthcare, University of Leeds.
Helen Convey
Lecturer in nursing, School of Healthcare, University of Leeds.
Correspondence to: hcsjh@leeds.ac.uk

Keywords

Accountability, competence, ethical decision making, ethical practice, moral agency, nursing ethics

Review

All articles are subject to external double-blind peer review and checked for plagiarism using automated software.

Online

Guidelines on writing for publication are available at www.nursing-standard.co.uk. For related articles visit the archive and search using the keywords above.

Aims and intended learning outcomes

This article aims to enhance the nurse's understanding of ethical practice, explore its context and consider strategies that can be used to make decisions when faced with ethical dilemmas in nursing practice. After reading this article and completing the time out activities you should be able to:

- ▶ Discuss the features of ethical practice.
- ▶ Reflect on the responsibilities of registered nurses in relation to ethical practice.
- ▶ Describe the concepts of moral agency and moral distress.
- ▶ Examine and analyse an ethical dilemma from your own practice.

Introduction

The fact that professional values are identified as a key component of the competency framework for pre-registration nursing education (Nursing and Midwifery Council (NMC) 2010a) is an indicator of the importance of ethical practice in nursing. The focus on caring, particularly for vulnerable people, establishes the ethical dimension of nursing practice; the NMC and the general public expect high standards in nursing practice. Nurses found to have engaged in bad practice are often pilloried in the media and accounts of cases brought before the NMC's conduct and competence committee make for uncomfortable reading.

However, establishing a definition of ethical practice is not straightforward, and there are several different ways that ethical practice can be interpreted. To begin our exploration of this subject we will consider: the differences between ethical practice and etiquette; its relationship to the highly publicised 'big' ethical issues, such as abortion or assisted dying; and what service

users, carers and health professionals understand by the term ethical practice.

Complete time out activity 1

Etiquette

For some people ethical practice may be related to manners and courtesy, for example addressing a patient by his or her proper title or name. However, this sort of behaviour is more properly understood as etiquette, that is, rules of behaviour related to accepted social norms. As Fletcher *et al* (1995) explained, rules of etiquette or good manners are not moral rules; while one might think it important to obey rules of good manners, to ignore them does not mean that a person is acting unethically. For example, eating with one's fingers rather than with a knife and fork may in some circumstances be ill-mannered, but it is not unethical. While etiquette is important in nursing, it will not assist in solving ethical dilemmas because to do that requires engagement in a more detailed process of critical evaluation (Hawley 2007).

'Big' and 'everyday' ethical issues

Ethical dilemmas such as assisted dying and abortion are described by van der Arend and Smits (2003) as big ethical issues that are widely discussed in the media and make headline news. However, ethical practice is not confined to these big issues. Contemporary nursing practice has a strong focus on technological interventions and financial limitations (Goethals *et al* 2010). Consequently nurses may consider that practising ethically involves highly-charged medical situations and the ethical dimension of everyday nursing care can become lost (Goethals *et al* 2010).

While assisted dying and abortion are important subjects, they can be distinguished from the ordinary issues and challenges that arise in the course of everyday nursing practice, which may not be identified as ethical problems because of their ordinariness (Varcoe *et al* 2004). They may also be misinterpreted as issues concerned only with etiquette. Everyday situations in nursing often have an ethical dimension.

As nursing actions aim to improve the health and comfort of service users, nursing practice by definition has an ethical dimension. Edwards (2009) described nursing actions such as relieving pain and anxiety or improving quality of life as being directed towards having

a moral purpose. However, nurses have to develop not only an awareness of the ethical dimensions of practice, but also strategies to practise ethically. For example, suppose two service users call for the help of a nurse at the same time. Deciding which person to attend to first is not a straightforward decision and the nurse will have to take several factors into consideration. If the nurse is asked why he or she had chosen to help one person before the other, we would expect the nurse to have a good rationale for this, for example by referring to particular characteristics of the person or his or her state of health. But suppose the nurse responded that he or she had simply chosen the person nearest or the one he or she preferred. This is an example of practice that falls short of what is expected of a nurse; in other words, it is unethical practice. By understanding the complexity of what seems superficially to be a simple example, we can see that this decision has a moral dimension.

Developing moral awareness is therefore the first stage in moral decision making. As shown in the example above, we need to be able to recognise the ethical dimensions of practical problems that arise in practice. Once an ethical problem is identified, then the best actions can be considered to achieve the best outcome. Good nursing practice therefore needs to be reasoned (NMC 2008) and should demonstrate how the nurse has considered the ethical elements of a situation in his or her decision making (Chaloner 2007). Using judgement in this way is part of ethical practice.

