

# THE PURPOSE OF A CODE OF ETHICS AND CODE OF CONDUCT FOR NURSING STUDENTS

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As a nursing advocate, a nursing educator, and advisor for the NSNA Leadership University at Valencia Community College's Student Nurses Association, I was asked to share my views on the importance and purpose of the NSNA *Code of Ethics* and *Code of Conduct*. Many professional organizations such as the American Nurses Association, the American Medical Association, and the American Bar Association, provide their membership with guidelines of acceptable moral and ethical behavior. A professional association has a responsibility + to provide its membership with acceptable frameworks for practice. When these guidelines are not followed, credibility of the profession becomes confusing to society at large. As a result, distrust and loss of confidence ensue. In the case of sometimes confusing and questionable nursing situations, it is invaluable to the new health care provider to have a moral and ethical guideline to follow.

As children, our parents helped develop values and beliefs to guide our behavior. Many of us had these positive actions reinforced in religious, educational, and social environments while interacting with friends, family and peers. If we behaved badly, we encountered negative responses such as punishment, exclusion, or even embarrassment. With nursing, we have guidelines which direct us, much as parents. The purpose of the NSNA Code of Ethics and Standards of Conduct is to address direct nursing actions within acceptable professional, legal, and ethical parameters. Not only are nurses evaluated by



colleagues, but they are assessed in academic, clinical, and community environments. As nurses and future nurses, society expects the best from us in terms of ethical decision-making and virtuous behavior. The *Proposed NSNA Code of Academic and Clinical Professional Conduct* assists the evolving professional to make wise ethical choices in nursing practice.

At the April 2000 NSNA convention in Salt Lake City, the House of Delegates engaged in much heated discussion about the *Proposed Code of Academic, and Clinical*

*Professional Conduct*, with many questions involving points of clarification. These discussions led to continued debates indicating a lack of understanding about the purpose of the Proposed Code. One area of concern involved the need for two codes within one organizational framework. The current NSNA *Code of Professional Conduct - Part* speaks to professional behavior in reference to participating in all levels of NSNA (school, state, and national). The *NSNA Code of Academic Clinical Professional Conduct*

serves as a guideline for ethical conduct within the clinical and academic settings. Both Codes are important. A student organization needs guidelines on behavior between peers as well as specific conduct for preprofessionals within the framework of their educational experience. Perhaps the NSNA governing body wishes to consolidate the two Codes for clarification, brevity, and ease of implementation. This suggestion was made at the convention and may need to be addressed. An example of this redefining could be to amend the NSNA Code of Professional Conduct - Part 1 to integrate it as a Code of Conduct: "Maintain the highest standard of personal and professional conduct by:

- Actively promote and encourage the highest level of ethical and legal principles in academic and clinical situations.
- Strive for excellence by maintaining and promoting integrity, truthfulness and honor in all academic and clinical responsibilities.
- Pursue and promote lifelong learning and constantly strive to improve the quality of nursing.
- Treat others with respect in all areas of personal, professional, clinical and academic settings."

By combining these two documents, both Codes make a stronger statement and facilitate the reader's understanding of the role and duty of professional commitment.

The delegates interpreted differently several items within the *Code of Academic and Clinical Professional Conduct* (referred to here on in as the "Code"). Therefore, it is important to answer and clarify these concerns. Article #10 of the *Code* speaks to the performance and supervision of novice student nurses. If a patient is harmed by incompetence, the nursing student can be sued by the patient or institution and may be dismissed from a nursing program. In a series of articles appearing in the *Chicago Tribune* this September, author Michael Berens reports that 1,720 patient deaths and 9,584 patient injuries in the US since 1995 are attributed to nursing malpractice.' Item #10 in the *Code* emphasizes the need to educate the novice nurse in preparation for profes-

sional and safe nursing practice. No nurse should ever perform any procedure on a patient that they have not been taught. By including item #10 in the *Code*, conscious awareness of practice protocol is clearly defined. The implementation of the guideline is the responsibility of the teaching institutions.

All nurse practice acts address incompetence and the ramifications of unprepared and uneducated nurses. Therefore, NSNA must likewise mirror these regulations to prepare and inform the student for eventual registered nurse practice. Ethically and legally, every nurse is responsible to those patients under their care by providing competent and safe health care!

