NURSING CODE OF ETHICS: PROVISIONS AND INTERPRETATIVE STATEMENTS FOR EMERGENCY NURSES

Introduction

Integral to any discipline is its ethical foundation for practice. The American Nurses Association (ANA) describes the Nursing Code of Ethics as the non-negotiable ethical standard of the nursing profession,¹ serving as an expression of nursing’s commitment to society. The code consists of 9 provisions with interpretative statements (herein italicized under each provision). Each interpretative statement is followed by an explication of its relationship to emergency nursing’s ethical values and professional obligations. The “Nursing Code of Ethics: Provisions and Interpretative Statements for Emergency Nurses” functions to supplement the Emergency Nursing Scope and Standards of Practice and serves as a pledge to enumerate and codify those moral precepts that guide emergency nurses’ provision of care to patients, families, and communities, supporting nursing colleagues in the process. The American Nurses Association has officially recognized emergency nursing as a specialty with their approval and acknowledgment of the Emergency Nursing Scope and Standards of Practice. (The 9 provisions are reproduced with the permission of the American Nurses Association.)

Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

1.1 Respect for Human Dignity. All persons have a right to health care as a foundational basis for productive and meaningful lives. The emergency nurse provides care to any and each patient with professionalism, compassion, and respect.

1.2 Relationships With Patients. The emergency nurse provides equitable care free of bias and prejudice. Relationships with all patients are based on trust that integrates respect for their personal spiritual beliefs, socioeconomic status, personal autonomy, and their personal narratives of family, health-affecting behaviors, well-being, and quality of life.

1.3 The Nature of Health. All human beings have dignity; its value is intrinsic and cannot be taken away or lost. The emergency nurse provides respectful care to all patients regardless of the person’s, culture, values, and choices. She or he makes no value judgment when cultural practice and values potentially affect a patient’s health but rather takes care to explain the risks, provides alternate solutions such as social workers and health educators, and attempts brief intervention: for example, in the case of an impaired driver who presents with motor vehicle crash injuries or a patient with cardiac disease who continues to smoke.

1.4 The Right to Self-Determination. Patients have a right to make their own health care–related decisions. Known verbal wishes, written instructions, and advance directives are manifestations of patients’ autonomy. In emergency situations, consent is assumed. Patients have the right to expect compliance with do-not-resuscitate instructions after being informed of the potential for a satisfactory outcome if emergency care is administered.³ Conversely, a patient has the right to request extensive emergency care, despite perceptions of the health care team that the effort might not be beneficial. When prognosis is poor, and resuscitation status is unknown, the emergency nurse has a duty to initiate open conversation with patients and their health care proxies to identify the patients’ wishes. The emergency nurse, in collaboration with the health care team (to include the palliative care and ethics team), honors and advocates for the patient’s final decision.

1.5 Relationships With Colleagues and Others. The emergency nurse demonstrates professionalism, respect, and dignity with all persons including peers, students, patients, visitors, and colleagues. Bullying behaviors and workplace violence toward emergency nurses are widely recognized and have been shown to be deleterious to the nurse’s ability to be productive in providing safe practice and safe care.⁴ The emergency nurse is responsible for her or his reactions; ethical behaviors and moral comportment are essential. When witnessing a negative behavior, the emergency nurse has an obligation to speak up and intervene appropriately.

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

2.1 Primacy of the Patient’s Interests. A foundational tenet of emergency nursing professional practice and an ethical duty dating back to Florence Nightingale is the...
The emergency nurse’s primary commitment to the patient. The emergency nurse has a duty to provide education, information and compassion to help empower patients to make informed healthcare decisions. The emergency nurse advocates for unaware or uncomprehending patients to help ensure that they will receive the care that honors their wishes.

2.2 Conflict of Interest for Nurses. The emergency nurse honors the patient’s wishes even when those wishes conflict with her or his own personal beliefs. If duty to patient presents a conflict with legal duty to employer or physician order, the emergency nurse speaks up, initiates discussion, and searches for a mutually agreed-upon outcome that continues to honor the patient’s wishes. When law or policy conflicts with ethics, the remedy may be to advocate for, assist in, or collaborate on the development or revision of policy.

