NSSC 8500

Module 6: Developing Ethical Practice

Introduction

As practising registered nurses (RNs), you already have much knowledge and experience related to ethical practice, and have navigated numerous ethical issues that occur in daily practice. This module will give you the opportunity to examine these situations through the lens of nursing research that has illumined and explicated the unique and, at times, challenging context of nursing ethical practice with the intent to further inform and influence your ethical practice.

In this module*,* you will learn about the significance of values and values clarification: moral identity, which examines the integration of personal and professional identity—who we bring to practice; moral agency, the process of enactment of one’s moral identity; the influence of context on practice; and ethical decision-making.

Please note: The terms “moral” and “ethical” are used interchangeably.

# Learning Outcomes

#outcomes

Upon successful completion of this module, you should be able to:

1. Explain how personal and professional values influence ethical practice.
2. Examine the evolution of your own moral identity.
3. Articulate the attributes of moral agency.
4. Analyze how contextual factors influence ethical practice.
5. Analyze an ethical issue in practice using an ethical decision-making framework.

/outcomes

# Learning Activities at a Glance

The learning activities in this module are designed to support you in understanding and assimilating the materials while connecting them to your knowledge and experience of the various topics.

#readings

## Readings

Roberts, D. (2012). [For Better or for Worse—Values Shape Nursing Practice](file:///C:\Users\a00751527\Downloads\assets\for-better-or-worse.pdf). *MEDSURG Nursing, Vol. 2* (1), p.7.

[*Code of Ethics for Registered Nurses*](file:///C:\Users\a00751527\Downloads\assets\CNA-code-of-ethics-for-RNs.pdf) (2008). Canadian Nursing Association.

Varcoe, C. et al. (2004) [Ethical practice in nursing: Working the in-betweens](file:///C:\Users\a00751527\Downloads\assets\ethical-practice.pdf). *Journal of Advanced* *Nursing, 45*(3), pp. 316–325.

/readings

#reflections

## Learning Activities and Self-Reflections

Several self-reflections throughout the module provide important opportunities for you to make links between the course materials and your knowledge and experiences. The best learning occurs when you can connect new material to what you already know, which helps you make sense of it in your own way. We encourage you to respond to the self-reflection questions in your journal, whether it’s on paper or digital. Summarize or reflect in your journal after each reading to help you keep track of the major points and remember any “aha!” moments you may have.

/reflections

#discussion

## Discussion Forum

The discussion forum at the end of the module gives you the opportunity to share your experiences and insights about the module material.

/discussion

# Values

# Values: The Heart of Ethical Practice

As you know, the primary guide and support for professional ethical nursing practice in Canada is the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008). This Code represents the collective values of the nursing profession that serves to guide and evaluate best nursing practice in Canada.

The seven primary values are:

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision making
4. Preserving dignity
5. Maintaining privacy and confidentiality
6. Promoting justice
7. Being accountable

While nurses strive to embody and enact these professional values in practice, at times it’s easier said than done. Sometimes we can get tripped up by a variety of influences, such as the impact of our personal values on certain aspects of practice. Personally, we all have a unique composite of values based on culture, sociopolitical context, family, and personal experiences that we bring into the practice setting. The sum of these personal and professional values is described as one’s moral identity, which we will focus on later in the module.

Stephany and Majkowski (2013) describe values as:

#quote

“. . . ideals, beliefs, customs, modes of conduct, qualities, or goals that are highly prized or preferred by individuals, groups or society. Values are central, enduring appraisals of what is important to us, our lives and larger world. . . . People usually acquire their belief system early on in life from parents, family, school, society, religion, and culture. Some values are chosen consciously, and others we incorporate uncritically and unconsciously into our way of being part. Consequently, many people are unaware of what some of their values are. They become so entrenched into how a person thinks and behaves that an individual may operate on them in an automatic fashion” (pg. 60).

/quote

## Why are values important to nursing practice?

Stephany and Majkowski (2013) maintain that if nurses are not aware of their inherent personal and professional values, there is danger of imposing one’s own deeply held values and beliefs on clients, thereby perhaps unintentionally limiting clients’ autonomy and freedom of choice.

#reading

Roberts, D. (2012). [For Better or for Worse: Values Shape Nursing Practice](file:///C:\Users\a00751527\Downloads\assets\for-better-or-worse.pdf). *MEDSURG Nursing, Vol. 2*(1), p.7.

/reading

# Values Clarification

Roberts (2012) contends that by engaging in values-clarification processes, deeply held values can surface and be better understood. Values clarification increases one’s awareness about one’s cherished values and how they impact attitudes and behaviour. Oberle and Raffin Bouchal (2009) described several methods for values clarification including reflection, journaling, and dialogue with colleagues.

Here’s an example of how values clarification supported a student in this course in understanding how her cultural values affect her nursing practice.

#example

#quote

*“Cultural values have had an influence on my ethical behaviour by affecting my moral identity. As a child, I was told never to complain, and because ‘suck it-up, buttercup’ was the household motto. I have a very difficult time with patients, or anyone for that matter, who whine. I would rather have a patient swear and yell at me, than hear a whiney tone. Whining is like ‘fingernails on a blackboard’ for me, and when a person acts in this manner, I notice that not only does my communication style change from a caring and sharing tone to a short and blunt one, but also my facial expression becomes flat. Although my nursing care is not comprised as I will do everything I can to make a person comfortable and give competent care, the tone of my voice and my non-verbal communication is out of sync with this. Being brought up in a non-whining environment has caused me to have a lower tolerance of others that do whine; this being evident in both my verbal and non-verbal communication. By being introspective in contemplating my personal value systems, I have come to the realization that this is the reason why I exhibit blunt and direct personality traits with others who whine; as such, in the future, I will be more aware of my behaviour when I encounter an individual with this type of personality and try to adapt it.”*

/quote

#reference

*Student in NSCC 8500*

/reference

/example

Did you notice how this nurse’s personal values impacted the professional values of treating patients with dignity and respect? Through the process of values clarification, she was able to recognize the source of her frustrations with clients, thereby enabling her to be more conscious about her ethical practice.

