

AORN'S PERIOPERATIVE EXPLICATIONS FOR THE ANA ***CODE OF ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS***

EDITOR'S NOTE: Content from *The Code of Ethics for Nurses with Interpretive Statements* is reprinted with permission from the American Nurses Association. Copyright © 2015 American Nurses Association.

ABOUT THIS DOCUMENT

The ANA *Code of Ethics for Nurses with Interpretive Statements*, updated in 2015, is composed of nine provisions, with each provision further subdivided into interpretive statements. In this document, after each interpretive statement, AORN has provided perioperative explications that are illustrated with perioperative examples, to help perioperative nurses relate the ANA Code of Ethics to their own areas of practice.

PREFACE

The *Code of Ethics for Nurses with Interpretive Statements* (the Code) establishes the ethical standard for the profession and provides a guide for nurses to use in ethical analysis and decision-making. The Code is nonnegotiable in any setting. It may be revised or amended only by formal processes established by the American Nurses Association (ANA). The Code arises from the long, distinguished, and enduring moral tradition of modern nursing in the United States. It is foundational to nursing theory, practice, and praxis in its expression of the values, virtues, and obligations that shape, guide, and inform nursing as a profession.

Nursing encompasses the protection, promotion, and restoration of health and well-being; the prevention of illness and injury; and the alleviation of suffering, in the care of individuals, families, groups, communities, and populations. All of this is reflected, in part, in nursing's persisting commitment both to the welfare of the sick, injured, and vulnerable in society and to social justice. Nurses act to change those aspects of social structures that detract from health and well-being.

Individuals who become nurses, as well as the professional organizations that represent them, are expected not only to adhere to the values, moral norms,

and ideals of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics for the nursing profession makes explicit the primary obligations, values, and ideals of the profession. In fact, it informs every aspect of the nurse's life.

The *Code of Ethics for Nurses with Interpretive Statements* serves the following purposes:

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

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

Society recognizes that nurses serve those seeking health as well as those responding to illness. Nurses educate students, staff, and others in healthcare facilities. They also educate within communities, organizations, and broader populations. The term *practice* refers to the actions of the nurse in any role or setting, whether paid or as a volunteer, including direct care provider, advanced practice registered nurse, care coordinator, educator, administrator, researcher, policy developer, or other forms of nursing practice. Thus, the values and obligations expressed in this edition of the Code apply to nurses in all roles, in all forms of practice, and in all settings.

ANA's *Code of Ethics for Nurses with Interpretive Statements* is a dynamic document. As nursing and its social context change, the Code must also change. The Code consists of two components: the provisions and the accompanying interpretive statements. The provisions themselves are broad and noncontextual

statements of the obligations of nurses. The interpretive statements provide additional, more specific, guidance in the application of this obligation to current nursing practice. Consequently, the interpretive statements are subject to more frequent revision than are the provisions—approximately every decade—while the provisions may endure for much longer without substantive revision.

Additional ethical guidance and details can be found in the position and policy statements of the ANA or its constituent member associations and affiliate organizations that address clinical, research, administrative, educational, public policy, or global and environmental health issues.

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

AORN INTRODUCTION

Ethical decisions for the perioperative nurse are often difficult but necessary during the care of the surgical patient. Additionally, perioperative nurses need to be able to recognize ethical dilemmas and take action. Perioperative nurses are responsible for nursing decisions that are not only clinically and technically sound but also morally appropriate and suitable for the specific problems of the particular patient being treated. The technical or medical aspects of the decision answer the question, “What can be done for this patient?” The moral component involves the patient’s wishes and answers the question, “What should be done for this patient?”

The strength of the ethical perspective is its resolute nature. It promotes an action guide for nurses to follow in the realm of patient care. Ethics, as a branch of philosophy, incorporates multiple approaches to take when dealing with or applying actions to real-life situations. Thus, each perioperative nurse may experience a situation differently, as well as addressing the situation and identifying the ethical conflict issues, his or her feelings, behaviors, actions, analysis, and resolution of the situation differently.

Health care delivery provided via a team format, such as the surgical team, does not necessarily create ethical conflicts, but it may highlight the conflicts if the values of the team members emphasize different priorities. Additionally, new roles of health care team members may carry expectations about how members should interact with each other and how standards of care should be met.

The perioperative nurse, by virtue of the nurse-patient relationship, has an obligation to provide safe, professional, and ethical patient care. It is important that nurses know how to manage ethical decisions appropriately so that patients’ beliefs can be honored without compromising the nurse’s own moral conscience. Ethical practice is thus a critical aspect of nursing care, and the development of ethical competency is paramount for present and future nursing practice.

PROVISION 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

1.1 RESPECT FOR HUMAN DIGNITY

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

1.1 PERIOPERATIVE EXPLICATIONS

The perioperative registered nurse (RN) has a moral obligation to respect the dignity and worth of all individuals, including but not limited to patients, patient's family members, colleagues, and students. Perioperative nursing care is provided to each patient undergoing an operative or other invasive procedure in a manner that preserves and protects the patient's autonomy, dignity, unique attributes, and human rights.¹ Every perioperative RN has an obligation to be knowledgeable about the moral and legal rights of his or her patients and to protect, support, and advocate for those rights. The perioperative RN must be respectful of the individual. The patient is free to make autonomous choices including those with which the perioperative RN does not agree. In addition, the patient has the right to change his or her mind about surgery even up to the point of beginning anesthesia on the operating bed.²

PERIOPERATIVE EXAMPLES

- Respects the patient's autonomous decision to have surgery.
- Respects and complies with the patient's wishes and individual choices (eg, advance directives, end-of-life choices, refusal of blood or blood products).
- Implements and adheres to federal and state regulations and institutional policies (eg, HIPAA, advance directives, social media, observer/photography consent).
- Respects the patient's dignity by exposing only the part of the body that is the subject of the surgical procedure.
- Provides nursing care that respects and preserves the worth and dignity of the patient, regardless of the patient's diagnosis, disease process, surgical procedure, or expected outcome.¹
- Shows respect for the patient's body after a perioperative death.
- Respects the dignity of the patient undergoing organ or other types of procurement following cardiac death or brain death.

1.2 RELATIONSHIPS WITH PATIENTS

Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family and population-centered care. Such considerations must promote health and wellness, address problems, and respect patients' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk.

1.2 PERIOPERATIVE EXPLICATIONS

It is the responsibility of the perioperative RN to provide care to every patient without bias or prejudice. The care should be planned with consideration for the patient's religious or spiritual beliefs, culture, lifestyle choices, gender identity, sexual orientation, ethnicity, body habitus, socioeconomic status, and age. When the perioperative RN is opposed to an intervention or procedure based on his or her personal ethical, religious, spiritual, or moral beliefs, the nurse may refuse to participate in the patient's care if the refusal is made known in advance so that appropriate arrangements can be made for the patient's perioperative nursing care. If the patient's life is in imminent jeopardy, the perioperative RN is obligated to provide care for the patient, ensuring safety without abandonment, and to withdraw from the care and treatment only when alternative sources of safe nursing care are present and made available to the patient.

PERIOPERATIVE EXAMPLES

- Applies standards of nursing practice consistently to all patients with sensitivity to any disability; socioeconomic status; level of education; cultural, religious, or spiritual beliefs; ethnicity; gender identity; sexual orientation; and age.¹
- Respects and advocates for patients' rights (eg, the right to refuse treatment, the right to withdraw consent).²
- Reports violations of patients' rights.
- Does not make derogatory comments about the patient or the patient's family members, life partner, or friends.
- Resolves personal conflicts based on moral, religious, or spiritual beliefs by seeking guidance from persons (eg, supervisor, ethics committee, religious or spiritual authority, colleague) with appropriate authority.¹
- Uses principles of ethical analysis and moral reasoning to resolve ethical questions.
- Arranges for appropriate substitute nursing care if personal beliefs conflict with required patient care.

1.3 THE NATURE OF HEALTH

Nurses respect the dignity and rights of all human beings regardless of the factors contributing to the person's health status. The worth of a person is not affected by illness, ability, socioeconomic status, functional status, or proximity to death. The nursing process is shaped by unique patient preferences, needs, values, and choices. Respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care.

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

Nurses are leaders who actively participate in assuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care. This includes acting to minimize unwarranted, unwanted, or unnecessary medical treatment and patient suffering. Such treatment must be avoided, and conversations about advance care plans throughout multiple clinical encounters helps to make this possible. Nurses are leaders who collaborate in altering systemic structures that have a negative influence on individual and community health.

1.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN provides care that meets the comprehensive needs of the patient, appropriate to the patient's level of understanding and regardless of the patient's diagnosis. The nurse, as an individual, may bring assumptions to his or her practice based on his or her own culture and ideas about the cultures of others. To provide care that is relevant to a diverse patient population, it is vital that the perioperative RN recognize the importance of understanding each patient's beliefs, culture, and lifestyle choices and understand that the patient's choices may be different than that of the patient's family, friends, or life partner. Nurses are leaders who collaborate in altering organizational systemic structures that have a negative influence on individuals, including those within the perioperative practice setting.

PERIOPERATIVE EXAMPLES

- Communicates ethically and effectively.
- Advocates for the patient and the patient's friends and family members.
- If the patient or family members have a language barrier or an inability to completely understand, provides them with the resources they need to comprehend what they are being told.
- Treats all patients fairly and without bias.
- Advocates minimizing unwarranted, unwanted, or unnecessary medical treatment and patient suffering.
- Discusses advance care plans with the patient to help guide the patient's care.
- Offers empathy, support, and understanding without placing blame or judgment to perioperative team members who have experienced an unexpected adverse patient outcome, regardless of the cause.

1.4 THE RIGHT TO SELF-DETERMINATION

Respect for human dignity requires the recognition of specific patient rights, in particular, the right to self-determination. Patients have the moral and legal right to determine what will be done with and to their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed decision; and to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment. They also have the right to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or prejudice, and to be given necessary support throughout the decision-making and treatment process. Such support includes the opportunity to make decisions with family and significant others and to obtain advice from expert, knowledgeable nurses, and other health professionals.

