5

ETHICAL ISSUES AND DECISION-MAKING IN PRACTICE

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Chapter objectives

The aims of this chapter are to:

- explore decision-making within ethical principles, models and frameworks;
- consider the development of professional and ethical practitioners;
- explore the place of professional values in decision-making;
- demonstrate through case studies how decisions in practice frequently have an ethical element.

Introduction

From the previous chapters, it has been established that decision-making is integral to the nurse's role. In this chapter, we look at how many decisions nurses make require that they determine the 'right thing to do' in a given situation. How the nurse comes to that determination depends on many things, not least of which is adherence to the professional standards laid out in the NMC's (2018e) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Upholding the dignity of the people being cared for, assessing and responding to their individual needs, preferences and concerns, acting in their best interests, and respecting their rights, in terms of privacy and confidentiality, is an expectation on all good nurses. Just as qualified nurses are accountable practitioners, student nurses are expected to demonstrate this through achievement of the NMC's (2018a) *Future Nurse: Standards of proficiency for registered nurses*. Platform 1: Being an accountable practitioner outcomes, for example, require that nurses understand and accept their responsibilities in relation to decision-making, with peoples' values, needs and preferences being kept to the fore, and that they demonstrate courage, transparency and a willingness to challenge perceptions and behaviours that contravene the standards of *The Code*, in themselves and others.

Frequently nurses' decisions around the 'right thing to do' are in response to moral or ethical issues. It is not possible to be prescriptive as to how a nurse should act in response to such questions or dilemmas, so it is useful that guiding principles and frameworks are available to use when such issues occur. Ethical or moral decision-making is never easy and, generally, important issues are at stake. These might include issues such as life, death, suffering, beliefs, values, harm, treatments, interventions – or simply what is the right or wrong thing to do in a given situation. Prioritising the needs and wishes of the person in need of care might require a suspension of the values or beliefs of the nurse. How the nurse responds in such cases is likely to have an impact on the person requiring care in the first instance, but also on the individual nurse, and potentially beyond that person and situation. In contemporary nursing practice, increased workloads and patient acuity, combined with reduced resources and funding, can compound the difficulties nurses face around decision-making. Moral distress can occur when a nurse decides on the right thing to do, but the organisation, systems or other factors make it impossible for the nurse to act in line with that decision. Resilience and courage are frequently required to ensure that nurses can be accountable for their decisions and practice *and* maintain the professional standards required of them in a contemporary health care system. Moral resilience is where ethical decision-making can occur without moral distress as an outcome (Lachman, 2016).

This chapter is concerned with how nurses understand their decision-making role in relation to values, beliefs, relationships, contexts, ethical principles and frameworks.

The nature of ethics is explored as it is applied in the nurse decision-making process. There are activities to reinforce and expand on learning and relevant examples are presented and discussed. The first one to complete is Activity 5.1.

Activity 5.1

1. Access and read the NMC's (2018e) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* and the NMC's (2018a) *Future Nurse: Standards of proficiency for registered nurses*.
2. Outline the points in each that might be considered to have a link to professional values and ethical practice.
3. As you read through this chapter, consider your answers and determine which ones you would now either add or remove and make a note of the reasons why.
4. Consider how you could achieve proficiency in being accountable for delivering evidence-based care and decisions.

Accountability

Chalmers stated that:

> It is through accountability that nurses can claim to be a profession, and it is through accountability that the profession can continue to support and develop nursing practice for the benefit of patient care. (1995: 33)

This demonstrates that accountability, as a core element of nursing, has, for a long time been linked to the professionalisation of nursing. This remains the case as changes occur in both the role of the nurse and nurse education across many countries. The concept of accountability continues to be a central tenet of how nurses function as professionals within the health service, and this is highlighted in platform 1 of the NMC document entitled *Future Nurse: Standards of proficiency for registered nurses* (NMC, 2018a), which outlines nurses' responsibilities as follows:

> Registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care. (2018a: 7)

Nurses are accountable not simply to their employer and their professional body but also to their patient, who is described by Sellman as 'more-than-ordinarily vulnerable' (2011: 51), and, beyond that, to wider society. Semple and Cable (2003) point out that there is a moral dimension to accountability that means nurses are also accountable to themselves as moral beings. In Ireland, as in other countries, the Nursing and Midwifery Board of Ireland's (NMBI) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* dictates, for principle 2 (Professional responsibility and accountability), as one of its values, that 'nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions; including inactions and omissions' (2021: 13).

In order to exercise accountability in relation to decision-making, nurses must ensure they are making decisions that are based on up-to-date evidence at all times. Along with that, however, they must know they are acting in the best interests of the patients. The idea that nurses are accountable for 'omissions' in their work is a profound worry for nurses who are practising in contemporary health care systems. Not all decisions are made in a constraint-free environment.

