AMERICAN NURSES ASSOCIATION

American Nurses Association Position Statement on

RISK AND RESPONSIBILITY IN PROVIDING NURSING CARE

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Written By: ANA Center for Ethics and Human Rights
Adopted By: ANA Board of Directors

I. PURPOSE

Nurses have a duty to care for patients and are not at liberty to abandon them; however, nurses are challenged to thoughtfully analyze the balance of professional responsibility and risk, including moral obligations and options, in order to preserve the ethical mandates in situations of risk to the nurse or profession.

II. STATEMENT OF ANA POSITION

The American Nurses Association (ANA) believes that nurses are obligated to care for patients in a nondiscriminatory manner, with respect for all individuals. The ANA recognizes there may be limits to the personal risk of harm nurses can be expected to accept as an ethical duty. Harm includes emotional, psychological, physical or spiritual harm.

III. RECOMMENDATIONS:

According to the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a)

1. "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." (p. 21)
2. "When nurses are placed in circumstances that exceed moral limits or that violate moral standards in any nursing practice setting, they must express to the appropriate authority their conscientious objection to participating in these situations." (p. 21)
3. "Acts of conscientious objection may be acts of moral courage and may not insulate nurses from formal or informal consequences. Such refusal should be made known as soon as possible, in advance and in time for alternate arrangements to be made for patient care." (p. 21)

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4. "Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness." (p. 21)
5. The nurse needs to base his or her assessment of risk on evidence-informed practice as defined in the Code of Ethics:

   > "In any role or setting, practice that is characterized by combining the best available research; role or practice expertise; applied nursing, research, and health care ethics; and clinical or experiential insight. In patient care, it includes patient preferences, cultural backgrounds, and community values." (p. 43)

6. Nurses have a duty to themselves to act in a manner to preserve wholeness of character, and integrity. When faced with threats to professional or personal integrity, nurses have 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." (p. 20)

Additionally:

1. Identified risks should be communicated through the appropriate institutional channels so adequate safeguards can be initiated.
2. It is incumbent upon the particular health care institution to provide adequate safeguards such as risk-reducing equipment, enforce protective procedures that minimize risk, educate staff concerning risks, and engage in research to identify actual and potential risks that impact nursing care.

ANA's Bill of Rights for Registered Nurses states, "Nurses have the right to a work environment that is safe for themselves and their patients." (ANA, 2001, para 6) The health care institution should have in place policies and procedures addressing conscientious objection.

IV. BACKGROUND

Even with the benefit of early recognition and guidelines for prevention, it is the nature of health problems to raise questions for the nurse regarding personal risk and responsibility for patient care. Potential risks include: cytomegalovirus, hepatitis, human immunodeficiency virus, severe acute respiratory syndrome, the threat of bioterrorism agents, bubonic or pneumonic plague, smallpox, Ebola virus disease, other emerging infectious diseases, violence in the community and natural or man-made disasters. Violent and combative behaviors of patients also pose dangers to the nurse. Catastrophic events can require nurses to evaluate their personal risk and responsibility for patients in unique and unimaginable situations. Workplace dilemmas may be present in a variety of settings, including acute and chronic care facilities, community clinics, home care, and schools, among others.

For assistance in resolving questions about risk and responsibility,

> "nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating clear moral justifications for their actions. Only in extreme emergencies and under exceptional conditions, whether due to forces of nature or to human action, may nurses subordinate human rights concerns to other considerations. This subordination may occur when there is both an increase in the number of ill, injured, or at risk patients and a decrease in access to customary resources and health care personnel." (ANA, 2015a, p. 33)

In order to differentiate between benefiting another as a moral obligation or duty and benefiting another as a moral option, the nurse must examine the particular situation in light of four fundamental criteria.

A moral obligation exists for the nurse if all four of the following criteria are present:

1. The patient is at significant risk of harm, loss, or damage if the nurse does not assist.

2. The nurse's intervention or care is directly relevant to preventing harm.
3. The nurse's care will probably prevent harm, loss, or damage to the patient.
4. The benefit the patient will gain outweighs any harm the nurse might incur and does not present more than an acceptable risk to the nurse.

"The nurse's primary commitment is to the recipient of nursing and health care services…" (ANA, 2015a, p. 5); nurses are morally obligated to care for all patients. However, in certain situations the risks of harm may outweigh a nurse's moral obligation or duty to care for a given patient. Each nurse when faced with a potential for harm must assess risk. Accepting personal risk exceeding the limits of duty is not morally obligatory; it is a moral option. In certain situations, the moral imperative of others influences the determination of moral imperative for nurses. One example is the provision of appropriate personal protective equipment when caring for patients with infectious diseases.

In 2004 the National Quality Forum published the National Voluntary Consensus Standards for Nursing-Sensitive Care. Within this document is the Practice Environment Scale of the Nursing Workforce Index, which can be used to measure nurses' ability to navigate and impact the risks within their institutions. Additionally, the bibliography offers selected readings and research studies related to this issue.

It has been well documented in the literature that evaluating and decreasing risk is an economically sound practice (Institute for Safe Medical Practice, 2014). While it is effectively impossible to create a risk-free environment for nursing practice, the need to recognize, evaluate and efficiently minimize risk while recognizing the responsibility of our profession is an essential component of professional nursing practice.

V. HISTORY/PREVIOUS POSITION STATEMENTS

Historically, nurses have given care to those in need, even at risk to their own health, life, or limb. Indeed, the suggested Code of 1926 proclaims "the most precious possession of this profession is the ideal of service, extending even to the sacrifice of life itself . . ." (Committee on Ethical Standards, 1926). Nursing history is replete with examples of nurses who have knowingly incurred great risk in order to care for those in need of nursing or to contribute to the advancement of health science.

Contemporary nurses, too, knowingly place themselves at risk when providing care in war-torn areas, places of poverty and poor sanitation, and situations of natural or human-made disaster. Nurses also encounter personal risk when providing care to patients with known and unknown communicable or infectious diseases, as well as in other dangerous situations.

Supportive Material

ANA's essential documents, *Nursing: Scope and Standards of Practice* (ANA, 2015b), *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a), and *Nursing's Social Policy Statement, 3rd Edition* (ANA, 2010) provide background for this position. The first provision of the *Code of Ethics for Nurses with Interpretive Statements* describes compassion and respect for the inherent dignity, worth, "unique attributes, and human rights of all individuals." (ANA, 2015a) This central axiom of respect for individuals directs the nursing profession. *The Bill of Rights for Registered Nurses* (ANA, 2001) states that nurses have "the right to freely and openly advocate for themselves and their patients, without fear of retribution." (ANA, 2001, p16) When moral objection is made, the nurse is obligated to provide for the patient's safety and ensure that alternate sources of nursing care are available. It is essential that nurses first evaluate the potential exposure to risk in the workplace and move to minimize those risks.

This issue is addressed in:

> ***OSHA's (2015) Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers.*** OSHA has developed guidelines and recommendations to reduce worker exposures to environmental conditions associated with workplace assaults and identify control strategies that have been implemented in a number of work settings.

Summary

Nurses provide care to individuals with respect for human dignity and regardless of the patient's socioeconomic or personal attributes or the nature of the patient's health problem. (ANA, 2015) In some situations, the nurse may identify a degree of personal risk in caring for a patient and must differentiate between caring for the patient as a moral obligation and caring for the patient as a moral option. Four fundamental criteria are identified to assist the nurse in making this determination. When not all of the criteria can be met, the individual nurse must evaluate the situation according to the criteria and determine if he/she is willing to accept the personal risk exceeding the limits of duty.

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