Nurses have an obligation to be familiar with and to understand the moral and legal rights of patients. Nurses preserve, protect, and support those rights by assessing the patient's understanding of the information presented and explaining the implications of all potential decisions. When the patient lacks capacity to make a decision, a formally designated surrogate should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient's previously expressed wishes and known values. In the absence of an appropriate surrogate decision-maker, decisions should be made in the best interests of the patient, considering the patient's personal values to the extent that they are known.

Nurses include patients or surrogate decision-makers in discussions, provide referrals to other resources as indicated, identify options, and address problems in the decision-making process. Support of patient autonomy also includes respect for the patient's method of decision-making and recognition that different cultures have different beliefs and understandings of health, autonomy, privacy and confidentiality, and relationships, as well as varied practices of decision-making. Nurses should, for example, affirm and respect patient values and decision-making processes that are culturally hierarchical or communal.

The importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, foregoing nutrition and hydration, palliative care, and advance directives is widely recognized. Nurses assist patients as necessary with these decisions. Nurses should promote advance care planning conversations and must be knowledgeable about the benefits and limitations of various advance directive documents. The nurse should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life. Nurses have invaluable experience, knowledge, and insight into effective and compassionate care at the end of life and should actively engage in related research, scholarship, education, practice, and policy development.

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

1.4 PERIOPERATIVE EXPLICATIONS

The patient has the right to self-determination (ie, the ability to decide for oneself what course of action will be taken in varying circumstances). The perioperative RN acknowledges and supports the patient's autonomy in the decision-making process by providing accurate, appropriate, and reasonable information to assist the patient in making an informed decision. The perioperative RN elicits the patient's response regarding the patient's perception of the surgical procedure and the implications of his or her decisions.² The perioperative RN provides the patient with access to additional and accurate information, as needed. When individual rights must be temporarily suspended or overridden in an effort to preserve the life of a patient or another person, the suspension of those rights must be considered to be a deviation for a period of time that is as brief as possible.

PERIOPERATIVE EXAMPLES

- Provides information and explains, within his or her scope of practice, autonomous decision making (eg, informed consent, advance directives, do-not-resuscitate order, organ procurement).
- Confirms that the patient or legal guardian or representative has signed the consent form as applicable.
- Verifies that consent has been obtained (though the process of providing informed consent remains that of the anesthesiologist and surgeon) from the patient or the patient's legal guardian, health care power-of-attorney, or other surrogate for emergent or urgent surgery or when the patient is unable to consent for himself or herself.
- Understands, advocates for, and honors the patient's wishes with regard to advance directives, resuscitation, and end-of-life decisions.
- If the patient has no advance directive, makes the patient aware of the institutional policy on advance directives and resuscitation.²

1.5 RELATIONSHIPS WITH COLLEAGUES AND OTHERS

Respect for persons extends to all individuals with whom the nurse interacts. Nurses maintain professional, respectful, and caring relationships with colleagues and are committed to fair treatment, transparency, integrity-preserving compromise, and the best resolution of conflicts. Nurses function in many roles and settings, including direct care provider, care coordinator, administrator, educator, policy maker, researcher, and consultant.

The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect. This standard of conduct includes an affirmative duty to act to prevent harm. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable behaviors. Nurses value the distinctive contribution of individuals or groups as they seek to achieve safe, quality patient outcomes in all settings. Additionally, they collaborate to meet the shared goals of providing compassionate, transparent, and effective health services.

1.5 PERIOPERATIVE EXPLICATIONS

The perioperative RN recognizes and has an appreciation for the individuality of his or her colleagues. The perioperative RN interacts with professionalism and respect with a variety of other professionals and ancillary providers in the perioperative environment, which will in turn enhance the cohesiveness of the health care team. The perioperative RN has an obligation to treat colleagues and others in a professional manner regardless of disability, socioeconomic status, level of education, culture, religion, ethnicity, gender identity, and sexual orientation. Just as the perioperative RN has the right to work in an environment without being abused or harassed, he or she has a duty to treat others with the same respect. Each member of the perioperative team offers a contribution to patient care, and the team must work together to achieve quality patient care with favorable outcomes.

PERIOPERATIVE EXAMPLES

- Respects the cultural differences of coworkers.
- Recognizes and respects the value of all team members (eg, physicians, nurses, technologists, ancillary support staff, students).
- Provides education and shares information with coworkers, including students and ancillary support staff.
- Treats all members of the health care team with civility and demonstrates intolerance for incivility in the practice environment.

PROVISION 2

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

2.1 PRIMACY OF THE PATIENT'S INTERESTS

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

2.1 PERIOPERATIVE EXPLICATIONS

The perioperative RN supports both the interdependence and the individual rights of the patient who is making decisions about his or her care. The perioperative RN collaborates with the patient in a manner that preserves and protects the patient's autonomy, dignity, and human rights. When it is necessary to temporarily override an individual's rights (eg, to preserve the life of the patient or of another person or to adhere to regulatory requirements), the suspension of those rights should be restored as soon as possible.²

PERIOPERATIVE EXAMPLES

- Collaborates with the patient regarding health care whenever possible and is respectful of the patient's autonomous decision for surgical intervention.
- Collects and protects the patient's health data.
- Analyzes assessment data to formulate a nursing diagnosis and nursing care plan.
- Includes family members, life partner, and all others identified by the patient in planning for the patient's care.⁴
- Seeks to provide for spiritual comfort to the patient, family members, and others.
- Acts as an advocate for the patient and patient's family members.
- Provides the patient, life partner, family members, and all others identified by the patient with an interpreter when necessary.
- Respects patient's decision to choose or refuse care or interventions, and advocates for the patient's decision if the patient is unable to speak for himself or herself.^{1,2}

2.2 CONFLICT OF INTEREST FOR NURSES

Nurses may experience conflict arising from competing loyalties in the workplace, including conflicting expectations from patients, families, physicians, colleagues, healthcare organizations, and health plans. Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and healthcare decisions, and perhaps even the values and interests of the patients themselves. Nurses address such conflicts in ways that ensure patient safety and that promote the patient's best interests while preserving the professional integrity of the nurse and supporting interprofessional collaboration.

Conflicts of interest may arise in any domain of nursing activity, including direct care, administration, education, consultation, policy development, and research. Nurses in all roles must identify and, whenever possible, avoid conflicts of interest. Nurses who bill for services and nurse executives with budgetary responsibilities must be especially aware of the potential for conflicts of interest. Healthcare financing and delivery systems may create conflict between economic self-interest and professional integrity. Bonuses, sanctions, and incentives tied to financial targets may present such conflict. Any perceived or actual conflict of interest should be disclosed to all relevant parties and, if indicated, nurses should withdraw, without prejudice, from further participation.

2.2 PERIOPERATIVE EXPLICATIONS

Conflicts may arise from financial considerations in the perioperative setting that may contribute to conflicting loyalties. While the perioperative RN needs to be fiscally responsible, his or her primary responsibility is to ensure that the patient's safety is maintained. The perioperative RN does not endorse any advertising, promotion, or sale of commercial products or services in a manner that may be interpreted as reflecting the opinion or judgment of the profession as a whole. The perioperative RN is encouraged to provide honest evaluation of products to promote the safety and welfare of patients. However, the perioperative RN must not allow his or her preferences to overshadow or undermine the patient's expressed wish for or against treatment.

PERIOPERATIVE EXAMPLES

- Identifies and resolves conflicts of interest effectively.
- Abstains from influencing purchasing decisions in an effort to make financial gains.
- Does not solicit or accept gifts or gratuities that reasonably could be interpreted by others as influencing impartiality.

2.3 COLLABORATION

The complexity of health care requires collaborative effort that has the strong support and active participation of all health professions. Nurses should foster collaborative planning to provide safe, high-quality, patient-centered health care. Nurses are responsible for articulating, representing, and preserving the scope of nursing practice, and the unique contributions of nursing to patient care. The relationship between nursing and other health professions also needs to be clearly articulated, represented, and preserved.

Collaboration intrinsically requires mutual trust, recognition, respect, transparency, shared decision-making, and open communication among all who share concern and responsibility for health outcomes. Nurses ensure that all relevant persons, as moral agents, participate in patient care decisions. Patients do not always know what questions to ask or may be limited by a number of factors, including language or health literacy. Nurses facilitate informed decision-making by assisting patients to secure the information that they need to make choices consistent with their own values.

Collaboration within nursing is essential to address the health of patients and the public effectively. Although nurses who are engaged in nonclinical roles (e.g., educators, administrators, policy-makers, consultants, or researchers) are not primarily involved in direct patient care, they collaborate to provide high-quality care through the influence and direction of direct care providers. In this sense, nurses in all roles are interdependent and share a responsibility for outcomes in nursing care and for maintaining nursing's primary commitment to the patient.

2.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN respects the interdependence of all health care providers in achieving positive outcomes for patients undergoing operative or other invasive procedures. As a fundamental member of the surgical team, the perioperative RN actively participates with other health care professionals when planning and providing patient care. Perioperative RNs, nurse managers, educators, and researchers need to participate in direct and indirect multidisciplinary planning and decision making regarding patient care protocols and activities.

PERIOPERATIVE EXAMPLES

- Collaborates with the surgeon and anesthesia professional to plan care specific to the procedure and the patient's needs.⁴
- Collaborates and consults with nursing colleagues in the perioperative setting (eg, RN first assistant [RNFA]) and in other specialty areas (eg, critical care, psychiatry, pain management, pediatrics, postanesthesia care, home health) as needed.
- Demonstrates collaborative practice within and outside the perioperative arena.
- Collaborates with ancillary and support staff to enhance communication and work patterns that are mutually beneficial for staff and for efficient patient care.
- Collaborates with the public, industry, and health care workers regarding environmental and cost-containment issues by interacting with the public at educational and other health care-related events (eg, health care expos, schools, civic meetings, religious events, political venues).
- Formulates ethical decisions with the assistance of available resources (eg, ethics committee, counselors, ethicists).