#activity

## Learning Activity

1. Journal about a nursing situation in which you felt uncomfortable and conflicted.
2. As you write about the situation, include how you felt physically and emotionally at the time you experienced the situation.
3. What personal values can you identify in the situation that were being challenged?
4. Try to remember where and from whom you learned the personal values.
5. What values do you think were being expressed by others involved? Are they similar to or different from your own values?
6. Can you remember having similar reactions in other situations? If yes, how were the situations similar or different?
7. In hindsight, is there anything now that you would like to change in the initial situation?
8. Moving forward, should you encounter a similar situation, what could you do to change your reaction?

/activity

Learning to clarify your personal and professional values is a key process in sorting out ethical distress and conflicts that undermine your well-being and professional effectiveness. The next time you encounter a clash or conflict, stop and take some time to examine your values at the core of the conflict. Ask yourself, where do they come from? Are they still serving me? Do I want to hold onto them or can I change them?

Having examined the role of personal values in ethical practice, you will now examine the foundational professional values for nursing practice in Canada.

# Professional Values: The Code of Ethics for Registered Nurses

As you know, the Canadian Nursing Association’s Code of Ethics for Registered Nurses (2008) serves as the moral compass for registered nurses to guide and evaluate ethical practice in every avenue of practice.

#reflection

* Given your current context of practice, how is the Code of Ethics guiding your ethical practice?
* Are some of the values more challenging to enact than others? Why?

/reflection

#activity

Review the CNA, [Code of Ethics for Registered Nurses](file:///C:\Users\a00751527\Downloads\assets\CNA-code-of-ethics-for-RNs.pdf) (2008), through the lens of your current practice.

Read the following sections:

* Preamble
* Using the code in nursing practice
* Types of ethical experiences and situations
* Part 1: Nursing values and ethical responsibilities

#reflection

* Study each of the seven nursing values as they apply to your current context of practice.
* What are some new aspects of these values that you have become aware of in your study?
* Which values are easier to put into practice for you than others and why?

/reflection

/activity

# Personal and Professional Values in Ethical Practice

The following exemplar illustrates applying personal and professional values in ethical practice. As you read it, reflect on which ethical values served as a moral compass in this situation.

#case

## Willy’s Case

*“I was assigned to the extended care unit for the afternoon shift. In report I was told that Willy was deteriorating rapidly and that there was nothing in particular to be done for him other than routine comfort measures. In the course of my rounds, I got to Willy’s room to find his family looking sad and worried; and as I looked more closely at Willy, I understood their concern. His colour was grey, his breathing was rapid and shallow, he was wet with perspiration from head to toe, and he was drifting in and out of consciousness. I checked his vital signs, listened to his chest, and checked his oxygen saturation with the pulse oximeter to find that he was markedly hypoxic, had a high fever, and his chest was full of gurgles and wheezes, with large areas of decreased air entry. As I administered oxygen to him, I quickly ran through the feasible options in my head. Clearly, he had an acute case of pneumonia and if he was left without treatment he would have a respiratory arrest in a few hours. There were two options that I could see: leave him to go into respiratory arrest; or get him transferred to the local Emergency for intravenous antibiotics.*

*“Willy was an ailing, 87-year-old man with a deteriorating musculoskeletal condition. He and his family knew that he had a terminal condition and they were as prepared, as much any one can be, for his death. As I talked to them and told them how ill he was, naturally they were very upset and anxious about his condition. From what I could intuit as I listened to them, it seemed that although, mentally, they knew he was terminally ill, they were not ready, emotionally, for him to die. ‘His brother is coming from England to see him for the last time in a few weeks,’ they told me. That sentence kept reverberating in my ears. I decided to talk to Willy and ask him what he would like to do. I explained that he had a bad chest infection and that he needed treatment if it was going to get better. I reassured him that he wouldn’t need to stay in hospital for long and that he could come back as soon as his chest was a bit better. He thought for a few moments and weakly rasped, ‘take me to hospital.’ I called his other family members, his family doctor, and the nursing supervisor to inform them of the situation and let them know that Willy had chosen to be taken to hospital. The family was very much in agreement; there was great relief in their voices as we talked about it. The family doctor was neutral, as was the nursing supervisor; and the staff on the unit thought I was crazy. ‘Why not just let him die?’ they said to me. I had to admit that although there was a lot of ‘clear blue sky,’ there was also a big grey cloud hanging over me. There was a nagging doubt in my mind—was I really doing the best thing for Willy? Would sending him to hospital be beneficial for him in the long term?*

*“As I reflected on this feeling, I realized that the uncertainty was about what would happen when he got to the hospital. Would he have to wait a long time to be treated? Would he have to endure being on an uncomfortable Emergency stretcher for several days? Would he die in the hospital, away from his familiar surroundings? There were definitely some big ‘unknowns,’ and there wasn’t much I could do about most of them. I did call the Emergency to find out what the waiting time would be and was told it was reasonably quiet. That seemed to be the green light; it was mid-afternoon and probably as good a time as any to send him. I summoned up my courage and called the ambulance. As I said good-bye to Willy, I gave his hand a big squeeze, and said ‘see you in a few days,’ and he gave me a long, soulful look and rasped, ‘Thank you.’*

*“I went off shift still wondering if I had done ‘good’ for Willy. Over the next few days, I went through the scenario again and again in my mind, and finally came to the conclusion that I had made the best choice at that time, given all the options. The next time I went to that unit, the first question I asked was about Willy. I learned that he had been admitted to the hospital for a couple of days, responded well to the antibiotics, and came back to the unit relatively unscathed. Best of all, his brother had come from England and they had a good visit. Willy died peacefully a few months later; he was ready to go and his family were ready to let him go.”*

*Course developer*

## Case Questions

1. Which of the values in the *Code of Ethics for Registered Nurses* (2008) did you identify?

#reveal

Button: Viewpoint

The primary values of *promoting and respecting informed decision making* and *dignity* came into play. Of note is that although the nurse was not legally obligated to intervene because Willy had a “Do Not Resuscitate” order, her ethical values deemed it “best practice” to intervene at that point. In this case, the legal mandate was the minimum standard, while the ethical standard was the best that could be done at that time, given all the contextual influences.

