

LECTURE NOTES

For Professional Nursing Students

Introduction to Professional Nursing and Ethics



**Ethiopia Public Health
Training Initiative**

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PREFACE

Nurses at present are facing various personal, interpersonal, professional, institutional and socio cultural challenges in their professional performance. Dealing with these issues may not be always clear. The lack of one correct approach in addressing different contextual issues may lead to ethical dilemmas. Responding to this complex issues demand nurses to acquire comprehensive ethical knowledge and skills in various decision making process. Although teaching materials have a pivotal role to play in helping nurses in this endeavor, comprehensive books inclusive of all the topics in the curriculum is scarce in Ethiopia. Therefore, this lecture note is prepared to overcome the acute shortage of reference materials reflecting the national context and be used as a teaching material for nurses at various levels. The lecture note is divided in to five units. Unit one of this lecture note deals with the history of nursing, unit two about philosophy of nursing, unit three health and illness, unit four Ethico-legal aspects to nursing, and unit five communication and interpersonal relationships in nursing

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CHAPTER ONE

INTRODUCTION TO NURSING

Objectives

1. Discuss the historical development of nursing
2. Explain the professional growth within nursing
3. Identify the critical attribution of professionalism in nursing
4. Discuss the difference between occupation and profession
5. Describe the nursing development in Ethiopia

Before one can fully grasp the nature of nursing or define its practice, it is helpful to understand the roots and influencing factors shaped its growth over time. Nursing today is far different from nursing as it was practiced 50 years ago, and it takes a vivid imagination to envision how the nursing profession will change as we move forward in to the 21st century. To comprehend present-day nursing and at the same time prepare for future, one must understand not only past events but also contemporary nursing practices.

1.1 Definition of Nursing

Different people have defined nursing differently. However, in this unit we will see some of the common definitions of nursing:

- ☐ Nursing is provision of optimal conditions to enhance the person's reparative processes and prevent the reparative process from being interrupted
- ☐ The practice of nursing is defined as diagnosing and treating human response to actual or potential health problems through such services as case finding, health teaching, health counseling; and provision of support to or restoration of life and well-being and executing medical regimes prescribed by licensed or other wise legally authorized physician or dentist.
- ☐ Nursing is directed to ward meeting both the health and illness need and man who is viewed holistically as having physical, emotional, psychological intellectual, social and spiritual.
- ☐ Nursing is a humanistic science dedicated to compassionate concern with maintaining and promoting health, preventing illness and caring for and rehabilitating the sick and disabled.
- ☐ Nursing is a deliberate action, a function of the practical intelligence of nurses and action to bring

about humanely desirable conditions in persons and their environments.

- ☐ As a practice discipline nursing's scientific body of knowledge is used to provide an essential service to people, that is to promote ability to affect health positively.

1.2. History and Development of Nursing

It is difficult to trace the exact origin of the nursing profession. However, moral action is the historical basis for the creation, evolution and practice of nursing.

1.2.1 Nursing in ancient civilization

The early record of ancient civilization offers little information about those who care for the sick. During this time beliefs, about the cause of disease were embedded in superstition and magic and thus treatment often involved magical cures.

- Ancient Egyptians developed community planning and strict hygienic rules to control communicable diseases. The first recorded Nurses were seen
- In the Babylonian civilization, there were references to tasks and practices traditionally provided by

nurses. Nurses are mentioned occasionally in old Testament as women who provide care for infant, for the sick and dying and as midwives who assisted during pregnancy and delivery

- In ancient Rome, care of the sick and injuries was advanced in Mythology and reality. Although medicine as a science was developed there was little evidence of establishing a foundation for nursing.
- The ancient Greeks gods were believed to have special healing power. In 460 BC Hippocrates born and credited with being the Father of medicine. He proved that illness had natural cause and not to be of a religious or magical cause. Hippocrates first proposed such concepts as physical assessment, medical Ethics, patient – centered care and observation and reporting. He emphasized the importance of patient care that contributed a lot for the groundwork of nursing.
- In ancient India, male nurses staffed early Hospitals and women served as midwives and nursed ill family members.

1.2.2. Nursing in the Middle Ages

During this time, monasticism and other religious groups offered the only opportunities for men and women to pursue careers in nursing. It was the Christian value of "love thy neighbor as the self" that had a significant impact on the development of western nursing. The principle of caring was established with Christ's parable of Good Samaritan providing care for a tired and injured stranger.

In the third and fourth centuries several wealthy matrons of Roman empire, including Marcella, Fabiola and Paula, converted to Christianity and used their wealth to provide house of care and healing (the fore runner of hospital) for the poor, the sick and homeless.

Women were not the sole providers of nursing service in the third century in Rome. There was an organization of men called the parabloani Brotherhood. This group of men provided care to the sick and dying from the great plague in Alexandria.

1.2.3 Dark Age of Nursing

In this period Monasteries were closed and the work of women in religious order was nearly ended. The few

women who cared for the sick during this time were prisoners or prostitutes who had little or no training in nursing. Because of this, nursing was considered as the most minimal of all tasks, and had little acceptance and prestige.

1.2.4. The development of modern Nursing

Three images influenced the development of modern nursing. Ursuline Sisters of Quebec organized the first training for nurses. Theodore Flender revived the deaconess movement and opened a School in Kaiserwerth, Germany, which was training nurses. Elizabeth Fry established the institute of Nursing Sisters. But in the latter half of eighteenth century Florence Nightingale the founder of modern nursing changed the form and direction of nursing and succeeded in establishing it as a respected profession. She was born to wealthy and intellectual family in 1820. In spite of opposition from her family and restrictive societal code for affluent young English woman to be a nurse Nightingale believed she was "called" by God to help others and to improve the wellbeing of mankind. In 1847 she received three month's training at Kaiserwerth. In 1853 she studied in Paris with sister of charity, after

which she returned to England to assume the position of super intendent of a charity hospital.

Nightingale worked to free nursing from the bonds of the church. She saw nursing as a separate profession from the church, yet she began her career as the result of the mystic experience.

During the Crimean war, Florence nightingale was asked to recruit a contingent of female nurses. The Jamaica nurse Mary Grant was the first nurse recruited to provide care to the sick and injured in the Crimean war. The achievements of Florence nightingale in the war were so outstanding that she was recognized by the queen of England who awarded her the Order of Merit.

When she returned to England she established the nightingale school of nursing, which was opened in 1860. The school served as a model for other training schools. Its graduates traveled to other counties to manage hospitals and nursing training programs.

1.2.5. History of Nursing Ethiopia

In ancient Ethiopia illness was considered to be punishment from sins or magic. Most tribes and people had a medicine man or women called "Hakims" or wegasha" who performed rituals, using various plants and herbs to heal the sick. The religious people were also providing care for the sick or injured in the monks' hospital in Debrelibanos.

In late 19th century before nurses training started, foreign nurses were practicing in the health care delivery system of Ethiopia. In 1917 Sister Karin Holmer came as trained nurse to Ethiopia.

In 1908, Emperor Menelik II established the 1st Governmental public health services, now known as ministry of public health, which is established in 1948. In 1909, the first hospital Menelik II was built in Ethiopia. Later on his Imperial majesty Hailesilassie established different Hospitals in deferent regions including Addis Ababa.

The first clinic was established at the hot spring at Eilet near Messwa in which sick people used to come for

bathing. The Dejasmatch Balcha Hospital was established in 1948 under the agreement with Soviet Red Cross. Ethiopian government provided the building.

The Princes Tsehai memorial Hospital was opened in 1951, as a tribute initially from the British people as friendships with Ethiopia and with strong Ethiopian participation as memorial to late princes Tsehai now known as Army Hospital.

Training of Medical personnel

Before the Italian occupation with exception of a mission school for midwives in Eritrea (the former province of Ethiopia) the only training in the public health personnel consisted of auxiliary medical training in several hospitals and missions.

The growth of hospitals made it necessary to start the training of Ethiopians to assist in staffing hospitals and clinics. As a first step training, facilities for medical auxiliary personnel were made available in the Menelik II Hospital.

For some years government and mission hospitals had been engaged in training dressers and other nursing orderlies

Ethiopian Nurses

Princess Tsehai, the emperor youngest daughter was the first graduated national nurse from Ormand street hospital London. In 1948 the Ethiopian Red cross nursing school established by his Imperial majesty in the private Hospital Bet-Saida which later changed to Hales lassie I Hospital. Then during the Derg regime, this hospital is changed its name to Yekatit 12 hospital, which still exists

In 1950, the school of nursing was established at Empress Zewditu memorial hospital for male and female nurses. In March 1953, the first eight nurses from Ethiopian Red Cross of nursing and nine from Empress Zewditu memorial hospital were graduated.

In 1951, two school of Nursing was established: one at the princess Tsehai memorial only for female nurses and the other one was in Nekemt at the Teferie Mekonnen Hospital. In 1959 the post basic training

started at princess Tsehai memorial hospital for midwifery nursing and four nurses graduated in 1960.

In 1954 the Gonder Health College and training center opened and gave training to community nurses. In 1958 fifteen (15) community nurses graduated from this center.

1.3. Nursing as a developing profession

1.3.1. Profession and professionalism

Nursing is a profession.

A profession is a calling that requires special knowledge and skilled preparation. A profession is generally distinguished from other kinds of occupation by:

- a) Its requirement of prolonged specialized training acquiring a body of knowledge pertinent to the role to be performed and
- b) An orientation of the individual to ward service, ether to community or organization.

1.3.2. Criteria of a profession

- Professional status is achieved when an occupation involves practice,

- A profession carries great individual responsibility and based up on theoretical Knowledge.
- The privilege to practice is granted only after the individual was completed a standardized program of highly specialized education and has demonstrated an ability to meet the standards for practice.
- The body of specialized knowledge is continually developed and Evaluated through research.
- The members are self organized and collectively assume the responsibility of establishing standards for education and practice.

1.3.4. Comparison between Profession and occupation

Occupation	Profession
1. Training may occur on job	1. Education takes place in College and university
Length of training varies	Education is definite and prolonged
Value, beliefs and Ethics are not Prominent features of preparation	Value beliefs, and Ethics are integral part of preparation
Commitment & personal identification are strong	Commitment & personal Identification vary
Works are autonomous	Works are supervised
People unlikely to change jobs	Peoples often change Jobs
Accountability rests with individual	Accountability rests with employees

Professional Development

Professional development in Nursing can be viewed in relation to specialized education, Knowledge base, Ethics, and autonomy.

1.3.4. Role of the professional nurse

1. **Care provider:** caring /comforting involve knowledge and sensitivity to what matter and what is important to the client.
2. **Communicator / Helper:** Effective communication is an essential element of all helping profession, including nursing. It helps the client to explain the internal feeling.
3. **Teacher/educator:** teacher refers to activities by which the teacher helps the student to learn. The client also need education based on the case.
4. **Counselor:** counseling is a process of helping a client to recognized and cope with stressful psychological or social problem, to develop improved interpersonal relation ships and promote personal growth.
5. **Client advocate:** An advocate pleads the cause of others or argues or pleads for a cause or proposal

6. **Change agent:** a change agent is a person or group who initiates changes or who assists others in making modification in them selves or in the system.
7. **Leader:** leader ship is defined as mutual process of inter personal influence through which the nurse helps a client make decision in establishing and achieving goals to improve the client well being.
8. **Manager:** management defines manager as who plans, gives direction, developing staff, monitoring operations, giving rewards fairly and representing both staff member and administration as needed.
9. **Researcher:** majority of researchers in nursing are prepared at doctoral and post doctoral level. Although an increasing number of clinicians and nurses with masters degree are beginning to practice it.

1.3.5. Nursing Education

1. **Practical Nurse Education:** Practical nursing has been in existence for many years. In the past the practical nurse was the family, friends or community members who was called to the home during emergencies. These were lay people who gained the experience through self taught. The first formal

education in practical nursing was started in 1892. The duration of training was 3 months and students were called attendants. The curricula of practical nursing includes child and elderly care, cooking and care of the sick at home

2. **Licensed practical nursing:** This program provided by high school, community colleges, vocational schools, hospitals, and a variety of health agents. These programs usually last one year and provide both classroom and clinical experiences. At the end, the graduate takes national council licensing examination to obtain a license as a practical or vocational nurse. In Ethiopia the international licensed examination was given up to 1977. Later on national was given and stopped 1997.
3. **Registered nursing:** In the United States, most basic education for registered nurses is provided in three types of programs, Diploma, Associate degree, and baccalaureate programs in Canada, the 2-years, 3- years or more diploma and baccalaureate programs prepare registered nurses.
4. **Diploma:** to day's diploma nursing program have changed markedly from the original nightingale model, becoming hospital-based education

programs that provide a rich clinical experience for nursing students these programs may last two or more years and are often associated with colleges or universities.

-In Ethiopia the diploma Programme required 8th grade and stayed for 4 years, then the requirement was changed to 10th-12th grade and staying 2-3 years.

5. **Associate degree:** In 1980 as a solution to the acute shortage of nurses that came about because of World War II. Associated degree programs are offered in united state in junior colleges as well as in college and universities.
6. **Baccalaureate degree:** Although baccalaureate nursing education programs were established in universities in both united state and Canada in the early 1900s. In 1960s the number of the students enrolled in these programs increased markedly. In Ethiopia this Programme was started in Jimma university in 1993. Later on the Programme continued in Della, Alemaya and Gonedr.
7. **Masters programs:** - master's programs generally take from 1 1/2 to 2 years to complete. In 1995 the numbers of nurses obtaining master's degree

increased. The mastered Programme has been proposed in September, 2005 in Ethiopia.