There appears to be some confusion regarding nursing responsibility related to item #14 in the proposed *Code*, which reinforces the need to maintain patient confidentiality. The concept of confidentiality is taught in every nursing program in this country. Nurses are, above all else, patient advocates, and as such must earn and maintain patient confidence and trust. If this trust is broken, a diminished reciprocal working relationship can lead to distrust and doubt. Even worse, patients can become confrontational, and may even threaten legal action. The American Hospital Association *Patient Bill of Rights* clearly states that every patient has the right to confidentiality in all records and communication regarding their care. As today's health care providers, nurses must encourage patients to actively accept responsibility for their health. If the patient does not trust the nurse, the patient may not value the information provided by the nurse to maintain a healthy lifestyle.

Items # 17 and # 18 from the proposed *Code* address protocols and participation in research, clinical trials and investigative studies. These two items could be combined for clarity, with a new statement as follows: "Refrain from engaging in any research that is: unauthorized without full disclosure (to patient and researchers), not fully sanctioned; and not approved by an educational review committee." When asked to participate in unregulated, poorly prepared, unsupervised and confidentially compromised research, the nurse must refuse. The *Patient's Bill of Rights*, the American Nurses

*Association Guidelines for Investigative Function of Nurses*, and *Human Rights Guidelines for Nurses in Clinical and Other Research* clearly define nursing research responsibilities. These documents stress the need to protect the client's right to confidentiality, imposed potential threats or injury, and prevent risk of physical, emotional, legal, financial or social harm.

Item #19 from the proposed *Code* deals with the need for patients to sign informed consent before performing clinical procedures. In accordance with the *Patient's Bill of Rights*, informed consent is mandated for all patients prior to performance of clinical procedures. Legally, the physician is responsible for explaining a procedure to the patient, along with the risks and benefits, so the patient can provide informed consent. If the patient is unclear, the nurse should inform the physician that the patient requires clarification. The nurse can explain what the patient did not understand, however, it is not the nurse's responsibility to explain the procedure about to be performed by the physician without initial physician patient communication. No procedure should be performed without patient consent. As with unlicensed personnel, nursing students must not be the only witnesses to the patient's signed consent. A licensed nurse must be held responsible for this verification. A student should confirm that the patient understands and has agreed to the clinical procedure and that a signed consent form is in the patients' chart. Each student's educational program must ensure compliance to this clinical protocol.

Finally, #24 from the proposed *Code* deals with nurse's scope of practice. A "nurse practice act" provides guidelines for licensed nurse professionals to perform safe patient care. Within these documents, the prescribed practice of professional nursing is explained. Penalties and restrictions are explained clearly in each Act. For example, in the Florida Nurse Practice Act, specific areas dealing with patient safety and nurse malpractice are described. There is also a clause stating that failure to report that a nurse has violated these practice acts is a punishable offense resulting in censure before the Board of Nursing. The *Nurse Practice Act* can be used as a guide for the NSNA's *Code* development for the novice nurse to

model. In their practice, nurses must provide a safe and trusting health care environment for patients. Fellow nursing professionals, as well as the public they serve, are entitled to know that nurses are prepared to give and function at minimum standards of safe care. No nurse should feel comfortable working with unethical, ill-prepared and uncaring peers. Rather than becoming "guilty by association," nurses must help regulate their profession. In his *Chicago Tribune* article, Berens cites many cases of incompetent nurses who were never reprimanded for previous errors and continue to practice and injure many patients, including one Illinois nurse who mistakenly medicates a patient, resulting in the patient's death. Yet, the nurse is permitted to maintain licensure, moves to another facility and again makes a fatal medication error. Why did this occur? Who becomes the accessory?

Fellow nurses need to be vigilant in mandating censure for incompetence. No nurse would feel secure if a family member was cared for by an unsafe practitioner - why put the public at risk? Every nurse should uphold the standards of the profession and report unsafe nurses. Only then will the public have confidence in health care service and nurses will be held in highest regard for the health and welfare of those we serve.

The NSNA Codes prepare new nurses to practice within the highest standards of the nursing profession. The *Nurse Practice Act* provides licensed nurses with legal frameworks within the nursing professional practice setting. These guidelines and mandates assure the public that registered nurses are prepared to care for them while being regulated by their profession. Nurses must stay vigilant in practice performance to keep standards high especially as the health care environment is in flux. Just as our profession is not static, the *Code of Ethics* must continually adapt to changes in our health care environment.

The pursuit of ethical and responsible nursing care begins with nursing students. Every leader must remain informed, flexible, and be an active agent for change. The health care ball is in your court ... play it wisely)

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#### REFERENCES

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