/reveal

2. What personal values influence the nurse’s ethical decision making?

#reveal

Button: Viewpoint

The value of being able to have closure with distant relatives was significant, given that the nurse had relatives living in other countries and would want to have a chance to have closure with them if she were in this situation.

Another significant aspect to recognize about the Code of Ethics for Registered Nurses (2008) is that it is based on Canadian sociopolitical and Judeo-Christian values. For registered nurses educated in countries with differing sociopolitical and philosophical values, some of the values may seem foreign or even difficult to enact. Caldwell, Lu, and Harding (2010) report that ethical distress and confusion can arise when nurses are transplanted from one culture to another. It’s important to recognize the role that differences in cultural and philosophical traditions, including the significance of individualist cultures as opposed to collectivist cultures, have on ethical practice.

/reveal

/case

#activity

A *student in this course described the challenges she experienced in adopting the Canadian Code of Ethics in terms of the values around individual choice and autonomy. She was raised in a communist country in which the greater good of all was one of the prevailing sociopolitical values. To her, the notion of individual choice was foreign, and it took her some time to recognize and reconcile the impact that her communist upbringing had on her moral identity.*

What cultural, philosophical and socio-political values influence your ethical practice?

Journal about your insights.

/activity

# The Nature of Ethical Practice

In recent years, nursing research and scholarship has expanded our understanding of the unique complexities and ambiguities inherent in everyday nursing practice. The following reading is one such research study that has illumined our understanding of nurses’ ethical practice.

#reflection

## Read and Reflect

### Reading

Varcoe, C. et al. (2004) [Ethical practice in nursing: Working the in-betweens](file:///C:\Users\a00751527\Downloads\assets\ethical-practice.pdf). *Journal of Advanced* *Nursing, 45*(3), pp. 316–325.

### Reflection

* How do the findings in this reading relate to your past and present ethical practice?
* Which particular findings speak to you about the nature of ethical practice?

Journal about your insights.

/reflection

# Moral Identity

# Moral Identity: An Evolving Way of Being

In Varcoe et al.’s article (2004), the first research anecdote describes a nurse’s recognition of the evolution in her ethical practice. As a novice, she agreed to work in all the areas she was sent to, regardless of how competent she felt. Her growth was in recognizing her responsibility for choosing work environments in which she felt competent. Varcoe et al. (2004) wrote that some of the major influences on the evolution of ethical practice are “formal education, religious teachings, personal knowledge, and nursing experience” (p. 320). This connects to the discussion on personal and professional values that was described earlier in the module.

#activity

Read the following student reflections on spiritual values and moral identity and respond to the questions below in your learning journal.

#example

## Example One

#quote

*“One moral influence I examined was religion, as I had attended a parochial school for seven years, leaving me with an aversion to religion, but a tolerance and acceptance for other people’s beliefs; or so I thought. However, I found that my ability to think objectively was affected when I encountered a situation which conflicted with my ethical belief system. This occurred whilst I was working in the Neurological Critical Care Unit (NCCU). I was nursing a patient who had had a stroke and was unconscious but stable, and breathing without assistance. When I went to check on the patient, I was absolutely flabbergasted to find a priest administering the last rites. I was so taken aback that I passionately said to the priest, ‘You’re giving him last rites? He’s not dying!’ and immediately, I left the room. When the priest left, I have him the ‘evil eye’, as I felt so angry.*

*“I returned to the patient’s room after the last rites were given and held his hand and told him that he was not dying, that he was in stable condition. At that time, I did not think that I had done wrong, because I thought I was protecting the patient from a negative person who was influencing his well-being. I had applied my own beliefs and values to the situation without thought of the patient’s. In retrospect, when I contemplate this incident and analyze my behavior, I am shocked at my reaction and the inappropriateness of it. I had allowed my own personal views to interfere with the patient’s care, without regard to his religious views and needs. I had not considered if he would perhaps have found solace in the priest’s presence and the last-rite ritual. This situation illustrates the dialogical nature of morality identity where ‘differing perspectives [lead] to inner tensions as they [are]…torn between the different voice’ (Varcoe et al., 2004, p.320). In addition to this, I broke the CNA’s (2008) guideline of preserving dignity by not taking into account the patient’s unique values, customs, and personal beliefs.”*

#reference

NSCC 8500 student

/reference

/quote

/example

#example

## Example Two

#quote

*“My moral identity has evolved over my years of clinical practice in many different areas, as well as within my personal life, with the birth of my children and my own personal growth. As I reflected back on some of the events in my nursing career that have helped shape who I am as a moral agent, I was unaware of how much impact each episode had on me. As I recalled each particular event, the details came rushing back with incredible clarity. I had never realized the impact they had on me until I began this process. I am proud of my ethical practice and try and set a good example for all the new practitioners amongst my staff.”*

/quote

*/*example

## Reflective Questions

Take some time to reflect on the evolution of your ethical practice. This reflection may take a few days to surface all the various facets involved.

1. What educational, nursing, and personal experiences have influenced your moral practice?
2. How have significant life events such as marriage, child birth, divorce, death, or emigration affected the evolution of your moral identity?

Journal about your insights.

/activity

# Storytelling and Ethical Practice

Hartrick Doane (2002) described how nurse research participants developed moral identity as they recounted moral stories from their practice. Storytelling is a process by which we sort out what we think and how we feel about a situation. It helps us find out who we are as moral practitioners.