8. Doctoral programs: doctoral programs in nursing, which award the degree of doctor of nursing science (DNS). The program began in the 1960s in United States.

9. Continuing education: - to formalize experiences designed to enlarge the knowledge or skills of practitioners.

10. In service education; - Program is administered by an employer; it is designed to update the knowledge or skills of employees.

1.3.6. Socialization in Nursing

The Nurse student internalize, or take in, the knowledge, skills, attitudes, beliefs, norms, culture, values and ethical standards of nursing and make them a part of their own self-image and behavior. The process of internalization and development of an occupation identity is known as professional socialization. Socialization is a process by which a person learns the way of a group or society in order to become a functioning participant. Socialization is a reciprocal learning process that occurs through interaction with other people. Professional socialization in nursing is believed to occur largely, but not entirely,

during the periods students are in basic nursing programs. It continues after graduation when they enter nursing practice.

Learning any new role is derived from a mixture of formal and informal socialization E.g. Little boyies learn how to assume the father role by what their own fathers purposely teach them (formal socialization) and how they observe their own and other fathers behaving (informal socialization).

In Nursing, formal socialization includes lessons the faculty intends to teach- such as how to plan nursing care, how to per form a physical examination on healthy child, or how to communicate with psychiatric patient.

Informal socialization includes lessons that occur incidentally such as over hearing a nurse teach a young mother how to care for her premature infant, participating in the students nurse association or sitting in on nursing ethics committee meeting part of professional socialization in simply absorbing the culture of nursing that is the rites, rituals, and valued behavior of the profession.

This requires that students spend enough time with nurses in working setting for adequate exposure to the nursing culture to occur. Most nurses agree that informal socialization is often more power full and memorable than formal socialization.

Learning any new role creates some degree of anxiety. Disappointment and frustration some times occurs when student's learning expectations come in to conflict with educational realities. Students' ideas of what they need to learn, when they need to learn may differ from what actually occurs. They sometimes become disillusioned when they observe nurses behaving in ways that differ from their ideas about how nurses should behave. Knowing in Advance that these things may happen can help students accurately assess the sources of their anxiety and manage it more effectively.

Socialization is much more than the transmission of knowledge and skills. It serves to develop a common nursing consciousness and is the key to keeping the profession vital and dynamic. It is not surprising there for that a good deal of attention has been paid to this important process.

During socialization the nurse should:

- Value her/his own beliefs and practice while respecting the belief and practice of others.
- Respect the culture and religious beliefs of individuals.
- Become aware of the client's culture as described by the client and know client's cultural values, beliefs, and behavior.
- Know what is right or wrong

The socialization process therefore involves changes in perception, knowledge, skill, attitudes, and values. There are five levels of proficiency the nurse passes as the nurse progress and acquires the knowledge, skill, attitudes, and values of nursing.

These levels of proficiency are novice, advanced beginner, competent, proficient and expert.

Stage 1 Novice: A novice may be a nursing student/ any nurse entering a clinical setting where that person has no experience and governed by structured rules and protocols.

Stage 2 Advanced beginner: can demonstrate marginally accepted performance. The beginner has

had experience with enough real situations to be a ware of meaningful aspect of situation.

Stage 3 Competent: the nurse who has been on the job in similar situation for 2or 3 years manifests Competence. Competence develops when the nurse consciously and deliberately plans nursing care and coordinates multiple complex care demands. Nursing competence provide a broad specification of nursing to cover the physical, psychological and spiritual care fields and serves as a bias for considering the objectives of training. The major components of competency include observation, interpretation, planning, action and evaluation.

Stage 4 proficient: The proficient nurse perceives a situation as a whole rather than just its individual aspects. The nurse focuses on long-term goals and is oriented to ward managing the nursing care of a client rather than performing specific task.

Stage 5 Expert: The expert nurse not only relies on rules, guidelines, or maxims but also uses her/his understanding of situation to an appropriate action.

Models of professional Socialization

1. Cohen's stages of professional socialization

Stage I Unilateral dependence: Reliant on external authority, limited questioning or critical analysis. Students are unlikely to question or analyze critically the concepts teachers present because they lack the necessary background to do so.

Stage II Negatively/independence: cognitive rebellion, diminished reliance on external authority. Student's critical thinking abilities and knowledge bases expand

Stage III Dependence/mutuality: Reasoned appraisal, beings integration of facts and opinions following objective testing. Students evaluate the ideas of others. They develop an increasingly realistic appraisal process and learn to test concepts facts, ideas and models objectively.

Stage IV Interdependence collaborative decision-making: commitment to professional role; self concept now includes professional role Identify. Student's needs for both independence and mutually (sharing jointly with others) come together

2. Hinshaw's stages of professional socialization

Hinshaw's stages of professional socialization is a potentially useful model describing the educational aspect of professional socialization

Stage		Key behavior
I	Initial innocence	Initial image of nursing unaffected by reality
II	Incongruities	Initial expectations and reality collide, Questions carrier choice; may drop out
III	Identification	Observes behavior of experienced nurses
IV	Role simulation	Practices observed behavior; way feed unnatural in role
V	Vacillation	Old image and conflict with new professional image
VI	Internalization	Acceptance and comfort with new role

Organization socialization

Organization socialization is the process by which an individual comes to appreciate the values, abilities, expected behaviors and social knowledge essential for assuming an organizational role and for participating as an organization member.

The organization seeks through socialization to achieve high levels of individual performance with positive impact on group and organization output.

Each organization is an on going social system that has evolved a unique set of values, ideas, frictions, conflicts, friendships coalitions.

It is the goal of orientation to enable the new person to enter this new system intelligently and to cope successfully.

Socialization includes an introduction to group norms, the values and modes of behavior that are respected.

Group norms are established as nurse's attempt at resolving a potentially explosive conflict of interest" the two conflicting interests are

1. A desire for companionship and peer recognition and
2. A human desire for autonomy and individuality group norm can be positive (supportive), negative (obstructing) or neutral (ineffectual)

The student nurses need orientation of the organization. The function of the organization is to integrate individual and organizational needs which maintain the integrity and self-confidence of the individual as well as the effectiveness and unity of the organization.

As each individual is unique so each organization is unique. The blending of these mismatched entities without sacrificing either, and augmenting both of them, make up the special goal of orientation.

1.3.7. International and national nursing association

- ☐ Associations are organizations of persons with common interests.
- ☐ As the number of nurses increased the activities and problem in connection with work also increased.

☐ A professional association is an association of practitioners who judge one another as professionally competent and who banded together to perform social function's which they can not perform in their separate capacities as individual.

Nursing Association

The nursing association must perform the following five functions for the preservation and development of its profession

1. Defining and regulating the profession through setting and enforcing standard of education and of education and practice for generalist and specialist.
2. Developing the knowledge base for practice in its broadest and narrowest components.
3. Transmitting values norms, knowledge, and skill to nursing students, new graduates and members of the profession for application in practice.
4. Communicating and advocating the value and contribution of field to several publics and constituencies.

5. Attending to social and general welfare of their member. Professional associations give their member social and moral support to perform their roles as professionals and cope with professional problems.

INTERNATIONAL COUNCIL OF NURSES (ICN)

- ☐ The international council of Nurses (ICN) was established in 1899.
- ☐ Nurses from Great Britain, the United States, and Canada were among the founding members.
- ☐ The Council is a federation of national Nurses' association, Such as the American Nursing Association (ANA) and Canadian Association for Nurses (CAN).
- ☐ In 1993, 111 national Nurses Associations representing 1.4 Million Nurses worldwide were affiliated with the ICN.
- ☐ The ICN provides an organization through which member of national Nursing Association can work together to promote the health of people and the care of the sick.

The Objectives of ICN are:

1. To improve the standards and states of Nursing
2. To promote the development of strong National Nurses' Association
3. To serve as the authoritative voice for Nurses and the nursing profession worldwide.

The Ethiopian Nurses Association (ENA) was established 6th may, 1952, in Addis Ababa by the Ethiopian government. Her Royal excellence princess Tenagnework Hailesilassie was the patron of the association.

- ☐ There were 15(fifteen) member when 1st constituted.
- ☐ Then the members increased to 80, including some international nurses at 1965.

The aim of the Ethiopian Nurses Association was:

1. Discuss and solve problems affecting nurses.
2. Setting higher standards in nursing

The Ethiopian Nurses Association becomes a member of ICN in May 1957. In 1958, the first ENA publication was started, in the form of pamphlet. Signed an

agreement with CAN in March 11, 1990 EC. The association has 18(eighteen) branches in different region and schools. Publish ``voice of nursing'' magazine every 6(six) months.

Ethiopian nursing counsel

The Ethiopian nursing counsel was established in 1954. It was responsible for setting examination for nurses, licensing nurses and midwives, registering nurses, and monitoring standard of care. It acted as the official liaison between the ministry of public health and the ENA.

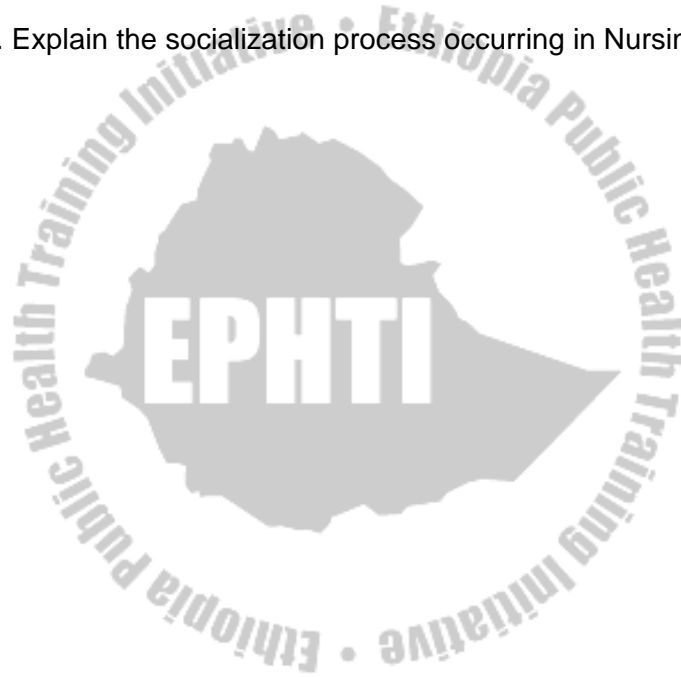
The function of Ethiopian nursing council were

1. To study nursing needs
2. Participating in health planning
3. To develop nursing policies
4. Making accreditations regarding nursing, midwifery and auxiliary nursing.
5. Responsible for recommending disciplinary action against nursing personnel
6. To advise on ethical issue concerning nurses and nursing practice.

7. Responsible for licensing nurses for revoking (removable) such as licenses as result of malpractices.
8. Promoted the training of nursing personnel.

Review Question

1. Explain the socialization process occurring in Nursing



CHAPTER TWO

PHILOSOPHY OF NURSING THEORY

Learning Objectives

- Define belief, value and philosophy.
- Discuss the impact of beliefs and values on nurses' professional practice.
- Explain the importance of a philosophy of nursing.
- Explain the importance of theory to the nursing profession
- Recognize some of the commonly used theories in nursing

Principled behavior flows from personal values that guide and inform our responses, behaviors and decisions in all areas of our life. Ethical decision making requires self awareness and knowledge of ethical theories and principles. Such awareness of self includes knowing what we value or consider important. Personal values and moral development influence perceptions and decisions. This unit examines the relationship of beliefs, values, and philosophies to the practice of

nursing. Therefore, readers are encouraged to examine their own values, perspectives and tendencies and of other people and the situation they are in on various decision making process.

2.1. Beliefs, values and philosophy of Nursing

2.1.1. Beliefs

A belief represents the intellectual acceptance of something as true or correct. Beliefs can also be described as convictions or creeds. Beliefs are opinions that may be, in reality, true or false. They are based on attitudes that have been acquired and verified by experience. Beliefs are generally transmitted from generation to generation.

In nursing, it is important to know and understand one's beliefs because the practice of nursing frequently challenges nurses' beliefs. Although this may create temporary discomfort, it is ultimately good because it forces nurses to consider their beliefs carefully. They have to answer the question: "Is this something I really believe, or have I accepted it because some influential person (such as a parent or teacher) said it?" Abortion, living wills, the right to die, the right to refuse treatment,

alternative lifestyles, and similar issues confront all members of contemporary society. Professional nurses must develop and refine their beliefs about these and many other issues.

Beliefs are exhibited through attitudes and behaviors. Simply observing how nurses relate to patients, their families, and nursing peers reveals something about those nurses' beliefs. Every day nurses meet people whose beliefs are different from, or even diametrically opposed to, their own. Effective nurses recognize the need to adopt nonjudgmental attitudes toward patients' beliefs. A nurse with a nonjudgmental attitude makes every effort to convey neither approval nor disapproval of patients' beliefs and respects each person's right to his or her beliefs.

Categories of beliefs

People often use the terms beliefs and values interchangeably. Even experts disagree about whether they differ or are the same. Although they are related, beliefs and values are different.

There are three main categories of beliefs:

1. **Descriptive or existential beliefs:** are those that are shown to be true or false. An example of a descriptive belief is: “The sun will come up each morning.”
2. **Evaluative beliefs:** are those in which there is a judgment about good or bad. The belief “Dancing is immoral” is an example of an evaluative belief.
3. **Prescriptive (encouraged) and proscriptive (prohibited) beliefs:** are those in which certain actions are judged to be desirable or undesirable. The belief “Every citizen of voting age should vote in every election” is a prescriptive belief, whereas the belief “People should not engage in sexual intercourse outside of marriage” is a proscriptive belief. Prescriptive and proscriptive beliefs are closely related to values.