2.3 Collaboration. Collaboration is essential for interprofessional teamwork. It "requires mutual trust, recognition, respect, transparency, shared decision making and open communication." The emergency nurse engages in dialogues with colleagues, hospital leaders, and—if needed and available—with an ethics committee for guidance and assistance in delivery of care.

2.4 Professional Boundaries. A professional boundary is one that supports a therapeutic connection between the patient and emergency nurse. At the heart of emergency nursing practice is the ability to rapidly establish a trusting relationship with the patient. This shared and complex connection permits special and intimate access into a patient’s life. Professional boundaries may be crossed by omission or commission. Violations of professional boundaries occur when the emergency nurse abandons professional judgment within the context of health care for personal need: that is, takes on the role of a parent, spouse, or friend instead of the appropriate role of a professional care provider.

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

3.1 Protection of the Rights of Privacy and Confidentiality. The patient’s right to privacy and confidentiality of personal and health information is well established by federal law. Privacy can be defined as “the right of the individual to be let alone to make decisions about how personal information is shared,” whereas confidentiality implies “an obligation of professionals with access to patient records or communication to hold that information in confidence.” Emergency care environments are at high risk for inadvertent violation of these rights: for example, discussing clinical information about one patient while in earshot of other patients or visitors, radio communications that can be heard throughout the department, tracking boards in public view, or overheard telephone conversations while giving a report to unit staff. Privacy and confidentiality can be a particularly sensitive issue when caring for public figures; patients with behavioral health emergencies; children under age 18 seeking care for sexually transmitted infections, drug/alcohol treatment, or emergency contraception; victims of violence; potential perpetrators; and persons in custody. The emergency nurse is knowledgeable regarding policies, procedures, and laws in her or his jurisdiction that address these issues.

3.2 Protection of Human Participants in Research. Protection of human subjects involved in research is a fundamental ethical tenet of research. All research conducted in the emergency care setting requires approval by the institutional review board (IRB); informed consent is a key element. It is required that the research subject understands the purpose of the research and any associated risks and benefits. In critical situations—such as cardiac or respiratory arrest, coma, or overdose, when the patient is cognitively unable to give consent to participate in a research study—there is a process for proceeding without informed consent before implementing the intervention. The emergency nurse is knowledgeable regarding the requirements for conducting research and intervenes if the subject does not appear to understand that to which he or she is consenting. Overall, the emergency nurse supports relevant emergency care research.

3.3 Performance Standards and Review Mechanisms. The emergency nurse takes personal responsibility and accepts accountability for acquiring and maintaining knowledge on a path of lifelong learning. She or he participates in processes to validate skills and competencies and provides care in accordance with current standards and evidence-based practice guidelines. Thus, it is essential that the emergency nurse be provided with an organized competency-based orientation of sufficient length, with resources and support to practice safely. The emergency nurse addresses and seeks resolution for issues where no standards or clinical practice guidelines exist or in instances requiring re-evaluation.

3.4 Professional Responsibility in Promoting a Culture of Safety. The emergency nurse promotes a safe and therapeutic patient care environment. This encompasses the provision of a safe setting as well as safe practice. Strategies include being involved to identify and resolve unsafe environmental or system issues, incorrect patient and procedure identification, untimely and inaccurate documentation, interruptions and noise distraction (particularly during preparation of medication), and identifying and mitigating high-risk situations such as potential for violence, patient falls, similar medication names or packaging. Effective teamwork and communication are keys to safe
care. This includes attentive listening with respectful inquiry during EMS reports and the consistent use of a standardized communication process or tool when “handing off” patient care. The emergency nurse examines and addresses personal behaviors inhibiting effective communication. Overall, a culture of safety relies on individual practitioners and hospital administration as well as on system procedures, policies, and guidelines.

3.5 Protection of Patient Health and Safety by Acting on Questionable Practice. The emergency nurse is vigilant, questions practice, and implements necessary safeguards for the patient’s well-being. Illegal, unethical, negligent, or inappropriate actions are questioned, as are those significantly deviating from the standard of care and violating hospital policy. Time is critical in the emergency care setting; therefore, the emergency nurse requires the knowledge, confidence, and authority to intervene quickly when a practice places the patient in jeopardy. The informed emergency nurse also knows, understands, and accesses the chain of command in such situations. After confirmation of a valid concern, it is addressed in private. The issue may be due to human error such as wrong patient, wrong dose, or failure to follow hospital policy; systems error such as an outdated protocol inconsistent with current evidence-based practice guidelines; or miscommunication. The emergency nurse solicits support from colleagues, notifies the chain of command, completes accurate documentation, and adheres to reporting protocols.