Service user and carer perspectives

The 'good' nurse does the right thing, cultivates good qualities, is flexible and empathetic, and respects patient values (van der Elst *et al* 2011). When service users and carers are asked about their perspectives of a good nurse, they often give examples of good or bad behaviour from nurses in everyday situations that have an ethical dimension. In a focus group study of 96 service users and carers, Rush and Cook (2006) found that service users' and carers' requirements of a good nurse were related to the nurse's attitudes, skills and knowledge. Service users and carers in this study wanted nurses to have detailed knowledge of patients' conditions and treatments, good communication and a respectful attitude (Rush and Cook 2006).

In a grounded theory study of 22 hospitalised children's views of the good nurse, the ethical and social qualities or

virtues such as honesty, trustworthiness and kindness were highlighted by the participants (Brady 2009). As with the study by Rush and Cook (2006), professional knowledge and skills were also found to be important. This finding is echoed in a literature review of older patients' perceptions of the good nurse (van der Elst *et al* 2011).

Competency to perform a skill is an NMC (2008) requirement and while ethical practice encompasses several aspects, engaging in activities that the nurse is competent in and maintaining that competency is an essential feature (Buka 2008). Putting people at risk of harm by performing nursing care without being competent is a key characteristic of unethical practice.

Communication has been shown to be important, and good nurses are considered to be those who listen and are willing to communicate, explain and provide information (Brady 2009, van der Elst *et al* 2011). Interestingly, participants in the studies by Brady (2009) and van der Elst *et al* (2011) commented on the need for nurses to have a professional appearance, which may explain why ethical practice is sometimes confused with etiquette. However, service users and carers also said that the good nurse should see the whole person, recognise his or her rights and show respect and courtesy. These characteristics are the ethical values expressed as a requirement in *The Code* (NMC 2008), and require meaningful engagement between the nurse and service user (Gallagher 2007). Ethical practice therefore is closely related to the concept of the 'good' nurse and the characteristics that service users identify are also acknowledged by the profession.

Writing in her regular monthly bulletin, the chief nursing officer for England Jane Cummings, described good nursing as consisting of five 'Cs': care, compassion, courage, commitment and communication. She also emphasised the need for nurses to 'care for our patients with compassion and dignity, while confidently working with the latest technology, clinical expertise and competence' (Cummings 2012). Box 1 summarises the features of ethical practice. **Complete time out activity 2**

Ethical practice and decision making

To engage in ethical practice, the nurse should first be morally aware and able to recognise that the situation (or an element of it) is an

ethical problem. This recognition involves three things: moral perception – identifying situations that have a moral dimension; moral sensitivity – the ability to perceive the moral aspects of a situation; and moral imagination – the capacity to appreciate the significance of a situation from the perspective of another individual (Edwards 2009).

The nurse must be able to make choices about which is the right action to take and therefore needs to be capable of making judgements about the rightness or wrongness of a course of action (Beauchamp and Childress 2009). Having evaluated the courses of action that could be taken, the nurse judges which is the right one to follow.

In the previous example about the nurse faced with two service users wanting his or her attention, the nurse would need to consider what factors need to be taken into consideration, such as clinical need, and then decide which service user to prioritise. In some circumstances, the priorities may seem obvious, for example if one of the service users was in a life-threatening situation. However, it could prove to be a difficult decision as individuals often have competing priorities that make it difficult to distinguish priority. For example, deciding priority between someone in pain needing analgesics, someone visibly distressed about his or her diagnosis or helping someone with limited mobility to go to the toilet would be difficult.

This is an example of an ethical dilemma – a situation where there are at least two courses of action, but with each option being problematic (Fletcher *et al* 1995). To practise ethically, it is important that the nurse is able to justify whichever option he or she chooses. This means being accountable for the actions taken, an important responsibility of being a nurse.

Complete time out activity 3

BOX 1

Features of ethical practice

- ▶ Recognising that ordinary and everyday healthcare issues have ethical elements.
- ▶ Reasoned judgements that consider the ethical elements of a situation.
- ▶ Being competent and maintaining competence in nursing practice.
- ▶ Engaging meaningfully in respect as an active ethical value.
- ▶ Being morally aware and acting as a moral agent.



1 What do you think are the features of ethical practice? Make links between the features identified and consider not only what ethical practice is, but also what it is not, and the perspectives of service users and carers. Develop a definition of ethical practice.

2 Identify two situations from your own practice that could be described as ethical dilemmas. What were the features that made them ethical dilemmas rather than practical problems? What were the courses of action open to you? What did you do and why?