2.4 PROFESSIONAL BOUNDARIES

The work of nursing is inherently personal. Within their professional role, nurses recognize and maintain appropriate personal relationship boundaries. Nurse–patient and nurse–colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering. Nurse–patient relationships are therapeutic in nature but can also test the boundaries of professionalism. Accepting gifts from patients is generally not appropriate; factors to consider include the intent, the value, the nature, and the timing of the gift, as well as the patient’s own cultural norms. When a gift is offered, facility policy should be followed. The intimate nature of nursing care and the involvement of nurses in important and sometimes highly stressful life events may contribute to the risk of boundary violations. Dating and sexually intimate relationships with patients are always prohibited.

Boundary violations can also occur in professional colleague relationships. In all communications and actions, nurses are responsible for maintaining professional boundaries. They should seek the assistance of peers or supervisors in managing or removing themselves from difficult situations.

2.4 PERIOPERATIVE EXPLICATIONS

The perioperative RN promotes and maintains professional relationships with patients, peers, coworkers, and all members of the surgical team. The perioperative RN is aware of the intimate nature of nursing care, the highly stressful nature of the surgical environment, and the collegial nature of the surgical team. The perioperative RN respects professional boundaries in the nurse–patient relationship and does not exert undue influence on the patient’s decisions. The perioperative RN plays a critical role in providing information to the patient so that decisions affecting the patient’s care will be informed and effective. The perioperative RN seeks the assistance of peers or supervisors, without hesitation, when professional boundaries are unclear or in jeopardy. The perioperative RN delivers patient care in a nondiscriminatory and nonjudgmental manner according to published legal, agency, professional, organizational, accreditation, and regulatory standards.

PERIOPERATIVE EXAMPLES

- Plans for substitute nursing care if his or her personal, emotional, ethical, religious, spiritual, or moral beliefs conflict with required care.
- Displays professional behavior toward patients, coworkers, students, colleagues, and other health care professionals.
- Recognizes the professional nature of the nurse–patient relationship and its inherent boundaries.

PROVISION 3

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

3.1 PROTECTION OF THE RIGHTS OF PRIVACY AND CONFIDENTIALITY

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

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse–patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venues, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patient's rights to privacy and confidentiality. The patient's well-being could be jeopardized, and the fundamental trust between patient and nurse could be damaged by unauthorized access to data or by the inappropriate or unwanted disclosure of identifiable information.

Patient rights are the primary factors in any decisions concerning personal information, whether from or about the patient. These rights of privacy and confidentiality pertain to all information in any manner that is communicated or transmitted. Nurses are responsible for providing accurate, relevant data to members of the healthcare team and others who have a need to know. The duty to maintain confidentiality is not absolute and may be limited, as necessary, to protect the patient or other parties, or by law or regulation such as mandated reporting for safety or public health reasons.

Information used for purposes of continuity of care, education, peer review, professional practice evaluation, third-party payments, and other quality

improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must ensure that the rights, safety, and well-being of the patient remain protected. Information disclosed should be directly relevant to a specific responsibility or a task being performed. When using electronic communications or working with electronic health records, nurses should make every effort to maintain data security.

3.1 PERIOPERATIVE EXPLICATIONS

The perioperative RN has an obligation to protect the patient from undue exposure or unwarranted invasions of privacy. Maintaining the patient's privacy is essential to preserving the trust developed in the nurse–patient relationship. Actions demeaning the dignity of the individual could destroy this relationship and jeopardize the patient's welfare. Maintaining the patient's privacy is reflected by securing mechanisms to protect the patient's physical privacy, all forms of identifiable personal information (ie, verbal, written, electronic), personal belongings, and valuables.³

In concert with patient privacy, it is the professional responsibility of the perioperative RN to safeguard the confidentiality of the patient's personal information, including oral, written, and electronic forms. Information pertinent to the patient's treatment and welfare is shared only with members of the health care team directly concerned with the patient's care. While providing safe care necessitates that relevant patient information be shared with the health care team in an expeditious manner, the patient must have trust and confidence in the nurse that information related to his or her care will be protected. Safeguarding private information about patients is a core belief of nursing.³ If a breach of patient privacy or confidentiality occurs, the nurse must report it through the appropriate channels within the organization and to other regulatory bodies, such as the state board of nursing, as required.

PERIOPERATIVE EXAMPLES

- Avoids needless exposure of the patient's body.
- Keeps doors to the operating or procedure room closed except during movement of patients, personnel, supplies, or equipment.
- Restricts access to patient care areas to authorized personnel only.
- Provides cover, warmth, and comfort during transfer from one perioperative area to another.

- Provides and maintains respect for the deceased.
- Provides a private area for family members and significant others to view the deceased.
- Provides auditory privacy for patient and staff conversations to ensure that confidential discussions do not occur in areas where they can be overheard by others.
- Maintains confidentiality of patient information within scope of practice (eg, does not post the patient's name or identifiers in areas where such information is visible to others who should not have such access).
- Closes the patient's record and logs off whenever leaving the computer unattended.
- Follows facility policies regarding electronic information documentation and storage.
- Complies with local, state, and federal privacy and security regulations.
- Limits access to the patient's record and information (eg, surgery schedule) to appropriate members of the health care team.
- Shares and discusses the patient's information only with those directly involved in care.
- Protects all forms of confidential patient information (ie, verbal, written, electronic).
- Secures the patient's records, belongings, and valuables.
- Maintains the patient's record according to facility policy, procedure, or protocol.
- Releases patient information only to properly identified individuals and in compliance with established policies, mandates, or protocols.
- Uses information for quality improvement purposes in a manner that protects the patient's confidentiality.
- Follows policies and regulations that pertain to use of social media and refrains from posting images, recordings, or commentary that intentionally or unintentionally breaches his or her obligation to maintain and protect patient's rights to privacy and confidentiality.
- Reports breaches of confidentiality.³

3.2 PROTECTION OF HUMAN PARTICIPANTS IN RESEARCH

Stemming from the principle of respect for autonomy, respect for persons, and respect for self-determination, individuals have the right to choose whether or not to participate in research as a human subject. Participants or legal surrogates must receive sufficient and materially relevant information to make informed decisions and to understand that they have the right to decline to participate or to withdraw at any time without fear of adverse consequences or reprisal.

Information needed for informed consent includes the nature of participation; potential risks and benefits; available alternatives to taking part in the study; disclosure of incidental findings; return of research results; and an explanation of how the data will be used, managed, and protected. Those details must be communicated in a manner that is comprehensible to the patient or a legally authorized representative. Prior to initiation, all research proposals must be approved by a formally constituted and qualified institutional review board to ensure participant protection and the ethical integrity of the research.

Nurses should be aware of the special concerns raised by research involving vulnerable groups, including children, cognitively impaired persons, economically or educationally disadvantaged persons, fetuses, older adults, patients, pregnant women, prisoners, and underserved populations. The nurse who directs or engages in research activities in any capacity should be fully informed about the qualifications of the principal investigator, the rights and obligations of all those involved in the particular research study, and the ethical conduct of research in general. Nurses have a duty to question and, if necessary, to report to appropriate oversight bodies any researcher who violates participants' rights or is involved in research that is ethically questionable, as well as to advocate for participants who wish to decline to participate or to withdraw from a study before completion.

3.2 PERIOPERATIVE EXPLICATIONS

The perioperative RN acts to protect the rights of patients involved in clinical research. These rights include the right to give informed consent, the right to freedom from risk for injury, the right to privacy, and the right to the preservation of dignity. Perioperative RNs should be knowledgeable about their own rights as well as the rights of patients as human participants in regard to research studies.⁵

PERIOPERATIVE EXAMPLES

- Confirms the physician or responsible researcher has obtained informed consent of the patient prior to initiation of the study and before the use of the patient's information for research.
- Safeguards the patient's rights as a research participant and contacts the researcher or administrator to advocate as needed.
- Submits research proposals to the institutional review board.
- Follows recommended guidelines and protocols when using investigational devices or when engaging in new procedures.
- Follows federal guidelines for the treatment of human participants and animal subjects in research.
- Provides for patient confidentiality during data collection.
- Reports breaches to the institutional review board or other appropriate entity.

3.3 PERFORMANCE STANDARDS AND REVIEW MECHANISMS

Inherent in professional nursing is a process of education and formation. That process involves the ongoing acquisition and development of the knowledge, skills, dispositions, practice experiences, commitment, relational maturity, and personal integrity essential for professional practice. Nurse educators, whether in academics or direct care settings, must ensure that basic competence and commitment to professional standards exist prior to entry into practice.

Similarly, nurse managers and executives must ensure that nurses have the knowledge, skills, and dispositions to perform professional responsibilities that require preparation beyond the basic academic programs. This is in full recognition of the relationship of nurse competencies, performance standards, review mechanisms, and educational preparation to patient safety and care outcomes. In this way, nurses—individually, collectively, and as a profession—are responsible and accountable for nursing practice and professional behavior.

3.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN's primary obligation is to promote the health, welfare, and safety of the patient. The perioperative RN is responsible for implementing and maintaining standards of perioperative nursing practice. The nurse follows policies, practice guidelines, and laws to safeguard the health and safety of the patient. The nurse participates in the establishment and evaluation of mechanisms to review practice. Competency verification is an essential component of providing safe and effective patient care. It is unethical to practice incompetently. Perioperative RNs need to be aware of their own educational and clinical capabilities and seek the assistance of colleagues without hesitation when patient care needs require additional skills. The perioperative RN uses personal, institutional, professional, and regulatory resources to assist with the resolution of incompetent, unethical, and illegal practices in the work setting.⁵

PERIOPERATIVE EXAMPLES

- Utilizes the institutional ethics committee, practice committee, and peer review as appropriate resources.
- Supports and participates in the institutional ethics committee and institutional review boards.
- Participates in educational programs that enhance patient care (eg, morbidity/mortality conferences, ethics grand rounds, patient care conferences).
- Participates in quality and performance improvement processes.
- Participates in development and revision of professional standards of practice.
- Adheres to professional standards of practice, such as AORN's *Guidelines for Perioperative Practice*.
- Participates in multidisciplinary reviews of patient outcomes.
- Complies with institutional policies and procedures regarding competency verification of nursing activities.⁵
- Complies with federal and state regulations, such as Occupational Safety and Health Administration regulations, the Americans with Disabilities Act, and state board of nursing regulations.

