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The Code of Ethics for Nurses with Interpretive Statements



Silver Spring, Maryland
2014

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The Code of Ethics for Nurses

Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and personal attributes of every person, without prejudice.

Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3

The nurse promotes, advocates for, and protects the rights, health and safety of the patient.

Provision 4

The nurse has authority, accountability, and responsibility for nursing practice, makes decisions, and takes action consistent with the obligation to provide optimal care.

Provision 5

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6

The nurse, through individual and collective action, establishes, maintains, and improves the moral environment of the work setting and the conditions of employment, conducive to quality health care.

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Provision 7

The nurse, whether in research, practice, education, or administration, contributes to the advancement of the profession through research and scholarly inquiry, professional standards development, and generation of nursing and health policies.

Provision 8

The nurse collaborates with other health professionals and the public to protect and promote human rights, health diplomacy, and health initiatives.

Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

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Preface

The Code of Ethics for Nurses with Interpretive Statements establishes the ethical standard for the profession and provides a guide for nurses to use in ethical analysis and decision-making. It is non-negotiable in any setting, neither is it subject to revision or amendment except by formal process of revision by the American Nurses Association. *The Code of Ethics for Nurses* arises from within the long, distinguished, and enduring moral tradition of modern nursing in the United States. It is foundational to nursing theory, practice, and praxis in its expression of the values, virtues and obligations that shape, guide, and inform nursing as a profession.

Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, communities, and populations. This is reflected, in part, in nursing's persisting commitment to the welfare of the sick, injured, and vulnerable in society and for social justice issues. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses, as well as the professional organizations that represent them, are expected not only to adhere to the values, moral norms, and ideals of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics for the nursing profession makes explicit the primary obligations, values, and ideals of the profession that inform every aspect of the nurse's life.

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The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical values, obligations, duties, and professional ideals of nurses individually and collectively.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

Statements that describe activities and attributes of nurses in this code of ethics and its interpretive statements are to be understood as normative or prescriptive statements expressing expectations of ethical behavior. *The Code of Ethics for Nurses* also expresses the ethical ideals of the nursing profession and is, thus, both normative and aspirational. While this Code articulates the ethical obligations of all nurses, it does not predetermine how those obligations must be met. In some instances nurses meet those obligations individually; in other instances a nurse will support other nurses in their execution of these obligations; and at other times those obligations can and will only be met collectively. *The Code of Ethics for Nurses* addresses individual as well as collective nursing intentions and requires each nurse to demonstrate ethical competence in professional life.

It is recognized that nurses provide services to those seeking health as well as those responding to illness, to students and to staff, and to those in healthcare facilities as well as in communities and greater populations. The term *practice* refers to the actions of the

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nurse in any role or setting, whether paid or as a volunteer, including clinical care provider, advanced practice nurse, educator, administrator, researcher, policy developer, or other forms of nursing practice. Thus, the values and obligations expressed in this *Code of Ethics for Nurses* apply to nurses in all roles, in all forms of practice, and in all settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the *Code* are also necessary. *The Code of Ethics for Nurses* consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions that contain an intrinsic relational motif: nurse to patient, nurse to nurse, nurse to self, nurse to others, nurse to profession, and nurse and nursing to society. The first three provisions describe the most fundamental values and commitments of the nurse; the next three address boundaries of duty and loyalty; the last three address aspects of duties beyond individual patient encounters. Each provision is accompanied by interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and details can be found in the position or policy statements of the ANA or its constituent member associations and affiliate organizations that address clinical, research, administrative, educational, public policy, or global and environmental health issues.

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The origins of *The Code of Ethics for Nurses with Interpretive Statements* reach back to the late 1800s in the foundation of the American Nurses Association, the early ethics literature of modern nursing, and the first nursing code of ethics, formally adopted in 1950. In the 65 years since the adoption of that first professional ethics code, nursing has changed as its art, science, and practice have developed, as society itself has changed, and as awareness of the global nature of health and the determinants of illness has grown. While *The Code of Ethics for Nurses with Interpretive Statements* is a reflection of the proud ethical heritage of nursing, it is also a guide for all nurses now and into the future.

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Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and personal attributes of every person, without prejudice.

1.1 Respect for Human Dignity

A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences. Nurses consider the needs and respect the values of each person in every professional relationship and setting; they lead in the development of changes in public and health policies that support this duty.

1.2 Relationships with Patients

Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. When planning patient, family and population centered care, factors such as lifestyle, culture, value system, religious or spiritual beliefs, social support system and primary language shall be considered. Such considerations must promote health, address problems and respect patient decisions. This respect for patient decisions does not require that the nurse agree with or support all patient choices.

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1.3 The Nature of Health

Nurses respect the dignity and rights of all human beings regardless of the factors contributing to the health status. The worth of a person is not affected by disease, disability, functional status, or proximity to death. Nurses assess, diagnose, plan, intervene, and evaluate patient care in accord with individual patient needs and values. Respect is extended to all who require and receive nursing care whether in the promotion of health, prevention of illness, restoration of health, alleviation of suffering, and provision of supportive care to those who are dying.

Optimal nursing care enables the patient to live with as much physical, emotional, social, and religious or spiritual well-being as possible and reflects the patient's own values. Supportive care is extended to the family and significant others and is directed toward meeting needs comprehensively across the continuum of care. This is particularly important at the end of life in order to prevent and alleviate the cascade of symptoms and suffering that are commonly associated with dying.

