

Risk and Responsibility in Providing Nursing Care

Effective Date: 2022
Status: Revised Position Statement
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Adopted by: ANA Board of Directors

Purpose

Nurses have a duty to care for patients and are challenged to thoughtfully analyze the balance of professional responsibility and risk, including competing moral obligations and options, in order to preserve the ethical mandates in situations with actual or potential risk to the nurse or profession.

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. 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, moral, or spiritual harm. When defining professional nursing responsibilities, nurses consider the required, reciprocal obligations of employers, government, and society to provide the resources necessary to reduce known or unknown risks. Nurses are not obligated to take on extreme risk to prove their value.

Recommendations

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

- “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” (ANA, 2015, p. 21).
- “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.” Conscientious objection is defined as a conscience-

based refusal, on moral or religious grounds, to act or participate in an action that falls within the scope of one's practice (ANA, 2015, p. 42).

- “Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness” (ANA, 2015, p. 21). “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” (ANA, 2015, p. 21).
- Nurses need to base their 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 healthcare ethics; and clinical or experiential insight. In patient care, it includes patient preferences, cultural backgrounds, and community values” (ANA, 2015, p. 43).
- 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” (ANA, 2015, p. 20). Integrity is an internal quality (virtue) within oneself; a cluster of attributes. It manifests externally as honesty and moral consistency, i.e., consistency with one’s internal values, convictions, beliefs, knowledge, commitments, and obligations. It requires ongoing self-examination and taking seriously one’s life, values, commitments, and so forth (ANA, 2015, p. 43).
- “Nurses have a duty to take the same care for their own health and safety as they do for others. Nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities...Nurses in all roles should seek this balance, and it is the responsibility of nurse leaders to foster this balance within their organizations” (ANA, 2015, p. 19).

According to ANA’s Nursing Administration - Scope and Standards of Practice (ANA, 2021):

“Nurses must address unjust systems and structures and use their voices to advocate for transformative action-oriented policies and initiatives that mitigate inequality and promote social justice. Professional nursing organizations must actively engage in the political process, especially those that address the public’s health and the profession of nursing. Nurses must promote open and honest communication that enables nurses to advance a nursing agenda for public health and safety” (pp. 25-26).

Additionally:

- Nurses must decide how much high-quality care they can provide to others while also taking care of themselves – and there may be times when a registered nurse must make a choice based on moral grounds in order to maintain professional integrity. Nurses may base their choices on various factors, including but not limited to: As human beings, they are worthy of respect for their health and well-being; they are members of a vulnerable group; they feel physically unsafe in the response situation due to a lack of personal protective equipment or other such related supplies or protections; there is inadequate support for meeting their personal and family needs; or they are concerned about professional, ethical, and legal protections for providing nursing care under conditions of known or unknown risk (ANA, 2020, p. 2).
- ANA’s Bill of Rights for Registered Nurses (ANA, 2022) states that nurses have a right to “Safe work environments that prioritize and protect nurses’ well-being and provide support, resources, and

tools to stay psychologically and physically whole.” (pg. 1). Healthcare organizations also bear responsibility for managing risk and protecting nurses. To manage such risk and protections, healthcare organizations should have in place policies and procedures which address such items as: conscientious objection, grievances, complaints, compliance reporting, root cause analysis, resource allocation, etc. Nurses should be able to communicate any identified risks through the appropriate organizational channels so adequate safeguards can be initiated. Although this Bill of Rights for Registered Nurses addresses professional rights and is not a legal document, nurses have an ethical responsibility to know the legal obligations and protections provided in the state(s) where they practice.

- Organizational support for the registered nurse is a non-negotiable necessity. Healthcare organizational leaders, administrators, managers, and providers need to understand contracted, mutually accepted employer-employee expectations during such times where nurses may struggle with the parameters of any work or volunteer requirement(s). It is incumbent upon the particular healthcare organization to provide adequate safeguards such as risk-reducing equipment, enforce protective procedures that minimize risk, educate staff members concerning risks, and engage in research to identify actual and potential risks that impact nursing care. Leaders who model transparent decision making and self-care, while advocating for nurses’ safety, wellbeing, and resiliency, meaningfully inform healthy work environments. It is crucial for nurses, and their employers, to fully consider the importance of taking care of physical, mental, and emotional needs.

Background

Even with the benefit of early recognition and guidelines for prevention, nurses experience increased personal risk while providing patient care. Potential risks include exposure to: pandemic viruses, 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 nurses. Catastrophic events can require nurses to evaluate their 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.

Provision 2 of the Code states that “the nurse’s primary commitment is to the patient” (p. 5) and provision 5 states that “the nurse owes the same duties to self as to others” (p. 19). These obligations can conflict, for example, during pandemics when nurses must continually care for critically ill infectious patients, often under extreme circumstances including insufficient or inadequate resources and uncontained contagion. Nurses must decide how much care they can provide to others while also taking care of their own health and well-being. Nurses struggle with feeling physically unsafe in these response situations, where scarce resources exist and such items as personal protective equipment (PPE) may be inadequate. Nurses are concerned about professional, ethical, and legal protection when asked to provide care in such high-risk situations, such as a pandemic (Ulrich et al., 2020). They must be supported in these very difficult decisions by the organizational systems in which they provide care and by society.

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 healthcare personnel” (ANA, 2015, p. 33).