A course developer shared how storytelling supported her understanding of ethical practice:

#example

*I can recall a time when I made a mistake calculating a drug dose for a client. No harm was done to the client; however, I felt very distraught about it and decided to talk it over with a nursing friend of mine. By questioning me about some of the contextual aspects of the situation, my friend helped shed new light on the situation. I understood that there were some significant contextual influences that had impacted the situation and, although I was responsible for making the error, there were other variables that I identified that lessened the burden of self-judgment. In talking through this situation, I recognized the significance of contextual factors in moral practice, which in turn, further shaped my moral identity.”*

/example

Hartick Doane (2002) described that nurses have different abilities to maintain their moral identities within similar contextual pressures. For example, one nurse who told a story of not being able to act ethically stated:

#quote

“I’m still an ethical, caring, competent nurse. I’m just being put in a situation where the job stinks, you know? So that’s the way I define it.”

This nurse had a strong moral identity and was able to differentiate her moral identity from the perceived immoral nature of the context of her practice. She defended herself by saying, “I am extremely dissatisfied with my job when I have to work like that. I hate it. But I will not say that I am ethically compromised (p. 628).

/quote

However, when nurses do not have clearly developed moral identities, they are less able to withstand the contextual pressures and are more susceptible to developing moral distress.

#reflection

1. Can you think of how telling your story has influenced your moral identity?
2. Is there a moral story that you need to tell?
3. Have you noticed how important it is to talk about cases in which you were ethically challenged?

Journal about your insights.

/reflection

# Multiple Inner Voices

Hartrick Doane (2002) described the multiple “voices” or inner values/perspectives that nurses reported being aware of in various moral situations. There is a clear example of this cited in the Varcoe et al. (2004) article that describes the multiple voices of the nurse caring for the 102-year-old gentleman. The multiple voices were the nurse, the granddaughter, and a dialogue about wondering what he wanted. Hartrick Doane (2002) reported that these multiple voices caused inner conflict as nurses struggled to find their way through the maze of conflicting values and beliefs. As the nurses opened up to the different voices within them and entered into a dialogue, they could reach a consensus within themselves. However, a major deterrent to this inner dialogical process was the pace of practice. The nurses described that they most often did not have time to listen and fully engage in an inner dialogue, to think things through to reach an inner consensus. Thus, they were often left feeling in conflict and dissatisfied with their response. This dissatisfaction with their action inadvertently influenced their sense of moral agency and the narrative identity that arose.

#reflection

1. Can you relate to this notion of multiple voices that represent various conflicting personal and professional values and beliefs?
2. Think of a recent situation in which you experienced these multiple inner voices. Identify the various voices. Which voice won out and why?

Journal about your insights.

/reflection

# Reflection and Inner Dialogue

Hartrick Doane (2002) stressed the importance of reflection and inner dialogue in weaving the multiple voices together so that consensus can be reached about what values and actions will be lived in the everyday practice of nursing (p. 634).

In summary, the formation and evolution of moral identity is a complex and ever-evolving process of value, belief, and attitude formation, shaped by numerous conscious and unconscious experiences ranging from one’s personal sociopolitical, cultural, familial, and spiritual contexts to the educational and professional contexts in which one lives and practises. Moral identity can be likened to a unique mosaic of colours and patterns that represent an individual’s personal and professional values that are continually being shaped by personal and professional experiences.

#activity

## Learning Activity

1. Review your reflections from the above sections.
2. What are some of the new insights you've developed about your moral identity?
3. In particular, what personal and professional values have you discovered that affect your moral identity and, consequently, your moral practice?
4. Journal about your findings.

/activity

# Moral Agency

# Moral Agency

What is moral agency and how does it relate to moral identity? As practising registered nurses, you engage in some form of moral agency every day as you put your personal and professional values, beliefs, and attitudes into practice. Do you recall the example of the nurse in the section on moral identity who responded negatively to “whiny” patients? Her response to these patients is quite different from that of a nurse who has different values about this type of communication from patients. By becoming aware of her moral identity, she can refine her ethical/moral practice. Moral identity and moral agency are inextricably woven into the fabric of daily ethical practice.

Holt and Convey (2012) describe the following key features of ethical practice:

* Recognizing ordinary and everyday health care issues have ethical elements
* Reasoned judgments that consider the ethical elements of a situation
* Being competent and maintaining competence in nursing practice
* Engaging meaningfully in respect as an active ethical agent
* Being morally aware and acting as a moral agent (p. 53)

The authors make an important point about ethical issues being elements in everyday practice. Oftentimes, ethical issues are thought of the “big” issues that may require ethical boards to intervene, such as terminating life support. However, in nursing, most ethical issues occur in everyday practice.

The *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008) defined moral agency as

“the capacity or power of a nurse to direct his or her motives and actions to some ethical end; essentially, doing what is good and right” (p. 26).

The following scenario illustrates moral agency that resulted in a positive outcome for both the patient and nurse. This case will be referred to subsequently to illustrate various aspects of moral agency.

#example

## Mrs. P

*“I was working in what we refer to as the “sub-acute” area of Emergency. An ambulance arrived with an 88-year-old female, Mrs. P., who had been sent in from a seniors’ residence. Upon arrival, the paramedics were a little concerned about the condition of Mrs. P.’s residence. It was early December and the temperature in the home was very cold. The owner/operator of the residence met the paramedics at the door and informed them that the resident had a terrible cough and that she had been weak for the past couple of days. On arrival, I noted that she looked unkempt, her hair was matted, and her flannel nightgown was soiled. Her rectal temperature was 35.2, she had a hacking cough, and her chest was congested on auscultation. She had a very pleasant demeanor and smiled graciously whenever I approached her. I bundled her in some warm blankets and gently warmed her hands with mine. As I looked into her eyes, I saw the sweetest soul. During our conversation, I asked her about herself and the home. She had no surviving relatives, and had been living at the home for eight years. She said how the home was quite cold as the owner was having some financial problems and was trying to find ways to cut costs by keeping the heating low. Apparently, there were fewer hot meals, mostly cereal and sandwiches were being served, and her prescriptions hadn’t been filled for three months. But Mrs. P. cautioned, “I really like it there, and I don’t want to make any trouble for the owner. She is doing the best she can, but with the rise in cost of food and electricity, she has to make some cutbacks.” I knew at this moment, I had a dilemma on my hands. How could I let this dear soul return to these conditions? And yet this is her home, and she doesn’t want to rock the boat. I went to get the ER physician to check her and then took a few moments to review her file to see if there was a pattern of neglect. Interestingly enough, she had been admitted to Emergency three weeks earlier with dehydration; the matted hair and soiled clothes were mentioned in the nurses’ notes. This data confirmed my hunch about the pattern of neglect. My personal moral compass intuitively told me that I could not send Mrs. P. back to her residence without investigating the conditions she was returning to.*