Nurses are leaders who actively participate in assuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care. This includes acting to minimize unwarranted or unwanted medical treatment and patient suffering. Such care must be avoided and advance care planning throughout many clinical encounters helps to make this possible. Nurses are also

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leaders who collaborate in alleviating systemic structures that have a negative influence on individual and community health.

1.4 The Right to Self-Determination

Respect for human dignity requires the recognition of specific patient rights, in particular, the right of self-determination. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed decision; to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or prejudice; and to be given necessary support throughout the decision-making and treatment process. Such support includes the opportunity to make decisions with family and significant others and to obtain advice from expert/knowledgeable nurses and other health professionals. The acceptability and importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing medically provided nutrition and hydration, aggressive pain and symptom management, and advance directives are widely recognized. Nurses provide patients with assistance as necessary with these decisions. Nurses should promote conversations around advance care planning and must be knowledgeable about the benefits and limits of various advance directive documents. The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of

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hastening death. However, nurses may not act with the intent to end life even though such action may be motivated by compassion, respect for patient autonomy, or quality of life considerations. Nurses have invaluable experience, knowledge, and insight into effective and compassionate care at the end of life and should be actively involved in related research, education, practice, and policy development.

Nurses have an obligation to be knowledgeable about the moral and legal rights of patients. Nurses preserve, protect, and support those rights by assessing the patient's understanding of both the information presented and the implications of decisions. When the patient lacks capacity to make a decision, a formally designated surrogate should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient's previously expressed wishes and known values. In the absence of an appropriate surrogate decision maker, decisions should be made in the best interests of the patient, considering the patient's personal values to the extent that they are known. Nurses include patients or surrogate decision-makers in discussions, provide referrals to other resources as indicated, identify options, and address problems in the decision-making process. Support of patient autonomy also includes respect for the patient's method of decision-making and recognition that different cultures have different understandings of health, autonomy, privacy and confidentiality, and relationships as well as varied practices of decision-making. For example, nurses reaffirm the patient's values and respect decision-making including those that are culturally hierarchical or communal.

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Individuals are interdependent members of the community. Nurses recognize situations in which the right to self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly in public health. The limitation of individual rights must always be considered a serious deviation from the standard of care, justified only when there are no less restrictive means available to preserve the rights of others and the demands of the law.

1.5 Relationships with Colleagues and Others

Respect for persons extends to all individuals with whom the nurse interacts. Nurses maintain professional, respectful and caring relationships with colleagues and are committed to fair treatment, integrity-preserving compromise, and the resolution of conflicts. Nurses function in many roles and many settings, including direct care provider, care coordinator, administrator, educator, researcher, and consultant. In every role, the nurse creates a moral environment and culture of civility and kindness, treating others, colleagues, employees, co-workers, and students with dignity and respect. This standard of conduct includes an affirmative duty to act to prevent harm. Disregard for the effect of one's actions on others, bullying, harassment, manipulation, threats or violence are always morally unacceptable behaviors. Nurses value the distinctive contribution of individuals or groups, and collaborate to meet the shared goal of providing efficient, effective, and compassionate health services seeking to achieve quality outcomes in all settings.

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Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

2.1 Primacy of the Patient's Interests

The nurse's primary commitment is to the recipients of nursing and healthcare services—the patient—whether individuals, families, groups, communities, or populations. Any plan of care must reflect the fundamental commitment of nursing to the uniqueness, worth and dignity of the patient. Nurses provide patients with opportunities to participate in planning and implementing care and support that is acceptable to the patient. Addressing patient interests requires recognition of the patient's place within the family and other relationships. When the patient's wishes are in conflict with others, nurses help to resolve the conflict. Where conflict persists, the nurse's commitment remains to the identified patient.

2.2 Conflict of Interest for Nurses

Nurses may experience conflict arising from competing loyalties in the workplace, including conflicting expectations from patients, families, physicians, colleagues, healthcare organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values and the values and interests of others including those who are also responsible for patient care and healthcare decisions, and perhaps patients themselves. Nurses address these conflicts in ways

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that ensure patient safety and promote the patient's best interests while preserving the professional integrity of the nurse and supporting interdisciplinary collaboration.

Conflicts of interest may arise in any domain of nursing activity including clinical practice, administration, education, consultation and research. Nurses in all roles must identify and, whenever possible, avoid conflicts of interest. Nurses who bill directly for services and nurse executives with budgetary responsibilities must be especially aware of the potential for conflicts of interest. Changes in healthcare financing and delivery systems may create conflict between economic self-interest and professional integrity. Bonuses, sanctions, and incentives tied to financial targets may present such conflict. Any perceived or actual conflict of interest should be disclosed to all relevant parties and, if indicated, nurses should withdraw from further participation.

2.3 Collaboration

In health care the goal is to address the health of the patient and the public. The complexity of healthcare requires effort that has the strong support and active participation of all health professions. Nurses should actively foster collaborative planning to provide high quality, patient-specific health care. Nurses are responsible for articulating, representing and preserving the unique contribution of nursing to patient care and the nursing scope of practice. The relationship with other health professions also needs to be clearly articulated, represented and preserved.

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Collaboration intrinsically requires mutual trust, recognition, respect, transparency, shared decision-making, and open communication among all who share concern and responsibility for health outcomes. Nurses assure that all relevant persons, as moral agents, are participatory in patient care decisions. Patients do not always know what questions to ask. Nurses assure informed decision-making by assisting patients to secure the information that they need to make choices consistent with their own values.