2.1.2. Values

Values are the social principles, ideals, or standards held by an individual, class, or group that give meaning and direction to life.

A value is an abstract representation of what is right, worthwhile, or desirable. Values reflect what people consider desirable and consist of the subjective assignment of worth to behavior.

Although many people are unaware of it, values help them make both small, day-to-day choices and important life decisions. Just as beliefs influence nursing practice, values also influence how nurses practice their profession, often without their conscious awareness. Everything we do, every decision we make and course of action we take is based on our consciously and unconsciously chosen beliefs, attitudes and values. Nursing is a behavioral manifestation of the nurse's value system.

Values influence behavior and that people with unclear values lack direction, persistence, and decision-making skill. Because much of nursing involves having a clear sense of direction, the ability to persevere, and the ability to make sound decisions quickly and frequently, effective nurses must have a strong set of professional nursing values.

Types of Values

1. **Personal Values:** Most people derive some values from the society in which they live. Eg: self worth, sense of humor, , honesty, fairness and love
2. **Professional values:** are reflections of personal values. They are acquired during socialization into nursing. Some of the important values of nursing are:
 - ☐ Strong commitment to service
 - ☐ Belief in the dignity and worth of each person
 - ☐ Commitment to education
 - ☐ Autonomy

Values Clarification

Nurses as well as people in other helping professions need to understand their values. This is the first step in self-awareness, which is important in maintaining a nonjudgmental approach to patients.

Importance of value clarification for nurses in professional practice

Value clarification in nursing:

- Provides a basis for understanding how and why we react and respond in decision-making situations.
- Enables us to acknowledge similarities and differences in values when interacting with others which ultimately promotes more effective communication and care
- Enables nurses to be more effective in facilitating the nursing process with others

Impact of institutional values on nurses

Nurses need to be conscious of both the spoken and unspoken values in their work settings. Nurses should identify congruencies between personal values and those of the institution, because accepting employment implies committing to the value system of the organization.

Case Presentation

Bekele has been the nurse manager of a unit for the past five years and is highly regarded by the hospital's administration. For the past several months, however, he has been feeling less satisfied with his work because of staffing cuts and other institutional decisions. Providing quality nursing care has always been the most rewarding part of his job. However, recently he feels he is forced to attend more to the needs of the organization. He considers leaving, but he has good benefits in the organization and two children to support.

1. Identify values evident in this situation. Which of these reflect your personal values?
2. What conflicts might arise from these values?
3. If you were in Bekele's position, what beliefs, ideals, or goals would guide you in making a decision to stay or leave? Identify potential consequences of each choice.

Values Govern Nursing's Social Policy statement

Groups, such as nursing, have collective identities that are evidenced by their actions. These actions stem from a set of values and choices and by examining the actions of groups from which their basic values can be logically inferred.

Organized nurses, sets forth the values that govern the profession. This is done in a document published from time to time that is designed to explain nursing's relationship with society and nursing's obligation to those who receive nursing care.

2.1.3. PHILOSOPHY

Philosophy is defined as the study of the truths and principles of being, knowledge, or conduct. A more literal translation, based on the Greek root words, means the "love of wisdom". It is a set of beliefs and attitudes that direct the behavior of individuals to the achievement of a goal.

Everyone has a personal philosophy of life, which is unique from all others. People develop personal philosophies as they mature. These philosophies serve

as blueprints or guides and incorporate each individual's value and belief systems.

Philosophies of Nursing

Philosophies of nursing are statements of beliefs about nursing and expressions of values in nursing that are used as bases for thinking and acting. Most philosophies of nursing are built on a foundation of beliefs about people, environment, health, and nursing

Every nurse has a philosophy of a set of beliefs upon which to base nursing action.

Nurses' personal philosophies interact directly with their philosophies of nursing and influence professional behaviors. An important point about philosophies of nursing is that they are dynamic and change over time. Developing a philosophy of nursing is not merely an academic exercise required by accrediting bodies. Having a written philosophy can help guide nurses in the daily discussions they must make in nursing practice.

Sample philosophy nursing

Introduction

This statement of philosophy and purpose is developed from the thinking of different nursing theorists.

Purpose

The purpose of Black lion nursing services and programs is to ensure that each patient receives professional nursing care that is patient centered and goal – directed, and to support healthcare education and research in nursing and other disciplines. Black Lion nurses and their associates in the division of nursing carry out their activities with one focus in mind– assisting the patient to achieve optimal health outcomes.

Philosophy

Nursing as a Profession Service

Professional nursing is complex service that assists people (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that they would perform unaided if they had the necessary strength, will be or knowledge. It is likewise the unique contribution of nursing to help people to be independent of such assistance as soon as possible. The activities that nurses help patients carry

out (or those that nurses carry out for patient) include the therapeutic plans prescribed by physicians, by other health care providers, and by nurses themselves. In carrying out these activities, nurses practice an art through which technical; observation skills as well as scientific knowledge and clinical judgment are systematically applied to the health needs of others in a caring manner. Caring means being connected and having things matter. Thus by caring, the nurse creates possibilities for coping in the face of risk and vulnerability.

2.2. Overview of Nursing Theory

Nursing theory attempts to describe or explain the phenomenon of nursing. Nursing theory differentiates nursing from other disciplines and activities.

Theories are general concepts used to explain, predict, control, and understand commonly occurring events. Theories provide a method of classifying and organizing data in a logical, meaningful manner. A theory is a set of systematically interrelated concepts or hypothesis that seeks to explain and predict phenomena.

There have been three reasons for the interest in theory:

1. Theory development contributes to knowledge building and is seen as a means of establishing nursing as a profession
2. The growth and enrichment of theory in and of itself is an important goal of nursing, as a scholarly discipline, to pursue
3. Theory helps practicing nurses categorize and understand what is going on in nursing practice; it helps them to predict client's response to nursing services and is helpful in clinical decision making.

Relationship of theory to practice and research

Professional nursing practice is grounded in a theoretical foundation. Theoretical concepts are developed as nursing practice evolves and is examined with respect to existing knowledge. When these concepts are scientifically validated in a multitude of practice situations, they provide guidelines for practice by way of conceptual models. Conceptual models attempt to explain the nursing paradigm, or overall scheme, which relates the nursing client to the context

of environment of care, to the health or illness situation, and to the practice of nursing. Following are some of the commonly used theories in nursing.

2.3. Types of nursing theories

General systems theory

A system is a set of interacting elements, all serving the common purpose of contributing to the overall goal of the system. The whole system is always greater than the sum of its parts.

Systems are hierarchical in nature and are composed of interrelated subsystems that work together in such a way that a change in one element could affect other subsystems as well as the whole. Boundaries separate systems both from each other and from their environment.

A system communicates with and reacts to its environment through process that enters the system (input) or is transferred to the environment (output). An open system allows energy, matter and information to move freely between systems and boundaries. Open systems maintain balance through feedback.

Understanding systems theory helps nurses assess interaction among the input, throughput and output process. The system theory helps nurses to view the individual client, the family as well as the community holistically.

Neumann's Health care systems

Neuman Health care systems theory is derived from the systems theory. It is an open systems model of two key components: stress and reaction to it. Both noxious and beneficial stressors operate on the system, which attempts to maintain balance or homeostasis.

Nursing is an interdependent part of the health care system and its surrounding social system. Nursing's reciprocal relationship with system subparts contributes to optimal functioning and the evolutionary survival of the whole system. The nurse assesses the two of entropy and negentropy to guide her/his interventions, which aim to counteract entropy with a form of evolutionary adaptation, restoring and maintaining equilibrium between forces or stressors. The nurse assesses the factors, which influence a person's perceptual field; the meaning a stressor has to the

client and the factors in his/her own perceptual field, which influences assessment and giving care.

Roy adaptation Theory

According to this theory nursing is the practice of facilitating the adaptation of an individual's four subsystems (physiologic, self concept, role function, interdependence). The nurse attempts to modify or maintain stimuli affecting adaptation within the nursing process. Nursing assessment focuses on two units of analysis: the person's system and environmental interaction, while intervention is concerned with manipulation of parts of the system or environment.

Orem's self care nursing Theory

The model revolves around the concept of self-care. Orem describes nursing as a creative effort of one human being to help another human being. Nursing is a helping system which can be wholly compensatory; that is, the client is unable to achieve self-care, therefore has health deviation self-care requisites; partly compensatory where both nurse and client work to achieve self-care; or supportive, educative, where the

client is able to perform, or can and should perform self-care but does not do so without assistance.

Rogers Model of the science of Unitary Man

Martha Rogers developed a model based on systems theory. She developed her model around four components, which she called 1. Universe of open systems 2. Energy fields 3. Pattern and organization and 4. Four dimensionality. Using this model one can focus on client environment interaction and see the client as functioning interdependently with others and the environment. The nurse's goal is to promote holistic health and environment interaction in order to maximize client health potential.

Johnson Behavioral Systems Model

Johnson believes that nursing care is directed toward caring for the whole patient to facilitate effective and efficient behaviors necessary to prevent illness. Johnson views nursing as being separate from medicine. She sees nursing's role as being complementary to the medical role.

This model emphasizes that both the internal and external environments of the system need to be orderly and predictable to maintain homeostasis. If the subsystems are out of balance, tension and disequilibrium result. Nursing, as part of the external environment can help the patient return to a state of balance.

Review questions

1. Describe the differences and similarities of belief, value and philosophy.
2. Discuss how values influence nursing practice? List two of your values supportive of nursing practice and explain the mechanisms by which you acquired these values
3. Discuss why value clarification is important both personally and professionally
4. Discuss how a philosophy of nursing influences nursing practice
5. What is the importance of theory development in nursing?
6. Discuss some of the commonly used theories in nursing.

7. You are appointed to a position of a Matron in a new hospital, and are asked to formulate a philosophy how do you do it?



CHAPTER THREE

HEALTH ILLNESS AND HEALTH CARE SYSTEM

Learning Objectives

1. Define health and illness
2. Explain the importance of health models to the profession of nursing
3. Discuss the commonly used health models in nursing

3.1. Health and illness

The World Health Organization defines health as “a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. This definition considers the total persons state of health and wellness as essential component.

Health and illness is a relative concept, which is perceived differently by different individuals. Wellness is not only the absence of disease; therefore, any definition of health should consider the different dimensions influencing health.

The concept of health and wellness must allow for an individual variability. Health is a dynamic state in which the person is constantly adapting to changes in the internal and external environment.

Various models on the concept of health and wellness exist. Some are based on the presence and absence of disease and others on holism, health beliefs and wellness.

3.2. Models of Health and illness

Health models have been developed to help describe the concepts and relationships involved in health and illness.

a. Host –agent-environment model

According to this model health is an ever-changing state and health and illness depends on interaction of host, agent and environmental factors. These factors are constantly in interaction and a combination of factors increases the possibility of illness. When the agent, host and environment variables are in equilibrium health is maintained. On the other hand when the balance is disrupted disease occurs.

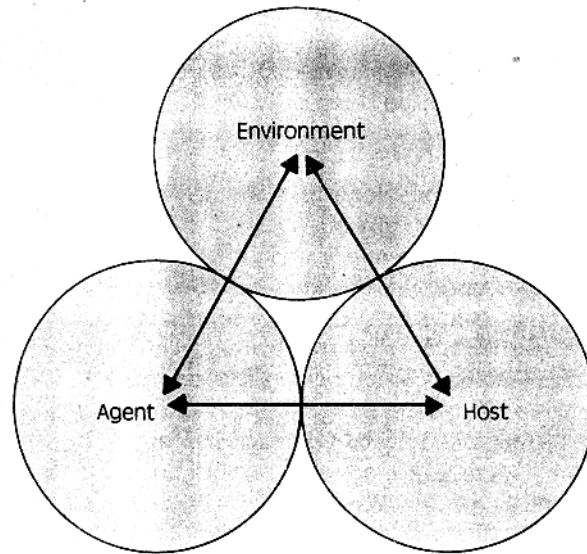


Fig 1. Host –agent-environment model

b. The Health illness continuum model

According to this model, health is a constantly changing state, with high level wellness and death being in the opposite ends of a graduated scale, or continuum. The nurse must be aware that a client may place himself/herself at different points on the continuum at any given time depending on how well he/she believes himself to be functioning for his illness

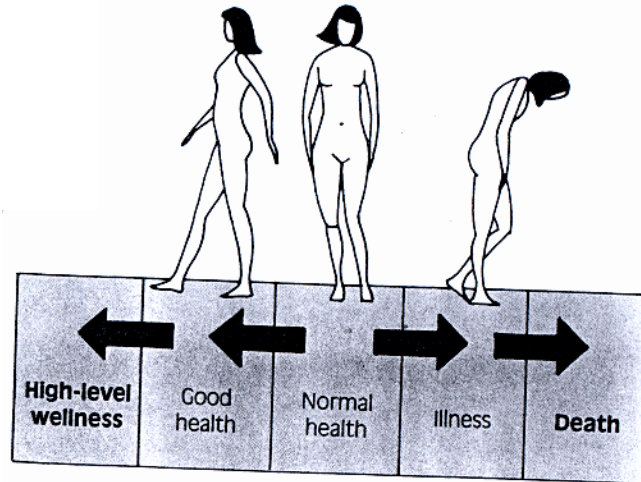


Figure2. The health illness continuum model

c. High-level wellness model

This model describes high-level wellness as functioning to one's maximum potential while maintaining balance and purposeful direction in the environment. The concept of high level of wellness can be applied to the individual, family, community, environment, and society.