- Complies with accrediting agencies such as The Joint Commission and the Accreditation Association for Ambulatory Health Care.
- Confirms clinicians' practice privileges and credentials (eg, RNFAs, physicians, physician assistants).
- Notifies appropriate providers and/or administrators if individuals are practicing outside of their scope of practice (eg, in some states, the circulator must be an RN, so a surgical technologist cannot be the primary circulator for procedures even if there is an RN in the scrub person role).

3.4 PROFESSIONAL RESPONSIBILITY IN PROMOTING A CULTURE OF SAFETY

Nurses must participate in the development, implementation, and review of and adherence to policies that promote patient health and safety, reduce errors and waste, and establish and sustain a culture of safety. When errors or near misses occur, nurses must follow institutional guidelines in reporting such events to the appropriate authority and must ensure responsible disclosure of errors to patients. Nurses must establish processes to investigate causes of errors or near misses and to address system factors that may have been contributory. While ensuring that nurses are held accountable for individual practice, errors should be corrected or remediated, and disciplinary action taken only if warranted. When error occurs, whether it is one's own or that of a coworker, nurses may neither participate in, nor condone through silence, any attempts to conceal the error.

Following the appropriate intra-institutional sequence of reporting to authority is critical to maintaining a safe patient care environment. Nurses must use the chain of authority when a problem or issue has grown beyond their problem-solving capacity or their scope of responsibility or authority. Issue reporting in a timely manner promotes a safe environment. Communication should start at the level closest to the event and should proceed to a responsive level as the situation warrants.

3.4 PERIOPERATIVE EXPLICATIONS

All employees in the perioperative area should feel comfortable speaking up without fear of retaliation, if they are made aware of an error, near miss, or adverse event, irrespective of whether it can or did result in harm to the patient or others. The surgical “time out” is just one example of a time when everyone on the surgical team has an obligation to speak up if something is not consistent with the planned procedure.

Open and honest communication is essential to maintaining and restoring trust with the health care team and to providing ongoing care to the patient. Errors include serious errors, minor errors, and near misses. An error can be a technical error, a clinical error, or a system failure. When errors or near misses occur, the perioperative RN follows institutional guidelines in reporting such events to the appropriate authority and must ensure responsible disclosure of errors to patients. Nurses must establish processes to investigate causes of errors or near misses and to address system factors that may have been contributory. The conversation with the patient and/or family members should occur as soon as it is recognized and the patient is physically and psychologically ready to receive the information.

Just as the patient and family are affected by an error, so too are the caregivers. They should be provided with support that will allow them to recover.

PERIOPERATIVE EXAMPLES

- Ensures that all providers follow the time-out process as specified in the organization's policies, reports when this does not occur, and completes the appropriate documentation.
- Follows established protocols for reporting errors.
- Follows any organizational policy, if one exists, that addresses apology and disclosure.
- Collaborates with facility risk managers and follows organizational policies that pertain to management of error.

3.5 PROTECTION OF PATIENT HEALTH AND SAFETY BY ACTING ON QUESTIONABLE PRACTICE

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

When nurses become aware of inappropriate or questionable practice, the concern must be expressed to the person involved, focusing on the patient's best interests as well as on the integrity of nursing practice. When practices in the healthcare delivery system or organization threaten the welfare of the patient, nurses should express their concern to the responsible manager or administrator or, if indicated, to an appropriate higher authority within the institution or agency or to an appropriate external authority.

When incompetent, unethical, illegal, or impaired practice is not corrected and continues to jeopardize patient well-being and safety, nurses must report the problem to appropriate external authorities such as practice committees of professional organizations, licensing boards, and regulatory or quality assurance agencies. Some situations are sufficiently egregious as to warrant the notification and involvement of all such groups and/or law enforcement.

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

3.5 PERIOPERATIVE EXPLICATIONS

Care providers in the perioperative environment should provide health services within the scope of legitimate and ethical practice and safeguard the health and safety of their patients. The perioperative RN is responsible for meeting the facility's professional and regulatory standards. It is the ethical obligation of the perioperative RN to identify and report questionable practices by any member of the health care team. There should be an established process for reporting and handling incompetent, unethical, or illegal practice within the employment setting so that such reporting can be done through official channels without fear of reprisal. The perioperative RN should be knowledgeable about the process and be prepared to use it if necessary. Written documentation of the observed practice or behaviors must be available to the appropriate authorities.

When incompetent, unethical, or illegal practice on the part of anyone concerned with the patient's care is not corrected within the employment setting and continues to jeopardize the patient's welfare and safety, the problem should be reported to other appropriate authorities, such as practice committees of the pertinent professional organizations or the legally constituted bodies concerned with licensing of specific categories of health workers or professional practitioners.

PERIOPERATIVE EXAMPLES

- Acts as an advocate by protecting the patient from incompetent, unethical, or illegal practices.
- Questions care that appears inappropriate or substandard.
- Expresses concern to the person carrying out the questionable practice.
- Reports incompetent, unethical, or illegal practice accurately and objectively to the responsible administrator.
- Consults with colleagues and supervisors to resolve concerns.
- Documents observations and occurrences accurately and in an objective manner according to institutional policy.
- Complies with institutional policies in resolving problems.
- Reports verbal, psychological, and physical harassment or abuse to the appropriate person(s).
- Intervenes appropriately to protect patient safety.

3.6 PATIENT PROTECTION AND IMPAIRED PRACTICE

Nurses must protect the patient, the public, and the profession from potential harm when practice appears to be impaired. The nurse's duty is to take action to protect patients and to ensure that the impaired individual receives assistance. This process begins with consulting supervisory personnel, followed by approaching the individual in a clear and supportive manner and by helping the individual access appropriate resources. The nurse should extend compassion and caring to colleagues throughout the processes of identification, remediation, and recovery. Care must also be taken in identifying any impairment in one's own practice and in seeking immediate assistance.

Nurses must follow policies of the employing organization, guidelines outlined by the profession, and relevant laws to assist colleagues whose job performance may be adversely affected by mental or physical illness, fatigue, substance abuse, or personal circumstances. In instances of impaired practice, nurses within all professional relationships must advocate for appropriate assistance, treatment, and access to fair institutional and legal processes. Advocacy includes supporting the return to practice of individuals who have sought assistance and, after recovery, are ready to resume professional duties.

If impaired practice poses a threat or danger to patients, self, or others, regardless of whether the individual has sought help, a nurse must report the practice to persons authorized to address the problem. Nurses who report those whose job performance creates risk should be protected from retaliation or other negative consequences. If workplace policies for the protection of impaired nurses do not exist or are inappropriate—that is, they deny the nurse who is reported access to due legal process or they demand resignation—nurses may obtain guidance from professional associations, state peer assistance programs, employee assistance programs, or similar resources.

3.6 PERIOPERATIVE EXPLICATIONS

The perioperative RN has an ethical responsibility to protect the patient, the public, and the profession from potential harm that could result from a colleague's impairment. It is both caring and compassionate to take action to protect the patient and ensure that the impaired person receives appropriate assistance. The nurse should follow guidelines outlined by the profession and the policies and procedures of the employing agency.

PERIOPERATIVE EXAMPLES

- Takes appropriate action to ensure patient safety.
- Uses institutional procedural mechanisms to report substance abuse or impairment of colleagues.
- Confronts the individual in a supportive, caring manner.
- Helps the individual access agency resources for treatment and care.

PROVISION 4

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

4.1 AUTHORITY, ACCOUNTABILITY, AND RESPONSIBILITY

Nurses bear primary responsibility for the nursing care that their patients and clients receive and are accountable for their own practice. Nursing practice includes independent direct nursing care activities; care as ordered by an authorized healthcare provider; care coordination; evaluation of interventions; delegation of nursing interventions; and other responsibilities such as teaching, research, and administration. In every role, nurses have vested authority, and are accountable and responsible for the quality of their practice. Additionally, nurses must always comply with and adhere to state nurse practice acts, regulations, standards of care, and ANA's *Code of Ethics for Nurses with Interpretive Statements*.

Given the context of increased complexity, development of evidence, and changing patterns in healthcare delivery, the scope of nursing practice continues to evolve. Nurses must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who provide nursing care. Where advanced practice registered nurses (APRNs) have prescriptive authority, these are not acts of delegation. Both the APRN issuing the order and the nurse accepting the order are responsible for the judgments made and are accountable for the actions taken.

4.1 PERIOPERATIVE EXPLICATIONS

The licensed professional RN protects the public by ensuring that he or she maintains the basic competencies for practice as an RN. The RN is responsible for nursing decisions made regarding care and accountable for his or her actions. Moreover, nursing, as a profession, regulates its own practice. The perioperative RN bears primary responsibility for perioperative nursing care and is individually accountable for his or her own practice. Perioperative nursing practice may include direct patient care, delegation, teaching, research, or administration.⁵

PERIOPERATIVE EXAMPLES

- Maintains nursing licensure.
- Maintains certification as required.
- Assumes responsibility for continuing education, including specific workplace requirements such as mandatory competency verification and the completion of required education.
- Accepts responsibility and accountability for his or her perioperative nursing practice.
- Uses principles of delegation to delegate as appropriate within the scope of practice.
- Adheres to state and federal acts and regulations as well as AORN's *Guidelines for Perioperative Practice*.

4.2 ACCOUNTABILITY FOR NURSING JUDGMENTS, DECISIONS, AND ACTIONS

To be accountable, nurses follow a code of ethical conduct that includes moral principles such as fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients, as well as adhering to the scope and standards of nursing practice. Nurses in all roles are accountable for decisions made and actions taken in the course of nursing practice. Systems and technologies that assist in clinical practice are adjunct to, not replacements for, the nurse's knowledge and skill. Therefore, nurses are accountable for their practice even in instances of system or technology failure.

4.2 PERIOPERATIVE EXPLICATIONS

Accountability refers to being answerable to oneself, patients, peers, the profession, and society for judgments made and actions taken as a perioperative RN. Neither physicians' orders nor the employing agency's policies relieve the perioperative RN of accountability for his or her actions and judgments. Professional accountability to society is reflected in the ANA *Code of Ethics for Nurses with Interpretive Statements*, standards of practice, educational requirements for practice, certification, and performance evaluation.