Collaboration within nursing is fundamental to address the health of patients and the public effectively. Nurses who are engaged in non-clinical roles, such as educator, administrator, consultant, or researcher, though not primarily involved in direct patient care, collaborate for the provision of high quality care through the influence and direction of those who provide direct care. In this sense, nurses in all roles are interdependent and share a responsibility for outcomes in nursing care and for maintaining nursing's primary commitment to the patient.

2.4 Professional Boundaries

The nature of nursing work is inherently personal. Within their professional role, nurses recognize and maintain appropriate personal relationship boundaries. Nurse–patient relationships and collegial relationships have as their foundation the protection, promotion, and restoration of health and the alleviation of suffering. Professional relationships are therapeutic in nature yet at times remaining within professional

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boundaries can be tested. The intimate nature of nursing care, the involvement of nurses in important and sometimes highly stressful life events, the mutual dependence of colleagues working in close concert, all may contribute to the risk of boundary violations. This is compounded by the need for nurses to maintain authenticity in expressing themselves as individuals. In all communications and actions nurses are responsible for maintaining professional boundaries and for seeking the assistance of peers or supervisors in managing difficult situations or taking appropriate steps to remove themselves from the situation.

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Provision 3

The nurse promotes, advocates for, and protects the rights, health and safety of the patient.

3.1 Protection of the Rights of Privacy and Confidentiality

Privacy is the right to control access to and disclosure or nondisclosure of information pertaining to oneself, and to control the circumstances, timing, and extent to which information might be disclosed. The need for health care does not justify unwanted or unwarranted intrusion into people's lives. Nurses safeguard the individual's, family's, and community's right to privacy. The nurse advocates for an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Nurses also participate in the maintenance of and policies and practices that protect both personal and clinical information at institutional and societal levels.

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse–patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venues, including social media or any other means. Because of the rapidly evolving means of communication and the porous nature of social media, nurses must maintain vigilance regarding commentary that intentionally and/or unintentionally breaches their obligation to maintain and protect

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patients' rights to privacy and confidentiality. The patient's well-being could be jeopardized and the fundamental trust between patient and nurse damaged by unauthorized access to data or by the inappropriate or unwanted disclosure of identifiable information. Patient rights are the primary factors in any decisions concerning personal information, whether from or about the patient. This pertains to all information in any manner that is communicated or transmitted. Nurses are responsible for providing accurate, relevant data to members of the healthcare team and others who have a need to know. The duty to maintain confidentiality is not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of required disclosure such as mandated reporting or for safety or public health reasons.

Information used for purposes of peer review, professional practice evaluation, third-party payments, and other quality improvement or risk management mechanisms may only be disclosed under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient remain protected. Only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications or in electronic health records, special effort should be made to maintain data security.

3.2 Protection of Human Participants in Research

Stemming from the right to autonomy or self-determination, individuals have the right to choose whether or not to participate in research as a human subject. Participants or legal

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surrogates must receive sufficient and materially relevant information to make informed decisions and to understand that they have the right to decline to participate or to withdraw at any time without fear of adverse consequences or reprisal. Information needed for informed consent includes the nature of participation, potential harms and benefits, available alternatives to taking part in the study, and how the data will be protected. It must be communicated in a manner that is comprehensible to the patient. Prior to implementation, all research must be approved by a formally constituted and qualified review board to ensure participant protection and the ethical integrity of the research.

Nurses should be aware of the special concerns raised by research involving vulnerable groups, including patients, children, minority populations, prisoners, pregnant women, fetuses, the elderly, cognitively impaired persons, and economically or educationally disadvantaged persons. The nurse who directs or engages in research activities in any capacity should be fully informed about the qualifications of the principal investigator, the rights and obligations of all those involved in the particular research study, and the ethical conduct of research in general. Nurses have a duty to question and, if necessary, to report research that is ethically questionable and to decline to participate.

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3.3 Performance Standards and Review Mechanisms

Professional nursing is a process of education and formation that involves the ongoing acquisition and development of the knowledge, skills, dispositions, practice experiences, commitment, relational maturity, and personal integrity essential for professional practice. Nurse educators must ensure that basic competence and commitment to professional practice exist prior to entry into practice. Nurse managers and executives similarly ensure that nurses have the required knowledge, skills, and dispositions to perform clinical responsibilities requiring preparation beyond the basic academic programs. In this way nurses—individually, collectively and as a profession—are responsible and accountable for nursing practice and professional behavior.

3.4 Professional Competence in Nursing Practice

Nurses must lead in the development of policies and review mechanisms to promote patient health and safety, reduce errors, and create a culture of excellence. When errors occur, nurses must follow institutional guidelines in reporting errors to the appropriate authority and ensure responsible disclosure of errors to patients. Nurses must establish processes where mistakes or errors are revealed and nurses are personally accountable, and any system factors that led to error are rectified. Error should be corrected or remediated, not punished. When error occurs, whether one's own or an error of a coworker, nurses may not participate in, or condone through silence, any attempts to hide it. Engaging the appropriate intra-institutional sequence of reporting and authority

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is critical to maintaining a safe patient care environment. Nurses must use the chain of authority when a problem or issue has escalated beyond their problem-solving ability and/or scope of responsibility or authority. Issue reporting escalation ensures that appropriate individuals are aware of the concern. Communication should start at the level closest to the event and escalate only as the situation warrants.