The context in which nurses practice may place limits on their decision-making, where the 'right thing to do' is not an available option, and the reality of practice challenges the nurses' personal values and those of the profession as a whole. This places a further burden on nurses to be accountable for decisions made under such circumstances. The related phenomena of care left undone (Ausserhofer et al., 2014; Lucero et al., 2010; Sochalski, 2004), missed nursing care (Kalisch, 2006; Kalisch et al., 2009) or implicitly rationed nursing care (Schubert et al., 2008) are frequently linked to nurses' decision-making processes. Nurses faced with limited or absent resources, increased workloads, changing patient profiles or lack of leadership may find themselves having to make decisions about which care can be carried out and which remains undone or incomplete (Jones, Hamilton and Murray, 2015).

Such decisions can be linked to poor patient outcomes in the first instance, as patients go without necessary care. Equally, however, the impact on individual nurses is often profound, with moral distress and role conflicts identified as outcomes in such situations (Papastavrou, Panayiota and Georgios, 2014). The inconsistency between the reality of nurses' care provision and the care that they would want to provide, if circumstances would allow, can be a heavy ethical burden for them.

Decision-making in times of reduced resources is often based in prioritising medical interventions such as medications or procedures over other aspects of care for which the effects are seen as less immediate, such as mobilisation, hygiene or psychosocial care. It is unsurprising that nurses feel conflicted or guilty if they are unable to provide the care they deem necessary or be the kinds of nurses that they want to be.

Nonetheless, whatever the setting or challenges, nurses are expected to act responsibly and effectively in all situations and to provide 'reasoned justification' for decisions

taken (Thompson et al., 2006: 384). When deciding on the morally correct course of action – or 'the right thing to do' – it is essential that, in addition to giving consideration to the requirements of the profession as outlined in *The Code*, nurses' decision-making comes from an ethical domain of practice.

'Ethics' in nursing is concerned with examining situations and questions in practice, analysing them by considering all angles and courses of action, and helping nurses to arrive at a decision and possible action for which coherent rationales can be provided. Weaver, Morse and Mitcham (2008) recommend that nurses have a sense of 'ethical sensitivity' at times of clinical uncertainty. This requires nurses to be able to bring together experience, knowledge and ethical codes to inform their decision-making. The impact of the COVID-19 global pandemic has given rise to a high level of clinical uncertainty for nurses and other health workers where, for many, there has been conflict in relation to their duty of care. McKenna highlights this conflict:

> A foundation of nursing practice is the duty of care with the attendant obligations to alleviate suffering, restore health and respect the rights and dignity of every patient. However, nurses must balance this duty of care for patients with their duty of care to themselves and their family members. These conflicting duties in a pandemic can cause serious moral and emotional distress. A nurse's duty to care for patients is not absolute. If the COVID-19 virus places nurses at serious risk if they contract it, it is unfair and disproportionate to expect them to undertake such heightened health risks to uphold their duty of care. (2019: 1)

In the initial stages of the pandemic, many student nurses in the UK also had to make personal decisions regarding either taking a break from their programmes of learning in university and practice, due to the inability to pursue studies as normal, or, for many final-year students, being able, through the emergency regulations implemented by the NMC (2020), to undertake their studies full-time in practice as paid members of the clinical workforce. While working as paid members of the workforce the students were still required to achieve the required proficiencies in order to graduate and qualify as nurses. (See the Web resources section at the end of this chapter for the links for the NMC's website for full information.)

Regardless of the circumstances in which student nurses, with the support of their supervisors or mentors, are caring for patients and their families, any decisions made on placement are part of their learning to be accountable as future qualified nurses.

Making decisions that nurses are accountable for as individuals is also influenced by their values, which could, at times, themselves have an impact on their decision-making.

Values

What do we mean by 'values' in the context of ethical decision-making? Fry and Johnstone view a value as:

> A standard or quality that is esteemed, desired, considered important or has worth or merit. Values are expressed by behaviours or standards that a person endorses or tries to maintain. (2008: 210)

All individuals have a set of values, which may stem from their family values or their religious or cultural backgrounds. On becoming a nurse such values will contribute to how individuals act, but socialisation into the profession may add another layer of values. These values are generally adopted from watching others practice nursing. Personal values and professional values may coexist happily for individual nurses, but due to the nature of nursing and health care generally, it is unlikely that this will always remain the case. Frequently, situations can occur where the two sets of values conflict. For example, how a nurse believes things should be done and how things are actually done in practice can differ (Thompson et al., 2006). If such conflict is ongoing, with the nurse's values consistently in conflict with actual practice, this can lead to situations where patient care is compromised and of poor quality. The Francis Inquiry (2013) highlighted incidents where nurses' values were compromised so regularly that it became the norm in one hospital trust.

