

The Code of Ethics for Nurses with Interpretive Statements provides values, standards, and principles to help nursing function as a profession. The original code was developed in 1985. In 1995 the American Nurses Association Board of Directors and the Congress on Nursing Practice initiated the Code of Ethics Project (ANA, 2002). The code may be viewed online at [www.nursingworld.org](http://www.nursingworld.org).

Ethical codes are subject to change. They reflect the values of the profession and the society for which they were developed. Changes occur as society and technology evolve. For example, years ago no thought was given to do not resuscitate (DNR) orders or withholding food and fluids. Technological advances have since made it possible to keep people in a kind of twilight life, comatose and unable to participate in living in any way, but nevertheless making DNR and withholding very important issues in health care. Technology has increased knowledge and skills, but the ability to make decisions regarding care is still guided by the principles of autonomy, nonmaleficence, beneficence, justice, confidentiality, fidelity, veracity, and accountability.

### Virtue Ethics

Virtue ethics focuses on virtues, or moral character, rather than on duties or rules that emphasize the consequences of actions. Consider the following example:

*Norman is driving along the road and finds a crying child sitting by a fallen bicycle. It is obvious that the child needs assistance. From one ethical standpoint (utilitarianism), helping the child will increase Norman's personal feelings of "doing good." The deontological stance states that by helping, Norman is behaving in accordance with a moral rule such as "Do unto others . . ." Virtue ethics looks at the fact that helping the person would be charitable or benevolent.*

Plato and Aristotle are considered the founders of virtue ethics. Its roots can be found in Chinese philosophy. During the 1800s, virtue ethics disappeared, but in the late 1950s it reemerged as an Anglo-American philosophy. Neither deontology nor utilitarianism considered the virtues of moral character and education and the question: "What type of person should I be, and how should I live" (Hooker, 2000; Driver, 2001). Virtues include

such qualities as honesty, generosity, altruism, and reliability. They are concerned with many other elements as well, such as emotions and emotional reactions, choices, values, needs, insights, attitudes, interests, and expectations. To embrace a virtue means that you are a person with a certain complex way of thinking. Nursing has practiced virtue ethics for many years.

### Nursing Ethics

Up to this point, the ethical principles discussed apply to ethics for nurses; however, nurses do not customarily find themselves enmeshed in the biomedical ethical decision-making processes that gain the attention of the news media. However, the ethical principles that guide nursing practice are rooted in the philosophy and science of health care and are considered a subcategory of bioethics (Butts & Rich, 2012).

Nursing ethics deals with the experiences and needs of nurses and nurses' perceptions of their experiences (Varcoe et al., 2007). It is viewed from the perspective of nursing theory and practice (Johnstone, 1999). Relationships are the center of nursing ethics. These relationships focus on ethical issues that impact nurses and their patients.

### Organizational Ethics

Organizational ethics focus on the workplace and are aimed at the organizational level. Every organization, even one with hundreds of thousands of employees, consists of individuals. Each individual makes his and her own decisions about how to behave in the workplace. Each person has the opportunity to make the organization a more or less ethical place. These individual decisions can have a powerful effect on the lives of many others in the organization as well as in the surrounding community. Shirey (2005) explains that employees need to experience uniformity between what the organization states and what it practices.

Research conducted by the Ethics Research Center concluded the following:

- If positive outcomes are desired, ethical culture is what makes the difference;
- Leadership, especially senior leadership, is the most critical factor in promoting an ethical culture; and
- In organizations that are trying to strengthen their culture, formal program elements can help to do that (Harned, 2005, p. 1).



When looking for a professional position, it is important to consider the organizational culture. What are the values and beliefs of the organization? Do they blend with yours, or are they in conflict with your value system? To find out this information, look at the organization's mission, vision, and value statements. Speak with other nurses who work in the organization. Do they see consistency between what the organization states and what it actually expects from the employees? For example, if an organization states that it collaborates with the nurses in decision making, do nurses sit on committees that have input into the decision-making process? Conflicts between a nurse's professional values and those of the organization result in moral distress for the nurse.

### Ethical Issues on the Nursing Unit

Organizational ethics refer to the values and expected behaviors entrenched within the organizational culture. The nursing unit represents a subculture of the organization. Ideally, the nursing unit should mirror the ethical atmosphere and culture of the organization. This requires the individuals that comprise the unit to hold the same values and model the expected behaviors.

Conflicts of the values and ethics among individuals who work together on the unit often create issues that result in moral suffering for some nurses. Moral suffering occurs when nurses experience a feeling of uneasiness or concern regarding behaviors or circumstances that challenge their own moral beliefs and values. These situations may be the result of unit policies, physicians' orders that the nurse believes may not be beneficial for the patient, professional behaviors of colleagues, or family attitudes about the patient.

Perhaps one of the most disconcerting ethical issues nurses on the unit face is the one that challenges their professional values and ethics. Friendships often emerge from work relationships, and these friendships may interfere with judgments. Similarly, strong negative feelings may cloud a nurse's ability to view a situation fairly and without prejudice. Take the following example:

*Addie and Jamie attended nursing school together and developed a strong friendship. They work together on the pediatric surgical unit of a large teaching hospital. Jamie made a medication error that caused a problem, resulting in a child having to be transferred to the intensive care unit. Addie*

*realized what had happened and confronted Jamie. Jamie begged her not to say anything. Addie knew the error should be reported, but how would this affect her longtime friendship with Jamie? Taking this situation to the other extreme, if a friendship had not been involved, would Addie react the same way?*

When working with others, it is important to hold true to your personal values and morals. Practicing virtue ethics, that is, "doing the right thing," may cause difficulty due to the possible consequences of the action. Nurses should support each other but not at the expense of patients or each other's professional duties. There are times when not acting virtuously may cause a colleague more harm.

### Moral Distress in Nursing Practice

Moral distress occurs when nurses know the action they need to take, but for some reason are unable to act. Therefore, the action or actions they take cause conflict as the decision goes against their personal and professional values, morals, and beliefs. This challenges nurses' integrity and authenticity.

Moral distress presents a serious problem in nursing practice and adds to nurses feeling a loss of integrity and dissatisfaction within the work setting. It threatens the quality of care and may adversely affect costs.

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Studies have shown that nurses exposed to moral distress suffer from emotional and physical problems and eventually leave the bedside and the profession (Redman & Fry, 2000). Sources of moral distress vary; however, contributing factors include end-of-life challenges, nurse-physician conflict, disrespectful interactions, and workplace violence. Nursing organizations such as the Association for Critical Care Nurses (AACN) have developed guidelines addressing the issue of moral distress.

### Ethical Dilemmas

What is a dilemma? The word *dilemma* is of Greek derivation. A lemma was an animal resembling a ram and having two horns. Thus came the saying "stuck on the horns of a dilemma." The story of