*In the meantime, a chest x-ray confirmed left lower lobe pneumonia. Mrs. P. told the doctor that she didn’t want to be hospitalized and wanted to go back to her home. Now what to do? Since my personal moral values influence my moral reasoning and action, I knew that if this were my grandmother, I wouldn’t be satisfied sending her home to these conditions. Also, since nursing is definitely a moral activity, I felt the need to advocate on the patient’s behalf, remembering to respect her autonomy. I brainstormed all the feasible alternatives: sending her home with her prescription, which probably wouldn’t be filled; have her hospitalized against her wishes until she recovered; look for an alternative residence, which could take time and go against her wishes; or keep her overnight in the ER, administer the required antibiotics, and send her home the following day once the social workers had been mobilized to investigate the home.*

*The final alternative seemed to be the most feasible. I explained the whole situation to the ER physician and got his full cooperation to admit her for the night. However, I realized that I needed to respect Mrs. P.’s autonomy, so I approached her and outlined the plan, stating my concerns about her health and the conditions in the home. Initially, Mrs. P. was worried about “rocking the boat,” as she put it. She didn’t want to get the owner angry at her; however, when I explained to her that I wanted to do this because I cared for her and her well-being, she began to cry. She told me that it had been years since anyone had really been there for her. After some consideration, she realized this was in her best interest and agreed to the plan. After giving her a cup of tea and toast, and her antibiotics, as she was getting ready to go to sleep, she called me over and gave me a big hug, thanking me for caring about her. I talked to the night social worker and was assured that the situation would be attended to the following day. This choice respected her autonomy, prevented further harm, and benefited the patient. I felt relieved and happy to have done the right thing for Mrs. P.”*

/example

# Attributes of Moral Agency

Understanding and analyzing moral agency can seem to be an abstract and complex process. By breaking moral agency into smaller processes, termed attributes, you can more readily identify and describe yours and others’ moral agency. Raines (1994) described four attributes of moral agency: privileged relationship, duty, sound knowledge, and courage.

## Privileged Relationship

Raines (1994) contends that nurses have unique and privileged relationships with patients and families and come to know particular and very personal information. As professionals, nurses have unwritten but recognized covenants between themselves and patients and families that give them licence to perform certain actions in the best interests of patients and families.

Hayes (2000) described the Synergy Model as nurses working collaboratively with patients to ensure their needs are understood and met. In a sense the nurse, when necessary, becomes the voice for the patient. The Synergy Model provides a clear reference point in terms of intention for moral agency.

A quick check that can be used in cases of uncertainty about whose needs are being met is to ask if the patients’ needs being met in that situation. If not, what needs to happen for the patients’ needs to be met?

Both Hayes (2000) and Raines (1994) proposed that building trusting relationships with patients is a key component in effective moral agency. Therefore, the capacity to build synergistic and trusting relationships with clients, while discerning their needs, is an essential attribute of moral agency.

#reflection

In Mrs. P.’s scenario, did you notice how the relationship the Emergency nurse built with Mrs. P. was key to the Emergency nurse’s being a skillful moral agent?

/reflection

## Duty and Sound Knowledge

Further attributes of moral agency that Raines (1994) described are duty*,* which encompasses professional standards of practice and sound knowledge, which includes clinical and ethical knowledge. Knowledge and appropriate application of ethical resources, such as the Code of Ethics for Registered Nurses (2008) and any other relevant standards of specialty practice, are implicit in this attribute. Sound knowledge, having current knowledge of best practices in one’s specialty, is one of the foundational aspects of ethical practice.

#example

Referring back to Mrs. P.’s case, the Emergency nurse was fluent and effective in her assessment and clinical decision making. Her sound knowledge base and technical proficiency engendered her competence and professional respect from her colleagues.

/example

## Courage

Raines (1994) described courageas another vital attribute of moral agency. Varcoe et al. (2004) described how conflicting loyalties and fear of repercussions sometimes constrained moral agency. Have you experienced this too? Developing discrimination about knowing when to speak and act as a moral agent and knowing how to pick one’s battles is part of this process.

#quote

“The word “courage” comes from the [Old] French word *corage* meaning “heart and spirit.” Historically, nurturing and compassionate people have always acted from their hearts, but notions of courage as heroic have diminished this concept of the heartfelt value of courage. Without courage, however, a key part of our spirit is lost. Perhaps that’s why Aristotle considered courage the first of the human virtues, because it makes all other virtues possible. When you come from your heart and spirit, and let your passion for what you do guide you, you are displaying true authenticity (Walston, 2003, p. 4).

/quote

#example

*"I remember a particular time in the Pediatric ICU when a child’s condition was deteriorating rapidly and, from my knowledge and experience, I knew the resident on call was not providing the appropriate treatment. I gathered up my courage and asked the resident to get the senior physician on call, intentionally intimating I would not put any further orders into action until he sought further advice. Fortunately, the resident realized he needed help, and was able to put the child’s needs ahead of his needs to be right. It was well worth the risk! Once the senior physician arrived and took over the child's care, we were able to stabilize the child’s condition. It was a win-win situation for everyone.”*

#reference

Course developer

/reference

/example

## Moral Perception, Moral Sensitivity and Moral Imagination

Holt and Convey (2012) described moral perception as the ability to identify situations that have a moral dimension, and moral imagination as the capacity to appreciate the significance of the situation from another individual's perspective.