PERIOPERATIVE EXAMPLES

- Provides safe and competent patient care.
- Practices according to the ANA *Code of Ethics for Nurses with Interpretive Statements*, AORN's *Guidelines for Perioperative Practice*, and the health care organization's policies and procedures.
- Practices within his or her scope of practice as defined by state and federal legislation and professional practice guidelines.
- Evaluates his or her own performance and solicits peer review.
- Questions orders that appear incorrect or inappropriate.

4.3 RESPONSIBILITY FOR NURSING JUDGMENTS, DECISIONS, AND ACTIONS

Nurses are always accountable for their judgments, decisions, and actions; however, in some circumstances, responsibility may be borne by both the nurse and the institution. Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence, and experience, as well as their assessment of the level of risk for patient safety. Nurses in administration, education, policy, and research also have obligations to the recipients of nursing care. Although their relationships with patients are less direct, in assuming the responsibilities of a particular role, nurses not in direct care share responsibility for the care provided by those whom they supervise and teach. Nurses must not engage in practices prohibited by law or delegate activities to others that are prohibited by their state nurse practice acts or those practice acts of other healthcare providers.

Nurses have a responsibility to define, implement, and maintain standards of professional practice. Nurses must plan, establish, implement, and evaluate review mechanisms to safeguard patients, nurses, colleagues, and the environment. These safeguards include peer review processes, staffing plans, credentialing processes, and quality improvement and research initiatives. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate individuals in all ethical deliberation. Nurse executives are responsible for ensuring that nurses have access to and inclusion on organizational committees and in decision-making processes that affect the ethics, quality, and safety of patient care. Nurses who participate in those committees and decision-making processes are obligated to actively engage in, and contribute to, the dialogue and decisions made.

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

4.3 PERIOPERATIVE EXPLICATIONS

Responsibility refers to “an obligation to perform required professional activities at a level commensurate with one’s education and in compliance with applicable laws and standards,”⁷ such as carrying out the duties associated with perioperative nursing. Evidence-based guidance for practice decisions is provided in AORN’s *Guidelines for Perioperative Practice*. The acceptance of responsibility for care is determined by an individual’s educational preparation, professional competence, and work experience.⁶ Nurses in administration, education, and research also are responsible for care through the people they supervise.

Each perioperative RN is responsible for maintaining competency in professional knowledge and technical skills. It is the nurse’s responsibility to assess when the care required is beyond the individual’s knowledge and to report it to the appropriate support person.

PERIOPERATIVE EXAMPLES

- Provides competent perioperative nursing practice.
- Consults other health care providers for assistance when necessary.
- Assumes responsibility for continuing education through personal study and academic achievements; attending institutional inservice programs, staff orientation workshops, seminars, AORN chapter and other professional meetings; and reading the *AORN Journal* and other professional journals.
- Identifies personal learning needs and goals and actively seeks assistance to obtain the necessary education.
- Identifies and develops a plan for corrective action related to deficits and limitations in knowledge.
- Remains current on new knowledge affecting practice, such as procedures, processes, technology, medications, guidelines, laws, and regulations.

4.4 ASSIGNMENT AND DELEGATION OF NURSING ACTIVITIES OR TASKS

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

Nurses must make reasonable effort to assess individual competence when delegating selected nursing activities. This assessment includes the evaluation of the knowledge, skill, and experience of the individual to whom the care is assigned or delegated; the complexity of the tasks; and the nursing care needs of the patient.

Nurses are responsible for monitoring the activities and evaluating the quality and outcomes of the care provided by other healthcare workers to whom they have assigned or delegated tasks. Nurses may not delegate responsibilities such as assessment and evaluation; they may delegate selected interventions according to state nurse practice acts. Nurses must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of responsibility for making assignment or delegation decisions.

Nurses in management and administration have a particular responsibility to provide a safe environment that supports and facilitates appropriate assignment and delegation. This environment includes orientation and skill development; licensure, certification, continuing education, and competency verification; adequate and flexible staffing; and policies that protect both the patient and the nurse from inappropriate assignment or delegation of nursing responsibilities, activities, or tasks. Nurses in management or administration should facilitate open communication with healthcare personnel allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they do not possess the requisite skill.

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

4.4 PERIOPERATIVE EXPLICATIONS

The perioperative RN is accountable for patient outcomes resulting from nursing care rendered during the perioperative experience. The perioperative RN is accountable for the assignment of nursing responsibilities to other nurses and for the delegation of nursing care activities to other health care workers. The nurse retains accountability for patient outcomes resulting from delegated nursing tasks. The perioperative RN plans and directs the nursing care of every patient undergoing an operative or other invasive procedure. The core activities of perioperative nursing are assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The perioperative RN may delegate certain nursing care tasks, but the core nursing activities that cannot be delegated are assessment nursing diagnosis, outcome identification, planning, and evaluation.

The perioperative RN must be aware of specific state legal definitions and guidelines regarding assignment and delegation. The perioperative RN follows facility policies or directives in delegating functions, but these do not relieve the nurse of accountability for making judgments about the competency of personnel and the appropriateness of delegated activities. Before delegation of patient care tasks, the perioperative RN uses professional clinical judgment to decide to whom and under what circumstances to delegate certain patient care activities. Prior to delegation, consideration also should be given to the patient's condition, the complexity of the procedure, the predictability of the outcome, the level of preparation and competence of the person accepting the assignment, and the amount of supervision needed.⁵

PERIOPERATIVE EXAMPLES

- Uses critical thinking and professional judgment and incorporates the “Five Rights of Delegation,” to be sure that the delegation or assignment is:
 1. The right task
 2. Under the right circumstances
 3. To the right person
 4. With the right directions and communication
 5. Under the right supervision and evaluation

- Follows state regulations and definitions regarding assignment and delegation.
- Follows organizational guidelines regarding assignment and delegation.
- Assigns nursing functions to RNs.
- Allows assistive personnel to perform delegated nursing tasks only when competency has been established and when the task is within that person's scope of practice as designated by the state.
- Bases assignments and delegation of tasks on the individual's competency, the patient's acuity, the complexity of the procedure, the predictability of outcomes, the amount of supervision required, staffing patterns, and staff availability.
- Follows institutional policies for modifying patient care assignments that the nurse or other health care provider does not feel competent to perform.
- Supervises the training of assistive personnel to perform the delegated care tasks.

PROVISION 5

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

5.1 DUTIES TO SELF AND OTHERS

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

5.1 PERIOPERATIVE EXPLICATIONS

The perioperative RN delivers care in a manner that is respectful not only to patients but also to himself or herself and to colleagues. The nurse identifies areas for personal and professional development and assists others in their development. The nurse participates actively in educating the community about surgery, invasive procedures, and perioperative nursing and corrects misinformation and misunderstanding about perioperative patient care.⁶

PERIOPERATIVE EXAMPLES

- Promotes a positive image of the nurse in all settings, whether involved in direct patient care or within the community.
- Promotes a positive image of nursing in all forms of media, including social media.
- Promotes professional autonomy and self-regulation of practice.
- Advocates for individual beliefs and values by speaking up when circumstances dictate doing so.
- Uses nursing titles according to demonstrated professional achievement (eg, CNOR, CRNFA, CASC).
- Corrects inaccurate portrayals of and misinformation about the nursing profession, such as by contacting newspapers, media sites, television stations, and politicians.
- Promotes an environment that does not tolerate harassment, bullying, and abuse by reporting such abuse and actively speaking out against it.
- Provides an environment that optimizes the occupational health and safety of all employees by speaking up to prevent and/or report health and safety issues in the workplace.
- Promotes empowerment and team building.
- Supports the nurse's role as a patient advocate.
- Uses the ANA *Code of Ethics for Nurses* to support advocacy in practice.

5.2 PROMOTION OF PERSONAL HEALTH, SAFETY, AND WELL-BEING

As professionals who assess, intervene, evaluate, protect, promote, advocate, educate, and conduct research for the health and safety of others and society, nurses have a duty to take the same care for their own health and safety. Nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities. Fatigue and compassion fatigue affect a nurse's professional performance and personal life. To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs. These activities and satisfying work must be held in balance to promote and maintain their own health and well-being. Nurses in all roles should seek this balance, and it is the responsibility of nurse leaders to foster this balance within their organizations.

5.2 PERIOPERATIVE EXPLICATIONS

The perioperative RN is accountable to society and to the nursing profession to provide safe, effective, and competent nursing care. As part of that, the perioperative RN must be self-disciplined and maintain a healthy lifestyle. Professional competency and mitigation of undue risk to the patient is facilitated by an awareness for and practice of an acceptable balance between one's work and personal life.

PERIOPERATIVE EXAMPLES

- Models the same health maintenance and health promotion measures he or she teaches.
- Obtains health care when needed.
- Avoids taking unnecessary risks to health or safety in the course of his or her professional and personal activities.
- Eats a healthy diet, exercises, gets sufficient rest, maintains family and personal relationships, engages in adequate leisure and recreational activities, and attends to spiritual or religious needs.
- Holds work and personal life in balance to promote and maintain his or her own health and well-being.

5.3 PRESERVATION OF WHOLENESS OF CHARACTER

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

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

5.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN must be genuine, open, and honest in interactions with patients and other health care providers. Nurses are aware of their influence and offer their opinions based on scientific principles, evidence-based practices, and clinical experiences. Patients may feel vulnerable with regard to their health conditions and have varying levels of understanding and knowledge of health care procedures, and treatments.⁶

PERIOPERATIVE EXAMPLES

- Assists the patient in formulating decisions affecting care, as appropriate.
- Confirms that the patient's questions and concerns are addressed by coordinating and collaborating with the appropriate care providers, surgeons, and anesthesia professionals.
- Facilitates the patient's participation in the perioperative plan of care.
- Integrates his or her personal philosophy of nursing into the practice setting.
- Helps peers to be assertive and emotionally healthy. This includes requesting education and/or emotional or spiritual support as needed, including the use of employee assistance programs or other counseling services.
- Respects the views of others, but clarifies misinformation.
- Applies standards of nursing practice consistently to all patients regardless of disability; socioeconomic status; level of education; cultural, religious, or spiritual beliefs; ethnicity; gender identity; sexual orientation; or age.

