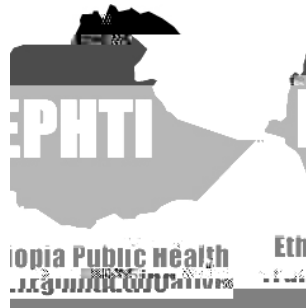


## LECTURE NOTES

For Professional Nursing Students

# *Introduction to Professional Nursing and Ethics*



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In collaboration with the Ethiopia Public Health Training Initiative, The Carter Center,  
the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education

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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





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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 to day is far different from nursing as it was practiced 50 years ago, and it takes a vivid imagination

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### 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:

- Ž Nursing is provision of optimal conditions to enhance the person's reparative processes and prevent the reparative process from being interrupted
- Ž 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.
- Ž 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.
- Ž 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.
- Ž 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.

Ž 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.

- Ø Ancient Egyptians developed community planning and strict hygienic rules to control communicable diseases. The first recorded Nurses were seen
- Ø 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

Ø 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.

Ø 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

### **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.

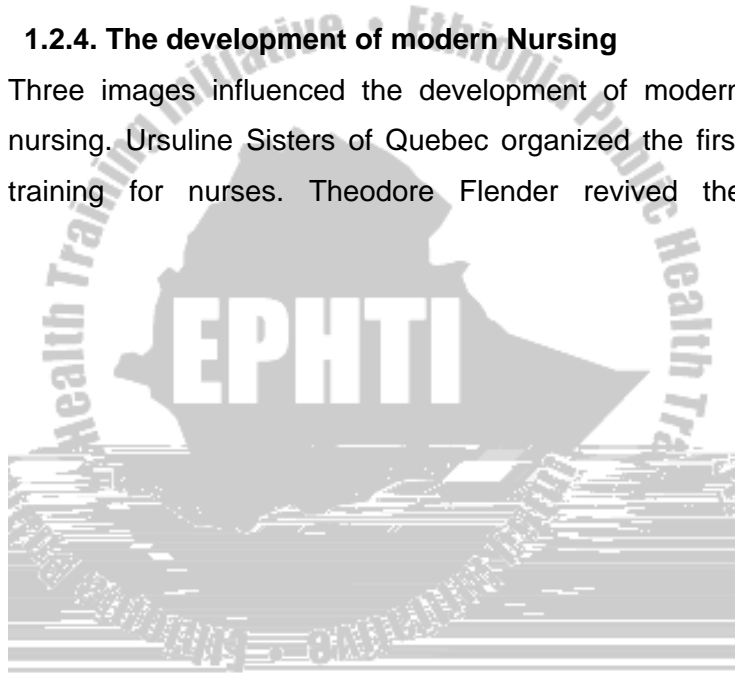
### **1.2.3 Dark Age of Nursing**

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



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.





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



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.

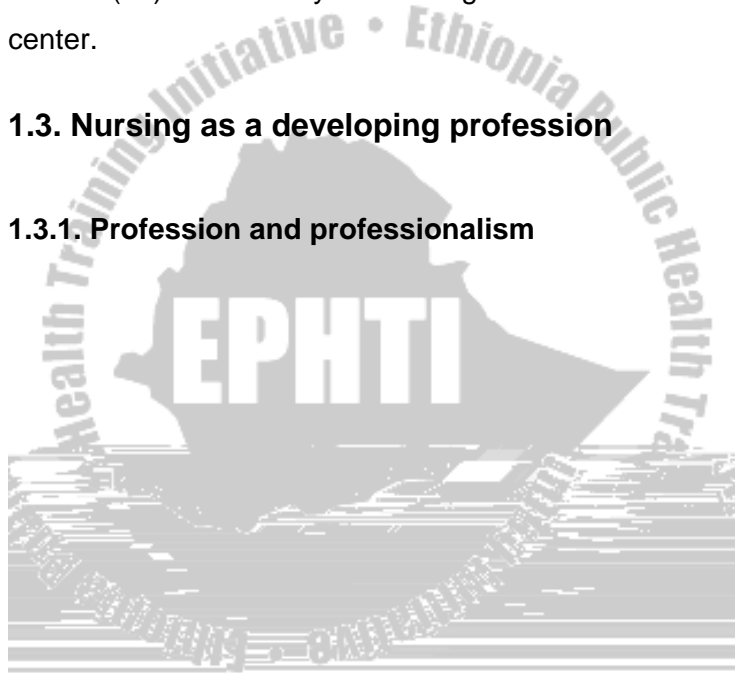
In 1951, two school of Nursing was established: one at the princess Tsehai memorial only for female nurses and the other one was in Nekemt at the Teferie Mekonnen Hospital. In 1959 the post basic training