Values can be both individual and shared (within communities of practice or professions). Equally, the values of an individual nurse and the profession at large may be in conflict with the beliefs and values of a patient. Sometimes patients' beliefs and values can be difficult to understand and, therefore, to support. These are challenges that all nurses face during their careers and it is important to recognise our own values, their origins and their worth, while also acknowledging the values of others (both individual and professional), along with any differences and conflicts. Activities 5.2 and 5.3 provide an opportunity to think about values.

Activity 5.2

1. Identify some personal values which are important to you.
2. Consider where these values may have come from.
3. Have your values changed over time? (As a child, a teenager, a young adult, a student nurse?)
4. Try to remember an incident in practice where your values caused you to question practice.
   - Describe the incident.
   - How did you feel initially?

- Did you voice your concerns? If so, what was the outcome? How did you feel afterwards?
- If you chose not to challenge, why did you make this choice? How did you feel afterwards?
- If a similar situation were to arise again, how would you respond? Why?

5. Read Case study 5.1 and consider what was happening here and to which values you can relate.

CASE STUDY 5.1: EXPERIENCE OF AOIFE, A SECOND YEAR STUDENT NURSE, DURING PRACTICE PLACEMENT

Aoife is a second-year student nurse who was on a morning shift on a general medical ward. She and a staff nurse, Sally, were allocated to care for 14 patients in two six-bed wards and two individual side rooms. Over half their patients required full assistance with washing, dressing, eating and drinking.

Aoife checked in on an 87-year-old female patient in side room 1 at 8.04 a.m. She discovered that the patient, Mrs Matthews, had been incontinent overnight and was in urgent need of attention. She was unable to get out of bed and would need full assistance from two nurses. She had not wanted to call a nurse during the night 'because they are so busy'.

Aoife told Mrs Matthews that she would get help and come back immediately. Aoife informed Sally and suggested that they start inside room 1. Sally responded, 'That's a job for two! If we both go into that room, we will be tied up for 45 minutes at least, which means nobody else gets help with breakfast or a wash. We need to get this lot sorted out here before we go in there.'

Aoife suggested that she call the care assistant from the other side of the ward to help her inside room 1. Sally said, 'Don't do that, they have enough to do at that end. We will get to side room 1, just not immediately.'

Aoife was upset – Mrs Matthews reminded her of her granny at home in Galway – but Sally was her mentor and would be assessing her during her placement.

Aoife and Sally worked fast through breakfasts, mindful of Mrs Matthews. They got back to side room 1 at 8.59 a.m. By then, Mrs Matthews was cold, tearful and had missed breakfast.

Activity 5.3

1. Read Case study 5.1 again and this time consider what was happening in terms of the decision-making that took place.
2. Now consider the following issues:

- The values at play in the scenario.
- The decisions made at each point and the possible reasons behind them.
- The outcomes for student, staff nurse and patient.

- Are the outcomes different for all if?
  - this is a once-off incident
  - this is a regular scenario on this ward?
- What could have been done differently?
- Which NMC (2018a) platforms are relevant here?

Let us now look at some of the issues that you may have considered by reading the case study and completing the activities, plus some possible responses.

Decision-Making Concern for Student Nurse Aoife

A decision was made by the staff nurse that conflicted with Aoife's view of how care should be provided. Aoife felt compelled to comply with the staff nurse's plan and was upset by what happened as a result. The outcome for the individual patient was reported as poor.

Observations

The context in which this student experience occurred is not uncommon. It was a busy general ward with many patients, possibly older people, who need assistance with the activities of daily living. This can result in rationed or delayed care, where nurses make individual pragmatic decisions. It may be that the staff nurse made her decision based on the 'greater good' – helping 12 patients instead of just one. It may be that she made her decision based on experience – the time involved in addressing the needs of one patient would ultimately compromise the care provided to the others.

We do not know if other patients needed immediate help. It may be that the staff nurse resented the student's approach. She may have felt that a more consultative approach would have been more appropriate.

The patient outcome in this case was poor, and the student nurse was upset, but it is likely that the staff nurse also had feelings of regret. Ultimately, she made the decision that resulted in delayed patient care. This may have been a one-off situation, or it may have been the latest in a long list of unsatisfactory care-rationing decisions made by nurses on that ward. How to make the right decision in challenging work environments is of concern to most good nurses. Paying attention to ethical principles in day-to-day decision-making can help nurses to 'do the right thing'.

Let us next consider how ethical principles can help you to develop ethical decision-making.

Ethical principles

Ethical principles, derived from theory, can assist nurses in moral or ethical decision-making processes. These principles can be useful when the values and beliefs of a nurse are in conflict with those of others.