In High-level wellness model human beings are viewed as having five aspects

1. Each individual is functioning as a total personality
2. Each person possess dynamic energy

3. Each person is at peace with inner and outer worlds
4. Each person has a relationship between energy use and self integration
5. Each person has an inner world and an outer world

These five processes help the person know who and what he/she is. This model is holistic, allowing the nurse to care for the total person with regard for all dimensional factors affecting the person's state of being as he/she strives to reach maximum potential.

d. Health Belief Model

The health belief model is based on what people perceive, or believe, to be true about them in relation to health. This model is based on three components: perceived susceptibility to a disease, perceived seriousness of a disease and perceived value of action.

This model states that whether or not a person practices a particular health behavior can be understood by knowing two factors: the degree to which the person perceives a personal health threat and the perception

that a particular health practice will be effective in reducing that threat.

The perception of a personal health threat is itself influenced by at least three factors: general health values, which include interest, and concern about health; specific beliefs about vulnerability to a particular health problem; and beliefs about the consequence of the health problem.

Whether or not the perception of a threat leads to changing health behavior also depends on whether a person thinks a particular health practice will be effective against the health problem in question and whether or not the cost of undertaking that measure exceeds the benefits of the measure.

The health belief model enable nurses to understand why people practice health behavior and also to predict some of the circumstances under which people's health behavior will change.

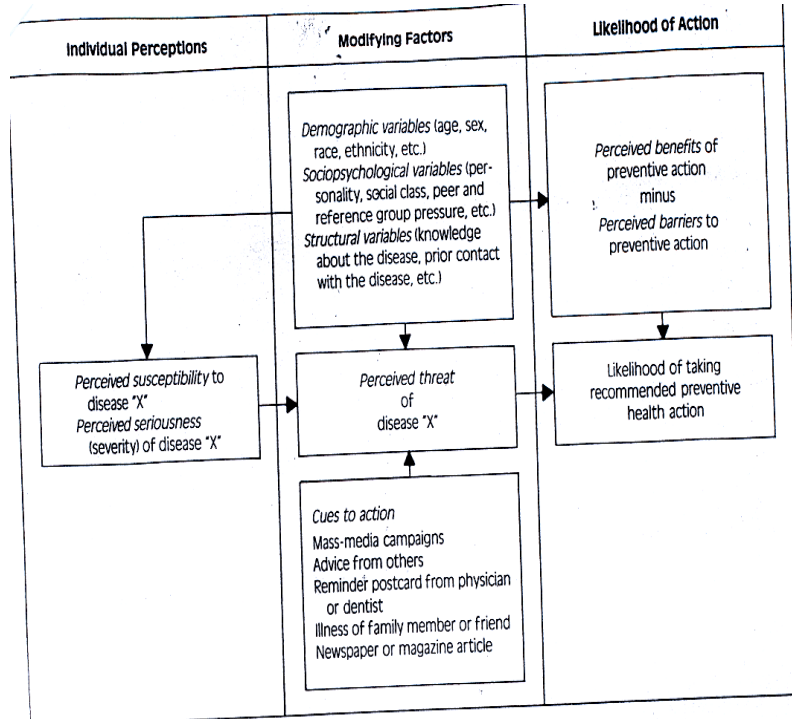


Fig 3. Health Belief Model

3.3. Factors affecting Health and illness

1. **Physical dimension**-genetic make up, age, developmental level, race and sex
2. **Emotional dimension**-how the mind and body interact to affect to body function and to respond to body conditions also influence s health. Eg. long term stress affects the body systems,

anxiety affects health habits and conversely calm acceptance and relaxation can actually change body responses to illness.

3. **Intellectual dimension**-encompasses cognitive abilities, educational background and past experiences.
4. **Environmental dimensions**-the environment has many influences on health and illness. Housing sanitation, climate, pollution of air, food and water are aspects of the environmental dimension.
5. **Sociocultural dimensions**- health practices are strongly influenced by a person's economic level, life style, family and culture.
6. **Spiritual dimensions**- spiritual and religious beliefs and values are important components of how a person behaves in health and illness.

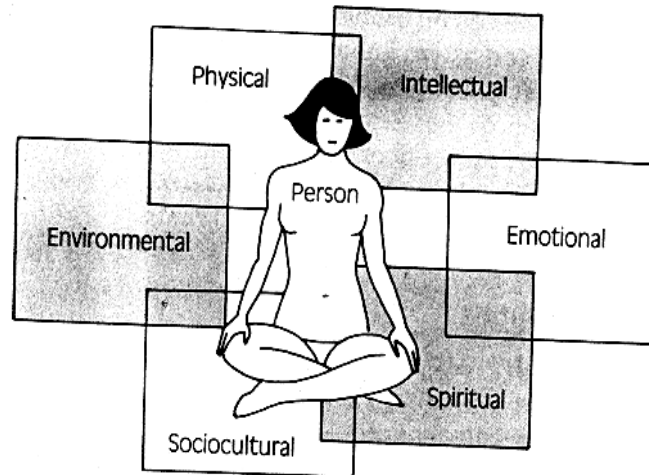


Fig 4. Dimensions of health and illness

3.4. Nursing in wellness and holistic health care

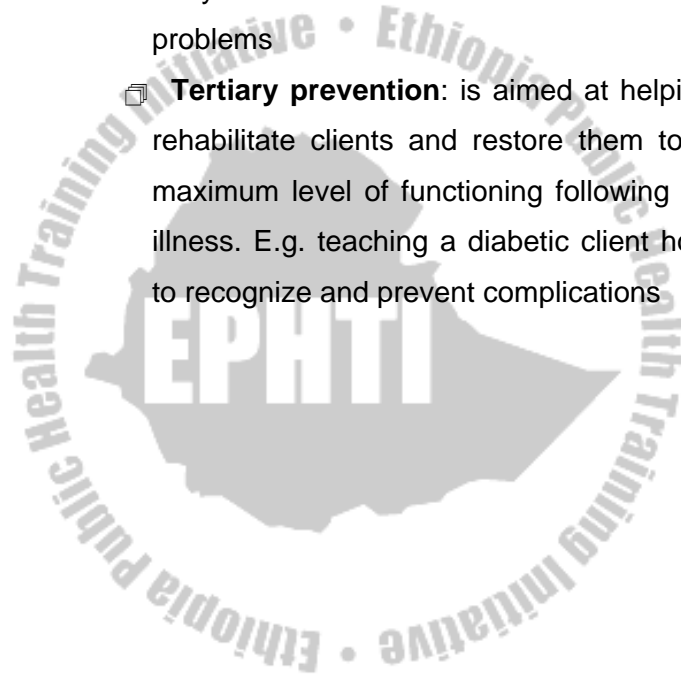
Nurses carry out wellness promotion activities on primary, secondary and tertiary levels

Preventing activities

- ☐ **Primary prevention:** is a care directed toward health promotion and specific protection against illness. E.g. Immunization, family planning and health education

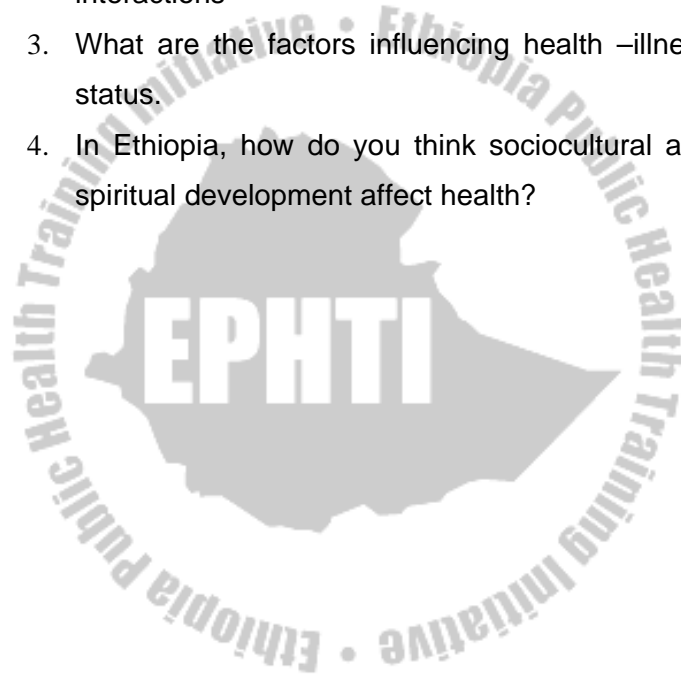
☐ **Secondary Prevention:** focuses on health maintenance for clients experiencing health problems on prevention of complication or disabilities. E.g. Nursing care for hospitalized clients, early detection and treatment of health problems

☐ **Tertiary prevention:** is aimed at helping rehabilitate clients and restore them to a maximum level of functioning following an illness. E.g. teaching a diabetic client how to recognize and prevent complications



Review questions

1. Why do you think the definition of health and illness is relative?
2. Discuss the contribution of health models in explaining health and illness relationships and interactions
3. What are the factors influencing health –illness status.
4. In Ethiopia, how do you think sociocultural and spiritual development affect health?



CHAPTER FOUR

ETHICO-LEGAL ASPECT OF NURSING

Learning objectives:

At the end of the lesson the learners should be able to:

1. Define the term ethics
2. Identify types of ethics
3. Differentiate common ethical theories
4. Identify principles and rules of health care ethics
5. Recognize the ethical dilemma and ethical decision making in nursing, including common models for decision making.
6. Describe general legal concepts as they apply in Nursing.
7. Describe ways standards of care affecting nursing practice
8. Identify nursing code of ethics at the International and the national level
9. Identify areas of potential liabilities in nursing
10. Describe the purpose and essential elements of informed consent.

11. Recognize the importance of record keeping
12. List information that needs to be included in incident report.

4.1. Understanding the concept of Ethics

4.1.1. Ethics versus Morality

Ethics is derived from the Greek word ethos, meaning custom or character. Ethics can be defined as the branch of philosophy dealing with standards of conduct and moral judgment. It refers to a method of inquiry that assists people to understand the morality of human behavior. (i.e. it is the study of morality). When used in this sense, ethics is an activity; it is a way of looking at or investigating certain issues about human behavior. Ethics refers to the practices or beliefs of a certain group (i.e. Nursing ethics, Physicians' ethics). It also refers to the expected standards as described in the group's code of professional conduct. Ethics is concerned what ought to be, what is right, or wrong, good or bad. It is the base on moral reasoning and reflects set of values. It is a formal reasoning process used to determine right conduct. It is professionally and publicly stated. Inquiry

or study of principles and values. It is process of questioning, and perhaps changing, one's morals.

Moral: is principles and rules of right conduct. It is private or personal. Commitment to principles and values are usually defended in daily life

Types of Ethics

- **Descriptive:** It is the description of the values and beliefs of various cultural, religious or social groups about health and illness.
- **Normative:** a study of human activities in a broad sense in an attempt to identify human actions that are right or wrong and good and bad qualities. In nursing normative ethics addresses: scope of practice of different categories of nurses and, level of competence expected.
- **Analytical:** analyzes the meaning of moral terms. It seeks the reasons why these action or attitudes are either wrong or right.

4.1.2. Common Ethical theories

Ethical theories may be compared to lenses that help us to view an ethical problem. Different theories can be

useful because they allow us to bring different perspectives in to our ethical discussions or deliberations. There are four ethical theories:

1. **Deontology**
2. **Teleology**
3. **Intuitionism**
4. **The ethic of caring**

Deontology (Duty or rule-Based theory)

This theory proposes that the rightness or wrongness of an action depends on the nature of the act rather than its consequences. This theory holds that you are acting rightly when you act according to duties and rights. Responsibility arises from these moral facts of life. The theory denotes that duties and rights are the correct measuring rods for evaluating action. One place where such factors are presented is in codes of professional ethics. E.g. informed consent, respect of patient...

Teleology (utilitarian or end based theory)

This theory looks to the consequences of an action in judging whether that action is right or wrong. According to the utilitarian school of thought right action is that which has greatest utility or usefulness. Utilitarian hold that no action in itself is good or bad, the only factors

that make actions good or bad are the outcomes, or end results that are derived from them

Types of Utilitarian Theories

Act utilitarianism: suggests that people choose actions that will in any given circumstances increase the overall good.

Rule utilitarianism: suggests that people choose rules that when followed consistently will maximize the overall good

Intuitions

The notion that people inherently know what is right or wrong; determining what is not a matter of rational thought or learning. For example, nurse inherently known it is wrong to strike a client, this does not need to be taught or reasoned out.

The ethic of caring (case based theory)

Unlike the preceding theories which are based on the concept of fairness (justice) an ethical caring is based on relationships. It stresses courage, generosity, commitment, and responsibility. Caring is a force for protecting and enhancing client dignity.

4.1.3. Ethical Principles

Principles are basic ideas that are starting points for understanding and working through a problem. Ethical principles presuppose that nurses should respect the value and uniqueness of persons and consider others to be worthy of high regard. These principles are tenets that are important to uphold in all situations. The major principles of nursing ethics are:

- **Autonomy**
- **Beneficence**
- **Nonmaleficence**
- **Justice**

1. Autonomy

Autonomy is the promotion of independent choice, self-determination and freedom of action. Autonomy means independence and ability to be self-directed in healthcare. Autonomy is the basis for the client's right to self-determination. It means clients are entitled to make decision about what will happen to their body.

