American Nurses Association

# Code of Ethics For Nurses

# CODE OF ETHICS
## FOR NURSES

About the American Nurses Association
The American Nurses Association is the only full-service professional organization representing the interests of the nation's 5 million registered nurses through its constituent/state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

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# CONTRIBUTORS AND ACKNOWLEDGEMENTS

In preparation for the 2025 revision of the *Code of Ethics for Nurses* (*Code*), the American Nurses Association Center for Ethics and Human Rights initiated a comprehensive approach to gather feedback from various interested partners, including nurses from around the world and an examination of the use and impact of the *Code* by performing a scoping literature review. These initiatives aimed to evaluate the utilization and effectiveness of the existing *Code* through diverse engagement strategies.

The revision of the *Code* was informed by a panel of nurses selected from various practice settings, geographic locations, and differing levels of expertise. After a revised code was drafted, it was posted for public comment and over 6,300 responses were received from 3,000 individuals. The contributions of these individuals are gratefully acknowledged.

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*The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.*



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*Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.*



## PROVISION 7

*Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.*



## PROVISION 8

*Nurses build collaborative relationships and networks with nurses, other healthcare and nonhealthcare disciplines, and the public to achieve greater ends.*



## PROVISION 9

*Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.*



## PROVISION 10

*Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.*

# PREFACE

The *Code of Ethics for Nurses* (*Code*) establishes the ethical standard for the profession and provides a guide for nurses to use in ethical practice and decision-making without dictating a specific framework or method. The *Code* is a nonnegotiable moral standard of nursing practice for all settings. It 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, ideals, and obligations that shape, guide, and inform nursing as a profession. The *Code* is both normative and aspirational, and, while its values are stable, the knowledge, scope, and context of nursing develops and changes, and thus requires that the *Code* be revised to meet the evolving needs of nursing practice. The *Code* is revised and amended periodically through formal processes established by the American Nurses Association (ANA). Nursing encompasses the protection, promotion, and optimization of health, abilities, and well-being; the prevention of illness and injury; the facilitation of healing and the alleviation of suffering through the diagnosis and treatment of human response to health and illness; and advocacy 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. Nursing is committed to the right to health; nursing acts 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 to embrace the values, moral norms, and ideals of the profession and to embody them as a part of what it means to be a *good nurse*. A code of ethics for the nursing profession makes explicit the primary obligations, values, and ideals of the profession and informs every aspect of the nurse's life. While nursing seeks to realize its own moral values and ideals, there are moments where the profession falls short. Moral failures, while unacceptable or grievous, are cause for reflection and correction, consistent with the values of our profession and the *Code*. Nursing has a responsibility to acknowledge moral failures, strive toward accountability and transparency, and build trust to maintain the social covenant it has with nurses and society. The ethical tradition of nursing is self-reflective, enduring, and distinctive, reaching back to the beginnings of modern nursing while moving its values forward into nursing's future.

Statements that describe activities and attributes of nurses in this *Code* with its interpretive statements are to be understood as normative, prescriptive and proscriptive statements expressing expectations of ethical behavior. The *Code* also expresses the ethical ideals of the nursing profession. Although this *Code* articulates the ethical obligations of all nurses, it does not dictate how those obligations are to 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; and at other times, those obligations can and will only be met collectively and in collaboration with other disciplines. The *Code* addresses the ethical expectations of individuals as well as collective nursing.

This *Code* codifies the moral standards of the profession. Additional ethical guidance on specific issues can be found in the position and policy statements of ANA, its constituent member associations, and affiliate organizations that address clinical, research, administrative, educational, public policy, or global and environmental health issues.

Since the inception of modern nursing to the present, nursing ethics has been grounded in a relational structure. The number and designation of those relationships have changed and been reconfigured over the course of 150 years of modern nursing, in reflection of the movement of nursing practice from the home to hospitals, medical centers, public health settings, and beyond. Our continued focus on the reciprocal relationships of nursing reminds us that the profession's concern for health engages with the whole of humanity, and the environment that sustains us, in relationships that encompass the individual, family, groups, communities, nations, the world, and the natural environment. The origins of the *Code* reach back to the late 1880s 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 75 years since the adoption of that first professional ethics code, nursing's art, science, and practice have evolved. Society itself has changed, as has the awareness of ways in which social structures affect national and global health. The *Code* reflects the rich ethical heritage of nursing and is a guide for all nurses now and into the future.