As accountable professionals, nurses must be able to provide a coherent and credible rationale for action or inaction, using a process in which issues are considered and decisions made are explicit and well founded. By paying attention to ethical principles, nurses can examine moral or ethical questions from all viewpoints, consider outcomes and actions, and arrive at 'the right thing to do' through a systematic analysis. Fundamental ethical principles to be considered are:

- respect for persons
- beneficence
- non-maleficence
- justice.

Respect for persons

'Autonomy' relates to respecting the ability of the individual to make their own decisions in their own best interests – that is, a person's right to self-determination (Lachman, 2006). This concept was born out of the work of the classical philosophers Plato and Aristotle and later medieval scholars (Thompson et al., 2006). The philosopher Kant (1724–1804) further defined autonomy as being linked to moral maturity, which is when one can make decisions for oneself as a moral agent.

Autonomy in health care is seen in the explicit commitment to respect individual choices in relation to treatment, non-treatment, privacy, truth-telling and confidentiality. *The Code* addresses the requirement of nurses to respect the autonomy of clients and patients through the statement named: Prioritise People (NMC, 2018e 6):

> 1. Treat people as individuals and uphold their dignity …
> 2. Listen to people and respond to their preferences and concerns …
> 3. Make sure that people's physical, social and psychological needs are assessed and responded to …
> 4. Act in the best interests of people at all times
> 5. Respect people's right to privacy and confidentiality … (2018e: 6)

The *Standards of proficiency for registered nurses* (NMC, 2018a) further explains the responsibilities of the nurse with regard to respecting the autonomy of those in need of nursing care. For platform 1: Being an accountable practitioner, outcome 1.9 is that nurses are expected to:

> understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions. (2018a: 8)

This standard acknowledges that there will be times when nurse and patient or client values are in conflict but outlines the nurse's role as one in which the provision of care is person-centred at all times.

Outcome: 1.14 further clarifies this, stating that the role of the nurse is to:

> provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments. (2018a: 9)

It is clear that people have the right to make decisions to engage with or refuse treatment options, and for their choices to be respected. The principle of autonomy focuses on a compassionate and respectful relationship between a caregiver and the person in receipt of care. The NMC *Standards of proficiency for registered nurses* document (2018a) explicitly points out that it is a requirement for nurses to pay attention to differences of culture, values and beliefs, and to ensure that personal values do not infringe on a person's right to self-determination. Truth-telling by nurses in order to facilitate decision-making by patients or clients around their care is also tied into this principle of autonomy. The difficulties here for nurses might be a temptation to unduly influence or coerce where values are in conflict.

Beneficence

'Beneficence' is an ethical principle that is linked to the duty of nurses to ensure that their actions benefit and assist others. It outlines the nurse's obligation to always act in the best interests of the person and contribute to their overall well-being. The challenge of this ethical principle for nurses lies in ensuring that beneficence does not tip over into paternalism.

Beneficence can also be seen as a duty to care (Thompson et al., 2018) that incorporates the roles of advocacy of behalf of clients and persons needing care and protecting the rights of vulnerable people. The risk of straying into paternalistic territory can be significantly reduced when nurses balance the principle of autonomy with beneficence. This ensures that decision-making remains focused on the needs of people and their right to make decisions about their care. This may involve accepting and supporting a choice to refuse treatment, which may conflict with nurses' values and beliefs, but working to alleviate symptoms and preserve dignity.

Non-maleficence

The principle of 'non-maleficence' describes the duty to 'do no harm' (Lachman, 2016). This includes a duty to minimise risk and harm, including physical, psychological or emotional harm. This can be achieved through open and meaningful communication between persons, that is, between caregiver and person needing care, and between team members. It can also be interpreted as a duty to maintain professional standards of care, ensuring up-to-date, evidence-based practice and maintaining competence. Nurses making decisions using this principle should apply a process

of shared decision-making in the first instance, along with up-to-date knowledge and experience.

Justice

The principle of 'justice' or fairness has at its core the equal worth of people and respect for the rights of individuals (Lachman, 2016). This includes non-discrimination on the basis of gender, race, religion, age, illness or otherwise. It also implies equity in relation to health care – that all should have equal access to necessary care and resources. While this principle has political and geopolitical implications, it also applies to nurses in direct care provision. Nurses need to make decisions around resource and time allocation and must be careful that these decisions are just and fair. We can now revisit the four principles discussed in Activity 5.4.

Activity 5.4

1. Re-read Case study 5.1 (student nurse Aoife's experience) earlier in this chapter.
2. Examine the decisions that were made in relation to the four principles outlined above.
3. How might these principles have helped the nurses to arrive at different decisions?
4. To explore these important principles relating to student nurses in practice, read Case study 5.2, then answer the questions in Activity 5.5.