The term autonomy implies for basic elements

- The autonomous person is respected
- The autonomous person must be able to determine personal goals. The goals may be explicit or may be less well defined

- The autonomous person has the capacity to decide on a plan of action. The person must be able to understand the meaning of the choice to be made and deliberate on the various options, while understanding the implications of possible outcomes.
- The autonomous person has the freedom to act upon the choices.

Competent adult clients have the right to consent or refuse treatment even if health care providers do not agree with clients' decisions; their wishes must be respected. However, in most instances patients are expected to be dependent upon the health care provider. Often times health care professionals are insensitive to ways by which they dehumanize and erode the autonomy of consumers. For example:

- Right after admission patients are asked about personal and private matters
- Workers who are new to patients may freely enter and leave the patients' room making privacy impossible.

Four factors for violations of patient autonomy

- Nurses may assume that patients have the same values and goals as themselves
- Failure to recognize that individuals' thought processes are different
- Assumptions about patients' knowledge base
- Focus on work rather than caring

Infants, young children, mentally handicapped or incapacitated people, or comatose patient do not have the capacity to participate in decision making about their health care. If the client becomes unable to make decisions for himself/ herself, this "surrogate decision maker" would act on the client's behalf.

Autonomy of clients is more discussed in terms of larger issues such as: informed consent, paternalism, compliance and self-determination.

Informed consent: is a process by which patients are informed of the possible outcomes, alternative s and risks of treatments and are required to give their consent freely. It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments

and procedures. Informed consent will be discussed in detail in selected legal facts of nursing practice.

Paternalism: Restricting others autonomy to protect from perceived or anticipated harm. The intentional limitation of another's autonomy justified by the needs of another. Thus, the prevention of any evil or harm is greater than any potential evils caused by the interference of the individual's autonomy or liberty. Paternalism is appropriate when the patient is judged to be incompetent or to have diminished decision-making capacity.

Non-compliance: Unwillingness of the patient to participate in health care activities. Lack of participation in a regimen that has been planned by the health care professionals to be carried out by the client. Non-compliance may result from two factors:

- ☐ When plans seem unreasonable to the patient
- ☐ Patients may be unable to comply with plans for a variety of reasons including resources, lack of knowledge, psychological and cultural factors that are not consistent with the proposed plan of care

2. Beneficence

Beneficence is doing or promoting good. This principle is the basis for all health care providers. Nurses take beneficent actions when they administer pain medication, perform a dressing to promote wound healing or providing emotional support to a client who is anxious or depressed.

This principle provides nursing's context and justification. It lays the groundwork for the trust that society places in the nursing profession and the trust that individuals place in particular nurses or health care agencies.

The principle of beneficence has three components:

- ☐ Promote good
- ☐ Prevent harm
- ☐ Remove evil or harm

3. Nonmaleficence

Nonmaleficence is the converse of beneficence. It means to avoid doing harm. When working with clients, health care workers must not cause injury or suffering to

clients. It is to avoid causing deliberate harm, risk of harm and harm that occurs during the performance of beneficial acts. E.g. Experimental research that have negative consequences on the client.

Nonmaleficence also means avoiding harm as a consequence of good. In that cases the harm must be weighed against the expected benefit

4. Justice

Justice is fair, equitable and appropriate treatment. It is the basis for the obligation to treat all clients in an equal and fair way. Just decision is based on client need and fair distribution resources. It would be unjust to make such decision based on how much he or she likes each client.

5. Veracity

Veracity means telling the truth, which is essential to the integrity of the client-provider relationship

- Health care providers obliged to be honest with clients
- The right to self-determination becomes meaningless if the client does not receive accurate, unbiased, and understandable information

6. Fidelity

Fidelity means being faithful to one's commitments and promises.

- Nurses' commitments to clients include providing safe care and maintaining competence in nursing practice.
- In some instances, a promise is made to a client in an over way
- Nurse must use good judgment when making promises to client. Fidelity means not only keeping commitment but also keeping or maintaining our obligation.

7. Confidentiality

Confidentiality comes from Latin *fide*: trust.

- *confide* as to “show trust by imparting secrets”; “tell in assurance of secrecy”; “entrust; commit to the charge, knowledge or good faith of another”; while
- *confidential* or *in confidence* is “a secret or private matter not to be divulged to others”

Confidentiality in the health care context is the requirement of health professionals (HPs) to keep information obtained in the course of their work private.

Professional codes of ethics (and conduct) will often have statements about professions maintaining confidentiality, but confidentiality is often qualified. Confidentiality is non-disclosure of private or secret information with which one is entrusted. Legally, this requirement applies to HPs and others, who have access to information about patients, and continues after the patient's death

Nurses hold in confidence any information obtained in a professional capacity, and use professional judgment in sharing such information. Each nurse will treat as confidential personal information obtained in a professional capacity. The nurse uses professional judgment regarding the necessity to disclose particular details, giving due consideration to the interests, well-being and safety of the patient and recognizing that the nurse is required by law to disclose certain information.

Ethical Arguments for Maintaining Patient Confidentiality

(i) Utilitarian argument

Patients' assurance of confidentiality helps ensure they will seek treatment (e.g., for complaints that may be

personally embarrassing, or related to socially denigrated, or illegal activities, etc.). This helps to ensure that patients will be properly diagnosed and treated. This in turn helps to minimize harm, and maximize good.

(ii) Respect for autonomy (may be a deontological or utilitarian justification)

Respect for autonomy requires allowing individuals to control any disclosure of information about them. Such control is essential for personal freedom (e.g., from coercion, or to pursue one's goals/values).

(iii) Promise keeping

There is an implicit *promise* between HPs and patients that information will not be disclosed to third parties. Hence, breach of confidentiality breaks a promise.

The notion of confidentiality draws upon the *principle of privacy*, which may derive from the concept of autonomy or be conceptually separate.

Privacy

(1) Bodily privacy

An ethical concept of bodily privacy can be derived from respect for autonomy, where autonomy includes the freedom to decide what happens to one's body.

Bodily privacy is recognized in law: actions in assault, battery and false imprisonment may be available to the person who does not consent to health care.

(2) Decisional privacy

Decisional privacy is distinguished as control over the intimate decisions one makes (e.g., about contraception, abortion, and perhaps health care at the end of one's life).

(3) Informational privacy

This type of privacy underlies the notion of confidentiality.

Arguments for respecting privacy

(i) Privacy and property

Personal information is regarded as a kind of property, something one owns.

(ii) Privacy and social relationships

Privacy is a necessary condition for the development and maintenance of relationships, including those between HPs and patients.

(iii) Privacy and the sense of self

The notion that one is a separate self includes the concept of one's body and experiences as one's own. Privacy is to be valued for its role in developing and maintaining our sense of individuation.

Limits of confidentiality

Should the principles of confidentiality be honored in all instances? There are arguments that favor questioning the absolute obligation of confidentiality in certain situations. These arguments include theories related to the principles of harm and vulnerability. The harm principle can be applied when the nurse or other professional recognizes that maintaining confidentiality will result in preventable wrongful harm to innocent others.

Foresee ability is an important consideration in situations in which confidentiality conflicts with the duty

to warn. The nurse or other health care professional should be able to reasonably foresee harm or injury to an innocent other in order to violate the principle of confidentiality in favor of a duty to warn.

The harm principle is strengthened when one considers the vulnerability of the innocent. The duty to protect others from harm is stronger when the third party is dependent on others or in some way especially vulnerable. This duty is called the vulnerability principle. Vulnerability implies risk or susceptibility to harm when vulnerable individuals have a relative inability to protect themselves.

Actions that are considered ethical are not always found to be legal. Though there is an ethical basis for subsuming the principle of confidentiality in special circumstances, and there is some legal precedent for doing so, there is legal risk to disclosing sensitive information. There is dynamic tension between the patient's right to confidentiality and the duty to warn innocent others. Nurses need to recognize that careful consideration of the ethical implications of actions will not always be supported in legal systems.

Can Nurses Violate Confidentiality?

Think About the two given scenarios and discuss about it

1. If a relative contracted HIV from a source who the nurse knew was infected, and had reason to believe would infect others, but neglected to warn. What do you do?
2. If Ato Abebe is HIV infected and the health provider violated his right to confidentiality. What do you think about the act?

Disclosure of Information

- Disclosure of information is not *necessarily* an actionable breach of confidence. Disclosure *may* be allowed, under certain circumstances, when it is requested by: the patient, and *where it applies*, freedom of information can be used by patients to obtain health care information;
- **Other health practitioners** (with the patient's consent, and *where the information is relevant to the patient's care*);

- **Relatives** in limited circumstances (e.g., parents when it is in the interests of the child);
- **Researchers** with ethics committee approval (and where the approved process is followed);
- The **court**;
- The **media**, if the patient has consented; and
- The **police**, when the HP has a duty to provide the information.

Unless there is a warrant or a serious crime has been committed, the information provided to the police is normally limited to the patient's identity, general condition and an outline of injuries. If in doubt, refer the issue to management and/or seek legal advice. When a patient has consented to the release of information to the media, management authorization is usually required.

Confidentiality is the ethical principle that requires non disclosure of private or secret information with which one is interested.

8. Rules

The principles of health care ethics must be upheld in all situations. Rules are guidelines for the relationship between clients and health care Providers. They are the foundations for the ethical rules veracity, fidelity and confidentiality

4.1.4. Ethical Dilemmas & ethical decision making in Nursing

A dilemma is a situation in which two or more choices are available; it is difficult to determine which choice is best and the needs of all these involved cannot be solved by the available alternatives. The alternatives in a dilemma may have favorable and unfavorable features. Ethical dilemmas in health care involve issues surrounding professional actions and client care decisions. They can lead to discomfort and conflict among the members of the health care team or between the providers and the client and family,

Models for Ethical decision-making

Ethical issues are real life issues. There is no one way of resolving such situations. Each situation will be different, depending on the people involved and the

context. However, ethical decision-making models provide mechanisms or structures that help you think through or clarify an ethical issue. There are a number of models from which to choose from, but there is no one best way to approach ethical decision-making. Ethical decision making models are not formulas and they do not ensure that the decision you take will be the right one.

Model I: A guide to moral decision-making

It outlines a step-by step process that considers the many aspects of ethical decision-making:

1. Recognizing the moral dimension

- Is recognizing the decision as one that has moral importance
- Important clues include conflicts between two or more values or ideals
- Consider here the levels of ethical guidance of the code of Ethics for registered nurses.

2. Who are the interested parties? What are their relationships?

- Carefully Identify who has a stake in the decision in this regard, be imaginative and sympathetic

- Often there are more parties whose interests should be taken in to consideration than is immediately obvious.
- Look at the relationships between the parties look at their relationship with yourself and with each other, and with relevant institutions

3. What values are involved?

- Think through the shared values that are at stake in making this decision.
- Is there a question of trust? Is personal autonomy a consideration? Is there a question of fairness? Is any one harmed or helped?
- Consider your own and others personal values & ethical principles

4. Weight the benefits and burdens

- Benefits might include such things as the production of goods (physical, emotional, financial, and social, etc) for various parties, the satisfaction of preferences and acting in accordance with various relevant values (such as fairness).

- Burdens might include causing physical or emotional pain to various parties imposing financial costs and ignoring relevant values.

5. Look for analogous cases

- Can you think of similar decisions? What course of action was taken? Was it a good one? How is the present case like that one? How is it different?

6. Discuss with relevant other

- The merit of discussion should not be underestimated. Time permitting discuss your decision with as many people as have a take in it.
- Gather opinions and ask for the reasons behind those opinions.

7. Does this decision according with legal and organizational rules.

- Some decisions are appropriately based on legal considerations. If an option is illegal, one should think very carefully before thanking that option
- Discussion may also be affected by organizations of which we are members. For example, the nursing profession has a code

of ethics and professional standards that are intended to guide individual decision-making. Institutions may also have policies that limit the options available.

8. Am I comfortable with this decision?

Question to reflect up on include:

- If I carry out this decision, would I be comfortable telling my family about it? My clergy? My mentors?
- Would I want my children to take my behavior as an example?
- Is this decision one that a wise, informed, virtuous person would make?
- Can I live with this decision?

Model 2: Clinical Ethics grid system

This grid system helps construct a summary of the facts that must be considered along with ethical principles to guide ethical decisions in a clinical setting outlined as follows.

1. Medical indications:

- What is the patient medical problem? History? Diagnosis?

- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of treatment etc?

2. Patient preference:

- What has the patient experienced about preferences for treatment?
- Has the patient been informed of benefits and risk, understood, and given consent? etc.

3. Quality of life:

- What are the prospects with or without treatment, for a return to the patient's normal life?
- Are there biases that might prejudice the provider's evaluation of a patient's quality of life etc?

4. Contextual factors:

- Are there family issues that might influence treatment decisions?

4.2. Legal Concepts in Nursing

4.2.1. General Legal Concepts

Law can be defined as those rules made by humans who regulated social conduct in a formally prescribed and legally binding manner. Laws are based upon concerns for fairness and justice.

4.2.1. Functions of Law in Nursing

The law serves a number of functions in nursing:

- It provides a framework for establishing which nursing actions in the care of client are legal.
- It differentiates the nurse's responsibilities from those of other health professional.
- It helps establish the boundaries of independent nursing action.
- It assists in maintaining a standard of nursing practice by making nurses accountable under the law.

4.2.2. Types of law

Law governs the relationship of private individuals with government and with each other.

