

Position Statements

Risk and Responsibility

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Status: New Position Statement
Originated by: Congress on Nursing Practice and Economics
Adopted by: ANA Board of Directors

Purpose: Nurses are challenged to thoughtfully analyze the balance of professional responsibility and risk, including moral obligation and options, in particular situations in order to preserve the ethical mandates of the profession. Nursing creates a relationship of trust between nurse and patient, with special duties for the nurse, including the responsibility to care for patients. The nurse has a moral obligation or duty to patients and is not at liberty to abandon patients in need of nursing care.

ANA Position: The American Nurses Association (ANA) believes that nurses are obligated to care for patients in a non-discriminatory manner, with respect for all individuals. The ANA also recognizes there may be limits to the personal risk of harm nurses can be expected to accept as an ethical duty.

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 foundational documents, *Nursing: Scope and Standards of Practice* (ANA, 2004), *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001), and *Nursing’s Social Policy Statement, 2nd Edition* (ANA, 2003) provide background for this position. The first provision of the *Code of Ethics for Nurses with Interpretive Statements* states compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by

considerations of social or economic status, personal attributes, or the nature of “the nurse, in all professional relationships, practices with health problems” (ANA, 2001). 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, paragraph 16).

According to the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001, p.20):

- A nurse has a moral option of refusing to participate in care when “placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or in any other forms of nursing practice.”
- A nurse may also morally refuse to participate in care of a given individual on the grounds of patient advocacy when specific interventions or practices are intrinsically morally objectionable, are inappropriate for the patient, may harm the patient, or jeopardize nursing practice.
- “The nurse who decides not to take part on the grounds of conscientious objection must communicate this decision in appropriate ways. Whenever possible, such refusal should be made known in advance and in time for alternate arrangements to be made for patient care”
- “Conscientious objection may not insulate the nurse against formal or informal penalty.”
- Moral objections by the nurse do not include “personal preference, prejudice, convenience, or arbitrariness”.
- When moral objection is made, the nurse is obligated to provide for the patient’s safety and assure 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. Two documents which address this issue are:

1. **JCAHO’s (2002) *Health Care at the Crossroads: Strategies for Addressing the Evolving Nurse Crises***. This is a white paper that recognizes the increased risk for injury in an aging workforce and the increased risk of needlestick injuries in poorly staffed hospitals.

2. **OSHA's (2004) 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.

Implications for patients and nurses: Even with the benefit of the recognition of risk and responsibility with guidelines for prevention, it is the nature of health problems such as acquired immunodeficiency syndrome (AIDS), cytomegalovirus (CMV), hepatitis B or C, human immunodeficiency virus (HIV), severe acute respiratory syndrome (SARS), the threat of bioterrorism agents, including bubonic or pneumonic plague, smallpox, and viral hemorrhagic fever, and other newly diagnosed infectious diseases, which may raise questions for the nurse regarding personal risk and responsibility for care of the patient. Violent and combative behaviors of patients also pose dangers to the nurse and 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 critical thinking and ethical analysis. 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, 2001, p.17); 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 individual nurse when faced with a potential for harm, therefore, must assess risk. Accepting personal risk exceeding the limits of duty is not morally obligatory; it is a moral option.

Impact and Cost: It has been well documented in the literature that evaluating and decreasing risk is an economically sound practice. 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.

Recommendations:

1. The nurse needs to base his or her assessment of risk on objective, current, and scientifically sound information. Assessment of risk should not consider the patient's socioeconomic status or personal attributes. Conversely, on those occasions when the nurse has the potential for exposing the patient to risks related to the nurse's personal health conditions, the nurse has the responsibility to assess the risk and has the moral obligation to care for or refuse to care for patients based on this assessment. The nurse also has the obligation or duty to oneself and should act in a manner to preserve "wholeness of character, and personal integrity" (ANA, 2001, p18). When faced with threats to professional or personal integrity the nurses have a "duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of the nurse or others" (ANA, 2001, p 19).

2. Identified risks should be communicated through the appropriate institutional channels so adequate safeguards can be initiated. 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 which 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, paragraph 16). The health care institution should have in place policies and procedures addressing conscientious objection.

Research: 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 following bibliography offers selected readings and research studies related to this issue.

Summary: Nursing is a knowledge-based, caring profession. Nurses provide care to individuals with respect for human dignity and regardless of the patient's socioeconomic or personal attributes or the nature of their health problem (ANA, 2001). 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 or as a moral option. Four fundamental criteria are identified to assist the nurse in making this determination. The nurse has a moral obligation to care for the patient if all four of the criteria are present. The ethical principles of beneficence and nonmaleficence stand as

moral duties in those situations where the four criteria are met. When not all of the criteria can be met, the individual nurse must evaluate the situation according to the criteria and choose whether or not to exceed the requirement of duty.

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