CASE STUDY 5.2: ETHICAL PRINCIPLES: THIRD YEAR STUDENT NURSE EMMA'S EXPERIENCE IN PRACTICE

Third-year student nurse, Emma, was on a learning placement in an A&E department of a large general hospital. Over the course of her placement, she had seen several people attending with mental health difficulties – a teenage girl brought in by her parents following a serious self-harm episode, a 35-year-old teacher and father of two suffering from severe depression, a male law student experiencing an acute psychotic episode and a 54-year-old woman experiencing a manic episode following not taking her medication for bipolar disorder. Each of these patients was seen by the mental health liaison nurse in the first instance and, where deemed necessary, by the on-call psychiatrist. Emergency admission to a mental health unit was expedited in two cases and a next day outpatient appointment in two cases.

On one Saturday night at 11 p.m., a very dishevelled homeless man was brought in by ambulance. He was bleeding from a head laceration and had other minor abrasions on his hands and bare feet. The paramedic's report stated that the man had been found wandering on the high street between lanes of traffic in a highly agitated state. He appeared to be hallucinating, with disordered thinking. He spoke very little English and was very resistant to help, providing no details regarding his head laceration.

On arrival at A&E, he was noisy and uncooperative, smelled of alcohol but was not aggressive. Nursing staff told Emma that Piotr was well known to them, 'a frequent attender' with a longstanding psychiatric history. He was known to have a diagnosis of schizophrenia and had several admissions to the psychiatric services. Following those admissions, he had rarely been compliant regarding taking his medications and was known by the homeless services as a long-term rough sleeper. He had no known relatives and was thought to be from eastern Europe.

Emma was present when the consultant and nurse manager discussed Piotr's case. They felt that the priority was to calm him down and suture his head laceration. The mental health liaison nurse was not in the department at weekends, and they felt that there was no point in contacting the on-call psychiatrist as Piotr 'never complies'.

The nurse manager asked Emma to draw up medication as prescribed, to calm Piotr for suturing. Noting that Piotr was barefoot, the nurse manager also asked her to search through the left belongings store for socks and shoes for Piotr and to leave them in his cubicle. She said, 'He normally sleeps it off and then leaves the department, so if we leave some shoes with his belongings, he might take those too.'

Emma was concerned that Piotr may have a serious head injury, but that possibility was not being considered. A head injury could account for his symptoms and behaviour, but staff only saw his 'schizophrenia'. She was concerned that medication to calm him down would further mask a head injury. She felt an interpreter could help with communication and perhaps find out if Piotr had an explanation for the head laceration. When she suggested this to staff, her view was dismissed on the grounds that Piotr was a frequent attender for whom, ultimately, little could be done. Again, she was asked to draw up the medication. It was pointed out that if she was uncomfortable with this, another student would be asked to help. Emma reluctantly drew up the medication and, with three other nurses restraining Piotr in accordance with the hospital policy, administered the medication as directed,

Piotr calmed down, the wound was sutured, he slept for a while and as predicted, later left the department. No neurological observations were noted during his time in A&E. Those who saw him leave said that he remained agitated and was still hallucinating.

Activity 5.5

1. Examine Case study 5.2 in relation to the ethical principles outlined above.
2. Were any of the principles violated?
3. How might adherence to the principles have helped in this case?
4. The professional standards set out in *The Code* (2018e) state that nurses must act in the best interests of patients at all times. Did the student nurse in this case believe that the interests of the patient were kept to the forefront here? Explain your answer.
5. Which standards from platform 1 are in question here?
6. Are any other of the NMC's platforms relevant here?

7. Which alternative courses of action were open to the student in this case?
8. What would you have done? And consider what risks might be associated with your actions?

In the following section is a discussion of these issues as related to Emma's observations of her experience in Case study 5.2 and the issues raised in Activity 5.5.

Decision-Making Concern for Student Nurse Emma

Emma felt that this patient was treated differently from how other patients were being treated. She did not believe that the staff were acting in his best interests. She complied with other nurses' wishes against her better judgement.

Observations

Nursing students in clinical practice can feel vulnerable when situations arise that may be a cause for concern. In this case, the student nurse voiced her concerns to other members of staff, but they were dismissed. Francis (2015) has highlighted that as student nurses are up-to-date educationally, they have an important role to play in bringing care deficits to attention while they are on clinical placements. He suggests that students have yet to be bruised by consistent poor practice and can bring a fresh enthusiasm and compassion to situations, based on contemporary best practice.