1. **Public Law:** refers to the body of law that deals with relationships between individuals and governmental agencies. An important segment of public law is criminal law which deals with actions against the safety and welfare of public. Example, theft, homicide.
2. **Private Law or Criminal:** is the body of law that deals with relationships, between individuals. It is categorized as contract law and tort law.
3. **Contract Law:** involves the enforcement of agreements among private individuals or the payment of compensation for failure to fulfill the agreements.
4. **Tort Law:** the word tort means 'wrong " or "bad" in Latin. It defines and enforces duties and rights among private individuals that are not based on contractual agreements. Example of Tort law applicable to nursing
 1. Negligence and malpractice
 2. Invasion of privacy and assault.

4.2.3. Kinds of Legal Actions

There are two kinds of legal actions:

1. **Civil or private action.**
2. **Criminal action**

1. Civil actions: Deals with the relationships between individuals in a society. Example, a man may file a suit against a person who he believes cheated him.

2. Criminal actions: Deals with disputes between an individual and the society as a whole. Example if a man shoots a person, society brings him to trial.

4.2.2. Legal issues in nursing

Nursing Practice Act: Nursing practice act or act for professional Nursing practice regulate the practice of nursing. Legally define and describe the scope of nursing practice, which the law seeks to regulate, there by protecting the public as well. It protects the use's professional capacity. Each country may have different acts but they all have common purpose: to protect the public. It grants the public a mechanism to ensure minimum standards for entry in to the profession and to distinguish the unqualified.

Standard of Practice: A standard of practice is a means which attempts to ensure that its practitioners are competent and safe to practice through the establishment of standard practice. Establishing and implementing standards of practice are major functions of a professional organization. The profession's responsibilities inherent in establishing and implementing standards of practice include:

1. To establish, maintain, and improve standards
2. To hold members accountable for using standards.
3. To educate the public to appreciate the standard
4. To protect the public from individual who have not attended the standards or will fully do not follow them and
5. To safeguard individual members of the profession.

Standard of nursing practice requires:

- The helping relationship be the nature of client nurse interaction
- Nurse to fulfill professional responsibilities
- Effective use of nursing process

Standards of nursing practice are to describe the responsibilities for which nurses are accountable. The standards:

- Reflect the values and practices of the nursing profession
- Provide direction for professional nursing practice.
- Provide a frame work for the evaluation of nursing practice
- Defines the profession's accountability to the public and the client outcomes for which nurses are responsible.

Nursing standard clearly reflect the specific functions and activities that nurses provide, as opposed to the functions of other health workers.

When standards of professional practice are implemented, they serve as yardsticks for the measurements used in licensure, certification, accreditations, quality assurance, peer review, and public policy.

The profession maintains standards in practice in part through appropriate entry.

Credentialing: Credentialing is the process of determining and maintaining competence-nursing practice. Credentials includes:

- a. **Licensure**
- b. **Registration**
- c. **Certification**
- d. **Accreditation**

Licensure: It is legal permit a government agency grants to individuals to engage in the practice of a profession and to use particular title. It generally meets three criteria:

- There is a need to protect the public's safety or welfare.
- The occupation is clearly delineated with a separate, distinct area of work
- There is a proper authority to assume the obligation of the licensing process.

Registration: Is listing of an individual's name and other information on the official roster of a governmental agency. Nurses who are registered are permitted to use the title "Registered Nurses"

Certification: is the voluntary practice of validating that an individual nurses met minimum standards of nursing competence in specialty areas such as pediatrics, mental health, gerontology and school health Nursing.

Accreditation: is a process by which a voluntary organization or governmental agency appraises and grants accredited status to institutions and/or programs.

The purpose of accreditation of programs in nursing is:

- To foster the continuous development and improvement in quality of education in nursing
- To evaluate nursing programs in relation to the stated physiology and outcomes and to the established criteria for accreditation.
- To bring together practitioners, administrators, faculty, and students in an activity directed towards improving educational preparation for nursing practice.

To provide an external peer review process.

4.2.3. Nursing Code of Ethics.

Code of ethics is formal statement of a group's ideas and values that serve as standards and guidelines for

the groups' professional actions and informs the public of its commitment.

Codes of ethics are usually higher than legal standards, and they can never be less than legal standards of the profession.

Purposes of code of ethics

Nursing code of ethics has the following purposes:

- To inform the public about the minimum standards of profession and to help them understand professional nursing conduct.
- To provide a sign of the profession's commitments to the public it serves.
- To outline the major ethical considerations of the profession.
- To provide general guidelines for professional behavior.
- To guide the profession in self regulation.
- To remind nurses of the special responsibility they assume when caring for the sick.

4.4.1. ICN CODE OF ETHICS

The need for nursing is Universal. Inherent in nursing is respect for life, dignity, and rights of man. It is unrestricted by considerations of nationality, race, creed, color, age, sex, politics or social status.

Nurses render health services to the individual, the family, and the community and coordinate their services with those of related groups.

Responsibility & accountability:

- The fundamental responsibility of the nurse is fourfold: to promote health, prevent illness, restore health and to alleviate suffering
- Nurses act in a manner consistent with their professional responsibilities and standards of practice
- Nurses advocate practice environment conducive to safe, Competent and ethical care
- Nurses work in accordance with dependent, interdependent and collaborative functions of nursing

- Nurses carefully handle nursing practice on specific ethical issue and resolve the ethical problems systematically.
- Nurses are accountable for their professional judgment and action

Nurses and people

The nurse's primary responsibility is to those people who require nursing care

The nurse, in producing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgment in sharing this information.

Nurses and Practice

The nurse carries responsibility for nursing practice and for maintaining competence by continual learning. The nurse maintains the highest standards of nursing care possible within the reality of a specific situation.

The nurse uses judgment in relation to individual competence when accepting and delegating responsibilities.

The nurses when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

Nurse and Society

The nurse shares with other citizens the responsibility for initiating and supporting actions to meet the health and social needs of the public.

Nurse and Co-workers

The nurse sustains a cooperative relationship with coworkers in nursing and other fields. The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other health personnel.

Nurse and the Profession

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education.

The nurse is active in developing a core of professional knowledge.

The nurse, acting through the professional organization, participates in establishing and maintaining equitable social and economic working condition in nursing.

4.4.2. Nursing code of ethics in Ethiopia

The Ethiopian nurses association (ENA) code of ethics for registered nurses comprises key elements of the code. It includes values, responsibility statements, and levels of guidance or actions.

1. Accountability and responsibility

- The fundamental responsibility of the nurse is fourfold: to promote health, prevent illness, restore health and to alleviate suffering
- Nurses act in a manner consistent with their professional responsibilities and standards of practice
- Nurses advocate practice environment conducive to safe, Competent and ethical care
- Nurses work in accordance with dependent, interdependent and collaborative functions of nursing

- Nurses carefully handle nursing practice on specific ethical issue and resolve the ethical problems systematically.
- Nurses are accountable for their professional judgment and action

2. Respect right and dignity

- The nurse in providing care, unrestricted by consideration of nationality, race, creed, color, age, sex, politics, religion or social statuses.
- The nurse respects the value, customs and spiritual beliefs of individual.
- The nurse identifies health needs of the client, helps them to express their concern and obtains appropriate information and service.
- Nurses apply and promote principles of equity and fairness to assist clients in receiving an unbiased treatment and share of health services and resources proportional to their needs

3. Confidentiality

- Nurses safeguard the trust of the clients that information and health records in the context of professional relationship is shared outside

the health care team only with the clients permission or as legally required

- Nurses maintain privacy during therapeutic and diagnostic procedures.

4. Advocacy:

- Nurses sustain a cooperative relationship with other health workers in the team work.
- Nurses value health and well being and assist persons to achieve their optimum level of health in situation of normal health, illness, injury or in the process of dying.
- Nurses promote safety prevent intentional or unintentional harm and take appropriate action to safeguard the individuals when his care is endangered by a coworker or any other person.
- The Nurse respects acceptance or refusal right of the patient during therapeutic and diagnostic procedures or research and learning situation up on clients.

5. Professional development

- The nurse plays the major role in determining and implementing desirable Standards of nursing practice and nursing education.
- The nurse should develop professionally through formal and non- formal continuing education
- The nurse should participate in professional organizations and advocates equitable social and economic working conditions.

4.2.4. Responsibilities of nurses for specific ethical issues

Patient's bill of rights

Statement on a patient's bill of rights was approved by the House of Delegates in February 6, 1973. The American Hospital association presents a patient's bill of rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patients, and the hospital organization. The traditional physician- patient relationship takes a new dimension when care is rendered within an organizational structure. Legal

precedent has established that the institution itself also has responsibility to the patient. It is in recognition of these factors that these rights are affirmed. The patient's rights are as follows

1. The patient has a right **to considerate and respect full care.**
2. The patient has a right to obtain from his physician **complete current information concerning his diagnosis, treatment and prognosis** in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know by name the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and / or treatment. Except in emergencies, such information for informed consent should include but not necessary are limited to the specific procedure and/ or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where

- medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and /or treatment.
4. The patient has the right to refuse treatment to the extent permitted by Law and to be informed of the medical consequences of his action.
 5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case dissociation, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
 6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential,
 7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for their services. The hospital must provide evaluation, service, and/ or referral as indicated by the urgency of the case.

When medically permissible a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has a right to obtain information as to any relationship of his hospital to other health care and educational institutions as far as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism

where by he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill regardless of the source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

Ethical issues related to patients rights.

1. Right to truth

The right of patients to know the truth about their condition, prognosis, and treatment is an issue between the physician and the patient. The current trend is toward more frankness on the part of physicians. In the past, the moral obligation to disclose the truth-because the patient has the right to know and adjust to was often overcome by the professional need to protect the patient from potential physical or emotional harm that could be caused by knowledge of a critical or terminal condition. Because of there extended contacts with patients, nurses often find it difficult to accept a physician's

decision not to tell a patient the truth about his or her condition.

Because of the conflict between physicians' decisions and nurses' personal feelings, it may be advisable for the health care team to meet in order to resolve the problem and to devise a consistent approach to the patient.

2. Right to refuse treatment

For reasons that are sometimes known only to themselves patient may refuse treatment even though lack of treatment may result in their death. The question of refusal of treatment may have to be decided in court. Many times, the courts rule that patents cannot be forced to accept treatment. In the case of minor child, however, the courts are likely to rule that parents cannot withhold treatment from a child for any reason. The child is usually made a temporary ward of the court and treatment is allowed to begin.

A patient's decision to die rather than to accept treatment may be difficult for a nurse to understand. Nurses must recognize a patients' right to individual and

personal attitudes and beliefs, however, and must not allow personal feelings to interfere with patient care. If nurses cannot reconcile their ethical values with those of patients, they should ask to be taken off the case in the interest of the patient.

3. Informed consent

The issue of informed consent applies to many health care institutions in both legal and ethical ways. Patients have the right to be given accurate and sufficient information about procedures, both major and minor, so that their consent to undergo those procedures is based on realistic expectations.

The responsibility for imparting information about major surgery or complicated medical procedures lies with medical professionals. Nurses should inform their patients; in terms the patients can understand, about even simple nursing procedures before the procedures are started. This includes answering questions that patients may have. Failure to obtain informed, written consent to perform a procedure could involve nurses and other health care professional in legal action or

subject to disciplinary action by state regulatory agencies.

Because nurses spend considerable periods of time with patients, they are likely to be most aware of their patients' questions and concerns. Many times, these concerns should be brought to the attention of attending physicians who, because they see the patients' less frequently, may be unaware of the problems.

4. Human experimentation

Research and human experimentation are primarily concerns of the scientific and medical professionals. However, if nursing care is required for the subjects involved for such experimental projects, then nurses became involved. In these cases, nurses' responsibilities and ethical decisions are related to making sure that informed consent is given for participation in the research experiments and that the safety of their patients is protected.

The nurses' role, along considered to be that of patient advocate, may, in these situations, place them in direct

conflict with research staffs and sponsoring agencies as well as human subjects research committees.

5. Behavior control

The issue of informed consent is critical question in any form of behavioral control; the use of drugs or psychosurgery further complicates a highly complex topic.

Controversy persists over the rights of society to decide what is or is not desirable or acceptable behavior. The issue involves both personal and public behavior. Moreover, it also concerns whether individuals have the right to decide for themselves what suitable personal behavior is, or whether others can decide for them based on some other concept of suitable personal behavior.

In this regard, one of the ethical questions that may be confronted by nurses involves informed consent for treatments that are intended to control behavior. Nurses may question whether involves who are candidates for drug therapy or psychotherapy are able and competent

to give informed consent, and whether these patients, too, have the right to refuse treatment

4.6. Health related Legal issues in Ethiopia:

Along with the patients' bill of rights, below are certain health related issues commonly seen in Ethiopia.

1. Abortion:

- The nurse shall assist the physician if she/he is sure that an abortion is performed for the purpose of saving the endangered life or health of women.
- The nurse shall not attempt or carry out abortion
- It is mandatory for the nurse to treat a patient who is suffering from the effect of a criminal abortion induced by another provided there is no physician in the health institution.
- The nurse shall report to the concerned authorities of criminal abortion in the absence of physician.

- The nurse has all the right not to participate in all procedures of criminal abortion

2. Euthanasia

- The nurse shall never assist; collaborate in taking life as an act of mercy even at the direct request of the patient or patient's relatives.

3. Death

- The nurse shall note the exact cessation of vital signs and notify the attending physician to pronounce death.
- The nurse shall give due respect to the deceased taking in to consideration religion and cultural aspects.
- A nurse shall participate in or assist a medical team in taking out organ from a cadaver provided there is written consent of a patient or relatives

4. Suicide

- A nurse who is taking care of a patient with a suicidal tendency shall remove all items that facilitate suicide such as sharp

instruments, ropes, belts, drugs and make sure that the outlets are graded.