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**





**1.3.4. Comparison between Profession and occupation**

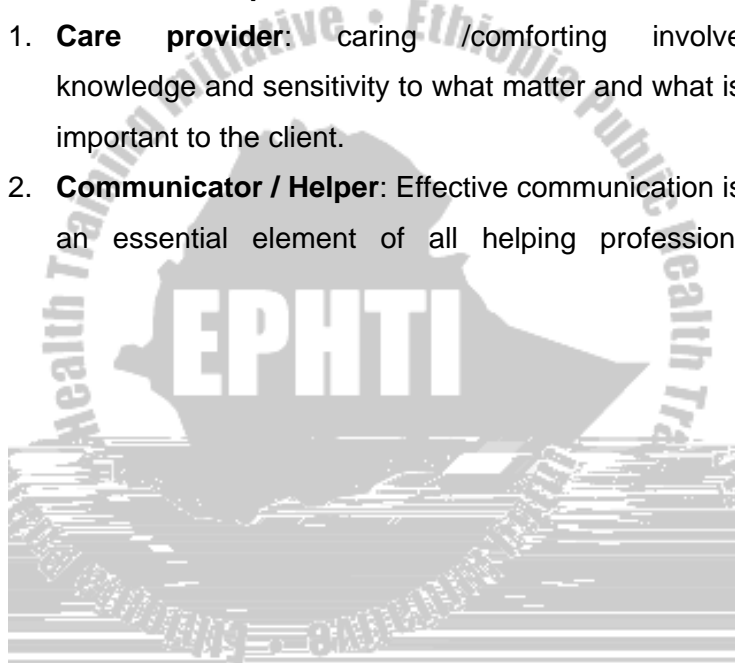
<b>Occupation</b>	<b>Profession</b>
1. Training may occur on job	1. Education takes place in College and university
Length of training varies	Education is definite and prolonged
Value, beliefs and Ethics are not Prominent features of preparation	Value beliefs, and Ethics are integral part of preparation
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,



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 8<sup>th</sup> grade and stayed for 4 years, then the requirement was changed to 10<sup>th</sup>-12<sup>th</sup> 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 master's 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 the 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,



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



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.

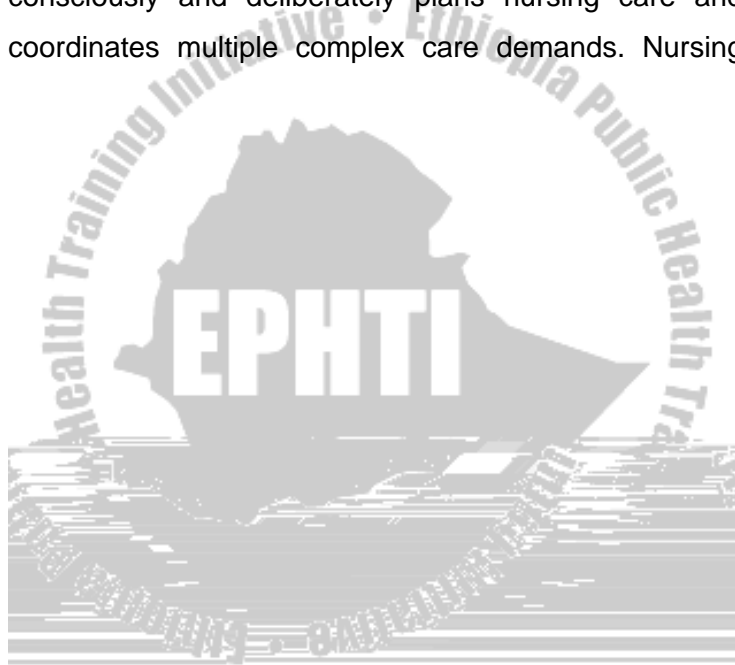
These levels of proficiency are novice, advanced beginner, competent, proficient and expert.

**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



## **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

**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

<b>Stage</b>		<b>Key behavior</b>
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





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**

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

Ž 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)**

- Ž The international council of Nurses (ICN) was established in 1899.
- Ž Nurses from Great Britain, the United States, and Canada were among the founding members.
- Ž The Council is a federation of national Nurses' association, Such as the American Nursing Association (ANA) and Canadian Association for Nurses (CAN).
- Ž In 1993, 111 national Nurses Associations representing 1.4 Million Nurses worldwide were affiliated with the ICN.
- Ž 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.

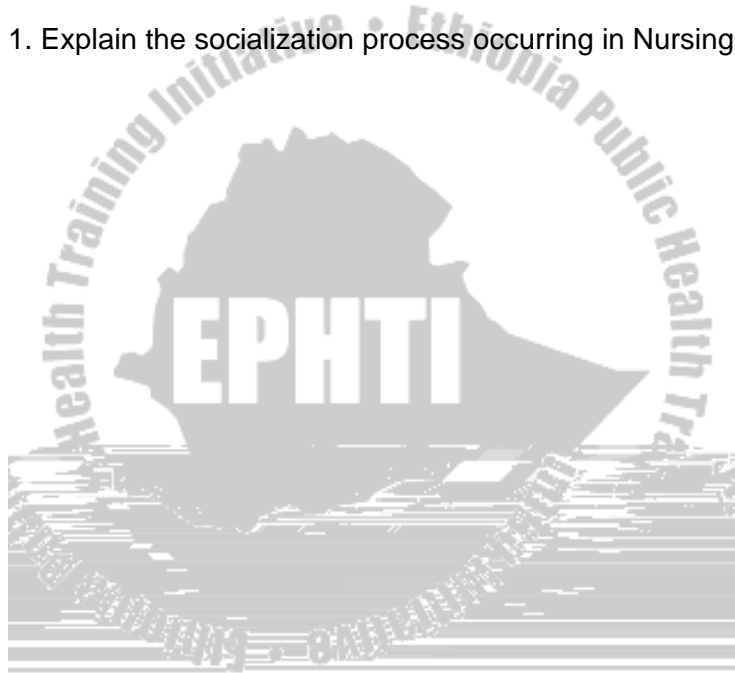




7. Responsible for licensing nurses for revoking (removable) such as licenses as result of malpractices.
8. Promoted the training of nursing personnel.