3.5 Protecting Patient Health and Safety by Action on Questionable Practice

Nurses must be alert to and take appropriate action in instances of incompetent, unethical, illegal, or impaired practice or any actions that place the rights or best interests of the patient in jeopardy. To function effectively, nurses must be knowledgeable about *The Code of Ethics of Ethics for Nurses*, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization's policies and procedures.

When nurses are aware of inappropriate or questionable practice, the concern should be expressed to the person involved, focusing on the patient's best interests as well as the integrity of nursing practice. When practices in the healthcare delivery system or organization threaten the welfare of the patient, similar action should be directed to the responsible administrator or, if indicated, to an appropriate higher authority within the institution or agency, or to an appropriate external authority. When incompetent, unethical, illegal, or impaired practice is not corrected and continues to jeopardize patient well-being and safety, the problem must be reported to appropriate

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external authorities such as practice committees of professional organizations and regulatory, licensing, and quality assurance agencies or boards. Some situations are sufficiently egregious that they may warrant the notification and involvement of all such groups.

Nurses should use established processes for reporting and handling questionable practices. All nurses have a responsibility to assist those “whistleblowers” who identify potentially questionable practice and to reduce the risk of reprisal against the reporting nurse. State nurses associations should be prepared to provide their members with advice and support in the development and evaluation of such processes and reporting procedures. Accurate reporting and factual documentation are essential for all such actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired, the professional organization has a responsibility to protect the practice of those nurses who choose formally to report their concerns. Reporting questionable practices, even when done appropriately, may present substantial risk to the nurse; nevertheless, such risk does not eliminate the obligation to address threats to patient safety.

3.6 Patient Protection and Impaired Practice

Nurses must protect the patient, the public, and the profession from potential harm when a colleague’s practice appears to be impaired. When another’s practice appears to be impaired, the nurse’s duty is to take action to protect patients and to ensure that the

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impaired individual receives assistance. This process begins with consulting supervisory personnel and includes approaching the individual in a clear and supportive manner and helping the individual to access appropriate resources. The nurse extends compassion and caring to colleagues throughout processes of identification, remediation, and recovery.

Nurses must follow policies of the employing organization, guidelines outlined by the profession, and relevant laws to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. Nurses in all professional relationships must advocate in instances of impairment for appropriate assistance, treatment, and access to fair institutional and legal processes. This includes supporting the return to practice of individuals who have sought assistance and, after recovery, are ready to resume professional duties. If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must report the individual to persons authorized to address the problem. Nurses who report those whose job performance creates risk should be protected from retaliation or other negative consequences. If workplace policies do not exist or are inappropriate—that is, they deny the nurse in question access to due legal process or demand resignation—nurses may obtain guidance from professional associations, state peer assistance programs, employee assistance programs, or similar resources.

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Provision 4

The nurse has authority, accountability, and responsibility for nursing practice, makes decisions, and takes action consistent with the obligation to provide optimal care.

4.1 Authority, Accountability, and Responsibility

Nurses bear primary responsibility for the nursing care that their patients and clients receive and are accountable for their own practice. Nursing practice includes independent direct nursing care activities, care as ordered by an authorized healthcare provider, delegation of nursing interventions, evaluation of interventions, and other responsibilities such as teaching, research, and administration. In each instance, nurses have the authority and retain accountability and responsibility for the quality of practice and for compliance with state nurse practice acts, and standards of care, including *The Code of Ethics for Nurses*.

In the context of the increased complexity and changing patterns in healthcare delivery, the scope of nursing practice evolves. Nurses must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who provide nursing care. Where advanced practice nurses have the authority to issue medication and treatment orders to nurses, these are not acts of delegation. Both the advanced practice nurse issuing the order and the nurse accepting the order are responsible for the judgments made and accountable for the actions taken.

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4.2 Accountability for Nursing Judgments, Decisions, and Actions

In order to be accountable, nurses act under a code of ethical conduct that includes adherence to the scope and standards of nursing practice and such moral principles as fidelity, gratitude, and respect for the dignity, worth, and self-determination of patients. Nurses are accountable for judgments made and actions taken in the course of nursing practice, irrespective of other providers' directives or institutional policies. Systems and technologies that assist in clinical practice are adjunct to, not replacements for, the nurse's knowledge and skill. The nurse retains accountability and responsibility for nursing practice even in instances of system or technological failure.

4.3 Responsibility for Nursing Judgments, Decisions and Actions

Nurses are accountable for their judgments, decisions, and actions; but, in compromising circumstances, responsibility may be borne by both the nurse and the institution. Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence, experience, and assessment of patient safety. Nurses in administration, education, and research also have obligations to the recipients of nursing care. Although their relationships with patients are less direct, in assuming the responsibilities of a particular role, they share responsibility for the care provided by those whom they supervise and teach. Nurses must not engage in

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practices prohibited by law or delegate activities to others that are prohibited by their state nursing practice acts or those of other healthcare providers.

Nurses have a responsibility to define, implement, and maintain standards of professional practice. Nurses must plan, establish, implement, and evaluate review mechanisms to safeguard patients and nurses. These include peer review processes, credentialing processes, and quality improvement initiatives. Nurses must bring forward difficult issues related to patient care, and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate others in all ethical deliberations. Nurse executives are responsible for ensuring that nurses have access to and inclusion on organizational committees that affect the quality and the safety of the care of the patients they serve. Nurses are obligated to attend, actively engage, and contribute to the dialogue and decisions made by such committees.