It has to be acknowledged that an important aspect of nurse education is socialisation into the profession, which enables students to develop an individual professional identity (Brennan and Timmins, 2012). The socialisation process described by Melia (1987) and latterly by Levett-Jones and Lathlean (2007, 2008, 2009) is an important process, but it is vital that, in their efforts to assimilate, student nurses do not compromise their own values and those of the profession. Levett-Jones and Lathlean (2009: 348) speak about student nurses on placements having a 'precarious sense of belonging', which can influence their decision-making based on fear of rejection or being ostracised. This should not be the case – students should have the moral courage to raise concerns when they feel that members of staff are not acting in the best interests of a patient. Their actions are protected by both professional standards and legislation.

'Moral courage' can be defined as the willingness to do the right thing even if this carries personal risk. It is seen as a means of bridging the gap between personal values and professional responsibilities (Lachman, 2009, 2010). Where students witness unchallenged poor standards of practice when on placements, they often report negative personal feelings and feel negatively towards the profession (Bickhoff, Sinclair and Levett-Jones, 2017).

The Department of Health (2015) states that those involved in the delivery of care have a duty to safeguard patients and a breach of that duty could lead to sanctions by regulatory bodies. Nurses, including student nurses, have a responsibility to voice their concerns. This responsibility is of particular importance when student nurses and midwives are asked to practice beyond their competence, limitations and scope of practice.

To support ethical decision-making in practice, you may find that ethical frameworks help to guide your thinking.

Ethical frameworks

Nurses working in contemporary health care systems – and, therefore, student nurses – are regularly faced with ethical questions in relation to nursing practice and care provision (Mallari and Tariman, 2013). These questions can be about big ethical issues – euthanasia, abortion, advanced directives, assisted suicide – or the more day-to-day issues – of scarcity (and, therefore, allocation) of resources, refusal of treatment, withdrawal or continuation of treatment in cases of a terminal diagnosis, disagreement within teams, consent or concerning the ability to consent (Leuter et al., 2013).

To assist nurses, many ethical frameworks have been developed. Mallari and Tariman (2013) conducted a review of the frameworks used for decision-making in nursing practice. Ten of them were identified in the literature as being used for ethical dilemmas in practice, with international and national codes of ethics for nurses being the most frequently used.

The *ICN Code of Ethics for Nurses* was first established by the International Council of Nurses (ICN) in 1953 and more recently revised in 2021 (see Web resources, ICN, 2021). This international code has been used as a model for national codes of ethics in many countries, including the development of *The Code* in the UK. National codes take into account the contextual and culture-specific aspects of nursing practice in the country concerned and should be updated regularly to reflect changing contexts. In this way, nurses can remain responsive to emerging issues and address changes within society and health care in their nursing practice. Professional nurses must use their country-specific code of practice and ethics, where available, to make decisions within an ethical framework where 'doing the right thing' can be a complex and, often, ambiguous concept. We can consider some of these issues in the context of the UK in Activity 5.6.

Activity 5.6

1. Read the ICN's (2021) *International Code of Ethics for Nurses* (see the Web resources section at the end of this chapter for the link).

2. Map the similarities and overlaps between it and the NMC's (2018e) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.
3. Then map how both those documents contribute to the standards for nurses set out in the NMC's (2018a) *Future Nurse: Standards of proficiency for registered nurses*.

The NMC sets and reviews the standards required for professional nurses in the UK in an effort to ensure that members of the public are protected and served appropriately by the profession at large, and that it remains relevant in contemporary health care systems. The proficiencies outlined in the recent publication entitled *Future Nurse: Standards of proficiency for registered nurses* (NMC, 2018a) outline what can be expected of a nurse today.

To explore some of the issues related to both professional and personal safety and accountability, consider the issues in Case study 5.3 and answer the questions that follow in Activity 5.7. Any issue that arises where you are unsure of the response can be shared with your personal tutor or academic supervisor.

CASE STUDY 5.3: FINAL YEAR STUDENT NURSE: PERSONAL AND PROFESSIONAL SAFETY AND ACCOUNTABILITY

Molly, a final-year student nurse, was working in the trauma ward of a university hospital. A 22-year-old male patient, Andrew, was admitted following a road traffic incident in which he sustained bilateral leg fractures.

Molly admitted Andrew to the ward and prepared him for theatre. Over the next few days, she looked after him post-operatively. When he followed her on Instagram, she was surprised, but, without much thought, she followed him back and they also followed each other on Snapchat.

When Molly was off duty over the weekend, she posted updates on both platforms regularly and chatted with Andrew and other Instagram and Snapchat friends. Andrew took screenshots of some of her photos and sent them on to his college friends as evidence of the 'hot nurses' who were caring for him.

On Sunday afternoon, while his friends were visiting, the ward manager administered Andrew's IV antibiotics. While chatting to Andrew and his visitors, she became aware of an ongoing Snapchat conversation between Molly and Andrew and heard reference to 'hot nurses'.