- The nurse should not leave a suicidal patient alone

5. Organ Transplantation:

- The nurse shall involve in any organ transplantation procedure provided that the donor and recipient have clear written agreement, the donor gives informed consent and he/she is not mentally ill at the time of consent.
- The nurse shall advocate the declaration of human rights in the organ transplantation procedure.
- The nurse shall have moral and professional rights to make ethical decisions to resolve the dilemma that arises from the procedure.

6. Fertility Matter:

- The nurse shall respect autonomy of the client for contraception and other fertility matter including artificial fertilization
- The nurse shall have moral and professional right to make ethical

decision in a situation of dilemma for the same.

- The nurse shall have responsibility to give information about the case.

4.2.5. Areas of potential liabilities in nursing

Crimes and torts

A crime is an act committed in violation of public (criminal) law and punishable by a fine and/ or imprisonment.

A crime does not have to be intended in order to be a crime. For example, a nurse may accidentally give a client an additional and lethal dose of narcotic to relieve discomfort.

Crimes could be felonies and / or misdemeanors.

1. **Felonies:** a crime of a serious nature such as murder, armed robbery, second degree murder. A crime is punished through criminal action by the state.
2. **A misdemeanor:** is an offense of a less serious nature and is usually punished a fine or short term jail sentence or both. For example, a nurse

who slaps a client's face could be charged with a misdemeanor

A TORT

Is a civil wrong committed against a person or a person's property. Torts are usually litigated in court by civil action between individuals.

Tort may be classified as intentional or unintentional:

1. **Intentional tort** includes fraud, invasion of privacy, libel and slander assault and battery and false imprisonment.

Fraud: false presentation of some fact with the intention that it will be acted up on by another person. Example, it is fraud for a nurse applying to a hospital for employment to fail to list two past employers for deceptive reasons when asked for five previous employers.

False imprisonment: is "unlawful restraint or detention of another person against his or her wishes"

4.2.6. Potential Malpractice Situation in Nursing.

To avoid charges of malpractice, nurses need to recognize those nursing situation in which negligent actions are most likely to occur and to take measures to prevent them

The most common malpractice situations are

1. Medication error:

Which resulted from:

- Failing to read the medication label.
- Misunderstanding or incorrectly calculating the dose.
- Failing to identify the client correctly.
- Preparing the wrong concentration or
- Administration by wrong route (e.g. Intravenously instead of intramuscularly)

Some errors are serious and can result in death. For example, administration of Decumarol to a client recently returned from surgery could cause the client to have hemorrhage.

2. Sponges or other small items can be left inside a client during an operation.

3. Burning a client:

May be caused by hot water bottle, heating pads, and solutions that are too hot for applications.

4. Clients often fall accidentally:

As a result that a nurse leaves the rails down or leaves a baby unattended on a bath table.

5. Ignoring a clients complaints

6. Incorrectly identifying clients

7. Loss of client's property: jewelry, money, eye glasses and dentures.

MEASURES TO PREVENT THE ABOVE MALPRACTICE SITUATIONS.

- A nurse always needs to check and recheck medications very carefully before administering a drug.
- The surgical team should count correctly before the surgeon closes the incision

Reporting crimes, torts and unsafe practice

A nurse may need to report nursing colleagues or other health professionals for practices that endanger the health and safety of a client. For example, Alcohol and

drug use theft from a client or agency, and unsafe nursing practice.

Guidelines for reporting a crime, tort or unsafe practices are:

- Write a clear description of a situation you believe you should report.
- Make sure that your statements are accurate
- Make sure you are credible
- Obtain support from at least one trust worth person before filing the report
- Report the matter starting at the lowest possible level in the agency hierarchy
- Assume responsibility for reporting the individual by being open about it, sign your name to the letter.
- See the problem through once you have reported it.

**4.2.7. Record Keeping
Reporting and Documenting**

Reporting: oral or written account of patient status; between members of health care team. Report should be **clear, concise, and comprehensive.**

Documenting: patient record/chart provides written documentation of patient's status and treatment

Purpose: continuity of care, legal document, research, statistics, education, audits

What to document: assessment, plan of care, nursing interventions (care, teaching, safety measures), outcome of care, change in status, health care team communication,

Characteristics of documentation: brief, concise, comprehensive, factual, descriptive, objective, relevant/appropriate, legally prudent

Record keeping

- Health records are the means by which information is communicated about clients and means of ensuring continuity of care.
- The clients medical record is legal document and can be produced in a court as evidence.
- Records are used as risk management tools and for research purpose.
- Often the record is used to remind a witness of events surrounding a lawsuit, because several

months or years usually elapse before the suit goes to trial.

- The effectiveness of record depends up on accuracy and completeness of the record.
- Nurses need to keep accurate and complete records of nursing care provided to clients.

Insufficient or inaccurate documentation:

- Can constitute negligence and be the basis for tort liability.
- Hinder proper diagnosis and treatment and result injury to the client.

Accurate Record keeping

- Routine nursing assessment and intervention should be documented properly.
- Use pen rather than pencil during documentation.
- When making correction do not raise the previous draw one line on an old and add correction so the previous remained legible because correction is not for changing.
- Write legibly.
- Document all information.

- Add time, date, name and other important information.
- Document all medically related conditions.
- Use specific terms.
- Statements should not be biased.

THE INCIDENT REPORT

An incident report is an agency record of an accident or incident.

Whenever a patient is injured or has a potential injury there exist a possibility of a lawsuit, such a report must be recorded.

An incidental report may be written for situations involving a patient, visitors, or employee.

The incident report used to:

- To make all the facts about an accident available to personnel
- To contribute to statistical data about accidents or incidents.
- To help health personnel to prevent future accidents.

N.B. the reports should be completed as soon as possible i.e., Within 24 hours of the incident and filed according to agencies policy.

Information to include in incident report

- Identify the client by name and hospitals
- Give date and time of the incident. Avoid any conclusions or blame. Describe the incident as you saw it even if you your impressions differ from those of others
- Identify all witnesses to incident
- Identify any equipment by number and any medication by name and number.
- Document any circumstance surrounding the incident. For example, that another client is experiencing cardiac arrest.

WILLS

A will is a declaration by a person about how the person's property or cash is to be disposed/ distributed after death.

In order for a will to be valid the following conditions must be met:

- The person making the will should be mentally conscious
- The person should not be unduly influenced by any one else.

A nurse may be required to witness a will. A will must be signed in the presence of two witnesses.

When witnessing a will, the nurse

- Attests that the client signed a document that is stated to be the client's last will.
- Attests that the client appears to be mentally sound and appreciates the significance of their action.

If a nurse witnesses a will, the nurse should record on clients card that the will was made and patients physical and mental condition.

Use of recording:

- Provides accurate information for later use.
- May be use full if the will is contested

N.B. if a nurse does not wish to act as a witness. For example, if a nurse's opinion undue influence has been

brought on the client- then it is nurse's right to refuse to act in this capacity.

EUTHANASIA

It is the act of pennilessly putting to death persons suffering from incurable or distressing diseases. It is commonly referred as "mercy killing"

Types of euthanasia

1. **Active euthanasia**: Is a deliberate attempt to end life. e.g., deprivation of oxygen supply, administering an agent that would result in death.
2. **Passive euthanasia**: allowing death by withdrawing or withholding treatment. No special attempt will be made to revive the patient

All forms of euthanasia are illegal except in states where right to die status and living will exist.

Review questions

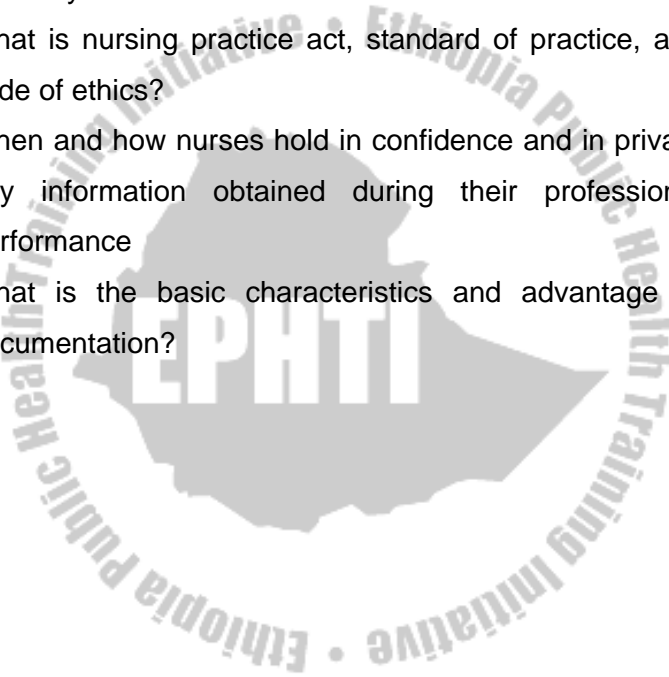
Define ethics and identify its relation and difference with that of morality

What are the common principles of ethics and their similarity and deference?

What is nursing practice act, standard of practice, and code of ethics?

When and how nurses hold in confidence and in private any information obtained during their professional performance

What is the basic characteristics and advantage of documentation?



CHAPTER FIVE

COMMUNICATION AND INTERPERSONAL RELATIONSHIPS IN NURSING

Learning Objectives

Upon completion of this unit, the student will be able to do the following

1. Define communication
2. List the purpose and levels of communication
3. Discuss the types of communication
4. Explain the model of communication
5. Discuss the relationship of language and experience to the communication process.
6. State the basic characteristics of communication
7. Identify the techniques of effective communication
8. Explain the helping relationship
9. Discuss confidentiality and privacy
10. List the basic characteristics of documentation

5.1. Communication

- ☐ Communication is a complex process of sending and receiving verbal and non-verbal messages.
- ☐ Allows for exchange of information, feelings, needs, and preferences
- ☐ The process of creating common understanding
- ☐ The process of sharing information
- ☐ The process of generating and transmitting meanings

Purposes of communication

- ☐ Information
- ☐ Education
- ☐ Persuasion
- ☐ Entertainment

Goals of communication: Shared Meaning

1. Mutual understanding of the meaning of the message.
2. Feedback/response indicates if the meaning of the message was communicated as intended

5.1.1. Types of Communication

People Communicate in a variety of ways.

1. Verbal Communication-is an exchange of information using words and includes both the spoken and the written word. Verbal communication depends on language. Language is a prescribed way of using words so that people can share information effectively. Both spoken and written communication reveal a great deal about a person. Conscious use of spoken or written word. Choice of words can reflect age, education, developmental level, and culture. Feelings can be expressed through tone, pace, etc

The verbal form of communication is used extensively by nurses when speaking with clients, giving oral reports to other nurses, writing care plans and recording in nursing progress reports.

- *Characteristics: simple, brief, clear, well timed, relevant, adaptable, credible*

2. Non verbal communication-is the exchange of information without the use of words. It is communication through gestures, facial

expressions, posture, body movement, voice tone, rate of speech, eye contact. It is generally accepted that non-verbal communication expresses more of true meaning of a message than does verbal communication. Therefore, nurses must be aware of both the non verbal messages they send and receive from clients. Non verbal is less conscious than verbal, requires systematic observation and valid interpretation

- 3. Metacommunication:** is a message about a message. It includes anything that is taken into account when interpreting what is happening, such as the role of the communicator, the non-verbal messages sent and the context of the communication-taking place.

Relationship between verbal and non-verbal communication

Congruency: are verbal and non-verbal messages consistent? Nurse states observations and validates the communication.

5.1.2. Levels of Communication

- **Intrapersonal**
- **Interpersonal**
- **Public**

5.1.3. Communication Model

A conceptual model makes the abstraction of communication more concrete. A model provides form and utility through which nursing knowledge can be iterated.

A Communication Model

We have said that models add concreteness to a concept in addition to having a form and utility of their own. The communication model comprises six elements:

1. The referent
2. The source-encoder
3. The message
4. The channel
5. The receiver-decoder
6. Feedback

Every encounter we have with another person, whether spontaneous or deliberate, begins with an idea-a reason

for engaging in a verbal exchange. Our model must begin with what idea, referent. A referent may be one of “a wide range of objects, situations ideas, or experiences” Any one of these items or a combination of them prompts the source- encoder to initiate action in order to convey the message engendered by the referent.

The *source-encoder* is a term that describes one person who communicates with another. Our ability to form, use and understand the messages we transmit is continually influenced by numerous factors, it include our communication skills, our attitudes, our levels of knowledge, and our sociocultural system. These factors are never static; indeed they are always changing, always being modified as we change and are modified by the events that surround us. Whenever we act in the role of the source-encoder we must consider these influences in order to understand not only our own communication, but also the communicative behavior of others.

Our ability to transmit the experiences we encounter is limited if we do not poses the ability to encode them in a

form recognizable by others. The vocal mechanisms used in speech, the motor skills used in writing, and the language peculiar to a specific culture are encoding skills possessed to some degree by every human being. Similarly, the use of gestures and other nonverbal behaviors is an encoding ability that often bridges the verbal gaps encountered by people who speak different languages.

The ideas and experiences we have, as the source-encoder is, at this stage, still intangible. To make them come alive we must change that intangible invention into an actual physical product, which in the communication model is labeled the *message*. Regardless of the physical product be it a sketch, a letter, or a conversation of our ideas and our experiences.

All of us are aware that a message does not just appear. Every day we deliver messages of varying kinds and lengths as if we actually knew what operations were involved.