5.4 PRESERVATION OF INTEGRITY

Personal integrity is an aspect of wholeness of character that requires reflection and discernment; its maintenance is a self-regarding duty. Nurses may face threats to their integrity in any healthcare environment. Such threats may include requests or requirements to deceive patients, to withhold information, to falsify records, or to misrepresent research aims. Verbal and other forms of abuse by patients, family members, or coworkers are also threats; nurses must be treated with respect and need never tolerate abuse.

In some settings, expectations that nurses will make decisions or take actions that are inconsistent with nursing ideals and values, or that are in direct violation of this *Code of Ethics for Nurses with Interpretive Statements*, may occur. Nurses have a right and a duty to act according to their personal and professional values and to accept compromise only if reaching a compromise preserves the nurse's moral integrity and does not jeopardize the dignity or well-being of the nurse or others. Compromises that preserve integrity can be difficult to achieve but are more likely to be accomplished where there is an open forum for moral discourse and a safe environment of mutual respect.

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

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

When the integrity of nurses is compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment and resulting in moral distress, nurses have an obligation to express their concern or conscientious objection individually or collectively to the appropriate authority or committee. Nurse administrators must respond to concerns and work to resolve them in a way that preserves the integrity of the nurses. They must seek to change enduring activities or expectations in the practice setting that are morally objectionable.

5.4 PERIOPERATIVE EXPLICATIONS

The perioperative RN does not compromise professional or personal integrity. In addition, the perioperative RN knows that the use of the title Registered Nurse (RN) is granted by state licensure and carries with it the responsibility to act in the public interest. The title RN and all other symbols of academic degrees or other earned or honorary professional symbols of recognition may be used in all ways that are legal and appropriate.

Integrity in business and cost management is also a part of the perioperative RN's practice. Perioperative RNs can be financially prudent and at the same time discharge their clinical, educational, and administrative duties in a manner that is consistent with ethical principles.

When the perioperative RN is ethically and morally opposed to interventions or procedures in a particular case, the nurse is justified in refusing to participate if the refusal is made known in advance and in time for other appropriate arrangements to be made for the patient's nursing care. When the patient's life is in jeopardy, the perioperative RN is obliged to provide for the patient's safety, to avoid abandonment, and to withdraw only when assured that appropriate sources of nursing care are available to the patient.

PERIOPERATIVE EXAMPLES

- Facilitates a working environment conducive to learning, teaching, and education.
- Makes purchasing decisions equitably and justly to provide cost-effective, quality care.
- Is conscientious about the cost of surgical supplies and uses only what is needed.
- Documents patient charges accurately.
- Uses and maintains supplies and equipment according to manufacturers' instructions.
- Accepts responsibility and accountability for perioperative nursing practices.
- Embraces and implements the use of a surgical conscience at all times.
- Is aware of limitations and accepts assignments only when competent to function safely.
- Uses nursing titles (eg, CNOR, CRNFA, CASC) according to demonstrated professional achievement.
- Participates in risk management efforts and quality and/or performance improvement processes.
- Plans for an appropriate substitute care provider if personal beliefs conflict with required care.

5.5 MAINTENANCE OF COMPETENCE AND CONTINUATION OF PROFESSIONAL GROWTH

Competence is a self-regarding duty. It affects not only the quality of care rendered but also one's self-respect, self-esteem, and the meaningfulness of work. Nurses must maintain competence and strive for excellence in their nursing practice, whatever the role or setting. Nurses are responsible for developing criteria for evaluation of practice and for using those criteria in both peer and self-assessments. To achieve the highest standards, nurses must routinely evaluate their own performance and participate in substantive peer review.

Professional growth requires a commitment to lifelong learning. Such learning includes continuing education and self-study, networking with professional colleagues, self-study, professional reading, achieving specialty certification, and seeking advanced degrees. Nurses must continue to learn about new concepts, issues, concerns, controversies, and healthcare ethics relevant to the current and evolving scope and standards of nursing practice

5.5 PERIOPERATIVE EXPLICATIONS

To practice incompetently is to practice unethically. The perioperative RN as an individual maintains a level of competence to provide optimal and quality patient care. This is demonstrated via performance review, peer evaluation, and completion of competency verification activities. The requirement for competency is inherent in all areas of perioperative nursing practice. In addition, the requirement exists along each nurse's career continuum.

PERIOPERATIVE EXAMPLES

- Observes peers and assesses their practice to ensure competent performance.
- Participates in peer review within the nurse's scope of practice.
- Seeks education about current practices and new developments in perioperative nursing and health care.

5.6 CONTINUATION OF PERSONAL GROWTH

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

5.6 PERIOPERATIVE EXPLICATIONS

Personal growth involves the growth and enhancement of all aspects of the person, the feelings the person has about himself or herself as well as overall effectiveness in living. This pertains to the perioperative RN in that nurses bring themselves into their practice as they interact in their environments. Personal growth involves mental, physical, social, emotional, and spiritual growth that allows a person to live a productive and satisfying life. When a perioperative RN develops maturity as both a person and a professional those with whom they interact will benefit as well.

PERIOPERATIVE EXAMPLES

- Seeks opportunities for personal and professional development and growth.
- Shares knowledge and expertise both formally and informally (eg, by planning education or speaking at educational events, writing articles for a professional journal, presenting a poster at a professional conference, acting as a mentor or preceptor).

PROVISION 6

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

6.1 THE ENVIRONMENT AND MORAL VIRTUE

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

For virtues to develop and be operative, they must be supported by a moral milieu that enables them to flourish. Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such a moral milieu fosters mutual caring, communication, and dignity, generosity, kindness, moral equality, prudence, respect, and transparency. These virtues apply to all nurses, colleagues, patients, or others.

6.1 PERIOPERATIVE EXPLICATIONS

The perioperative RN is responsible for developing a safe and caring environment that promotes the well-being of patients. The nurse provides a compassionate and therapeutic environment by promoting comfort and preventing unnecessary suffering.¹

PERIOPERATIVE EXAMPLES

- Interacts with the patient in a compassionate and caring manner.
- Displays empathy, sensitivity, and patience in all aspects of perioperative practice, including during difficult or stressful situations.
- Treats all persons with dignity and respect.
- Develops a relationship with the patient that supports mutual involvement in planning care.
- Advocates for the patient before, during, and after the surgical experience.
- Answers the patient’s questions related to his or her care.
- Listens attentively and, when appropriate, refers the patient to other resources.
- Reflects on his or her own virtues, behaviors, and practice to promote continual personal and professional improvement and growth.

6.2 THE ENVIRONMENT AND ETHICAL OBLIGATION

Virtues focus on what is *good* and *bad* in regard to whom we are *to be* as moral persons; obligations focus on what is *right and wrong* or what we are to do as moral agents. Obligations are often specified in terms of principles such as beneficence or doing good; nonmaleficence or doing no harm; justice or treating people fairly; reparations, or making amends for harm; fidelity, and respect for persons. Nurses, in all roles, must create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations.

Environmental factors contribute to working conditions and include but are not limited to: clear policies and procedures that set out professional ethical expectations for nurses; uniform knowledge of the Code and associated ethical position statements. Peer pressure can also shape moral expectations within a work group. Many factors contribute to a practice environment that can either present barriers or foster ethical practice and professional fulfillment. These include compensation systems, disciplinary procedures, ethics committees and consulting services, grievance mechanisms that prevent reprisal, health and safety initiatives, organizational processes and structures, performance standards, policies addressing discrimination and incivility, position descriptions, and more. Environments constructed for the equitable, fair, and just treatment of all reflect the values of the profession and nurture excellent nursing practice.

6.2 PERIOPERATIVE EXPLICATIONS

The perioperative RN creates, maintains, and contributes to a work environment that supports individuals in their nursing practice. This environment is controlled by policies, procedures, guidelines, and standards for practice. The nurse is knowledgeable about the various processes and committees to support and promote a professional working environment and is willing and able to participate in such.

PERIOPERATIVE EXAMPLES

- Follows processes for addressing unsafe practice and unsafe conditions and advises the appropriate personnel in the practice environment.
- Follows processes for addressing ethical issues.
- Participates in developing policies, procedures, and standards of performance.
- Serves on departmental or organizational committees, councils, or task forces, as able.
- Adheres to organizational policies and procedures.
- Takes corrective action when there is a breach of policy or procedures in practice.
- Maintains knowledge of the *Code of Ethics for Nurses* and applies it in perioperative practice.
- Promotes a positive work environment.
- Facilitates a working atmosphere that is conducive to education and learning.
- Welcomes, encourages, and mentors staff members, colleagues, students, and others.

6.3 RESPONSIBILITY FOR THE HEALTHCARE ENVIRONMENT

Nurses are responsible for contributing to a moral environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues, which includes ongoing professional development of staff in ethical problem solving. Nurse executives have a particular responsibility to assure that employees are treated fairly and justly, and that nurses are involved in decisions related to their practice and working conditions. Unsafe or inappropriate activities or practices must not be condoned or allowed to persist. Organizational changes are difficult to achieve and require persistent, often collective efforts over time. Participation in collective and inter-professional efforts for workplace advocacy to address conditions of employment is appropriate. Agreements reached through such actions must be consistent with the nursing profession's standards of practice and the *Code of Ethics for Nurses with Interpretive Statements*.

Nurses should address concerns about the healthcare environment through appropriate channels and/or regulatory or accrediting bodies. After repeated efforts to bring about change, nurses have a duty to resign from healthcare facilities, agencies, or institutions where there are sustained patterns of violation of patient's rights, where nurses are required to compromise standards of practice or personal integrity, or where the administration is unresponsive to nurses' expressions of concern. Following resignation, reasonable efforts to address violations should continue. The needs of patients may never be used to obligate nurses to remain in persistently morally unacceptable work environments. By remaining in such an environment, even if from financial necessity, nurses risk becoming complicit in ethically unacceptable practices and may suffer adverse personal and professional consequences.

The workplace must be a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance. Through professional organizations, nurses can help to secure the just economic and general welfare of nurses, safe practice environments, and a balance of interests. These organizations advocate for nurses by supporting legislation; publishing position statements; maintaining standards of practice; and monitoring social, professional, and healthcare changes.