# INTRODUCTION

The revised 2025 *Code of Ethics for Nurses* (*Code*) kept what was current and changed what was necessary from the 2015 *Code.* The nine provisions of the 2015 *Code* have been retained and edited, with both additions and deletions. A tenth provision has been added to focus on ethical issues for nursing that are global in nature. Together, the ten provisions retain an intrinsic relational motif of six relationships: nurse to patient (Provisions 1–3), nurse to nurse (Provisions 4 and 6), nurse to self (Provision 5), nurse to profession (Provision 7), nurse to others (Provision 8), nurse/nursing to society (Provision 9), and nursing to the global community (Provision 10). We understand these relationships to be inherently reciprocal. The structure of this revision also retains interpretive statements for each provision that provide more specific guidance for practice, illuminate the current context of nursing, and situate nursing's concerns in relation to health. Together, the provisions and interpretive statements constitute the *Code*.

In any work that serves the whole of the profession, choices of terminology must be made that are intelligible to the whole community, are as inclusive as possible, and yet remain as concise as possible. As in past revisions, the choice was made to continue the use of the commonly understood term *patient* as the most universally intelligible term, while recognizing that alternative terms such as *recipient(s) of [nursing] care* provide nuances that are important. The terms *patient* and *recipient(s) of [nursing] care* refer to all who receive nursing—whether individuals, families, communities, or populations—recognizing the reciprocity in each of the relationships. We need alternative terms for *patient* because *patient* does not adequately represent all those nurses serve. *Recipient(s) of [nursing] care* has been used intentionally to identify those who receive nursing care, including those left outside the established healthcare systems (e.g., persons who are undocumented, unsheltered, un- or underinsured). We know that every encounter a nurse has is not with an individual with an illness or problem. Nurses practice in many roles and in many settings, whether paid or volunteer. *Practice* includes all the ways in which nurses influence the health of society. Specific roles (nurses in educational, leadership, or research roles) are included in specific provisions because they have distinct ethical obligations inherent in their roles.

Language is a living entity that changes over time—terminology evolves, and the meaning of specific words may change based on context. For example, the once firm and clearly understood distinctions between *may* and *can*; *will* and *shall*; and *ought*, *should*, and *must* have faded in everyday language and have come to be used interchangeably in both speech and writing, except in rare instances in which the nuance is essential to an argument. However, the meaning of terms in everyday language may differ from their use in ethics. For example, the term *ought* in everyday language denotes a permissiveness and choice. In ethics the foundational term *ought* calls for autonomous moral discernment and judgment and implies a moral imperative. In this revision of the *Code*, *ought* was deliberately used to signify autonomous moral agency when necessary and important. *Should* was carefully chosen to express obligations or expediencies that do not necessarily carry a moral imperative. *Must* was employed to denote obligations, duties, or necessities that may or may not be intrinsically moral and reflect the expectations of nurses in practice. Each term was intentionally woven into the fabric of the *Code*. In another example, the term *good* in ethics is juxtaposed by *evil*, not by *bad*. A *good nurse* in the moral sense is the nurse who is evaluated by the moral norms, values, virtues and ideals of the community and traditions of nursing, and is contrasted with the *evil nurse*, not the *bad nurse*. This *Code* understands the *good nurse* in its moral meaning.

*Applied ethics* wrestles with questions of *right*, *wrong*, *good*, and *evil* in a specific, socially defined realm of human action, such as nursing, business, or law. All these aspects of ethics are found in the nursing literature. However, the fundamental concern of a code of ethics for nursing is to provide normative moral guidance for nurses in terms of what they *ought* to do, be, seek, and embody in everyday nursing.