Nurses are responsible for assessing their own competence. When the needs of the patient are beyond the qualifications or competencies of the nurse, consultation and collaboration must be sought from qualified nurses, other health professionals, or other appropriate resources. Educational resources should be used by nurses and provided by agencies or organizations to maintain and advance nurse competence. Nurse educators in any setting collaborate with their students to assess learning needs, evaluate teaching effectiveness, and provide appropriate learning resources.

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4.4 Delegation of Nursing Activities or Tasks

Nurses are accountable and responsible for the assignment or delegation of nursing activities. Such assignment or delegation must be consistent with state practice acts, institutional policy, and nursing standards of practice.

Nurses must make reasonable effort to assess individual competence when delegating selected nursing activities. This assessment includes the evaluation of the knowledge, skill, and experience of the individual to whom the care is assigned; the complexity of the assigned tasks; and the nursing care needs of the patient. Nurses are responsible for monitoring the activities and evaluating the quality and outcomes of the care provided by other healthcare workers to whom they have delegated tasks.

Nurses may not delegate responsibilities such as assessment and evaluation; they may delegate interventions. Nurses must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified.

Employer policies or directives do not relieve the nurse of responsibility for making delegation or assignment decisions.

Nurses in management or administration have a particular responsibility to provide an environment that supports and facilitates appropriate assignment and delegation. This includes orientation, skill development; licensure, certification, and competency verification; and policies that protect both the patient and nurse from

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inappropriate assignment or delegation of nursing responsibilities, activities, or tasks. Nurses in management or administration should facilitate open communication with staff allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they do not possess the requisite skills.

Nurses functioning in educator or preceptor roles share responsibility and accountability for the care provided by students when they make clinical assignments. It is imperative that the knowledge and skill of the nurse or nursing student be sufficient to provide the assigned nursing care under appropriate supervision.

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Provision 5

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

5.1 Duty to Self and Others

Moral respect accords moral worth and dignity to all human beings regardless of their personal attributes or life situation. Such respect extends to oneself as well: the same duties that we owe to others we owe to ourselves. Self-regarding duties primarily concern oneself and include promotion of health and safety, preservation of wholeness of character and integrity, maintenance of competence, and continuation of personal and professional growth.

5.2 Promotion of Personal Health, Safety, and Well-Being

As professionals who assess, intervene, evaluate, protect, promote, educate, and conduct research for the health and safety of others and society, nurses have a duty to take the same care for their own health and safety. Nurses should model the same health maintenance and health promotion measures that they teach and research, seek health care when needed, and avoid taking unnecessary risks to health or safety in the course of their customary professional and personal activities. A healthy diet and exercise, maintenance of family and personal relationships, adequate leisure and recreation,

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attention to spiritual or religious needs, and satisfying work must be held in balance to promote and maintain the health and well-being of the nurse.

5.3 Wholeness of Character

Nurses have both personal and professional identities that are integrated and embrace the values of the profession, merging them with personal values. Authentic expression of one's own moral point-of-view is a duty to self. Sound ethical decision-making requires the respectful and open exchange of views among all those with relevant interests: nurses must work to foster a community of moral discourse. As moral agents, nurses are an important part of that community and have a responsibility to express moral perspectives, especially when integral to the situation, whether or not those perspectives are shared by others and whether or not they might prevail.

Wholeness of character pertains to all professional relationships with patients or clients. When nurses are asked for a personal opinion, they are generally free to express an informed personal opinion as long as this maintains appropriate professional and moral boundaries and preserves the voluntariness of the patient. It is essential to be aware of the potential for undue influence attached to the nurse's professional role. Nurses assist others to clarify values in reaching informed decisions, always avoiding coercion, manipulation, and unintended influence. When nurses care for those whose personal, condition, attributes, lifestyle, or situations are stigmatized, or encounter a conflict with their own personal beliefs, nurses still render respectful and competent care.

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5.4 Preservation of Integrity

Personal integrity is an aspect of wholeness of character; its maintenance is a self-regarding duty. Nurses may face threats to their integrity in any healthcare environment. Threats to integrity may include requests to deceive a patient, to withhold information, to falsify records, to misrepresent research aims, as well as enduring verbal abuse by patients or coworkers. Expectations that nurses will make decisions or take action in ways that are inconsistent with the ideals, values, or ethics of nursing, or that are in direct violation of this *Code of Ethics for Nurses*, may also occur. Nurses have a right and a duty to act according to their personal and professional values and to accept compromise only if reaching a compromise preserves the nurse's moral integrity and does not jeopardize the dignity or well-being of the nurse or others. Integrity-preserving compromises can be difficult to achieve, but are more likely to be accomplished where there is an open forum for moral discourse and a safe environment of mutual respect.

When nurses are placed in circumstances that exceed moral limits or violate professional moral standards, in any nursing practice setting, they must express their conscientious objection to participating in these situations. When a particular decision or action is morally objectionable to the nurse, whether intrinsically so or because it may jeopardize a specific patient, family, community or population, or when it may jeopardize nursing practice, the nurse is justified in refusing to participate on moral grounds. Conscience-based refusals to participate exclude personal preference, prejudice, bias,

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convenience, or arbitrariness. Acts of conscientious objection are acts of moral courage and may not insulate nurses from formal or informal consequences. Nurses who decide not to participate on the grounds of conscientious objection must communicate this decision in timely and appropriate ways. Such refusal should be made known as soon as possible, in advance, and in time for alternate arrangements to be made for patient care. Nurses are obliged to provide for patient safety, to avoid patient abandonment, and to withdraw only when assured that nursing care is available to the patient.