6.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN treats colleagues and peers respectfully and fairly. The nurse, in all roles, participates in decisions that will affect practice and working conditions. The perioperative RN identifies and supports perioperative environments that promote practice in accordance with AORN guidelines. As a moral agent, the nurse should seek employment elsewhere if the work environment does not routinely support high-quality patient care and safe practice. Nurses, whether individuals or groups, have the ethical obligation to question unfair workplace practice issues or concerns.

The perioperative RN may need to address concerns about the work environment through appropriate channels. The perioperative RN may need to participate in collective activities (eg, collective bargaining, workplace advocacy) to address concerns about patient care, the work environment, or just compensation. These activities should be consistent with state nurse practice acts, the ANA *Code of Ethics for Nurses*, and AORN's explications for perioperative nurses.¹

PERIOPERATIVE EXAMPLES

- Follows the organizational chain of command.
- Promotes an environment that is intolerant of harassment, abuse, and incivility.
- Takes action, whether individual or collective, to ensure that inappropriate behavior is addressed.
- Facilitates a work environment that is conducive to learning.
- Promotes a welcoming and open environment so that all can practice without feelings of discomfort or fear of ridicule.
- Collaborates openly and honestly with all health care team members.
- Identifies and reports unsafe patient practices.
- Remains alert to changes in the environment that could compromise patient care or safe practice.
- Reports concerns as they are identified and anticipates the possible effects of change to proactively prepare for potential safety concerns.
- Participates in strategic planning and development of departmental and institutional goals.
- Promotes empowerment by advocating for all health care providers to be able to perform to the full extent of their scope of practice.
- Seeks membership in the state nursing organization.
- Maintains membership in AORN.

PROVISION 7

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

7.1 CONTRIBUTIONS THROUGH RESEARCH AND SCHOLARLY INQUIRY

All nurses must participate in the advancement of the profession through knowledge development, evaluation, dissemination, and application to practice. Knowledge development relies chiefly, though not exclusively, upon research and scholarly inquiry. Nurses engage in scholarly inquiry in order to expand the body of knowledge that forms and advances the theory and practice of the discipline in all its spheres. Nurse researchers test existing and generate new nursing knowledge. Nursing knowledge draws from and contributes to corresponding sciences and humanities.

Nurse researchers may involve human participants in their research, as individuals, families, groups, communities, or populations. In such cases, nursing research conforms to national and international ethical standards for the conduct of research employing human participants. Community consultation can help to ensure enhanced protection, enhanced benefits, legitimacy, and shared responsibility for members of communities during all phases of the research process. Additionally, when research is conducted with the use of animals, all appropriate ethical standards are observed.

Nurses take care to ensure that research is soundly constructed, significant, worthwhile, and in conformity with ethical standards including review by an Institutional Review Board prior to initiation. Dissemination of research findings, regardless of results, is an essential part of respect for the participants. Knowledge development also occurs through the process of scholarly inquiry, clinical and educational innovation, and interprofessional collaboration. Dissemination of findings is fundamental to ongoing disciplinary discourse and knowledge development.

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

Nurse executives and administrators should develop the structure and foster the processes that create an organizational climate and infrastructure conducive to scholarly inquiry. In addition to teaching research methods, nurse educators should teach the moral standards that guide the profession in the conduct and dissemination of its research. Research utilization and evidence informed practice are expected of all nurses.

7.1 PERIOPERATIVE EXPLICATIONS

The perioperative RN has an obligation to the patient and to society to engage in activities that promote scholarly inquiry to identify, verify, and expand the body of perioperative nursing knowledge. Perioperative nursing roles include investigation to further knowledge, participation in research, and application of theoretical and empirical knowledge. The perioperative RN can support the research process as a content expert, data collector, research participant, research assistant, or principal investigator. The perioperative RN also has the responsibility to contribute to the advancement of the profession by translating research in practice.

Research is used as evidence to support or change policies and procedures for perioperative practice. The perioperative RN should seek education regarding practice-related research. Involvement in research activities allows the perioperative RN to enhance his or her practice.

PERIOPERATIVE EXAMPLES

- Reads and reviews research in professional journals.
- Serves as a member of an institutional review board.
- Actively participates in local and national research initiatives.
- Actively seeks the opportunity to be involved in research-related activities.
- Supports research and research utilization in perioperative practice.
- Advocates for and protects human participants in research occurring in the perioperative environment.
- Uses research findings to support and improve clinical practice.
- Fosters an environment of intellectual curiosity.
- Identifies problems amenable to the research process.
- Disseminates research findings to colleagues.

7.2 CONTRIBUTIONS THROUGH DEVELOPING, MAINTAINING, AND IMPLEMENTING PROFESSIONAL PRACTICE STANDARDS

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

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

Nurse educators promote and maintain optimal standards of education and practice in every setting where learning activities occur. Academic educators must also seek to ensure that all their graduates possess the knowledge, skills, and moral dispositions that are essential to nursing.

7.2 PERIOPERATIVE EXPLICATIONS

The perioperative RN is responsible for monitoring standards of practice pertinent to the nurse's role(s) and for fostering optimal standards of practice at the local, regional, state, and national levels of the health care system. Perioperative educators and managers are equally responsible for providing an environment conducive to implementing and improving standards and recommended practices and promoting conditions of employment that enable nurses to practice according to accepted standards.

PERIOPERATIVE EXAMPLES

- Uses practice standards, AORN guidelines, and AORN's explications for perioperative nurses to guide nursing practice.
- Contributes to the work of AORN committees and projects.
- Reviews and critiques practice guidelines (eg, reviews new and revised guidelines posted for public comment and provides thoughtful and professional feedback).
- Participates in quality and process improvement initiatives.
- Participates in multidisciplinary reviews of patient outcomes.
- Follows investigational device protocols and regulations.

7.3 CONTRIBUTIONS THROUGH NURSING AND HEALTH POLICY DEVELOPMENT

Nurses must lead, serve, and mentor on institutional or agency policy committees within the practice setting. They must also participate as advocates or as elected or appointed representatives in civic activities related to health care through local, regional, state, national, or global initiatives.

Nurse educators have a particular responsibility to foster and develop students' commitment to the full scope of practice, to professional and civic values, and to informed perspectives on nursing and healthcare policy. Nurse executives and administrators must foster institutional or agency policies that reinforce a work environment committed to promoting evidence informed practice and to supporting nurses' ethical integrity and professionalism. Nurse researchers and scholars must contribute to the body of knowledge by translating science; supporting evidence informed nursing practice; and advancing effective, ethical healthcare policies, environments, and a balance of patient–nurse interests.

7.3 PERIOPERATIVE EXPLICATIONS

There are various activities within the workplace as well as local, state, and national organizations through which the perioperative nurse can contribute to the profession. Perioperative educators and managers are additionally responsible for fostering an environment conducive to advancing the profession. The nurse can contribute to the advancement of the profession and health care policy by participating in civic activities.

PERIOPERATIVE EXAMPLES

- Supports perioperative preceptor programs.
- Serves as a member, leader, or mentor for a committee.
- Seeks education related to changing health care policy at local, state, and national levels.
- Participates in defining and revising the scope of practice acts.
- Consults and collaborates with individuals who shape health care policy.
- Actively seeks to be involved in new product selection, patient safety initiatives, strategic planning; risk management and risk reduction strategies, infection control surveillance, and the facility ethics committee.
- Reviews and critiques practice guidelines (eg, reviews new and revised guidelines posted for public comment and provides thoughtful and professional feedback).

PROVISION 8

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

8.1 HEALTH IS A UNIVERSAL RIGHT

The nursing profession holds that health is a universal human right. Therefore, the need for nursing is universal. As the World Health Organization states: “. . . the highest attainable standard of health is a fundamental right of every human being.” This right has economic, political, social, and cultural dimensions. It includes: access to health care, emergency care, and trauma care; basic sanitation; education concerning the prevention, treatment, and control of prevailing health problems; food security; immunizations; injury prevention; prevention and control of locally endemic diseases and vectors; public education concerning health promotion and maintenance; potable water; and reproductive health care. This affirmation of health as a fundamental, universal human right is held in common with the United Nations, the International Council of Nurses, and many human rights treaties.

8.1 PERIOPERATIVE EXPLICATIONS

Availability of health care involves not only addressing specific health needs, but also factors that affect well-being. These factors include hunger, environmental pollution, violation of human rights, and rationing of health care. The perioperative RN recognizes the interdependence and collaboration of all health care workers to provide quality health care to everyone.

PERIOPERATIVE EXAMPLES

- Collaborates with members of other professional organizations at international, national, and state levels.
- Communicates with elected officials about health care needs.
- Educates elected officials and other personnel in governmental organizations about the impact of the perioperative RN and the perioperative environment.
- Donates to health care-related charities and organizations as able.
- Participates in international nursing societies.
- Volunteers perioperative nursing knowledge and skill at local, state, national, and international levels (eg, local health fairs, medical mission trips).

8.2 COLLABORATION FOR HEALTH, HUMAN RIGHTS, AND HEALTH DIPLOMACY

All nurses commit to advancing health, welfare, and safety. This nursing commitment reflects the intent to achieve and sustain health as a means to the common good so that individuals and communities worldwide can develop to their fullest potential and live with dignity. Ethics, human rights, and nursing converge as a formidable instrument for social justice and health diplomacy that can be amplified by collaboration with other health professionals. Nurses understand that the lived experiences of inequality, poverty, and social marginalization contribute to the deterioration of health globally.

Nurses must address the context of health, including social determinants of health such as poverty, access to clean water and clean air, sanitation, human rights violations, hunger, nutritionally sound food, education, safe medications, and healthcare disparities. Nurses must lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering.

Such partnerships must raise health diplomacy to parity with other international concerns such as commerce, treaties, and warfare. Human rights must be diligently protected and promoted and may be interfered with only when necessary and in ways that are proportionate and in accord with international standards. Examples might include communicable disease reporting, helmet laws, immunization requirements, mandatory reporting of abuse, quarantine, and smoking bans.