**Review Question**

1. Explain the socialization process occurring in Nursing

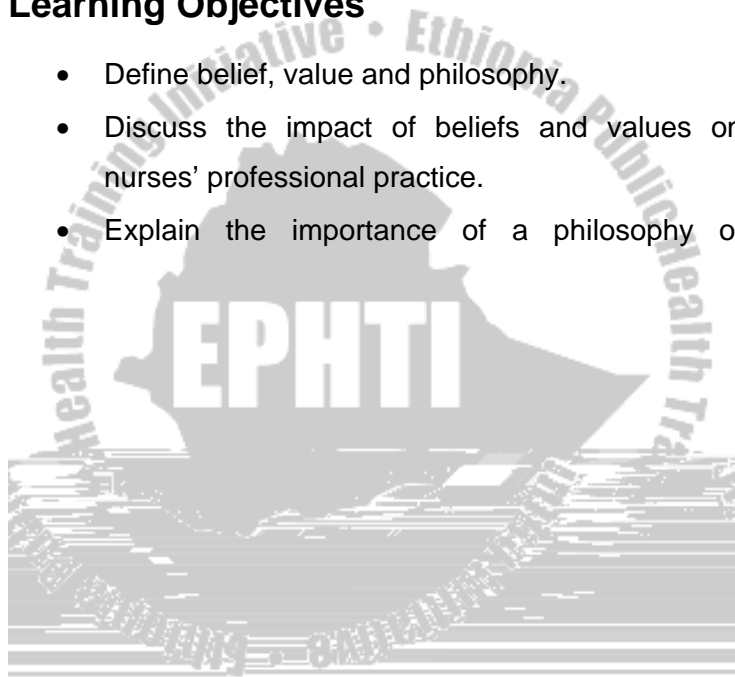


## CHAPTER TWO

# 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. 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.

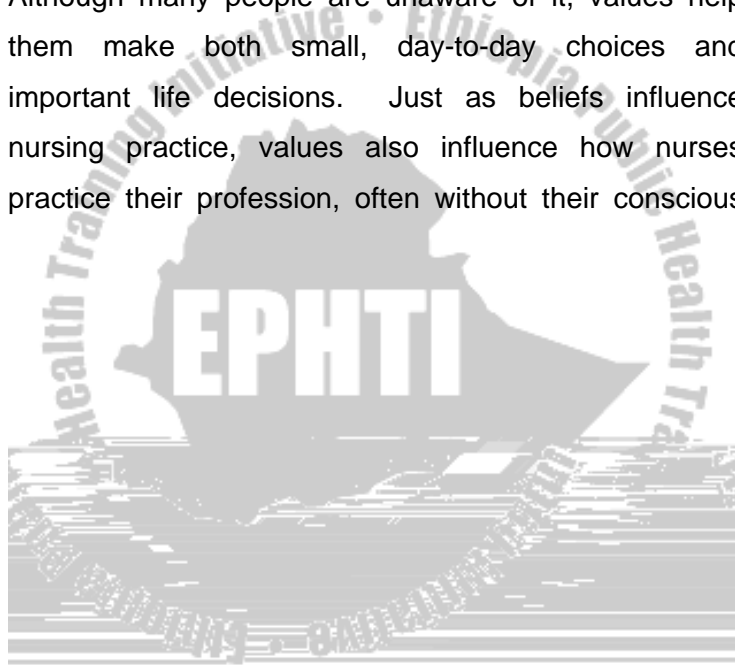
**There are three main categories of beliefs:**

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



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



### **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:
  - Ž Strong commitment to service
  - Ž Belief in the dignity and worth of each person
  - Ž Commitment to education
  - Ž 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:

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

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.



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

penA

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.