When the moral integrity of nurses is compromised by patterns of institutional behavior or professional practice, nurses must express their concern or conscientious objection collectively to the appropriate authority or committee and seek to change enduring activities or expectations in the practice setting that are morally objectionable.

5.5 Maintenance of Competence and Professional Growth

Maintenance of competence and professional growth involve the control of one's own conduct in a way that is primarily self-regarding. Competence affects one's self-respect, self-esteem, and the meaningfulness of work. Nurses must maintain competence and strive for excellence in their nursing practice, whatever the role or setting. Nurses are responsible for developing criteria for evaluation of practice and for using those criteria in both peer and self-assessment. To achieve the highest standards, nurses must evaluate their own performance and participate in substantive peer review.

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Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes continuing education, networking with professional colleagues, self-study, professional reading, specialty certification, and seeking advanced degrees. Nurses must continue to learn about new concepts, evolving issues, concerns, controversies, and healthcare ethics relevant to the current and evolving scope and standards of nursing practice. When care that is required is outside the competencies of the individual nurse, specialized consultation should be sought or the patient should be referred to others for appropriate specialized care.

5.6 Personal Growth

Nursing care addresses the whole person as an integrated being; nurses should also apply this principle to themselves. As such, professional and personal growth reciprocate and interact. Activities that broaden nurses' understanding of the world and of themselves affect their understanding of patients; those that increase and broaden nurses' understanding of nursing's science and art, values, ethics, and policies also affect the nurse's self-understanding. Thus, in continuity with nursing ethics' historic and enduring emphasis, nurses are encouraged to read broadly, continue life-long learning, engage in personal study, seek financial security, participate in a wide range of social advocacy and civic activities, and to pursue leisure and recreational activities that are enriching.

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Provision 6

The nurse, through individual and collective action, establishes, maintains, and improves the moral environment of the work setting and the conditions of employment, conducive to quality health care.

6.1 The environment and moral virtue and value

Virtues are universal, learned, and habituated attributes of moral character that predispose persons to meet their moral obligations; that is, *to do* what is right. There is a presumption and expectation that we will commonly see virtues such as integrity, respect, temperance, and industry in all those whom we encounter. Virtues are what we are *to be* and make for a morally “good person”. There are more particular attributes of moral character, not expected of everyone, that are expected of nurses. These include knowledge, skill, wisdom, patience, compassion, honesty, and courage. These attributes describe what the nurse is to be as a morally “good nurse”. Furthermore, virtues are necessary for the affirmation and promotion of the values of human dignity, well-being, respect, health, independence, and other ends that nursing seeks.

For virtues to develop and be operative they must be supported by a moral milieu that causes them to flourish. Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such a moral milieu fosters mutual respect, communication, transparency, moral equality, kindness, prudence,

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generosity, dignity, and caring. This applies to all whether nurse, colleague, patient, or others.

6.2 The Environment and Ethical Obligation

Virtues focus on what is good and bad in whom we are *to be* as moral persons; obligations focus on *right and wrong* or what we are *to do* as moral agents. Obligations are often specified in terms of principles such as beneficence or doing good; nonmaleficence or doing no harm; justice or treating people fairly; reparations, or making amends for harm; fidelity, and respect for persons. Nurses, in all roles, must create, maintain, and contribute to practice environments that support nurses and others in the fulfillment of their ethical obligations. Environmental factors include all that contribute to working conditions. These include but are not limited to: clear policies and procedures that set out professional ethical expectations for nurses; uniform knowledge of *The Code of Ethics for Nurses with Interpretive Statements*; and associated ethical position statements. Peer pressure can also shape moral expectations within a work group. Organizational processes and structures, position descriptions, performance standards, health and safety initiatives, grievance mechanisms that prevent reprisal, ethics committees, compensation systems, disciplinary procedures, and more, all contribute to a practice environment that can either present barriers or foster ethical practice and professional fulfillment. Environments constructed for equitable, fair, and just treatment of all reflect the values of the profession and nurture excellent nursing practice.

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6.3 Responsibility for the Healthcare Environment

Nurses are responsible for contributing to a moral environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues that includes on-going formation of staff in ethical problem solving. Nurse executives have a particular responsibility to assure that employees are treated fairly and justly, and that nurses are involved in decisions related to their practice and working conditions. Unsafe or inappropriate activities or practices must not be condoned or be allowed to persist. Nurses should address concerns about the healthcare environment through appropriate channels. After repeated efforts to make change, nurses have a duty to resign from healthcare facilities, agencies, or institutions that demonstrate sustained patterns of violation of patient's rights, or where nurses are required to compromise standards of practice or personal integrity, and where the administration is unresponsive to nurses' expressions of concern. Following resignation, efforts to address violations should continue. The needs of patients may never be used to hold nurses hostage in persistently morally unacceptable work environments. Remaining in such an environment, even if from financial necessity, nurses risk becoming complicit in ethically unacceptable practices and may have both untoward personal and professional, and potentially legal, consequences.

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Organizational changes are difficult to achieve and require persistent, sometimes collective efforts over time. Participation in collective action and interdisciplinary effort for workplace advocacy to address conditions of employment is appropriate. Agreements reached through such actions must be consistent with the nursing profession's standards of practice, state law regulating practice, and *The Code of Ethics for Nurses*. The workplace must be a morally good environment to ensure ongoing quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance. These organizations advocate for nurses by supporting legislation; publishing position statements; maintaining standards of practice; and by monitoring social, professional and healthcare changes. Through professional associations, nurses can help to secure the just economic and general welfare of nurses, safe practice environments, and a balance of patient–nurse interests.