3 Reflect on your responsibilities as a nurse. What is your role and contribution to ethical practice? Which resources such as advice and guidance documents can you use to help you practise ethically?

Accountability, competence and meaningful engagement

The Royal College of Nursing (RCN) has produced a definition of nursing as a policy statement (Box 2). In the document *Defining Nursing* (RCN 2003), the RCN describes how and why the definition was developed along with an explanation of its key concepts and defining characteristics. One of the defining characteristics is identified as 'ethical values which respect the dignity, autonomy and uniqueness of human beings, the privileged nurse-patient relationship, and the acceptance of personal accountability for decisions and actions' (RCN 2003). The NMC (2008) requires nurses to be accountable for their actions and omissions, and being called to account means being able to give reasons for your actions. As well as being accountable to the NMC, nurses may also be asked to justify decisions they have made to service users, for example through complaints and legal processes, and to their employers through contractual responsibilities (Holt 2010).

The Code (NMC 2008) sets out minimum standards for practice and provides the professional framework by which practice is judged (Snelling 2010). The NMC also publishes a variety of standards and guidelines that can help in decision making (Box 3). One of the requirements of *The Code* is to practise

within the law: 'You must always act lawfully, whether those laws relate to your professional practice or personal life' (NMC 2008). However, ethical practice demands more of the nurse than simply following the law. Ethical practice requires the nurse to have moral awareness, knowing the difference between good and bad acts, and following the morally defensible course of action, which is a more stringent form of responsibility. It would be a poor definition of ethical practice that simply consisted of avoiding falling foul of the law.

The Code (NMC 2008) and its associated standards and guidelines, statutory legislation, and local guidelines and policies are valuable resources that can provide guidance for nurses regarding their decisions in practice. However, as a professional framework, *The Code* (NMC 2008) does not provide nurses with specific guidance or principles that can be applied to specific ethical dilemmas, nor does it tell the nurse what to do in a particular situation and why (Hawley 2007, Snelling 2010).

Nurses as moral agents

Findings from a focus group study of 87 Canadian nurses showed that the key to personal development of ethical practice was the nurse's identity as a moral agent. Practising ethically means knowing the right thing to do and being able to put this into action (Varcoe *et al* 2004). In this study, the nurses recognised themselves as moral agents, but described ethical practice as contextually constructed, and relational rather than objective. Ethical practice, therefore, was more than just recognising what it is to be a good nurse, and also included actions demonstrating features of good nursing practice. While we may think that this is exactly how nurses should behave, it is not necessarily easy to put into practice and can be a source of conflict with other members of the healthcare team, and with relatives and carers.

Alongside conflict with others, nurses report conflict within themselves, as balancing the need to give quality care to others while having regard for their own physical and mental health can lead to moral distress (DeKeyser and Berkovitz 2012). Varcoe *et al* (2004) described nurses who are working between their own values and those of others and organisations as 'working the in-betweens'; feelings of moral distress emerge when the nurse knows the right course of action,

BOX 2

Definition of nursing

'The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.'
(Royal College of Nursing 2003)

BOX 3

Useful Nursing and Midwifery (NMC) guidance documents

- ▶ *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* (NMC 2008).
- ▶ *Guidance for the Care of Older People* (NMC 2009a).
- ▶ *Record Keeping: Guidance for Nurses and Midwives* (NMC 2009b).
- ▶ *Standards for Medicines Management* (NMC 2010b).
- ▶ *Raising and Escalating Concerns: Guidance for Nurses and Midwives* (NMC 2010c).
- ▶ *Safeguarding* (NMC 2010d).

but is unable to carry it out because of other constraints (Jameton 1984).

The challenge for nurses is to balance these conflicts and make a judgement regarding the right thing to do in their practice. To do this, the nurse needs to develop reasoning and analytical skills so he or she can recognise the ethical dimensions of practice and be able to decide how to act to practise ethically (Chaloner 2007).

This sort of challenge can appear demanding, and some nurses may feel they do not have sufficient knowledge and skills to make the necessary judgements, or are fearful of the consequences of making the wrong decision. While the NMC, service users and employers require nurses to be competent and practise in accordance with *The Code's* (NMC 2008) guidelines, policies and protocols, it is important to remember that nurses rarely work in isolation and are usually part of a larger nursing or multidisciplinary team. Therefore, as in any other area of practice, nurses should use the support mechanisms available to them when faced with ethical dilemmas. This could include having opportunities to discuss issues in staff meetings or using formal methods of reflective practice, for example by keeping a reflective diary or through a process of clinical supervision. Seeking advice and guidance from senior or more experienced colleagues should always be possible. Recently qualified nurses can reflect on or discuss dilemmas with preceptors who are registered nurses with a formal responsibility to provide support (Department of Health 2010).