3.6 Patient Protection and Impaired Practice. The emergency nurse has a moral, ethical, and often legal responsibility to act on instances of suspected impaired practice resulting from medical conditions, behavioral health disorders, or substance use/abuse. Regardless of etiology, the emergency nurse’s priority is to safeguard the welfare of patients. The emergency nurse may be required to directly communicate concerns through institutional chain of command, report concerns to appropriate authorities in accordance with procedures, support an impaired professional undergoing treatment or monitoring, and promote institutional and Board of Nursing policies and practices that support the recovering professional in return to practice. This may require modifying work assignments to exclude access to controlled substances.

Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

4.1 Authority, Accountability, and Responsibility. The emergency nurse is knowledgeable regarding respective nurse practice acts, jurisdictional regulations, organizational policies, emergency nursing standards of care, and the ANA Code of Ethics. The emergency nurse is duty-bound to adhere to these tenets during delivery of safe practice and safe care, always mindful of continuing changes in the health care environment and the advances in emergency nursing practice. The emergency nurse reports actual or near-miss incidents to assist in the prevention of risks to patient safety.

4.2 Accountability for Nursing Judgments, Decisions, and Actions. An overburdened health care system contributes to a challenging emergency care setting in which interruptions are characteristic of emergency nursing practice. The emergency nurse is obligated to identify and attempt to mitigate challenges to safe practice and clinical decision making, whether the challenge is a personal one or stems from a failure of technology or systems.

4.3 Interpretative Statement: Responsibility for Nursing Judgments, Decisions, and Actions. Being responsible refers to an internal sense of commitment, with the power and authority to take action. Being accountable is interpreted as having a duty to an external source: for example, jurisdictional regulations, department policies, and standards of practice. The emergency nurse is involved in policy discussions and decision making at the department level concerning triage systems, staff orientation, education, equipment, documentation and patient care rules as well as at the state and federal levels to participate in conversation and dialogue regarding safe staffing, workplace violence safeguards, behavioral health and substance abuse care, mass casualty incident training, and practice issues.

4.4 Assignment and Delegation of Nursing Activities or Tasks. The emergency nurse knows and understands the applicable state’s nurse practice act; delegation and supervision; and the role, competence, knowledge, skill level, and experience of the parties involved, whether they are other nurses, paramedics, emergency medical technicians (EMT), or non-RN personnel. When functioning as a staff nurse, educator, advanced practice registered nurse, nurse manager, or administrator, effective delegation requires an understanding of responsibility, authority, and accountability. Delegation involves effective, clear communication, staff members feeling empowered to make decisions using their best judgment, and collaboration among various care provider levels in the emergency setting. If the person to whom the task is delegated feels unsafe or unqualified to perform the task, she or he has a duty to respectfully communicate that information.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

5.1 Duties to Self and Others. The same respect for dignity, autonomy, and justice applies to nurses as well as
patients. The emergency nurse identifies her or his own existence, maintenance of health, and personal morality based on principles and core values (eg, respect for life, well-being) to guide ethical practice.

5.2 Promotion of Personal Health, Safety, and Well-Being. The emergency nurse has a duty to apply self-awareness and self-care when promoting self-health and safety. Emergency care settings may create a risk to the emotional and physical health of the emergency nurse. Workplace violence, fatigue, burnout, and secondary traumatic stress all can put the emergency nurse at risk. The emergency nurse has a personal and professional duty to learn and develop strategies that promote resiliency. These can include methods of self-care like acknowledge the role of fatigue and self-regulating duty hours for patient safety as well as involvement in addressing cultural and environmental challenges in the workplace.

5.3 Preservation of Wholeness of Character. The emergency nurse has a duty to deliver competent, respectful, nonjudgmental, and compassionate care. Even when patients engage in behaviors that contradict the emergency nurse’s values and beliefs, she or he approaches these patients in a nonjudgmental, unbiased way to promote the nurse–patient relationship. Self-knowledge can be enhanced through moral reflection and discernment. Using professional experiences as a source of gaining knowledge about oneself is a moral reflective exercise to determine the cause of moral distress. Taking action to assist in the development or revision of policy to address these conflicts is a proactive strategy.