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 healthcare services" (ANA, 2015, p. 5); nurses are morally obligated to care for all patients regardless of their unique characteristics. 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.

As front-line healthcare professionals, nurses are key stakeholders in developing and implementing policies regarding standards of care during times and situations of high risk. This agency extends beyond hospital- or system-based advocacy and into state, federal, and global policies involving healthcare. When a nurse evaluates a practice situation or environment and chooses to work within the identified or inherent risks of that situation, it is important to note that the nurse's choice in no way negates the healthcare organization's moral responsibility to the nurse to keep employees safe.

As with informed consent, any agreement to accept risk must be fully informed and voluntary. Nurses who know they will be disciplined, fired, or otherwise retaliated against for refusing to accept extraordinary risk of harm cannot be said to have voluntarily or willingly assumed the risk to their own health, safety, and integrity. Furthermore, "shame should not be associated with a nurse's decision to prioritize personal values and obligations over the duty to care in an environment that is beyond what is ethically required" (ANA, n.d., p. 4).

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.

History and 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. The norm of self-sacrifice that could lead to death and heroic action is not morally obligatory. These historical images of nurses have created detrimental and unsustainable expectations of nurses by employers, society, and nurses themselves.

Supportive Material

ANA's essential documents, Nursing: Scope and Standards of Practice (ANA, 2021), Code of Ethics for Nurses with Interpretive Statements (ANA, 2015), and Nursing's Social Policy Statement (ANA, 2010) provide background for this position statement. The first provision of the Code of Ethics for Nurses describes compassion and respect for the inherent dignity, worth, "unique attributes, and human rights of all individuals" (ANA, 2015, p. 17). This central axiom of respect for individuals directs the nursing profession. The Bill of Rights for Registered Nurses (ANA, 2022) states that nurses have "Freedom for nurses to advocate for their patients and raise legitimate concerns about their own personal safety without the fear of retribution, retaliation, intimidation, termination, and ostracization". 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.

Issues of risk may also be addressed in Occupational Safety and Health Administration's (OSHA) guidelines and on their website. For example, OSHA's (2016) Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers addresses guidelines and recommendations to reduce worker exposures to environmental conditions associated with workplace assaults and identifies control strategies that have been implemented in a number of work settings.

ANA Enterprise's Healthy Nurse Healthy Nation™ (n.d.) social movement initiative provides practical guidance and strategies that promote self-care of the whole nurse. Additionally, the American Nurses Foundation's Well-Being Initiative provides tools and resources for nurses to engage in routine and purposeful self-care. By adhering to one's duty to self, a nurse is free to exercise moral courage (and may choose to reject the designation as a *hero*), and, in turn, sustain both the profession's health and those who entrust their own health to it.

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). Nurses also consider the reciprocal obligations of employers, government, and society to provide the resources necessary to reduce known or unknown risks. In conditions where the duty to care is supererogatory, or beyond what is ethically required, nurses may assume these additional risks, but the assumption of such risks should be voluntary. There is no ethical expectation nor obligation inherent in the nurse's duty to care that requires nurses must sacrifice or trade their own safety or health for the benefit of others. Four fundamental criteria are identified to assist nurses in determining if they are willing to accept the personal risk exceeding the limits of duty. 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.

References

American Nurses Association. (2010). Nursing's social policy statement (3rd ed.). Silver Spring, MD.

American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. Retrieved February 24, 2021, from <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

American Nurses Association. (2020). Nurses, ethics, and the response to the COVID-19 pandemic. Retrieved September 21, 2022, from https://www.nursingworld.org/~4a2284/globalassets/covid19/nurses-ethics-and-the-response-to-the-covid-19-pandemic_pdf-1.pdf

- American Nurses Association. (2020). Provision 5: Self-Care & COVID-19. Retrieved February 24, 2021, from https://www.nursingworld.org/~4a1fea/globalassets/covid19/provision-5_self-care--covid19-final.pdf
- American Nurses Association. (2021). Nursing: Scope and standards of practice (4th ed.). Retrieved September 21, 2022, from <https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/>
- American Nurses Association. (2022). The American Nurses Association’s bill of rights for registered nurses. Retrieved September 1, 2022, from <https://www.nursingworld.org/~498d25/globalassets/practiceandpolicy/work-environment/health--safety/nurses-bill-of-rights.pdf>
- Committee on Ethical Standards. (1926). A suggested code: A code of ethics presented for the consideration of the American Nurses Association. *The American Journal of Nursing*, 26, 599-601.
- Occupational Safety and Health Administration [OSHA]. (2016). Guidelines for preventing workplace violence for healthcare and social service workers. OSHA 3148-06R 2016. Retrieved September 21, 2022, from <https://www.osha.gov/Publications/osh3148.pdf>
- Ulrich, C. M., Rushton, C. H., & Grady, C. (2020). Nurses confronting the coronavirus: Challenges met and lessons learned to date. *Nursing Outlook*, 68(6), 838–844. <https://doi.org/10.1016/j.outlook.2020.08.018>

ANA acknowledges Ethics Advisory Board members Jennifer L. Bartlett, PhD, RN-BC, CNE, CHSE; Kara Curry, MA, RN; Nelda Godfrey, PhD, ACNS-BC, RN, FAAN, ANEF; and Kathryn Schroeter, PhD, RN, CNOR, CNE, FAORN who contributed to the drafting of this document on behalf of the ANA Ethics Advisory Board.