To act successfully as a moral agent, nurses need to reflect on their own practice and seek feedback from and work with colleagues to improve their practice. However, as Gallagher (2011) suggested, this cannot be done by practitioners alone and doing the right thing requires organisational and political support, and nursing leadership as well as moral courage on the part of individual nurses. The chief nursing officer's recognition of the importance of ethical practice and her support for nurses to have courage to do the right thing is important (Cummings 2012).

The scenario in Box 4 outlines an ethical dilemma for a nurse. This scenario forms the basis of time out activities 4, 5 and 6, and requires the reader to reflect on the issues raised, the ethical considerations involved and the reasoning included in deciding the most appropriate course of action.

Complete time out activities **4**, **5** and **6**

Ethical frameworks

You may find it helpful to use a framework to guide your thinking and decision making in time out activities 4, 5 and 6. An ethical framework gives a structure to thinking through an ethical dilemma and may be based on one or more ethical theories or a collection of ethical principles. One of the most well-known frameworks is the four principles approach devised by Beauchamp and Childress (2009).

It focuses on the importance of respecting autonomy, beneficence (or doing good), non-maleficence (or avoiding harm), and justice.

Another framework that uses four key issues is the four quadrant approach (Jonsen *et al* 1992). These are the medical facts of the case, patient preferences, quality of life and any other contextual features such as religion or culture. The UK Clinical Ethics Network provides information and guidance for members of clinical ethics committees and recommends using the Ethox structured approach from the Ethox Centre at the University of Oxford. This framework consists of a flow chart of questions to work through when thinking about an ethical dilemma and can be found at: www.ukcen.net/uploads/docs/ethical_issues/flowchart.pdf. This framework works though

BOX 4

Example of an ethical dilemma

John has Huntington's disease and is not expected to live for more than a few weeks. His wife Ann is aware of his diagnosis and prognosis, but neither John nor Ann wants to share details of his condition. John has now requested that no one other than Ann visits him. Catherine is John's only sibling, and he has always had a close relationship with her. Catherine telephones daily to see how John and Ann are. She is finding the situation difficult and wants to visit John to provide support to him and Ann, however John and Ann refuse to speak to her, and the nurse has to take her telephone calls. Catherine appreciates that John is dying, but keeps asking the nurse what his diagnosis is and is frequently distressed and tearful during the calls. The nurse talks to John and Ann about Catherine's distress, but they refuse to let Catherine know his diagnosis. They ask the nurse to tell Catherine that he has cancer. The nurse has three options:

- ▶ Tell Catherine the truth and breach John's confidentiality.
- ▶ Respect John's wishes and tell Catherine that John has cancer.
- ▶ Continue to be evasive and not give Catherine any information.

TIME OUT

4 Imagine you are the nurse in the scenario in Box 4. What is the ethical issue at the heart of this problem? Think about how each of the people involved in this case might view the situation. How might your view differ from that of Ann, John and Catherine? You may find it helpful to discuss the scenario and work through the options and your reasoning in reaching a decision with a colleague.

5 As the nurse in Box 4, who is your primary responsibility to? To whom do you have a duty of care? Does Catherine have a right to know the truth? Are there any implications for Catherine's health status? Do John and Ann have a right to confidentiality?

6 After considering the options in Box 4 and deciding on an appropriate action, imagine you are called by the NMC to account for your decision. How would you defend your position? Think about your own wellbeing. Would any of the options be morally distressing? How would you deal with this?



7 Now that you have completed the article, you might like to write a practice profile. Guidelines to help you are on page 60.

several questions, such as what are the morally significant features of each option? What are the moral arguments for and against each option? It requires an evaluation of these arguments and counterarguments.

While you may find an ethical framework useful to guide your thinking, you should be aware that no framework can resolve an ethical dilemma for you. Their purpose is to help you to consider the important issues of the case in a systematic way.

Conclusion

In everyday practice nurses face many situations that give rise to ethical dilemmas or have ethical dimensions to them. While it should not be confused with etiquette, recognising the rights of service users and

carers and demonstrating respect are important aspects of ethical practice. The NMC and the general public expect nurses to be competent in the delivery of high standards of care, and when there are choices to be made, to be prepared to give reasons for the actions taken. To practise ethically, nurses need to develop moral awareness, confidence in making judgements about the rightness or wrongness of a course of action and follow this through by acting as a moral agent.

