

The New Code of Ethics: Implications for Perioperative Nurses

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History

Nursing has advanced since the time of Florence Nightingale to become a highly specialized profession. "The categorization of an occupation as a profession has traditionally been based on fairly standard criteria, developed by persons with expertise in the study of professions" (Kerr & MacPhail, 1991, p. 24). As Kosier and Erb (1988) state, "The standards of training and practice for the profession are determined by the members of the profession, rather than outsiders" (p. 6). It is in the area of standards of practice where ethics becomes a professional responsibility.

Hendrickson and Deloughery (1991) describe ethics as, "...the branch of philosophy that deals with the dynamics of decision making concerning what is right and wrong" (p.178). Nursing ethics are specifically designed to meet the needs of the nursing profession.

The Code of Ethics for the nursing profession evolved out of a need. Nurses have always been taught to promote the well being of clients, family, and the public, but historically this concept was often overlooked. Many nurses were told by physicians to accept

Abstract

This article will look briefly at the historical development of the Code of Ethics for Nurses and then critique the New Code of Ethics. From there, aspects of the Code will be applied to perioperative nursing.

The Canadian Nurses Association (CNA) revised its Code of Ethics of Nursing to all its members in November, 1992. Nurses can be guided by this document in ethical issues which they must face in their work. Perioperative nurses encounter specific situations daily, for which the Code of Ethics can be a guide.

and follow their orders without question. This meant nurses also had to ignore procedures they felt to be inappropriate, unnecessary, or which caused harm to the patient. Consideration was seldom given to the nurse's personal values which could be in sharp contrast to a physician's or an employer's.

A final circumstance during World War II, as Kerr (1991) tells us, was, "Unacceptable experimentation on and treatment of human beings during the war led to the Declaration of Universal Human Rights in 1948, and the health professions focused attention on the necessity of protecting individuals from unscrupulous, unethical, and incompetent practitioners" (p. 191). As a result, the International Council of Nurses (ICN) developed a Code of Ethics in 1953 which could be used as a standard for measuring nurses conduct.

The CNA generally accepted and used this code until 1980 when the first CNA Code of Ethics was developed. Kerr (1991) explains, "disagreement about the wording of the initial Code resulted in the development of a new Code, adopted in 1985" (p 27). Presently the CNA has seen the need to review the Code and is mandated to do so every five years.

Hendrickson and Deloughery (1991) tell us that recent developments in society have increased nurse's ethical awareness. These advances include the following:

1. Technological advances such as transplants, artificial organs, amniocentesis, and respirators have allowed for prolonging life. They have also prompted

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questions as to which is more important, quality or quantity of life.

2. The Rights of all patients have been recognized and health care workers are obliged to respect these rights.

3. Legal intervention in malpractice cases has brought awareness of ethical issues to everyone.

4. Finally, the lack of resources, such as new machines, trained personnel, donor organs, and money result in ethical problems. (Hendrickson and Deloughery, 1991).

Critique

One of the positive aspects of the new CNA Code of Ethics for Nursing is that it is a very readable document. The index is well set up so that anyone looking for specific information can quickly access it without searching the complete document. The point form format makes information findable and understandable as each point can stand on its own or be viewed in the larger context in which it is used. It is advisable for nurses to read the Code often so as to review expected professional behaviours as well as to be reminded of their continuing ethical obligation to clients and the profession.

Nursing practice is defined at the beginning of the Code. This serves as a consistent guide for all Canadian nurses rather than relying on other definitions or even a nurses own interpretation of what nursing is. The definition in the new Code is very broad and allows for the whole scope of nursing practice to be included whatever the direction of the nurse theorist, the work setting, or focus of care.

The significance of having a Code of Ethics is addressed throughout the document. The preamble states, "the nurse, by entering the profession is committed to moral norms of conduct and assumes a professional commitment to health and well being of clients" (p.1). It goes on to emphasize this in relations with clients, other nurses, other health care workers, and the greater society.

The moral norms of conduct are listed in terms of values. The Code and its interpretative statements, which explain the obligations, provide behavioural direction for nurses as they perform nursing activities with high quality nursing care and ethical obligations as the outcome.

The CNA, as stated earlier, had mandated to review the code every five years. A concern is that this time period may in the future have to be decreased. If technology continues to advance and accelerate as it

has in the recent past, eventually a two year or maybe even a yearly review will be required to keep up with ethical issues under study at present and in the future, issues we can't even imagine.

Dunphy and Mercer (1992) mention several areas of the Code where more explanation is required. For example, although they feel nurses should have structures in their workplace where they can voice complaints, these structures are not explained. Dunphy and Mercer (1992) also warn, "specialty nurses should be wary of modifying the Code for their own area" (p. 21).

The Code and Perioperative Nurses

The code of Ethics applies to nurses in all practice settings. The operating room (OR) and recovery room (RR) are no exception. Two ethical concerns which face us daily in our practice are advocacy and refusal to care for patients.

Advocacy

Dunphy and Mercer (1992) comment on the new CNA Code as remaining fairly constant in its main points. They do, however, point out some of the significant changes. They say, "One of the changes in the new Code lies in the nurses role as patient advocate" (p. 19). Kosier and Erb (1988) say, "an advocate pleads the cause of another or argues or pleads for a cause or proposal" (p. 18). Perioperative nurses are in a unique position to advocate for the patient.

One of the roles of an advocate is to "inform patients of their rights and options and of the consequences of these options" (Kosier & Erb, p.18). A client who requires a surgical procedure has the right to be informed about the risks, benefits, and expected and potential outcomes. Basically this is a medical responsibility. However, OR nurses in preoperative assessment are able to determine fears and anxieties which the patient and/or family members may have and their need for information about their procedure.