Hentz (2007) describes moral sensitivity as a subjective process that involves a feeling state, a gut response to a situation, which, when noted, can draw one’s attention to the situation. There is a gut sense that something is wrong and that one needs to pay attention and become involved.

#quote

Pask (2003) illuminated the central role of moral sensitivity and imagination in effective moral agency:

“The reflective glance of a nurse who seeks imaginative appreciation of another’s suffering will, through their focused attention upon the patient, penetrate the patient’s situation more deeply. . . . Moral imagination enables our ability to see and to be receptive to those cues through which the perceptions of others are made known to us. When we experience compassion, we are spurred to develop a deeper understanding of that which we see and to give as intelligent a response as possible. A nurse’s capacity for compassion also explains the meaning and knowledge that they ultimately develop through their reflection upon experience (pp. 46–47).

/quote

#reflection

Thinking back to Mrs. P.’s case, how did the emergency nurse’s moral perception, sensitivity, and imagination support her moral agency?

/reflection

## Supportive Relational Contexts

Another key attribute of relational ethics, is building a supportive network of colleagues. Rodney, Brown, and Liaschenko (2004) contended that a nurse’s moral work is significantly impacted by the interconnected nature of relationships in health care. These authors used the concept of relational matrix to illustrate the connectedness and interdependence of individuals working in together in an organizational context. The concept of a relational matrix can be useful in thinking about the nature of relationships in the health care environment and can support us in recognizing the existing relational matrix in our practice setting. Rodney et al. proposed that social knowledge—that is, knowledge of the particularities of the people in the matrix—is crucial. They proposed that the relational matrix flourishes best when people practise authentic presence, trust, and collaboration.

#reflection

Referring back to Mrs. P.’s case, do you think the nurse’s effectiveness was enhanced by a supportive relational context?

/reflection

Smith and Godfrey (2002) researched the opinions of a group of practising nurses about the attributes that they considered sound ethical practice. They identified seven major characteristics/attributes, summarized below:

#key-point

1. *Personal characteristics* was the largest category reported and included personal attributes such as respect for self and others, caring and compassion, flexibility, and excellent communication.
2. *Professional characteristics* included acting within the scope of practice, being a role model and applying a code of ethics to practice.
3. *Knowledge base* was described in terms of 1) a professional knowledge base, including basic and continuing education and experience and 2) a situational knowledge base, which is patient specific knowledge.
4. *Patient centeredness* was reported as always keeping patients’ needs and desires ahead of standards and policies and putting patients’ best interests first.
5. *Advocacy* reflected empowering others, looking after or intervening on behalf of patients’ interests.
6. *Critical thinking* consisted of the reflective analysis needed to make appropriate decisions and evaluate outcomes. This requires nurses to continually ask questions, clarify information, and consider a variety of options. At times, nurses need to consider a variety of different and sometimes conflicting perspectives in light of both professional and personal morals and codes.
7. *Patient care* included “following through with what the patients’ needs are” and “collaborates with the entire health care team to facilitate care” (p. 307).

/key-point

#reflection

How do these key characteristics relate to your moral agency? Are there any other characteristics that you would add?

/reflection

#activity

## Learning Activity

Identify an “everyday” ethical issue you have recently encountered. It may have been an issue in which you were an effective moral agent or not; write a short description about it in your journal.

1. What elements made it an ethical issue?
2. Identify the attributes and characteristics of your moral agency.
3. How did moral perception, sensitivity and imagination play a role or not?
4. In hindsight, are there any moral attributes and characteristics that you learned about that you would include?

Your notes will be helpful for the discussion for this module.

/activity

# The Context of Moral Practice

As you read in Varcoe et al.’s (2004) research findings, the context of practice is highly significant in nurses’ ethical practice. It’s much easier to be an effective moral agent when there are sufficient resources and supports available. And the opposite conditions (lack of time, staff, money, equipment, policies, and ethical resources) can and do constrain nurses’ ethical practice.

#reflection

## Read and Reflect

### Reading

Varcoe, C. et al. (2004) [Ethical practice in nursing: Working the in-betweens](file:///C:\Users\a00751527\Downloads\assets\ethical-practice.pdf). *Journal of Advanced* *Nursing, 45*(3); “Working in a shifting moral context,” pp. 322–323.

### Reflection

Which aspects of moral context can you relate to in your past or present?

Journal about your insights.

/reflection

Marck (2004) proposed the use of an ecological framework as a way of viewing the interrelated nature of ethical practice in health care. Central to Marck’s views on moral ecology are the notions of integrity, residue, and healing capacities. Several kinds of integrity are foundational to ethical practice. For example, the personal integrity of practitioners, the professional integrity of their practices, and the ecological or systemic integrity of their practice environments are all requisites for safe, healing systems and morally sufficient nursing care*.*

Here’s a student’s description of how the personal integrity of a group of staff supports the moral integrity in her context of practice.

#example

*Another contextual influence that drives my ethical practice is the ORNAC Standards of Practice (2011). I feel exceptionally fortunate to be part of a group of nurses who chose to influence ethical practice by providing all Canadian perioperative nurses with an important reference that is continually revised and updated. It is hard to be in an operating room and not hear a nurse mention The Standards—at least once during a shift. It drives our practice and helps us to choose the moral and ethical solution to many problems that arise in our daily work. These standards were created to protect the patient and help the perioperative nurse provide the best care possible.*

/example

The following research on the impact of contextual factors provides a framework to analyze how the context of practice can both support and constrain ethical practice. Storch, Rodney, Pauly, Brown, and Starzomski (2002) identified three themes to describe the impact of context on moral practice: organizational climate and policies guiding care; financial, human, and temporal resources available for care; and power and conflicting loyalties.

#accordion

## Organizational Climate and Policies Guiding Care

Throughout almost all the transcripts, there is evidence that the organizational climate, including policy development and implementation in agencies, is problematic for nurses. Sometimes this was due to lack of policy, sometimes to the presence of a binding policy and, more often, to an ambiguous policy. These authors described significant moral distress resulting from inflexible resuscitation policies, particularly when there were no “Do Not Resuscitate” orders for dying patients.