5.4 Preservation of Integrity. Integrity is defined as firm adherence to a moral code. The emergency nurse is ethically obligated to adhere to standards of care that protect both nurse and patient. When “work-around” or “shortcut” practices do not violate ethics, policy or law, they may be in the best interest of the patient. If these practices would constitute a violation, the emergency nurse recognizes the breach, possible consequences, and takes steps to identify and mitigate the challenge to safe patient care. When integrity is challenged, it can lead to moral distress and/or anxiety that has the potential to compromise professional nursing practice. Knowing one’s values are non-negotiable, firm, and sustaining helps to refine one’s moral agency.

5.5 Maintenance of Competence and Continuation of Professional Growth. The 2010 Institute of Medicine’s (IOM) Future of Nursing Report states: “Ensure that nurses engage in lifelong learning.” The current complexity of care, changes in practice, new medications, and innovative research outcomes demand constant pursuit of education for the emergency nurse’s professional growth. Certification demonstrates a personal commitment to excellence.

5.6 Continuation of Personal Growth. Work-life balance is paramount for achieving personal growth. The emergency nurse advocates for the provision of structure and maintenance of processes to enable this balance to include a healthy work environment such as shift preference and time off (eg, for holidays). She or he helps provide personal satisfaction and pride; receives financial compensation to provide financial security; includes reading to develop the creative mind; and ensures adequate leisure and recreational activities such as yoga, exercise, and meditation for a healthy body.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

6.1 The Environment and Moral Virtue. The ANA Code states that “certain particular attributes of moral character might not be expected of everyone but are expected of nurses.” The emergency nurse interprets this to mean that “nurses are held to a higher standard.” Moral virtues are the qualities that contribute to being a “good person.” The emergency nurse who contributes to an environment in which mutual caring, dignity, and kindness can flourish creates an atmosphere of moral equality, generosity, and prudence. In maintaining communication and transparency with patients, families, and interprofessional colleagues, the emergency nurse displays moral virtue. Virtues of nurses and other health care professionals include humanity, compassion, benevolence, and overall moral rectitude.

6.2 The Environment and Ethical Obligation. The emergency nurse creates a culture of excellence and justice in which all nurses can realize their ethical commitment to care. The emergency nurse mitigates workplace violence and addresses crowding, boarding, and staffing levels based on acuity. The emergency nurse seeks education to help manage patients with behavioral health and substance abuse emergencies and identify at-risk patients such as victims of human trafficking and interpersonal violence. Health and safety initiatives, performance standards and job descriptions, and equitable policies for reporting without blame or punishment play an essential role in providing a just culture in the emergency care setting.

6.3 Responsibility for Health Care Environment. The emergency care setting is often subject to constraints that make respecting patients’ rights, adhering to safe practice, and promoting professional satisfaction difficult to sustain. The emergency nurse addresses concerns using appropriate channels or uses regulatory and accrediting agencies. After repeated unsuccessful efforts to change a morally unacceptable work environment, the emergency nurse may have a duty to resign or transfer to avoid complicity and potentially hostile consequences.
Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

7.1 Contributions Through Research and Scholarly Inquiry. The emergency nurse promotes and advances the specialty through the acquisition, evaluation, and integration of new knowledge into practice. She or he uses evidence-based standards of nursing practice with the evidence obtained through rigorously conducted research or clinical expert opinion. The emergency nurse identifies areas in need of research in her or his own practice settings and facilitates the conduct and dissemination of relevant emergency care research.

7.2 Contributions Through Developing, Maintaining, and Implementing Professional Practice Standards. The emergency nurse periodically develops and reviews professional practice standards to ensure that they reflect the most current evidence. The emergency nurse advocates for the necessary resources and environment to meet the defined standard of care. Responsibility for developing, monitoring, and revising professional emergency nursing standards rests within a shared governance structure. Clinical nurse specialists, educators, preceptors, unit leadership, and the individual are responsible for assuring the knowledge used to deliver emergency nursing care is consistent with the standard of care and practice.

