

Module 03: Ethical Obligations

Introduction

Nurses encounter ethical conflict, uncertainty and distress in their everyday practice. Understanding and communicating beliefs and values, assists nurses to mitigate ethical conflicts and work their way through them when they do occur.

The [Code of Ethics](#) published by the Canadian Association of Nurses is a statement of the ethical values of nurses. It demonstrates nurses' commitment to persons with health-care needs and persons receiving care. As a self-regulating profession, nurses are bound to this code of ethics as part of the regulatory process that serves to protect the public.

In this module an overview of ethical principles and professional ethics will be provided. The concepts of culture, spirituality and family dynamics will also be explored in the context of critical care nursing.

Module Objective

Describe the concepts of morals, ethics, culture, spirituality and family dynamics

Module Checklist

1. Complete assigned readings
2. Read Professor Notes
3. Complete Module Quiz
4. Complete reflection questions

Values, Morals and Ethics

More controversy surrounds health care decisions made by and for critical care patients than in any other health care area. Review the slide show to learn more about the ethical reasoning and the examination of moral principles in critical care environments.

Culture

Culture is defined by the CNA as "broadly shared patterns of learned values and behaviours that are transmitted over time and that distinguish the members from one another. Culture can include language, ethnicity, spiritual and religious beliefs, socioeconomic class, gender, sexual orientation, age, group history, geographic origin and education, childhood and life experiences. Nurses in all care areas are expected to be culturally competent; able to understand, communicate with and effectively interact with people across all cultures. Cultural competence involves being aware of one's own culture, and being open to developing positive attitudes towards cultural differences and learning more about them.

There are components of culture that are easily seen and those that are less observable. It's the invisible value and belief system that drives the observable. For example women who practice Pentecostal religion adhere to modest rules of dress because it is believed that the exposed body tends to arouse

improper thoughts in both the wearer and onlooker. These beliefs are not visible to others but the rules of dress may identify people of this Faith community.

Cultural learning is facilitated through the processes of **enculturation** and **acculturation**. Enculturation is when individuals are socialized into a culture to learn their norms, values and behaviours; like a highschool student on an exchange. Acculturation is the process of acquiring new attitude, role, customs or behaviours. The outcomes of acculturation may result in varying degrees of affiliation with mainstream culture. For example, immigrants to Canada may develop a preference for Western foods but not music).

Culture may affect health care beliefs and practices, family roles, patient-provider and communication. As a means of becoming culturally competent, nurses immerse themselves in cultural pluralism “a perspective that promotes respect for the right of others to have different beliefs, values, behaviours, and ways of life” and cultural relativism; the ability to “foster awareness and appreciate of cultural differences, reject assumptions of superiority of one’s culture and advert ethnocentrism”.

How, at this point in your career do you feel that you have become more culturally competent. What do you do to practice cultural pluralism, relativism and competence?

Spirituality

When you think of spirituality what comes to mind? Did you immediately think about religious beliefs or a higher power? The concept of spiritual health is so much more than participating in an organized religion. Spiritual health is defined by Como (2007, p. 226) as “a connectedness with self, others and the sacred that transcends and empowers the self”. Spirituality is not a religion and is directly affected by illness and stress. As health declines, spiritual need may increase. Spirituality practices or rituals give people a sense of belonging and meaning. They may find hope and strength in their spiritual beliefs and as such, it should be included in their holistic care plan.

As a means of understanding a patient’s spirituality (and their family’s) a nurse needs to recognize their own bias surrounding spirituality and Faith practices. Many nurses avoid discussions regarding spirituality because of a level of discomfort surrounding the topic. Approaching a patient and their family about their spiritual health needs from a position of interest and inquiry, without judgment is ideal.