Absent in most agencies (or unknown to the nurses) are resources to deal with unhealthy conflict generated by these types of policy-related issues. A healthy organizational climate should support and encourage raising ethical questions and engaging in ethical dialogue. But these nurse participants stated they often felt silenced. (p. 9)

## Financial, Human, and Temporal Resources Available for Care

Another predominant theme was the nurses’ concern about appropriate use of resources. They struggled with decisions made by others regarding the allocation of scarce resources. Sometimes these resources were used to sustain a patient’s life; sometimes to keep a patient in hospital longer than nurses perceived to be appropriate based upon other physicians’ common practices. In the nurses’ view, the effect of such action was to waste precious financial, human, temporal, and emotional resources.... For example, one student nurse noted the length of time staff had kept a terminally ill and deteriorating patient alive: she observed that apart from the monetary cost of these actions, the emotional cost to the nurses was immense. . . . In many instances nurses were critical of doctors, non-nursing leaders, and nursing leaders who failed to address these types of conflict, with a sense that the reason for non-action was guided by that individual’s wish to not “rock the boat.” They were particularly critical of medical staff who used resources in a way that brought no real benefit to the patient and thereby wasted nursing and other resources needed by other patients. . . . Clearly, the need for more time was considered a barrier to practicing ethically. While the need for “more time” was the operative description, nurses’ discussions conveyed their struggles to practice ethically amid demands of an increased workload, increased expectations, an increased volume of patients, and a higher severity of patient illness. Nurses spoke about lack of time to listen to and support patients: they also spoke about lack of time for reflection on their practice with colleagues. They view such reflective sharing as vital to professional ethical practice. (p. 9)

The theme of scarce resources appears to be particularly prominent in the current health care environment. How do we maintain our sense of “doing good,” providing quality care amidst apparently shrinking health care resources? As one course developer noted, excellence in care occurs moment by moment. Sometimes resources are available to offer good care and sometimes there aren’t. She tries to make the best out of what is available in that moment. Another course developer reported that she felt so distressed about the conditions of her practice environment that she wrote a short article in her local newspaper to raise awareness about health care. While there were no immediate changes that happened by writing the article, she felt better about having her voice heard.

*What strategies do you have for coping with scarce resources?*

## Power and Conflicting Loyalties

There were many revealing instances where nurses described the significant amount of time they have to spend working around systems and hierarchies that do not work for them and do not benefit patients. Many of the structures and processes they try to overcome are a function of the power dynamics resident in the health care system. These dynamics can lead to strained relationships with physicians, with nurse leaders, and other health care team members. The strain arises because of the commitments nurses feel to the individuals for whom they care and because of their desire to serve them first and foremost, which may become secondary to their need to attend to the physician’s needs, or to the needs of a senior nurse colleague or nurse manager. Thus, the hierarchical structures of health care, which compete with the nurses’ commitment to the individual being cared for (who should be the primary source of concern), create conflicting loyalties for nurses. Problems working these dilemmas through with physicians were paramount in the data and became more complex when decisions about allocation of resources were necessary to ensure quality patient care. . . . Nurses in the research focus groups reported being targets for physicians’ anger as well as instances of deliberately being left out of decision-making processes. Such behaviour on the part of working colleagues adds to the moral distress that nurses experience and destroys collegial and trusting relationships. This has the potential to be highly detrimental to client care and to nurses’ sense of self as moral agents. Denying nurses the ability to be involved in decisions or to make nursing decisions is also detrimental to good care. (p. 10)

/accordion

#reflection

Going back to Mrs. P.’s case at the beginning of the course notes, which contextual factors influenced the emergency nurse’s moral agency do you think?

#reveal

Button: Viewpoint

It appears the emergency nurse had temporal, human, and fiscal resources that supported her in being an effective moral agent. She had time to build the relationship with Mrs. P. and research her file. The ER doctor was cooperative, a bed was available for an overnight stay, and the social worker was accessible. All these contextual factors positively contributed to this outcome. How would the outcome have been affected if any or all of the abovementioned resources were not available? It would likely have been a different outcome for Mrs. P. and the nurse.

/reveal

/reflection

#activity

## Learning Activity

1. Refer to your notes about the everyday ethical issue you described in the previous learning activity.
2. Analyze the prevailing contextual influences using the following categories: organizational climate and policies guiding care; financial, human, and temporal resources available for care; and power and conflicting loyalties.
3. Which contextual influences had the greatest impact on your ability to be an effective moral agent?

/learning activity

In the final section, you will learn about ethical decision making, using an ethical decision-making framework to inform ethical questioning and decision making. This framework draws together the major themes of this module, values and values clarification; moral identity; moral agency; and the moral context of practice by providing questions that address these aspects of ethical practice.

# Ethical Decision Making

The Code of Ethics for Registered Nurses (2008) stresses the significance for using ethical decision making frameworks in everyday ethical issues.

#quote

“The code points to the need for nurses to engage in ethical reflection and discussion. Frameworks are models can help people order their approach to an ethical problem or concern, and they can be a useful tool to guide nurses in their thinking about a particular issue or question” (pg.36).

/quote

The ethical decision-making framework chosen for study and application in this module is by Oberle and Raffin Bouchal (2009). This framework provides a systematic and comprehensive way to ask pertinent ethical questions, taking all the relevant aspects into account.

## Ethical Decision Making Framework

Adapted from Oberle and Raffin Bouchal, 2009, pp. 70-71.

#accordion

### What is happening here?

Step 1: Assessing the ethics of the situation: Relationships, goals, beliefs and values

* What relationships are inherent in this situation?
* Who is significant in this situation and how should they be involved?
* Are my relationships in this care situation supportive and nurturing?
* What are the goalsof care in this situation?
* Are they shared by the patient, nurse, and others?
* What beliefs and values are important to the patient, family, and community receiving care?
* What are my beliefs and values?
* What values in the CNA Code of Ethics for Registered Nurses are inherent in this situation?
* What values are important for others in this situation, including health care providers?
* Do the individuals involved in this situation have different values? Do the differences create conflict?