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Provision 7

The nurse, whether in research, practice, education, or administration, contributes to the advancement of the profession through research and scholarly inquiry, professional standards development, and generation of nursing and health policies.

7.1 Contributions through Research and Scholarly Inquiry

All nurses must participate in the advancement of the profession through knowledge development, evaluation, dissemination, and application to practice. Knowledge development relies chiefly, though not exclusively, upon research and scholarly inquiry. Nurses engage in scholarly inquiry in order to expand the body of knowledge that forms and advances the theory and practice of the discipline in all its spheres. Nursing knowledge draws from and contributes to corresponding sciences and humanities. Nurse researchers test existing and generate new nursing knowledge. They may involve human participants in their research, as individuals, groups, or communities. In such cases, nursing research conforms to national and international ethical standards for the conduct of research employing human participants.

Where research is conducted with the use of animals, all appropriate ethical standards are observed. In every situation care is taken that research is soundly constructed, significant, and worthwhile. Dissemination of research findings, whether positive or negative, is an essential part of respect for the participants. Knowledge

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development also occurs through the process of scholarly inquiry, clinical and educational innovation, and interdisciplinary collaboration. Dissemination of findings is fundamental to ongoing disciplinary discourse and knowledge development.

Nurses remain committed to patients/participants throughout the continuum of care and during their participation in research. Whether the nurse is data collector, investigator, or care provider, patients' rights and autonomy must be honored and respected. Patients'/participants' welfare may never be sacrificed for research ends.

Nurse executives and administrators must develop the structure and foster the processes that create an organizational climate and infrastructure conducive to scholarly inquiry. In addition to teaching research methods, nurse educators also teach the moral standards that guide the profession in the conduct of its research. Research utilization is an expected part of nursing practice in all settings.

7.2 Contributions through Developing Maintaining, and Implementing Professional Practice Standards

Practice standards must be developed by nurses and grounded in nursing's ethical commitments and body of knowledge. These standards must also reflect nursing's responsibility to society. Nursing identifies its own scope of practice as informed, specified, or directed by state and federal law, by relevant societal values, and by *The Code of Ethics with Interpretive Statements*, and *Nursing: Scope and Standards of*

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Practice. Nurse executives establish, maintain, and promote conditions of employment that enable nurses to practice according to accepted standards. Professional autonomy and self-regulation are necessary for implementing nursing standards and guidelines and for assuring quality care.

Nurse educators promote and maintain optimal standards of education and practice in every setting where learning activities occur. They must also ensure that only students possessing the knowledge, skills, and moral dispositions that are essential to nursing graduate from their nursing programs.

7.3 Contributions through Nursing and Health Policy Development

Nurses must lead, serve, and mentor on institutional or agency policy committees within the practice setting. Nurses ought to participate in civic activities related to healthcare through local, regional, state, national, or global initiatives. Nurse educators have a particular responsibility to foster and develop students' commitment to professional and civic values and to informed perspectives on nursing and healthcare policy. Nurse executives and administrators must foster institutional or agency policies that support and reinforce a work environment committed to nurses' ethical integrity and professionalism. Nurse researchers must contribute to the body of knowledge by translating science, supporting evidence-based nursing practice, and advancing effective, ethical healthcare policies, environments, and a balance of patient–nurse interests.

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Provision 8

The nurse collaborates with other health professionals and the public to protect and promote human rights, health diplomacy, and health initiatives.

8.1 Health is a Universal Right

The nursing profession holds that health is a universal human right and that the need for nursing is universal. The right to health is a fundamental right to a universal minimum standard of health to which all individuals are entitled. Such a right has economic, political, social, and cultural dimensions. It includes public education concerning health maintenance and promotion; education concerning the prevention, treatment, and control of prevailing health problems; food security; potable water; basic sanitation; reproductive health care; immunization; prevention and control of locally endemic diseases and vectors; and access to health, emergency, and trauma care. This affirmation of health as a fundamental, universal human right is held in common with the United Nations and the International Council of Nurses and many human rights treaties.

8.2 Collaboration for Health, Human Rights, and Health Diplomacy

The nursing profession commits to advancing the health, welfare, and safety of all. This nursing commitment reflects the intent to achieve and sustain health as a means to the common good so that individuals and communities here and abroad can develop to their fullest potential and live with dignity. Ethics, human rights, and

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nursing converge as a formidable instrument for social justice and health diplomacy that can be amplified by collaboration with other health professionals. Nurses understand that the lived experience of poverty, inequality, and social marginalization contribute to the deterioration of health globally. Nurses must address the context of health, including social determinants of health such as poverty, hunger, access to clean water and sanitation, human rights violations, and healthcare disparities. Nurses must lead collaborative partnerships to develop effective public health policies, legislation, projects, and programs that promote health, prevent illness, restore health, and alleviate suffering.

Participation includes collaboration to raise health diplomacy to parity with other international concerns such as treaties, commerce, and warfare. Human rights must be diligently protected and promoted, interfered with only when necessary and in ways that are proportionate and in accord with international standards. Advances in technology and genetics require robust responses from nurses working together with other health professionals for creative solutions and innovative approaches that are ethical, respectful of human rights, and equitable in reducing health disparities.