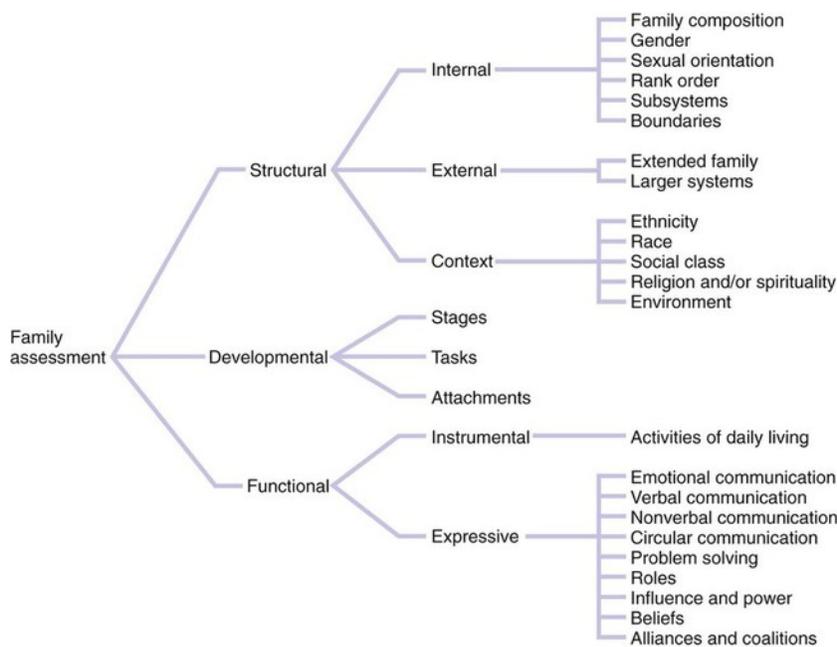
Some of the goals for guiding discussion around spiritual health include:

- Inviting patients to share their spiritual beliefs and values
 - Do you (or your loved one) have any spiritual or religious practices that you would like us to consider while you are in hospital?
 - That’s very interesting and something I don’t know very much about. Can you tell me more?
 - Do you have a spiritual advisor or Faith leader that you would like me to contact for you?
 - Do you have any dietary practices that you would like us to be aware of?
 - Do your spiritual or religious beliefs include any directions for how your personal care should be carried out. For example:
 - persons of the same gender must provide personal care

- hair is to remain covered
- hair is not to be cut

Family Dynamics

Care cannot be provided to patients in any setting without considering the in the context of their family. As a means of developing a therapeutic relationship with a patient’s family, critical care nurses must be self-aware, look beyond the surface of the patient and families and practice with an approach of inquiry. Wright and Leahy (2009) suggest that families that would benefit most from a more detailed family assessment include those who are experiencing emotional, physical or spiritual suffering or disruption caused by a family crisis. Using the Calgary Family Assessment Model (CFAM), a relational strengths focused practice model; is one method of performing this type of assessment. See the image below for an overview of the model.



Source: <https://images.app.goo.gl/7YvQuYqvqyQqBTCo8>

As a mechanism of developing a therapeutic relationship with family members, critical care nurses draw on the assessment and intervention processes described by Doane and Varcoe (2005) that has been adapted and is presented in the slideshow. As you read through consider the different types of families you’ve worked with already in your career and reflect on how you’ve implemented these actions previously; what worked well and how things could be improved next time.

Activities

Drag and drop exercise with the following definitions (terms listed on left of table, definitions right) need to be scrambled.

Values	Acculturation	Ethics
Enculturation	Morals	

	Beliefs of a person or social group in which they have an emotional investment
	Motivation based on the ideas of right and wrong
	Rules or standards governing the conduct of a person or the members of a profession
	individuals are socialized into a culture to learn their norms, values and behaviours
	process of acquiring new attitude, role, customs or behaviours

Reflection/Discovery Questions

- How comfortable do you feel initiating conversations about spirituality with a patient and/or their family? If so, how might you overcome this? If no, how have you been successful in doing this previously?
- How comfortable are you discussing family dynamics with your patients and their families?
- Do you have strong spiritual or personal beliefs that may impede your ability to provide care to patients and their families? If so, how might you overcome them? If no, have you seen others in your practice act in a less than desirable way toward a patient and their family because of their spirituality?
- How, at this point in your career do you feel that you have become more culturally competent. What do you do to practice cultural pluralism, relativism and competence?

Summary

This unit has presented concepts that are core concepts in all nursing practice. The nature of critical care nursing however, often increases the complexity of navigating this foundational aspects of care provision. It is vital that critical care nurses do not work independently when facilitating these principles of care; a multidisciplinary team approach is the required. In the next module you will explore the concepts of collaborative practice and learn more about each disciplines role in the care of the critically ill patient and their family.

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