8.2 PERIOPERATIVE EXPLICATIONS

The perioperative RN is knowledgeable about the health status of the community and factors that threaten well-being and safety. The nurse participates in educating the public about the various factors influencing health care. The perioperative RN recognizes cultural differences of various populations and does not allow his or her own beliefs and values to influence the care provided to patients of various and different beliefs and values. Nurses need to adequately represent cultural diversity to promote the welfare and safety of all patients.¹

PERIOPERATIVE EXAMPLES

- Volunteers to teach and provide services in the community (eg, health fairs, wellness classes, vaccination clinics)
- Educates members of the community about perioperative nursing.
- Collaborates with consumer, service, and support organizations related to health care.
- Fosters education of the public on local, state, and national health care issues.
- Prepares for disasters and threats to the community and volunteers as able to assist during disasters and pandemics.
- Provides explanations and answers to questions in the patient's primary language (ie, uses translation services as needed).
- Incorporates the patient's requests regarding religious preferences into practice as much as possible.
- Integrates the patient's cultural differences into the plan of care.
- Incorporates requests for alternative therapies into care and advocates for alternative therapies in the workplace, as appropriate.
- Adheres to state and federal laws and regulations that protect the community (eg, reporting of communicable diseases).

8.3 OBLIGATION TO ADVANCE HEALTH AND HUMAN RIGHTS AND REDUCE DISPARITIES

Advances in technology, genetics, and environmental science require robust responses from nurses working together with other health professionals for creative solutions and innovative approaches that are ethical, respectful of human rights, and equitable in reducing health disparities. Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death.

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

8.3 PERIOPERATIVE EXPLICATIONS

The perioperative RN provides care to diverse populations whether in his or her home town or while on a global mission. As a representative of perioperative nursing, it becomes imperative for the perioperative RN to be as knowledgeable as possible regarding cultural and social conditions that affect both health and illness. The perioperative RN makes an effort to increase awareness of issues and to change structures and processes that are unjust and could detract from the provision of compassionate health care. In perioperative practice, the nurse creates a moral environment that is open to diverse values.¹

PERIOPERATIVE EXAMPLES

- Provides care and nursing service for those populations in need.
- Advocates for social justice in health care.
- Creates and supports a moral practice environment.
- Participates in open discussions on issues such as diversity, socioeconomics, and inequality or disparity in health care.

8.4 COLLABORATION FOR HUMAN RIGHTS IN COMPLEX, EXTREME, OR EXTRAORDINARY PRACTICE SETTINGS

Nurses must be mindful of competing moral claims – that is, conflicting values or obligations – and must bring attention to human rights violations in all settings and contexts. Of grave concern to nurses are genocide, the global feminization of poverty, abuse, rape as an instrument of war, hate crimes, human trafficking, the oppression or exploitation of migrant workers, and all such human rights violations. The nursing profession must respond when these violations are encountered. Human rights may be jeopardized in extraordinary contexts related to fields of battle, pandemics, political turmoil, regional conflicts, environmental catastrophes or disasters where nurses must necessarily practice in extreme settings, under altered standards of care. Nurses must always stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as the poor, the homeless, the elderly, the mentally ill, prisoners, refugees, women, children, and socially stigmatized groups.

All actions and omissions risk unintended consequences with implications for human rights. Thus, nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating 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.

A utilitarian framework usually guides decisions and actions with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources. Conforming to international emergency management standards and collaborating with public health officials and members of the healthcare team are essential throughout the event.

8.4 PERIOPERATIVE EXPLICATIONS

The perioperative RN is an integral member of the surgical team and works collaboratively to ensure optimal patient care. The practice environment can change during times of disaster, pandemic illness, and war. During extreme conditions or emergencies, there may be situations in which the perioperative RN has conflicting responsibilities preventing him or her from participating in patient care. The perioperative RN must assess his or her ability to participate and collaborate during extreme situations that may be complex and require extraordinary practice. The extreme conditions or emergencies should be identified and discussed in collaboration with the perioperative RN's manager or administrator in an effort to examine alternative plans for safe patient care.

PERIOPERATIVE EXAMPLES

- Advocates for human rights in health care.
- Volunteers, as able, to assist or provide care in extreme emergencies or conditions (eg, extreme weather or natural or man-made catastrophic events).
- Collaborates with appropriate supervisory personnel regarding ability to participate in extreme conditions or emergencies.

PROVISION 9

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

9.1 ARTICULATION AND ASSERTION OF VALUES

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

9.1 PERIOPERATIVE EXPLICATIONS

AORN's mission is to support perioperative RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. To further its goals, AORN is committed to excellence in support of its mission and values, education, representation, and standards that are research-based, current, timely, comprehensive, applicable, and achievable.

PERIOPERATIVE EXAMPLES

- Participates in educational programs and other learning activities to promote lifelong learning.
- Reads professional journals and newsletters.
- Incorporates AORN's *Guidelines for Perioperative Practice* into practice.
- Uses the Perioperative Nursing Data Set (PNDS) to link perioperative nursing care to positive patient outcomes.
- Applies "patient safety first" principles to perioperative patient care.
- Provides consultative and other services to support perioperative nursing and patient care.
- Engages in legislative activities at local, state, or national levels to support perioperative nursing and patient care.
- Promotes interaction with regulatory agencies (eg, US Food and Drug Administration, Centers for Medicare & Medicaid Services) to advance safe, quality patient care.
- Maintains membership in AORN.
- Participates in AORN chapters, state councils, specialty assemblies, and other organizational units to support AORN and perioperative nursing.

9.2 INTEGRITY OF THE PROFESSION

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

The nursing profession engages in ongoing formal and informal dialogue with society. The covenant between the profession and society is made explicit through the *Code of Ethics for Nurses* with Interpretive Statements, foundational documents, and other published standards of nursing specialty practice; continued development and dissemination of nursing scholarship; rigorous educational requirements for entry into practice, advanced practice, and continued practice including certification and licensure; and commitment to evidence informed practice.

9.2 PERIOPERATIVE EXPLICATIONS

AORN's mission is to support perioperative RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures by uniting perioperative RNs with the intent of maintaining an association dedicated to the constant endeavor of promoting the highest professional standards of perioperative nursing practice. AORN cooperates with other professional associations, health care facilities, universities, industries, technical societies, research organizations, and governmental agencies in matters affecting the goals and purposes of AORN.

PERIOPERATIVE EXAMPLES

- Practices perioperative nursing that incorporates AORN's *Guidelines for Perioperative Nursing Practice*.
- Conducts or participates in nursing research.
- Collaborates with other professional organizations.
- Collaborates with other nursing organizations to enhance the nursing profession.
- Identifies partnering opportunities with educational, health care, governmental, payer, business, and professional organizations to promote mutually beneficial patient care initiatives.
- Partners with academic institutions to promote inclusion of perioperative nursing in curricula and clinical experiences for students.

9.3 INTEGRATING SOCIAL JUSTICE

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

9.3 PERIOPERATIVE EXPLICATIONS

The ANA *Code of Ethics for Nurses*, together with the "AORN explications for perioperative nursing," expresses the values and ethics of perioperative nursing. Use of the title RN carries with it the individual's responsibility to act in the public's best interest and to promote social justice by advocating for patients. By staying informed, the perioperative nurse can be a source of education, including to the public, on the causes of health inequities and their impact on people's lives.

PERIOPERATIVE EXAMPLES

- Treats all patients equally, regardless of socioeconomic status, sexual orientation, age, ethnicity, citizenship, or disability.
- Understands how inequities and personal prejudices may adversely affect patient outcomes.
- Understands the responsibility to intervene with the appropriate persons if it is known that the patient is being discharged to an environment that is unsafe or unhealthy.
- Leads by example to promote equity and social justice.
- Incorporates the ANA *Code of Ethics for Nurses* and AORN explications for perioperative nursing into daily practice.

9.4 SOCIAL JUSTICE IN NURSING AND HEALTH POLICY

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

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

9.4 PERIOPERATIVE EXPLICATIONS

To promote the welfare and safety of all people, nurses need adequate representation to support effective health care delivery. Individual patients and society as a whole benefit from nursing participation in decisions made about health care.

PERIOPERATIVE EXAMPLES

- Considers participation in the electoral process and in lobbying efforts affecting health care at local, state, national or international levels.
- Considers support of political candidates who advance health care issues.
- Participates in institutional decision-making.
- Volunteers, as able, in community health services.
- Considers support of political candidates, governmental programs, and legislative agenda for improving patient care.
- Educates members of the community about perioperative nursing (eg, through health fairs, Perioperative Nurse Week activities, educational programs).
- Collaborates with the public, industry, and health care workers regarding environmental and cost-containment issues.

CONCLUSION

The *Code of Ethics for Nurses with Interpretive Statements* applies to all nurses in all settings and in all roles. Because the Code is also incorporated into the nurse practice acts of a number of states, it has regulatory status in those states. Perioperative RNs must be familiar with the ethical issues inherent in their practice.

The Code of Ethics provides guidelines for behavior with others. Such guidelines are both important and necessary when dealing with issues in the context of health care. To effectively deal with ethical situations in practice, nurses must be cognizant of limitations in scope of practice and never jeopardize patient care. Nurses need to realize that they have a personal accountability for the care of the patient. There are many resources available to nurses, including the ANA *Code of Ethics for Nurses*. Ultimately, the perioperative RN is responsible for providing safe, competent, and ethical care for all patients.

REFERENCES

1. Petersen C. Respect. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:368-374.
2. Petersen C. Participates in decisions. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:355-361.
3. Petersen C. Privacy rights. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:380-383.
4. Petersen C. Individualized plan of care. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:375-379.
5. Petersen C. Competent care. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:384-387.
6. Peterson C. Knowledge of expected responses. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:346-353.
7. Responsibility. In: *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: American Nurses Association; 2015:45.

AORN content authored by the AORN Ethics Committee:

Kathryn Schroeter, PhD, RN, CNOR, CNE, Lead Author

Jane Flowers, MSN, RN, CNOR, NEA-BC, CRCST

Jan Davidson, MSN, RN, CNOR, CASC

Sharon Van Wicklin, MSN, RN, CNOR, CRNFA(E), CPSN-R, PLNC