The *values* of nursing arise from the community, tradition, and practices of nursing and are the basis of nursing moral norms and evaluation. These *values* are the *ends* (*telos, teloi*) and *goods* (things that are *good* in themselves or *instrumental goods* necessary to realize a desired *end*) that nursing seeks. That is to say, the community of nursing regards their absence (that is, failure to seek them) in practice to be wrong, inadequate, and morally blameworthy. The values of nursing are part of what makes *good nursing* and must be enacted in every nurse's practice and exemplified by the whole profession. There is no specific list of values that nursing seeks; they are the innumerable values of the nursing community and include values such as justice, equity, inclusiveness, integrity, dignity, cultural humility, care, comfort, compassion, trust, commitment, and health—all that is *good* to seek. The values

of nursing also underpin nursing's need to articulate and advance the notions of *good* and *health* within a society. A *good society* balances justice and compassion, while supporting the opportunity for its members to coexist and strive to flourish individually and collectively.

The *virtues* of nursing also arise from the community, tradition, narratives, and practices of nursing. Like the values, the community of nursing would immediately recognize and regard their absence as unacceptable. Ancient perspectives on virtues considered them to be fixed aspects of moral character that were learned by habitual practice. Newer perspectives on virtue theory understand virtues not as a possession of the person but instead as a possession of the community and as arising from the inner *identity* of the person grounded in the narrative, tradition, and practices of a specific community. For nursing, virtues are grounded in a *nursing identity* and are *a contextual expression of moral character* of the nurse grounded in the moral expectations of the nursing community. They would include, for example, compassion, caring, kindness, responsiveness, attentiveness, attunement, integrity, trustworthiness, and more.

When considering *moral identity formation*, both the values and virtues of the profession are *instantiated* (interiorized and demonstrated); that is, the person *internally incorporates the values and virtues of the profession* to act, think, and feel like a nurse and expresses those values and virtues in the context of practice. As the nurse becomes an expert practitioner, the values and virtues increasingly, and with greater precision and nuance, emerge as needed in the relationships, according to the specific needs, circumstances, and ever-changing condition of the patient. By having values and virtues reside within the narrative and tradition of the community of nursing, they are a normative moral standard, a referent, and the moral expectation of the nursing community for nurses and nursing practice.

Nursing ethics holds many values and obligations in common with international nursing and health communities. For example, the *Sustainable Development Goals* of the United Nations (UN); the World Health Organization (WHO) policies and documents on health, midwifery, and nursing; the Declaration of Helsinki and Belmont Report; and the *ICN Code of Ethics for Nurses* (International Council of Nurses) are documents that are historically and contemporaneously important to U.S. nurses and nursing's ethics.

It was the intent of the Revision Panel to revise the *Code* in response to the complexities of modern nursing and to societal change, with its pressing sociopolitical issues of race, class, sexual identity, social division, and structures that harm or disadvantage. This revision also attempts to address current and emerging changes in caring science, health science, nursing humanities, and technology. As with every successive revision of the *Code*, it is intended to be responsive to the needs of nurses for a clear articulation of nursing values in ways that anticipate the moral complexities of nursing and the health care needs of society.

—Co-Chairs, 2025 *Code of Ethics for Nurses* Revision Panel

# PROVISION 1

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

## 1.1Respect 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; therefore, ethical nursing practice requires compassion for all humans as deserving of dignity and respect. Nurses maintain caring relationships and are committed to fair treatment, transparency, integrity-preserving compromise, building trust, and the best resolution of conflicts. The nurse is additionally committed to creating and sustaining an ethical environment where the nurse-patient relationship can flourish.

Nurses condemn dehumanization in all its forms while simultaneously affirming personhood and humanity through allyship and partnership. Allyship is an ethical duty that requires intentional interventions, advocacy, and support to eliminate harmful acts, words, and deeds. Allyship also requires that nurses create space to amplify voices that are not traditionally heard, recognized, or welcomed in order to build and sustain a culture that respects all persons. Nurses aim to mitigate all forms of bias and prejudice and their actual and potential effects. Nurses must recognize racism and other forms of bigotry, prejudicial bias, and discrimination (e.g., ableism, ageism, classism, heterosexism, sexism) as harmful assaults that negatively impact care and violate the human dignity of an individual. It is essential to address health disparities by providing culturally concordant care, fostering patient-centered communication, and engaging in allyship to improve patient outcomes. The nurse also recognizes that patient interactions have ethical implications and appreciates these moments as particularly salient times to practice everyday ethics. Nurses work collaboratively to alter systemic structures that have a negative influence on individual and community health.