This information, as stated previously, is learned during the assessment phase of the preoperative (pre-op) visit which ideally is conducted the day before surgery for hospitalized patients. With the recent increase in Day Surgery and Same Day Surgery these interviews must be arranged individually with clients prior to their surgery. The nurse is able to give information which reinforces and supplements that given by the surgeon and anaesthesiologist. The nurse's relationship with client and family, addresses Value I of the Code which shows, "respect for needs and

values of clients" (p.1).

The rapport established during the pre-op visit can help the patient confirm that the nurse will be his advocate, protector, and caring professional during the time when he/she is unconscious or sedated. The patient at that time is in a powerless position, unable to make a decision concerning his well being. The circulating nurses role is to "control the physical and emotional atmosphere in the room...for the safety and welfare of the patient" (Atkinson, 1992). The tasks of the circulator reinforce the advocacy role and some of these are listed as follows.

1. The circulating nurse provides an atmosphere that is warm and quiet.

2. She/he must insure proper positioning of the patient and have available items to pad and protect bony surfaces, prominent nerves and blood vessels.

3. The circulator must also protect the patient from electrical hazards by using only approved and properly functioning equipment. The importance of proper grounding is also a responsibility of the circulating nurse.

4. As well, respect must be shown for a patient's religious and cultural beliefs and their right to privacy.

5. The circulating nurse is also responsible to have supplies and personnel ready in order that surgical time is as short as possible.

The preceding nursing functions allow the perioperative nurse to follow the obligations of Value XI of the Code. That value states "The nurse advocates the interests of clients" (p.21).

Refusing to care for patients

Nursing is a caring profession and its main focus is on the client and his/her well being. However, the nurse also has established norms, values, and beliefs. These ways of thinking have been developed from birth with religious and societal influences to create a unique person. From time to time a nurse will face situations which are in contrast to norms, values and beliefs of patients and employer.

One issue is that of abortion. Hendrickson and Deloughery (1991) say, "If ethically opposed to abortions, the nurse is usually excluded from participating in activities considered morally repugnant. The nurse should also realize however, that the woman having an abortion has ethical views on the issue that may differ from that of the nurse, and as a person and a patient deserves respectful care" (p.206).

The Code can be used to prevent this dilemma from happening in most cases. This situation can be de-

scribed as ethical distress which according to the Code says occurs when "nurses are ethically obliged to provide particular types of care despite their personal disagreement or discomfort with the course of treatment prescribed" (p. iii). Nurses have the right to refrain from participating in abortions in the facilities where they are performed, due to their beliefs. Value V, of the Code, under limitations says, "A nurse is not ethically obliged to provide requested care when compliance would involve a violation of their moral beliefs" (p. 10). However, the nurse is also obliged to make this known to her employer at the time of employment. The Code also guides the nurse's behaviour according to obligation number 2 of Value V which states, "In seeking or accepting employment, nurses must accurately state their areas of compliance as well as limitations" (p. 9).

Atkinson (1992) also explains that in cases of emergency where the life of a mother is threatened, the nurse could be required to participate. Again the Code is very clear in one of its first statements. Obligation number 1 of Value 1 states, "the client's perceived best interests must be a prime concern of the nurse" (p. 1).

These examples show how perioperative nurses are guided by the Code of Ethics in their workplace. It can help to achieve a balance between what is right and wrong for peace of mind of the nurse and the best interests of the patient.

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Professionalism

By Shirley Gallant, Carol Anne Howe & Donna Wheaton

The Shorter Oxford English Dictionary defines professionalism as:

1. professional quality, character, method or conduct; the stamp of a particular profession.

2. the position of a professional as distinct from an amateur; the class of professionals 1884.

Sec. 63-7-103 of The Tennessee Nurse Practice Act now states that the practice of professional nursing means, "the performance for compensation of any act requiring substantial specialized judgement and skill as the basis for application of the nursing process, in wellness and illness care". The judgement and skill must be based on knowledge of the natural, behavioral and nursing sciences and the humanities.

The term "professional" is much used and much abused. It is both an adjective and a noun applied to every occupation from repairing automobiles to playing football. How often one hears the expression: "He/she is a real professional".

Six major characteristics of a profession as described by Peter M. Blau and Richard W. Scott are:

1. Professional decisions and actions are governed by universal standards that derive from a body of specialized knowledge.

2. Professional expertise is very specialized; problems dealt with are limited to the specialty area.

3. Client relationships are characterized by affective neutrality; i.e., there should be no emotional involvement with the client.

4. Professional status is achieved by individual performance.

5. Professional decisions must not be based on the practitioner's self-interest.

6. The profession controls itself, and external regulation is unnecessary.

Professions must have a service orientation, and the needs of clients should be placed above the

professional's personal desires.

As an occupation moves toward professional status, the occupation is upgraded. Greater income, prestige and power accrue to the professional; and these rewards, in turn, attract higher calibre people into the profession.

Professionalization also leads to the establishment of roles, and with acceptance of the "professional role" come certain preconditioned behaviours that are "expected of the professional".

Professional nursing includes the following:

- responsibly supervising patients, which requires skills, observation of symptoms and reactions, and accurate recording of facts;

- promoting, restoring and maintaining health or preventing illness of others;

- counselling, managing, supervising and teaching others;

- administering medications and treatments as prescribed by a licensed physician, dentist, podiatrist or nurse authorized to prescribe treatment;

- applying nursing procedures that involve understanding of cause and effect; and

- nursing management of illness, injury, or infirmity including identifying patient problems.

Why is professionalism so important to the operating room nurse today? What can we do to foster an image that reflects what the operating room nurse truly stands for?

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