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





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

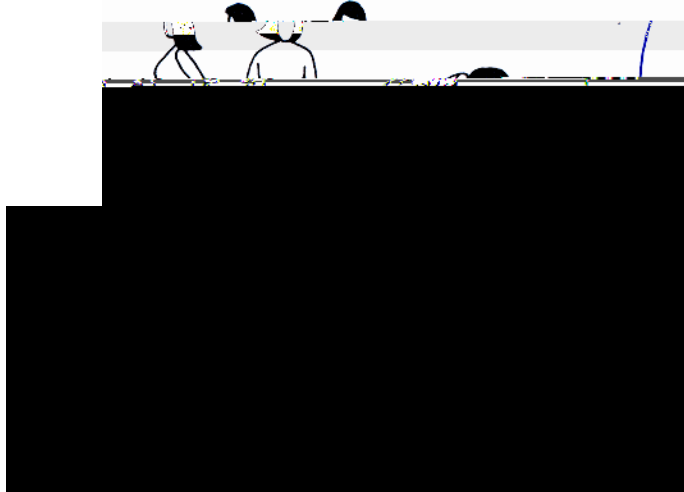




**Fig 1. Host –agent-environment model**

**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.



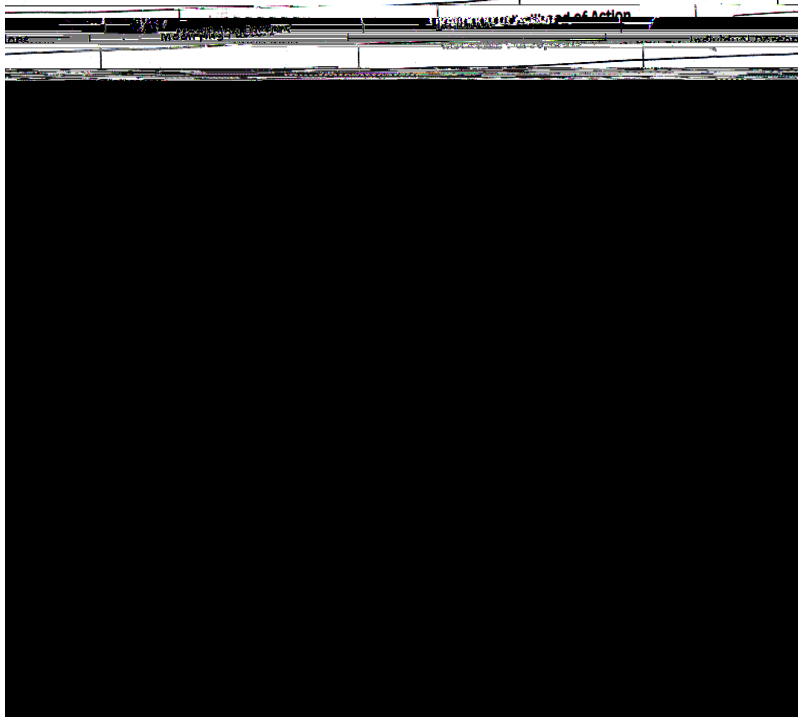


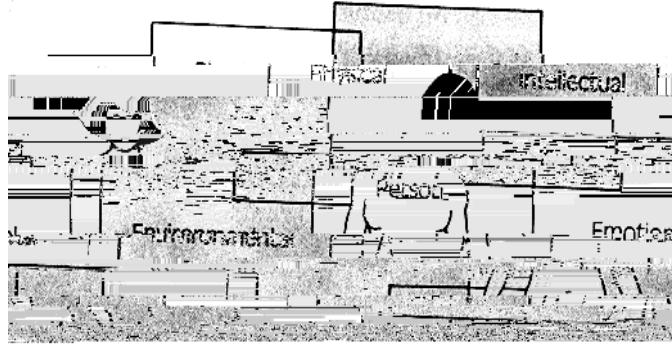
Fig 3. Health Belief Model

### 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**

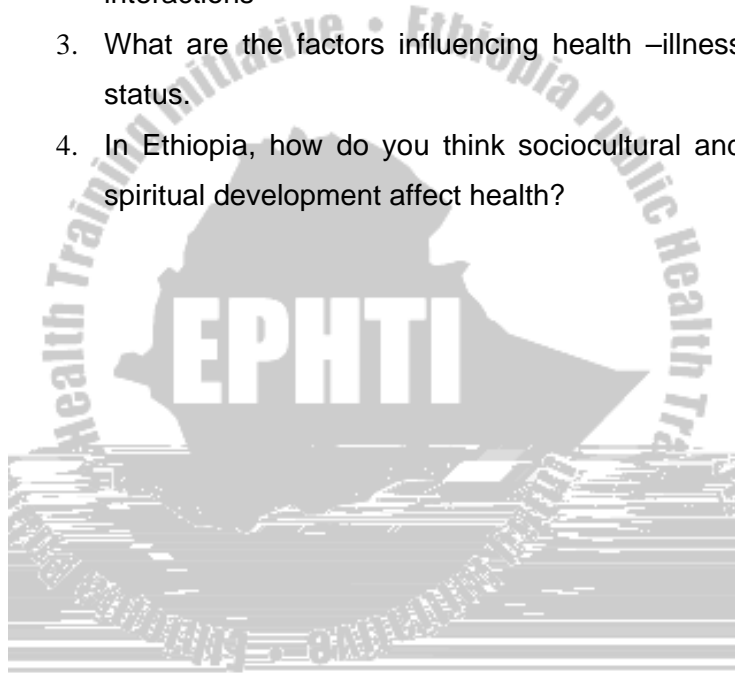
### **3.4. Nursing in wellness and holistic health care**