On Monday, when Molly returned to work, she was allocated to a different group of patients that did not include Andrew. After handover, the ward manager asked to speak with her privately.

The ward manager was very angry, and Molly was taken aback when she realised that the ward manager knew about her social media connection with a patient. She suddenly became aware that this might be inappropriate. The ward manager indicated that Molly's school of nursing would need to be made aware of the incident. Molly was deeply upset that this might have an impact on her progression to registration as a qualified nurse.

Activity 5.7

1. Think about Molly's decision-making, described in Case study 5.3.
2. Do you think that her actions were appropriate?
3. Are there any risks involved here? For whom?
4. Consider the NMC guidelines for nurses on social media use.
5. Consider context in relation to decision-making.
6. Consider the nurse–patient relationship.
7. Consider how many of the NMC platforms are relevant here.

Decision-Making Concerns for Student Nurse Molly

Molly applied her personal approach to social media connections to the context of her professional life. This resulted in a blurring of the boundaries between nurse and patient, as well as compromising her professionalism.

Observations

Social media usage is ubiquitous in today's world and has become an essential tool for maintaining personal and professional connections. Meeting new people, however casually, frequently results in a social media connection. In the incident in Case study 5.3, Molly followed Andrew on Instagram without much thought, as she might have done if she had met him socially. In doing so, however, she violated the normal nurse–patient boundaries.

Scruth et al. (2015: 10) point out the 'speed and ease' of social media, which means potential consequences and outcomes are not necessarily included in decision-making'. The NMC's *Guidance on Using Social Media Responsibly* (which should be read in conjunction with *The Code*) states:

> Nurses, midwives and nursing associates should not use social networks to build or pursue relationships with patients and service users as this can blur important professional boundaries. (2018e: 5)

The standards of a nurses' personal social media usage should not be applied within a professional context. It was inappropriate for Molly to allow a patient to follow her on social media in the first place, but by following him, too, she changed the direction of their relationship. *The Code* outlines that all forms of social media must be used responsibly, and to do otherwise may jeopardise the ability of students to join the register. This includes the building or pursuing of relationships with patients through social media. The NMC's *Guidance* on using Social Media Responsibly (NMC, n.d.) also points out that nurses should be aware that patients may access social media profiles without the nurses' knowledge, so great care should be taken generally by nurses in how they present themselves on their social media sites. The personal consequences can be serious, but, equally, this can have an impact on how the profession is viewed by the public.

To further your understanding of various types of decision-making needed in practice, consider those facing Louise, a newly qualified nurse, in Case study 5.4, then complete Activity 5.8. In the case study, we see how Louise's values could have an impact on shared decision-making.

CASE STUDY 5.4: THE IMPACT OF VALUES ON SHARED DECISION-MAKING: THE EXPERIENCE OF LOUISE, A NEWLY QUALIFIED NURSE

Louise was caring for a 14-year-old girl who had been admitted recently. The girl, Beth, had come from school to A&E with acute abdominal pain. Initially, acute appendicitis was considered, and this was communicated to her parents by phone. They had been in Dublin on holiday but were now on their way home. Beth had stayed in the family home with her 17-year-old sister. Following the call to Beth's parents in Dublin, appendicitis was excluded by A&E staff and Beth was diagnosed with an ectopic pregnancy. She was admitted to a surgical ward by Louise and was prepared for surgery.

It was likely that Beth's parents would arrive while she was in the operating theatre. Beth and her sister did not want their parents to know about the pregnancy and had decided to tell them that she had an appendectomy. They asked Louise to tell their parents this when they arrived as they would be angry and appalled if they knew the truth.

Louise could see that both girls were very distressed and anxious about their parents' reaction. She knew that it was unlikely the surgeons would be free to meet with the parents after surgery as they had further cases, so she was certain she would be the first point of contact for the anxious parents.

Louise was conflicted about how she should respond, but valued telling the truth and candour, both professionally and personally. She knew that she could avoid providing details to the parents by saying the surgeons would speak to them tomorrow. She could just reassure them that the surgery went well, and Beth would be fine. However, she knew that the girls' secret would be revealed eventually and wondered if she could help by speaking to the

parents first. She decided that when the parents arrived, she would take them to the family room and tell them the truth about their daughter's condition. She felt that they had a right to know, and she could help them to accept the situation before they saw their daughter. She was confident that this was the right thing to do, and it was in keeping with her professional standards. She felt that she could empathise with the parents and daughters equally and was ideally placed to help them through this difficult time. Louise was aware that she was growing in confidence as a newly qualified staff nurse, so this was a situation where she could demonstrate her professional competence.