7.3 Contributions Through Nursing and Health Policy Development. The emergency nurse plays an active role on key institutional and community committees or in work groups to set and monitor health policy. She or he is actively involved as an individual in political processes or legislative activities that have impact on emergency care and emergency nursing practice at all levels. State Offices of Emergency Medical Services and Departments of Health significantly affect the provision of care from first responders, basic and advanced life support personnel, emergency care settings, trauma systems, specialty centers (eg, Stroke Center, Chest Pain Center), and rehabilitation. The emergency nurse—as an individual or as a representative of Emergency Nurses Association (ENA)—is visible, verbal, and actively engaged in the work of these community agencies whenever possible.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

8.1 Health is a Universal Right. “The highest attainable standard of health is a fundamental right of every human being.” Emergency nurses not only provide emergency and trauma care but coordinate programs—such as prevention of injury, immunizations, and food security—advocating for pediatric and older adult patients who are vulnerable to poor health outcomes. Although emergency care is episodic in nature, the emergency nurse coordinates with other available health care professionals to provide holistic and comprehensive health care.

8.2 Collaboration for Health, Human Rights, and Human Diplomacy. The emergency nurse considers the social determinants of health during patient encounters: socioeconomic and political context, social class, gender, ethnicity, material circumstances, behaviors and biologic functions, psychosocial factors, and health systems. Emergency nurses promote policy change for health and human rights.

8.3 Obligation to Advance Health and Human Rights and Reduce Disparities. The emergency nurse participates with professional organizations and entities committed to reducing health disparities. Actions might include lobbying for funding to support regional trauma systems, pediatric emergency care programs, and reimbursement for behavioral health care.

8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings. The emergency nurse takes action to mitigate interpersonal violence, exploitation of workers, elder abuse, child abuse, and human trafficking. When these situations are identified, the emergency nurse has a moral obligation to offer to intervene on behalf of the patient collaborating with law enforcement and or social work to protect the individual.

Provision 9: The profession of nursing—collectively, through its professional organizations—must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

9.1 Articulation and Assertion of Values. The ENA mission and vision statements describe the expectations of the organization and individual members to promote emergency nursing values, integrity, and social justice. The ENA mission “is to advocate for patient safety and excellence in emergency nursing practice.” ENA’s vision is “to be the global emergency nursing resource and advocate for Safe Practice and Safe Care.”

9.2 Integrity of the Profession. ENA’s values and ethical behaviors are reflected in its adoption of the American Nurses Association’s Code of Ethics for Nurses with Interpretive Statements in professional and organizational relationships and in policies, procedures, practice guidelines, position statements, educational programs,
publications and advocacy efforts for nurses and the public at large, on issues such as workplace safety, prevention of injury, pediatric emergency care, access to behavioral health services, and advanced practice nursing. ENA promotes the integrity of emergency nursing practice at all levels, affirming the importance of appropriate preparation, orientation, ongoing education, licensure, and certification of emergency nurses.

9.3 Integrating Social Justice. Social justice, as defined by the American Association of Colleges of Nursing (AACN), involves “acting in accordance with fair treatment regardless of economic status, ethnicity, age, citizenship, disability, or sexual orientation.” It also considers the needs of society at large. The emergency nurse is actively involved in influencing public policy and behavior affecting the health, wellness, and resilience of populations. Emergency nursing education reinforces the emergency nurse’s responsibility to address inadequate or unjust systems, policies, or practices. Examples of social justice in practice include providing care regardless of ability to pay; prioritizing care based on acuity, not social status; and, in a disaster, rendering triage decisions based on doing the greatest good for the greatest number of people.

9.4 Social Justice in Nursing and Health Policy. The emergency nurse actively participates with the global nursing community in efforts to identify and resolve social justice inequities related to health and wellness of both the nursing profession and the worldwide community. This may include collaboration with other associations to formulate health policy and position statements; international dialogue, education, research and scholarship; and exertion of nursing’s collective influence through legislative and social change.

Conclusion

Emergency nurses have a responsibility to adhere to the Code of Ethics for their professional practice. The ANA Code of Ethics for Nurses with Interpretative Statements relates to the specialty of emergency nursing and serves as a point of reference for the emergency nurse to guide professional practice.

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REFERENCES