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



### 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:

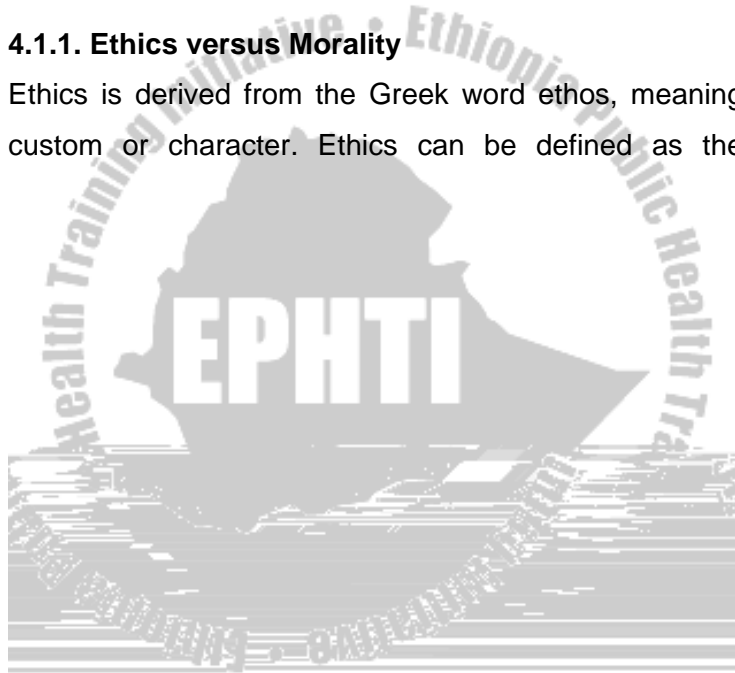
1. Define the term ethics
2. Identify types of ethics
3. Differentiate common ethical theories
4. Identify principles and rules of health care ethics
5. Recognize the ethical dilemma and ethical decision making in nursing, including common models for decision making.
6. Describe general legal concepts 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



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



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 over



### 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

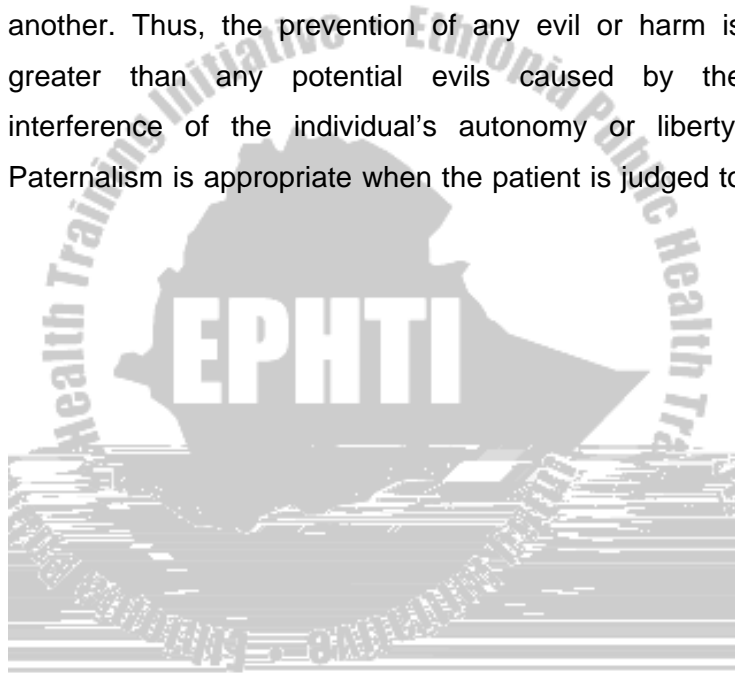
Infants, young children, mentally handicapped or incapacitated people, or comatose patient do not have the capacity to participate in decision making about their health care. If the client becomes unable to make decisions for himself/ herself, this "surrogate decision maker" would act on the client's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



## 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:

- Ž Promote good
- Ž Prevent harm
- Ž 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



## **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



### 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*);





## **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



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



- 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 thinking that option
- Discussion may also be affected by organizations of which we are members. For

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 out lined as follows.

**1. Medical indications:**

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





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.



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:

- Ø To foster the continuous development and improvement in quality of education in nursing
- Ø To evaluate nursing programs in relation to the stated physiology and outcomes and to the established criteria for accreditation.
- Ø 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





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**

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

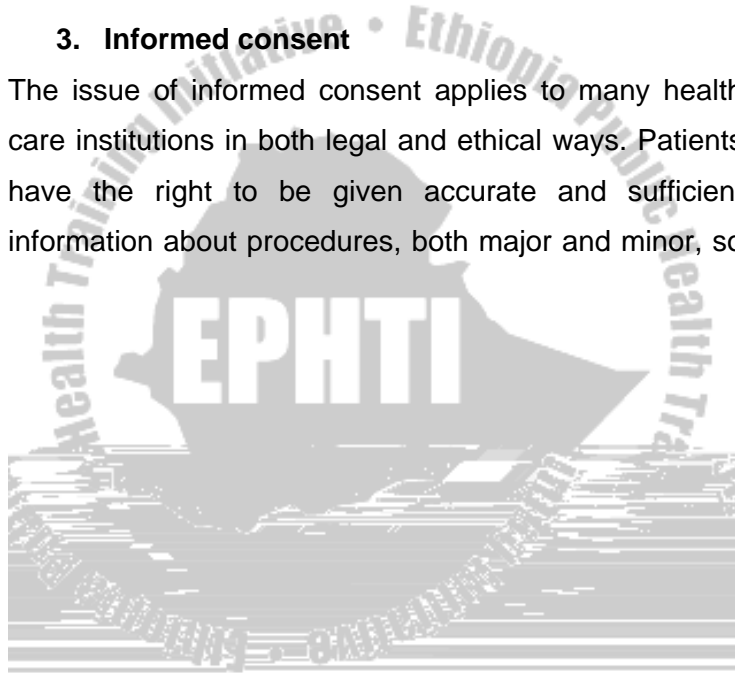
For reasons that are sometimes known only to themselves patient may refuse treatment even though lack of treatment may result in their death. The question of refusal of treatment may have to be decided in court. Many times, the courts rule that patents cannot be forced to accept treatment. In the case 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



subject to disciplinary action by state regulatory agencies.