Activity 5.8

1. What do you think is happening in this case study?
2. Why do you think Louise has made this decision?
3. What are the possible outcomes?
4. Is Louise's decision in the best interests of her patient?
5. Examine Louise's actions in light of the NMC's (2018a) platform 1.
6. Are any other of the platforms relevant here?
7. How might the patient feel? How might the parents feel?
8. How might you have acted in these circumstances?
9. Consider truth telling and candour as standards in nursing.

Decision-Making Concerns for Staff Nurse Louise

Louise was a newly qualified – and, therefore, relatively inexperienced – nurse, who made a decision based on her personal value system. It was one that she felt would be in the best interests of the patient and her family.

Observations

In her efforts to help the patient, and therefore do good overall, Louise's actions could be interpreted as paternalistic. She, correctly, felt strongly that telling the truth and candour are core nursing values. However, this case is not straightforward.

The patient in this case can be described as 'more than ordinarily vulnerable' (Sellman, 2011). The consequences of Louise's decision could be serious for all family members. What the right thing to do is not clear.

Louise was not comfortable colluding with the patient and her sister by lying to their parents, and she should have made that clear to both of them. Furthermore, rather than act alone, Louise could have consulted with more senior colleagues about this issue.

Nurses must demonstrate ethical sensitivity when faced with difficult decisions. Also, when considering context in decision-making, this should also include level of

experience. As a more junior nurse in terms of experience, Louise should have taken her lack of experience into account, considered her scope of practice and sought guidance from others. *The Code* directs that a nurse should 'ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence' (2018e: 13).

Louise's competence in general as a young nurse is not in question here, but her competence regarding handling this ethical dilemma may be. This was likely to be the first time Louise found herself in this position, so she should have stopped to consider her competence to arrive at the right decision. Competence is not constant– nurses may be fully competent in many areas of practice, but still find themselves in a situation where they consider themselves inexperienced or lacking in competence. It is at this point that a nurse must be confident enough to ask for help or guidance (NMBI, 2021). The family dynamics were not considered either. Louise failed to consider the impact of her intended actions.

The Code requires that nurses recognise the limits of their competence, and endeavour to examine any potential risks to patients. Louise did not pay due attention to these requirements.

Following your reading and reflection on all the case studies in this chapter (see Chapter 4 for models of reflection to help you do this), consider the prompts in Box 5.1 and how these can be helpful when you need to make choices or a decision in learning situations that arise in practice.

Box 5.1

Prompts to Aid Ethical or Moral Decision-Making

- Values
- Context
- Level of experience
- Relationships
- Professional standards
- Ethical principles
- Tell the truth
- Raise concerns
- Courage
- Resilience

To ensure that you know what to consider when you have to make decisions in your nursing or practice that have an ethical dimension, you will find a number of helpful points to consider in the checklist in Box 5.2.

Box 5.2

Observation Points to Aid Ethical Decision-Making

- Pay attention to a person's right to self-determination and to make decisions concerning their own treatment and care.
- Accept that your values may differ from those of the person you are caring for.
- Accept that your values may differ from those of other members of the team.
- Ensure that the person's wishes are foremost in all decision-making.
- Engage in shared decision-making whenever possible.
- Ensure that you communicate all relevant information effectively and appropriately to the person that you are providing care for.
- Ensure that you recognise and acknowledge biases.
- Ensure that you protect people from harm or potential harm and maintain safety at all times.
- Ensure that your knowledge is up-to-date and evidence-based.
- Ensure that you acknowledge your level of experience or any lack of experience.
- Ensure that you recognise the unique vulnerabilities of all parties in any situation.
- Pay attention to ethical principles, standards for practice and relevant guidelines.
- Be able to provide rationales for actions or for not taking actions based on the standards, guidelines and ethical principles.

Conclusion

In this chapter we have looked at the nature of ethical or moral decision-making in health care. We have seen how values and ethical principles might influence our thinking regarding doing the right thing when ethical or moral issues arise in our clinical practice. By means of everyday scenarios, we have learnt that ethical or moral decision-making is not simply confined to the 'big issues' but can and does occur in relation to the simplest nursing tasks. The intent behind each scenario was to ask you to think about decision-making in terms of what is 'the right thing to do'. Nurses, by virtue of their close proximity to patients, their inherent compassion and their professional regulations, may find themselves having to decide on 'the right thing to do' within a constrained context. A context can be the environment in which care is delivered, patients' wishes, personal and professional values, levels of experience or the availability or use of resources. During the pandemic, the context of care, both in hospitals and community settings, had a major impact on the agency of nurses as accountable practitioners and as individuals. It also posed challenges to how nurses practice, how they think about their practice and how they make decisions in practice.

As the case studies demonstrated, attention must be paid to context, but also to possible outcomes as a result of decision-making. Outcomes for the patient are of paramount importance, but outcomes for family, society, the nurse or the nursing profession must also be considered.

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