Acting as a moral agent can be challenging because a nurse can experience moral distress when unable to follow what he or she feels is the right course of action. Acting as an effective moral agent is at the heart of ethical practice and demands skills in moral perception, sensitivity, imagination and courage **NS**

Complete time out activity 7

References

| | | | |
|---|---|--|--|
| Beauchamp TL, Childress JF (2009) <i>Principles of Biomedical Ethics</i> . Sixth edition. Oxford University Press, New York NY. | Edwards SD (2009) <i>Nursing Ethics: A Principle-Based Approach</i> . Second edition. Palgrave Macmillan, Basingstoke. | Prentice-Hall, London. | NMC_safeguarding (Last accessed: November 8 2012.) |
| Brady M (2009) Hospitalized children's views of the good nurse. <i>Nursing Ethics</i> . 16, 5, 543-560. | Fletcher N, Holt J, Brazier M, Harris J (1995) <i>Ethics, Law and Nursing</i> . Manchester University Press, Manchester. | Jonsen AR, Siegler M, Winslade WJ (1992) <i>Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine</i> . Third edition. McGraw-Hill, New York NY. | Royal College of Nursing (2003) <i>Defining Nursing</i> . RCN, London. |
| Buka P (2008) <i>Patient's Rights, Law and Ethics for Nurses: A Practical Guide</i> . Hodder Education, London. | Gallagher A (2007) The respectful nurse. <i>Nursing Ethics</i> . 14, 3, 360-371. | Nursing and Midwifery Council (2008) <i>The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives</i> . NMC, London. | Rush B, Cook J (2006) What makes a good nurse? Views of patients and carers. <i>British Journal of Nursing</i> . 15, 7, 382-385. |
| Chaloner C (2007) An introduction to ethics in nursing. <i>Nursing Standard</i> . 21, 32, 42-46. | Gallagher A (2011) Moral distress and moral courage in everyday nursing practice. <i>Online Journal of Issues in Nursing</i> . 16, 2, 8. | Nursing and Midwifery Council (2009a) <i>Guidance for the Care of Older People</i> . NMC, London. | Snelling P (2010) Ethics. In Sellman D, Snelling P (Eds) <i>Becoming A Nurse: A Textbook for Professional Practice</i> . Pearson Education, Harlow, 37-67. |
| Cummings J (2012) <i>Jane Cumming's Voicepiece. Our Commitment to Improve</i> . http://cno.dh.gov.uk/2012/08/07/cno-bulletin-august-2012 (Last accessed: November 8 2012.) | Goethals S, Gastmans C, de Casterlé BD (2010) Nurses' ethical reasoning and behaviour: a literature review. <i>International Journal of Nursing Studies</i> . 47, 5, 635-650. | Nursing and Midwifery Council (2009b) <i>Record Keeping: Guidance for Nurses and Midwives</i> . NMC, London. | van der Arend AJG, Smits M-J (2003) Ethics education: does it make for ethical practice? In Tadd W (Ed) <i>Ethics in Nursing Education, Research and Management: Perspectives from Europe</i> . Palgrave Macmillan, Basingstoke, 86-100. |
| DeKeyser GF, Berkovitz K (2012) Surgical nurses' perceptions of ethical dilemmas, moral distress and quality of care. <i>Journal of Advanced Nursing</i> . 68, 7, 1516-1525. | Hawley G (2007) Ethical issues and problems in health care. In Hawley G (Ed) <i>Ethics in Clinical Practice</i> . Pearson Education, Harlow, 35-53. | Nursing and Midwifery Council (2010a) <i>Standards for PreRegistration Nursing Education</i> . NMC, London. | van der Elst E, Dierckx de Casterlé B, Gastmans C (2011) Elderly patients' and residents' perceptions of 'the good nurse': a literature review. <i>Journal of Medical Ethics</i> . 38, 2, 93-97. |
| Department of Health (2010) <i>Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals</i> . The Stationery Office, London. | Holt J (2010) Professional issues. In Sellman D, Snelling P (Eds) <i>Becoming A Nurse: A Textbook for Professional Practice</i> . Pearson Education, Harlow, 1-36. | Nursing and Midwifery Council (2010b) <i>Standards for Medicines Management</i> . NMC, London. | Varcoe C, Doane G, Pauly B et al (2004) Ethical practice in nursing: working the in-between. <i>Journal of Advanced Nursing</i> . 45, 3, 316-325. |
| | Jameton A (1984) <i>Nursing Practice: The Ethical Issues</i> . | Nursing and Midwifery Council (2010c) <i>Raising and Escalating Concerns: Guidance for Nurses and Midwives</i> . NMC, London. | |
| | | Nursing and Midwifery Council (2010d) <i>Safeguarding</i> . tiny.cc/ | |