Because nurses spend considerable periods of time with



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





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







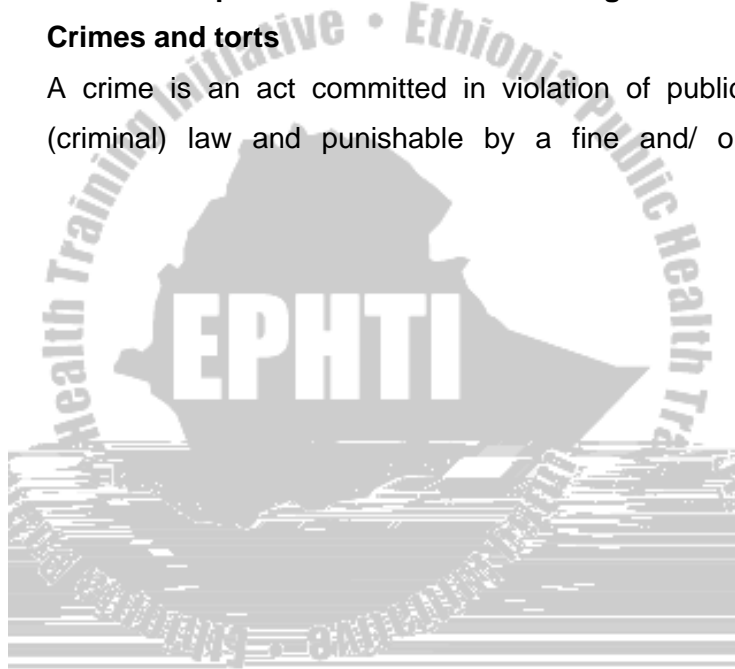
decision in a situation of dilemma for the same.

- 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





#### **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:**

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

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.**

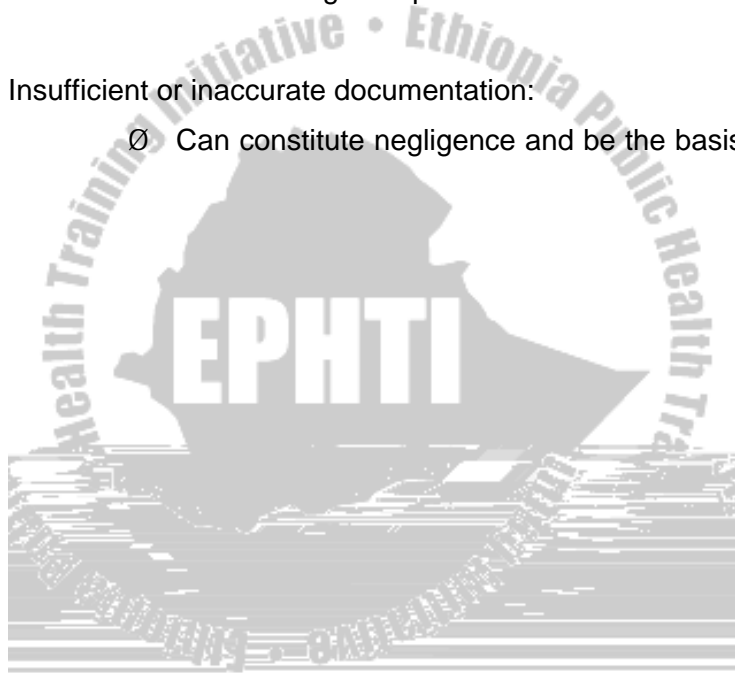


months or years usually elapse before the suit goes to trial.

- § 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:

- Ø Can constitute negligence and be the basis



- 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:

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





- Ø The person making the will should be mentally conscious
- Ø 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

- Ø Attests that the client signed a document that is stated to be the client's last will.
- Ø 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

- Ø Provides accurate information for later use.

Ø May be use fu/TTif the j/TTis

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

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

**Review questions**

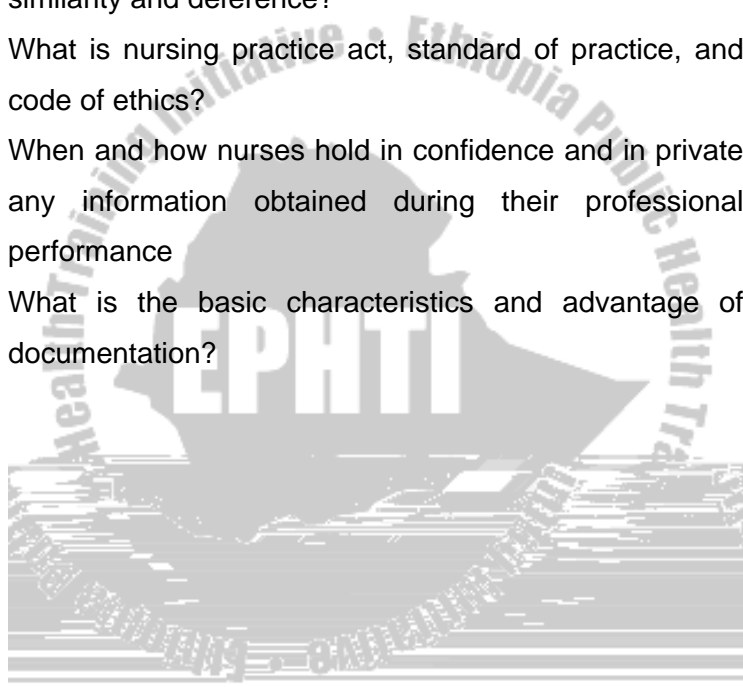
Define ethics and identify its relation and difference with that of morality