In order to convey a message, we must arrange it so that it has some resemblance of recognizable order. In

the English language, this requirement is filled by the sentence because it is a series of words in connected speech or writing forming the grammatically complete expression of a single thought. The order established through sentences is the *message code*. Whatever the code is – a sentence, picture or music – its expression becomes the *message content*. Finally, a message can be sent unless consideration is given to the manner in which we convey the desired message *treatment*. *Message treatment* is the decision made in selecting and arranging both codes and content.

Once decisions have been made on the codes and contents of message, we must route the message across a *channel*. Because the channel in the model involves the senses of hearing, seeing, touching, smelling and tasting, the sensory channel selected must be appropriate to the message we wish to convey.

The receiver-decoder is one of the last links in our communication model. Behind this label is the person to whom the message is directed, that other individual who as been influenced by the same factors of communication, knowledge, attitudes, and sociocultural

systems as we have been. Since no two people perceive an event or share their perceptions of that event in the same way, it is crucial to any verbal interaction that the receiver-decoder understands what we *mean* to convey. Our intent is not enough. We must aim for precision in our communication. The success with which we convey our thoughts determines how they will be absorbed and translated by the receiver – decoder.

Then the receiver provides some form of *feedback*, which allows us to determine the success or failure of our communication efforts.

Importance of language and experience in the communication process

Language distinguishes humans from other animals. It is used not only to communicate but also to develop the person's view of life and the world. Thus, language and experiences are closely related. A person's view of the world is developed through several kinds of filters. Such filters consist of the sight, hearing, touch, taste and smell. Stimuli processed through these receptor systems enable the person to experience the outside world and through language such experiences can be compared

with others' experiences. Another filter through which a person experiences the world is the particular language system into which the person is socialized. Words and sentences give meaning to things and events. Language allows us to conceptualize the world.

A third filter through which a person experiences the world is his or her unique personal history. Every human has a set of experiences that are unique. Cultural background, personal history, family relationships, the person's place in the sibling ranking, the type of parenting received, the genetic makeup of the person, and other factors.

Both nurse and clients bring language and personal experiences into the communication that occurs between them. The interaction between a nurse and clients is productive when a method of communication is at work that identifies and uses common meanings. Developing a common understanding is the underlying aim of communication.

Two overriding principles that guide communication

1. Clarity-words and sentences used to clarify events when they occur within the frame of reference and common experience of both nurse and clients.
2. Clarity-in communication occurs when language is used as a tool for the promotion of coherence or connections of ideas expressed.

51.4. Basic Characteristics of communication

- ⇒ Communication is a reciprocal process in which both the sender and receiver of messages participate simultaneously
- ⇒ Communication is a continuous and reciprocal process
- ⇒ Communicating person receives and sends messages through verbal and non verbal means.
- ⇒ Verbal and non verbal communication occurs simultaneously.
- ⇒ Non-verbal communication is more likely to be involuntary. It intends to be less under control of the person sending the message than verbal communication.

Non verbal communication is considered as being a more accurate expression of true feelings. Non-verbal communication often helps a person understand subtle and hidden meanings in what is being said verbally. There is a proverb that says" Action speaks more than thousand words.

- ⇒ Communicating persons respond to messages they receive. This form of feedback is especially important to validate information in order to learn whether the message was received accurately.
- ⇒ The message cannot always be assumed to mean what the receiver believes it to mean or what the sender intended to mean. Validation is necessary to determine the accuracy of not only the message but also the meanings of the message.
- ⇒ Exchanging message requires knowledge
- ⇒ Past experiences influence messages, sent and interpretation

- ⇒ Communication is influenced by the way people feel at the moment or about the subject

5.2. Communication Techniques in Nursing

5.2.1. Conversation skills

- ☎ Control the tone of your voice so that you are conveying exactly what you mean to say.
- ☎ be knowledgeable about the topic of conversation and have accurate information
- ☎ Be flexible
- ☎ Be clear and concise
- ☎ Avoid words that may be interpreted differently
- ☎ Be truthful
- ☎ Keep an open mind
- ☎ Take advantage of available opportunities

5.2.2. Listening Skills- is a skill that involves both hearing and interpreting what is said. It requires attention and concentration to sort out, evaluate, and validate clues so that one understands the true meanings in what is

being said. Listening requires concentrating on the client and what is being said.

Techniques to improve listening skills

- ☎ When ever possible sit when communicating with a client
 - ☎ Be alert but relaxed and take sufficient time so that the client feels at ease during the conversation
 - ☎ If culturally appropriate maintain eye contact with the client
 - ☎ Indicate that you are paying attention to what the client is saying
 - ☎ Think before responding to the client
 - ☎ Listen for themes in the client's comments.
- **Use of silence**-The nurse can use silence appropriately by taking the time to wait for the client to initiate or continue speaking. During period of silence, the nurse has the opportunity to observe the clients verbal and non verbal messages simultaneously. Periods of silence during communication

demonstrating comfort and contentment in the nurse-client relationship.

Factors that influence communication

1. Perceptions
2. Values
3. Background
4. Knowledge
5. Roles and relationships
6. Environmental setting

5.2.3. Interviewing Techniques

Interview is a major tool in nursing for the collection of data during the assessment step of the nursing process.

Purpose: to obtain accurate and thorough information

Techniques

1. Open-ended question
2. Closed question
3. Validation question
4. Clarifying question
5. Reflective question
6. Sequencing question
7. Directing question

5.3. Interpersonal Skills in Nursing

Interpersonal skills are communication skills required for positive relationships between persons. These skills are essential for a nurse to establish and promote good nurse client relationship.

Some of the interpersonal skills are

1. Warmth and friendliness
2. Openness
3. Empathy
4. Competence
5. Consideration of client variable

Factors facilitating positive interaction

1. Have a purpose for interaction
2. Choose a comfortable environment
3. Provide privacy
4. Confidentiality
5. Client focus

5.3.1. Communication and the Nursing process

Communication is one of the instruments of data collection and implementation in the nursing process.

The steps of the nursing process can also be applied in the process of communication.

5.3.2. Helping Relationship

The helping relationship is some times called therapeutic or client nurse relationship.

The goals of a helping relationship between a nurse and a client are determined cooperatively and are defined in terms of the client's needs.

Broadly speaking common goals might include:

- Increased independence,
- Greater feelings of worth and
- Improved physical well being

Basic Characteristics of a Helping Relationship

- ⤴ Dynamic
- ⤴ Purposeful and time limited
- ⤴ The person providing the assistance in a helping relationship assumes the dominant role

Phases of a helping relationship

Orientation phase

The assessment phase of the nursing process, during this phase

- The roles of both persons in the relationship are clarified
- An agreement about the relationship is established. The agreement is usually a simple verbal exchange or, occasionally, a written document
- An orientation to health agency, its facilities and administration routines

Working phase

- Client and nurse work together the needs of the client identified during the orientation phase
- Interaction is the essence of the working phase
- The nurse as caregiver, teacher and counselor provides what ever the assistance needed to achieve the mutually agreed goal

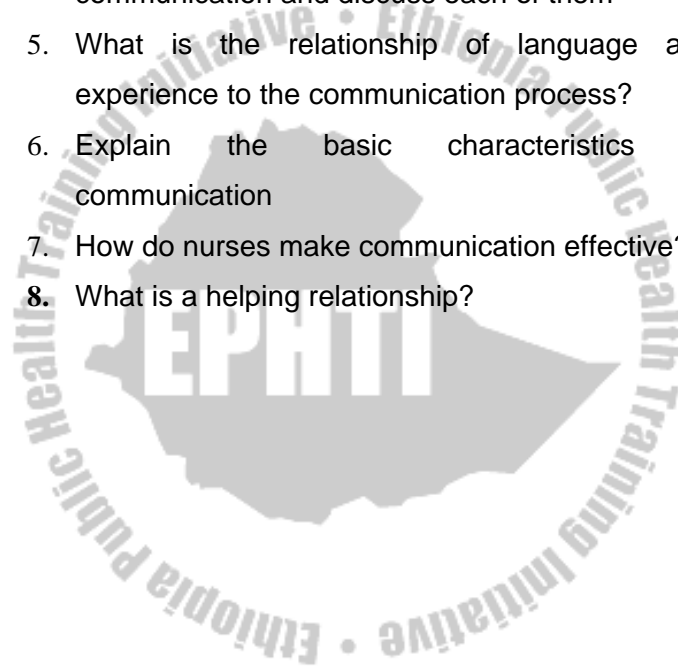
☞ **Termination phase**

- ☐ Happen at change of shift time
- ☐ When the client is discharged
- ☐ When the nurse leaves for vacation



Review questions

1. What is communication?
2. List the purpose and levels of communication
3. Discuss the types of communication.
4. What are the components of the model of communication and discuss each of them
5. What is the relationship of language and experience to the communication process?
6. Explain the basic characteristics of communication
7. How do nurses make communication effective?
8. What is a helping relationship?



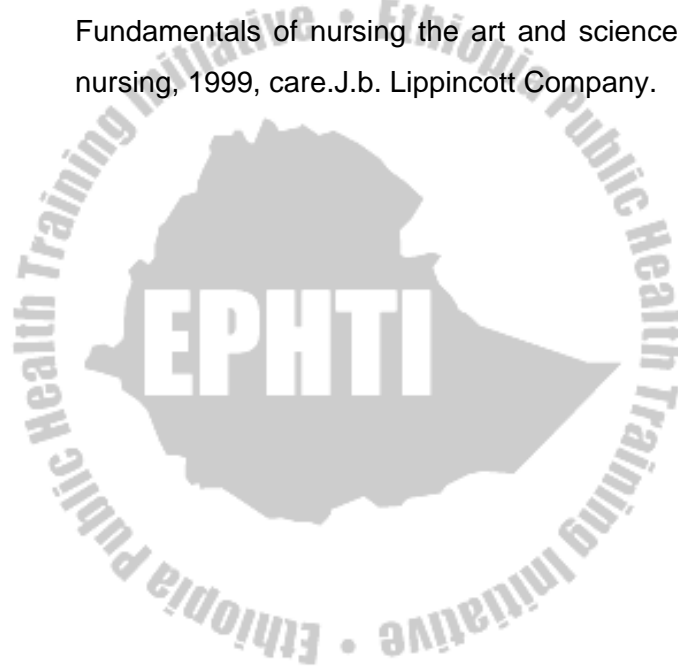
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ANNEX 1

THE NURSES PLEDGE

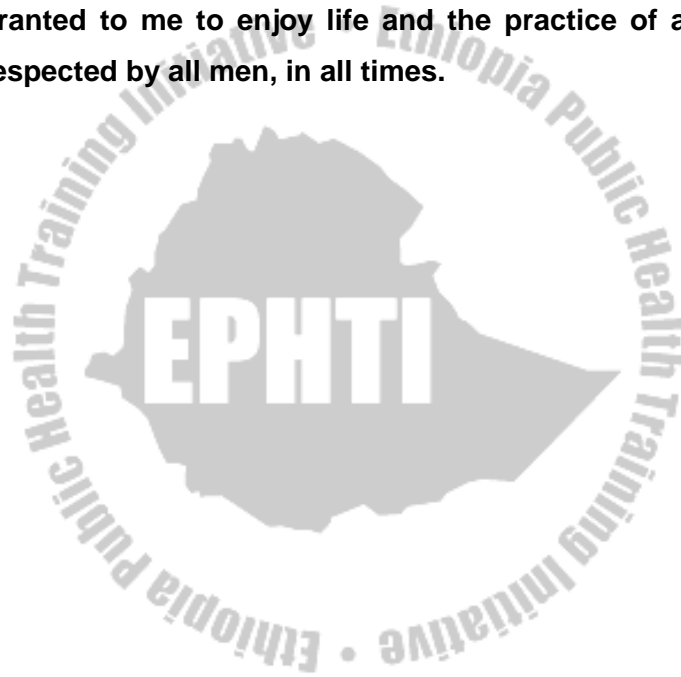
I solemnly promise in the presence of God. Who is the source of all life and health that I will endeavor to the true to this declaration.

I acknowledge the debt I owe to generations of devoted leaders whose labor, wisdom, and sacrifice through the age past have made possible the science and art of healing with its standards of high character and service. I acknowledge that in entering this profession I inherit an obligation of service for the conservation and restoration of health of mankind.

I solemnly pledge my self before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. In times of epidemics I will not allow fear of personal ill to drive me from my post of duty. I will do all in my power to elevate the standard of my profession and will hold, in

confidence, all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. I will devote myself to the welfare of those committed to my care.

While I continue to keep this oath inviolate my it be granted to me to enjoy life and the practice of are respected by all men, in all times.



ANNEX II

ynRîC Ýl mhş

- ynRSnT tGÆÊN b-¥ŸnT lmf™MÂ ÐYwt½N
bNAHÂ l¥œlF !
- bXGzþxB¼ªRÂ Xzþh btsbsÆChùT ðT ö» ymhş
ÝlªN XsÈlhù !
- l«ªÂ tÝê,Â gÖªp kçnù tGÆéC X«bÝlhù !
- ¥ÂcWNM gÖªp yçn mD`nþT xLwSDM !
- XNd,gÖÄM XÃwQhù l1ªlÖC xLs_M !
- btÒlÝ m«N ynRsnT ÑÃùn kF l¥DrG XÈÈ%lhù
!
- bnRsnT ÑÃü x¥µŸnT y¥WÝcWN yGLÂ ybªtsB
gùÃY b,S X«BÝlhù!
- ÑÃÜN l,ªù hùlù !
- bQNnT l¥gLgL ÐYwt½N XsÈlhù !!!