8.3 Obligation to Advance Health and Human Rights

Nurses collaborate with others to change unjust structures and processes that affect persons or communities. Structural social inequalities and disparities, inadequate social policies, or institutional policies or practices exacerbate the incidence and

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burden of illness, trauma, suffering, and premature death. Through community organizations and groups, nurses educate the public; facilitate informed choice; identify conditions and circumstances that contribute to illness, injury and disease; foster healthy life styles; and participate in institutional and legislative efforts to protect and promote health. Nurses collaborate to address barriers to health, such as poverty, homelessness, unsafe living conditions, abuse and violence, and lack of access by engaging in open discussion, education, public debate and legislative action. Nurses must recognize that health care is provided to culturally diverse populations in this country and across the globe. Nurses collaborate to create a moral milieu that is culturally sensitive to diverse cultural values and practices.

8.4 Collaboration for Human Rights in Complex and Extraordinary

Practice Settings

Nurses must be mindful of competing moral claims (that is, conflicting values or obligations) and bring attention to human rights violations in all settings and contexts. Human trafficking; the global feminization of poverty, rape, and abuse as an instrument of war; the oppression or exploitation of migrant workers; and all such human rights violations are of grave concern to nurses. The nursing profession must intervene when these violations are encountered. Human rights may be jeopardized in extraordinary contexts related to fields of battle, pandemics, political turmoil, regional conflicts, or environmental catastrophes where nurses must necessarily practice under altered standards of care. Nurses must always stress human rights

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protection under all conditions, with particular attention to preserving the human rights of vulnerable groups such as women, children, the elderly, prisoners, refugees, and socially stigmatized groups. All actions and omissions risk unintended consequences with implications for human rights. Thus, nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating a clear moral justification for their actions. Only under extreme and exceptional conditions, while conforming to international standards and engaging in an appropriate and transparent process of authorization, may nurses subordinate human rights concerns to other considerations.

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Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

9.1 Articulation of Values

Individual nurses are represented by their professional associations and organizations. These groups give united voice to the profession. It is the responsibility of a profession collectively to communicate, affirm, and promote shared values both within the profession and to the public. It is essential that the profession engage in discourse that supports ongoing critical self-analysis and evaluation. The language that is chosen evokes the shared meaning of nursing, its values and ideals, as it interprets and explains the place and role of nursing in society. The profession's organizations communicate to the public the values that nursing considers central to the promotion or restoration of health, prevention of illness, and alleviation of suffering. Through professional organizations the nursing profession must reaffirm and strengthen nursing values and ideals so that when those values are challenged, adherence is steadfast and unwavering. Acting in solidarity, the ability of the profession to influence social justice and global health is formidable.

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9.2 Integrity of the Profession

The profession's integrity is strongest when its values and ethics are evident in all professional and organizational relationships. Nursing must continually emphasize the values of justice, fairness, and caring within the national and global nursing communities, in order to promote health in all sectors of the population. A fundamental responsibility is to promote awareness of and adherence to the codes of ethics for nurses (the American Nurses Association and the International Council of Nurses). Balanced policies and practices regarding access to nursing education, workforce sustainability, nurse migration, and utilization are requisite to achieving these ends. Together, nurses must bring about the improvement of all facets of nursing, fostering and assisting in the education of professional nurses in developing regions across the globe. The values and ethics of the profession must be evident in all professional relationships whether inter-organizational, or international.

The nursing profession engages in an ongoing formal and informal dialog with society. The covenant between the profession and society is made explicit through *The Code of Ethics for Nurses*, *Nursing's Social Policy Statement*, *Nursing: Scope and Standards of Practice*, and other published standards of specialized nursing practice; continued development and dissemination of nursing scholarship; rigorous educational requirements for entry and continued practice including certification and licensure; and commitment to evidence-based practice.

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9.3 Integrating Social Justice

It is the shared responsibility of professional nursing organizations to speak for nurses collectively in shaping health care and to promulgate change to improve health care nationally and internationally. Nurses must be vigilant and take action to influence legislators, governmental agencies, non-governmental organizations, and international bodies in all related health affairs for addressing the social determinants of health. All nurses, through organizations and accrediting bodies involved in nurse formation and development, must firmly anchor students in nursing's professional responsibility to address unjust systems and structures, modeling the profession's commitment to social justice and health through content, clinical and field experiences, and critical thought.

9.4 Social Justice in Nursing and Health Policy

The nursing profession must actively participate in solidarity with the global nursing community and health organizations to represent the collective voice of U.S. nurses around the globe. Professional nursing organizations must actively engage in the political process, particularly addressing those legislative concerns that most impact the public's health and the profession of nursing. Nurses must promote open and honest communication that enables nurses to work in concert, share in scholarship, and advance a nursing agenda for health. Global health, as well as the common good, are ideals that can be realized when all nurses unite their efforts and energies.

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Social justice extends beyond human health and well-being to the health and well-being of the natural world. Human life and health are profoundly affected by the natural world that surrounds us; thus, consistent with Nightingale's historic concerns for environmental influences on health and the meta-paradigm concepts of nursing, nursing's advocacy for social justice extends to eco-justice. Environmental degradation, water depletion, earth resources exploitation, ecosystem destruction, excessive carbon production, waste, and other environmental assaults disproportionately affect the health of the poor and ultimately affect the health of all humanity. Nursing must also advocate for policies, programs, and practices within the healthcare environment that maintain, sustain, and repair the natural world. As nursing seeks to promote and restore health, prevent illness, and alleviate suffering, it does so within the holistic context of healing the world.

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