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

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

#### Purposes of communication

- Ž Information
- Ž Education
- Ž Persuasion
- Ž Entertainment

#### Goals of communication: Shared Meaning



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



### 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
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





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 has 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



Two overriding principles that guide 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





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

### **Techniques to improve listening skills**

- fl When ever possible sit when communicating with a client
- fl Be alert but relaxed and take sufficient time so that the client feels at ease during the conversation
- fl If culturally appropriate maintain eye contact with the client
- fl Indicate that you are paying attention to what the client is saying
- fl Think before responding to the client
- fl 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

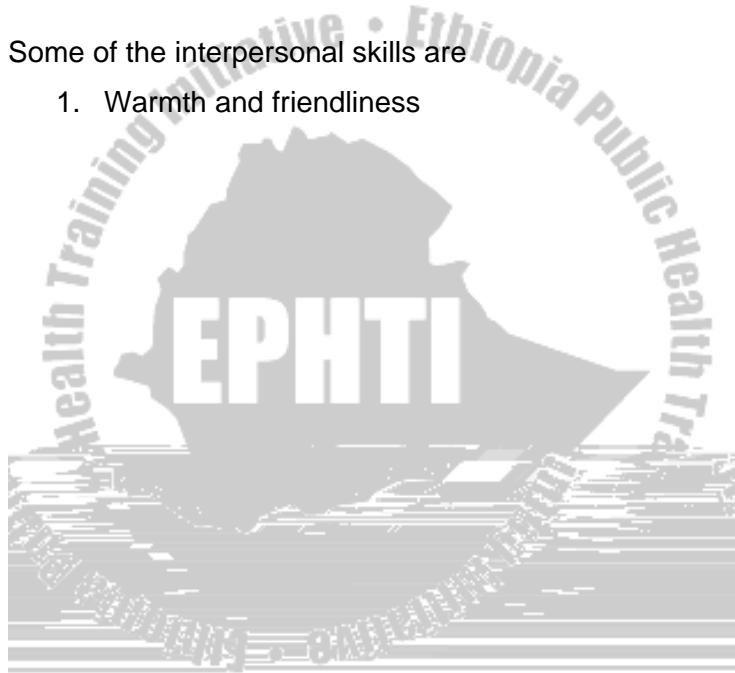


### 5.3. Interpersonal Skills in Nursing

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



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**

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