### What could I do?

Step 2: Reflecting on and Reviewing Potential Actions: Recognizing Available Choices and How those Choices are Valued

* What are the feasible alternative choices?
* What are the potential consequences for each feasible alternative?
* How will key persons be affected by the choices?
* What expectations do the patient/family/community have for care? What actions do the patient/family/community think will do the most good? Have I helped this patient/family/community understand what they value and what actions they think should be taken?
* What action(s) do I think will do the most good? What actions do other health care providers think will do the most good?
* What actions will cause the least amount of conflict or moral distress?
* What values does society view in this situation? What are societal expectations of care?
* What economic and political factors play a role in the patient’s care? What actions are possible given the existing resources and constraints?
* What legislation applies to this situation in terms of my obligations, the institutions obligations, and the obligations of other health care professionals? Are there legal implications of different actions?

### What should I do?

Step 3: Selecting an ethical action: Maximizing good

* What do I believe is the best action?
* Can I support the patient's/family's/community's choice? The choice of other care providers? If not, what action do I need to take?
* Are there constraints that might protect me from taking ethical action?
* Do I have the kind of virtues required to take ethical action?
* Do I have the necessary knowledge and skill?
* Do I have the moral courage to carry out the action I believe is best?
* Will I be supported in my decision?

### What will I do?

Step 4: Engaging in Ethical Action

* Am I acting according to the CNA Code of Ethics for Nurses?
* Am I acting as a reasonably prudent nurse would in this situation?
* Am I acting with care and compassion in my relationships with others in this situation?
* Am I meeting professional and institutional expectations in this action?

### What did I do?

Step 5: Reflecting on and reviewing the ethical action

* Were the outcomes of this action acceptable?
* Was the process of decision making acceptable? Did all involved feel respected and valued?
* How were the patient/family/community affected? How were the care providers affected?
* Were harms minimized and good maximized?
* What did I do well?
* What might I have done differently?

/accordion

#activity

## Revisiting Willy’s Case

Now you have an opportunity to apply Oberle and Raffin Bouchal’s (2009) ethical decision-making framework to [Willy’s Case](#_Willy’s_Case).

Review Willy’s case in the first section of the module. Answer the relevant questions for each step of the framework. Jot down your answers in your journal, then check the reveal buttons for each step and see how your answers compare. Think about how you would have acted if you had been the nurse in this situation.

## Step 1: Assessing the Ethics of the situation: Relationships, Goals, Beliefs and Values

#reveal

Button: Viewpoint

The primary relationships were with the patient, his family, the nursing supervisor, and staff. Being a “casual” nurse meant knowing Willy and the staff, but not knowing the family or family physician. The goals of care where to make Willy as comfortable as possible and act on his and his family’s wishes. The patient and family valued comfort and family relationships. Personally, being an immigrant with family outside the country provided moral sensitivity and imagination about Willy’s distant family who were hoping to see him before he died. The Code of Ethics values that applied are providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting and respecting informed decision making; and preserving dignity. The other health care workers didn’t have the same values; however, there wasn't a conflict, just differing opinions. The family doctor and supervisor were neutral.

/reveal

## Step 2: Reflecting on and Reviewing Potential Actions: Recognizing Available Choices and How those Choices are Valued

#reveal

Button: Viewpoint

The feasible options were to allow Willy’s health to deteriorate and not intervene or to send him to the Emergency Department (ED) for treatment. The potential consequences were that Willy could arrest if he didn’t receive intravenous antibiotics in a timely manner. There was a possibility that he could arrest before getting to the ED or once he was admitted, which would have not have been optimal for him or his family. While Willy had a “Do Not Resuscitate” order, the family were not ready to let him die and, clearly, he wasn't ready to die either. They wanted his English relatives to see him before he died. Legally, he could have been left to die, but ethically, it didn’t seem like the right decision. Sending him to ED seemed like it would do the most good; the doctor and supervisor were neutral; and the other staff were not in agreement. In terms of resources, the ED was quiet and could readily take care of him.

/reveal

## Step 3: Selecting an Ethical Action: Maximizing good

#reveal

Button: Viewpoint

The best choice seemed to send Willy to the ED which supports his and his family's choice. The moral courage, knowledge, and skills were evident.

/reveal

## Step 4: Engaging in Ethical Action

#reveal

Button: Viewpoint

The choice was in alignment with the CNA Code of Ethics, with care and compassions being expressed. It was prudent to call the ED to find out what the waiting time and conditions were like as this supported the decision to send Willy right away.

/reveal

## Step 5: Reflecting on and Reviewing the Ethical Action

#reveal

Button: Viewpoint

The outcome was positive for Willy and his family. He lived a while longer and got to see his brother before he died. The decision-making process was acceptable, and all the key stakeholders were involved: Willy; his family; the family physician; the supervisor; and the ED. Harm was minimized and good was maximized. Perhaps more time and explanation with the other health care workers might have gotten them on side.

/reveal

/activity

#discussion

## Discussion: Ethical Dilemmas

In the discussion forum for this module:

* Briefly describe an everyday ethical issue you have encountered in your practice.
* Which elements of your personal and professional moral identity influenced this issue?
* Which attributes of your moral agency did you enact?
* Which contextual factors impacted your moral agency?
* What ethical decision did you make and why?
* In hindsight, is there anything you would do differently now?

/discussion

# Summary

In this module, you have learned that ethical practice is a multifaceted process that is affected by many personal, professional, and contextual factors. You have explored the nature of ethical practice from several perspectives: values and values clarification; moral identity as an evolving way of being; moral agency as the enactment of moral values; the influence of context on practice; and ethical decision making. Each process is unique yet inextricably connected. By examining and analyzing each process, you can be an articulate and informed ethical practitioner and resource. Now you can begin drafting Assignment 3A to consolidate your learning.

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