## **Phases of a helping relationship**

### **Ž 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

### **Ž 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

Ž **Termination phase**

Happen at change of shift time

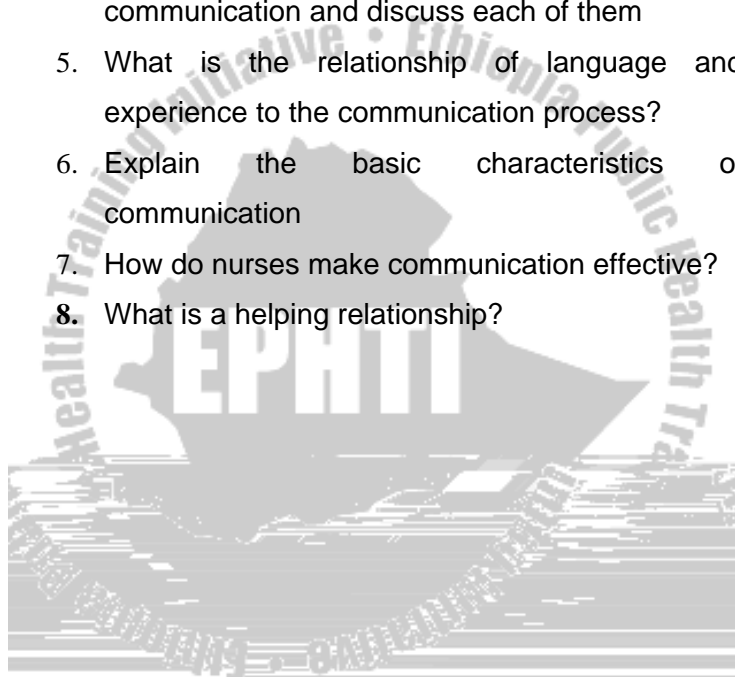
When the client is discharged

When the nurse leaves for vacation



### Review questions

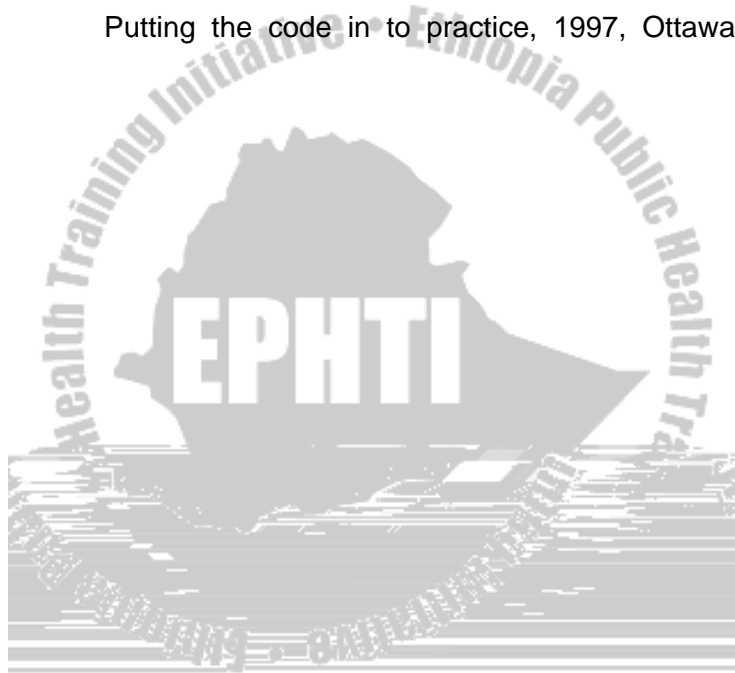
1. What is communication?
2. List the purpose and levels of communication
3. Discuss the types of communication.
4. What are the components of the model of communication and discuss each of them
5. What is the relationship of language and experience to the communication process?
6. Explain the basic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





## REFERENCE

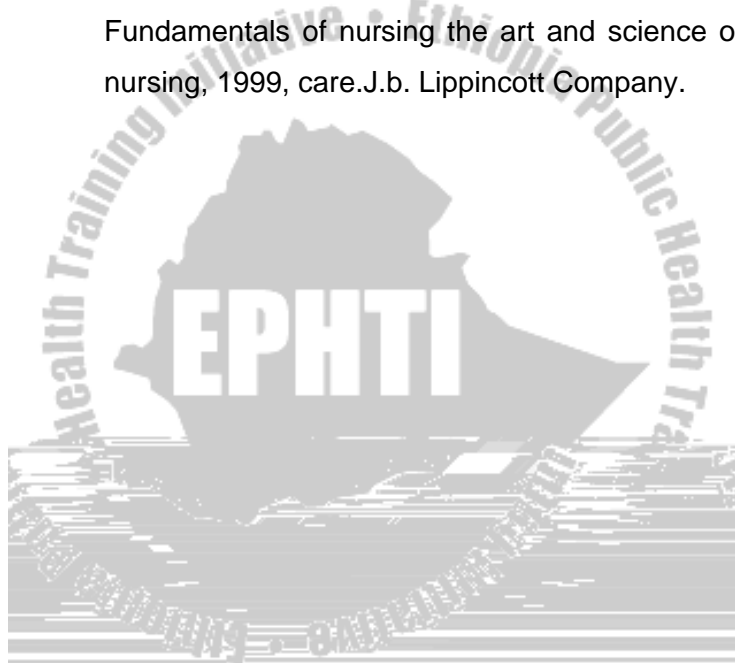
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## **ANNEX 1**

### **THE NURSES PLEDGE**

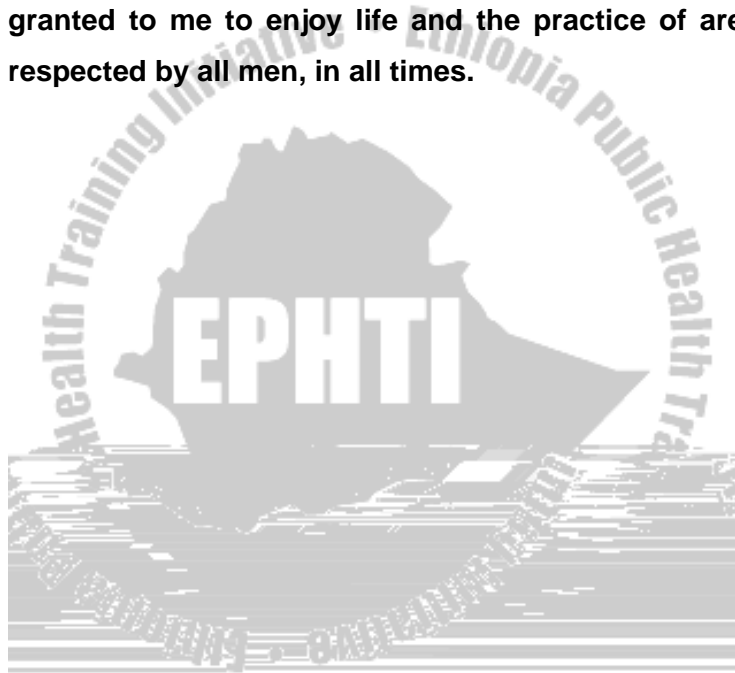
**I solemnly promise in the presence of God. Who is the source of all life and health that I will endeavor to the true to this declaration.**

**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**

**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

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bNAHÂ l¥œlF !
- bXGzþxB¼œRÂ Xzþh btsbsÆChùT öT ö» ymhş  
ÝlœN XsÈlhù !
- l«œÂ tÝê,Â gÖöp kçnù tGÆéc X«bÝlhù !
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