## 1.2Relationships with Patients and Recipients of Nursing Care

Nurses establish relationships of trust and provide nursing services according to need. Nurses engage in self-reflection to identify and mitigate bias or prejudice that interferes with or harms the nurse-patient relationship. The nurse recognizes that biases can exist both explicitly and unconsciously. Attributes such as the patient's culture, value systems, religious beliefs, spiritual beliefs, lifestyle, social support system, preferred language, and sexual identity are to be considered when planning individual, family, and population-centered care. Nurses promote health and wellness, address problems, and respect patient decisions. Respect for a patient's decisions does not require that the nurse agrees with or supports all choices made by a recipient of care. When patient choices are assessed to be dangerous, risky, or self-destructive, nurses have a moral obligation to take appropriate actions to address the behavior and provide accurate, evidence-based education and resources. In immediately dangerous situations, the nurse focuses on modifying the harmful behavior to either mitigate or eliminate the risk.

## 1.3The Nature of Health

Health is a universal right and the need for it transcends all individual differences.

The worth of a person is not affected by life choices or circumstances, illness, ability, socioeconomic status, functional status, or proximity to death. Nursing care 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 recipients to live with as much physical, emotional, social, religious beliefs, and spiritual

well-being as possible, aligning with their preferences, values, and determination of quality of life. Nurses lead the implementation of responsible and appropriate evidence-based interventions across the lifespan to optimize the health and well-being of those in their care. When a recipient of care no longer sees a proportional benefit from the burdens of interventions, nurses are attentive and practice shared decision-making to arrive at medically achievable goals that reflect patient values. All human beings should have access to what they recognize as a good quality of life, which is subjective. Nurses appreciate that what is right for one person may not be right for another. The nurse balances respect for values with harm mitigation and recognizes that every decision for each person is unique and situational.

## 1.4The Right to Self-Determination

Respect for human dignity requires the recognition of specific patient rights—in particular, the right to self-determination. Recipients of care 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 undue influence, duress, deception, manipulation, 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 persons of their choosing, and to partner with nurses and other healthcare professionals.

Nurses have an obligation to be familiar with the moral and legal rights of recipients of care. Within their scope of practice, nurses preserve, protect, and support those rights by assessing the patient's understanding of the information presented and explaining the implications of all potential options. When a recipient of care lacks capacity, an alternate decision-maker should base decisions on the patient's previously expressed wishes and known values, taking into consideration the nuances associated with minors. In the absence of an alternate decision-maker, healthcare professionals make decisions that reflect the best interests of the recipient of care considering the patient's personal values to the extent that they are known. The recipients of care should be involved in their own care at the level to which they can engage cognitively and developmentally. Age does not preclude participation in decision-making. Support of patient autonomy also includes respect for the patient's method of decision-making. Diverse cultures have a range of beliefs that affect decision-making. Nurses respect and integrate patient values and decision-making processes that are rooted in the patient's individual culture. Respecting the patient's right to self-determination can be challenging, especially when there are conflicting opinions about the best course of action.

Nurses assist recipients of care in reflecting on end-of-life decisions. Resuscitation status, advance directives, withholding and withdrawing life-sustaining treatment, palliative care, medical aid in dying, and foregoing nutrition and hydration require careful consideration. Nurses promote advance care planning conversations and should be knowledgeable about the benefits and limitations of various advance directive documents. The nurse provides 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 valuable experience, knowledge, and insight regarding effective and compassionate care at the end of life and should actively engage in related research, scholarship, education, practice, and policy development. Supportive care is particularly important at the end of life 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.

The nurse recognizes that outside of public health concerns, laws restricting or impeding individual rights may conflict with ethical practice. 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 the public's 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 and protect the public.

# PROVISION 2

*A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.*

## 2.1Primary Commitment to Recipients of Nursing Care

Within the context of nursing practice, the nurse prioritizes recipients of nursing care, placing them over institutions. Every clinical encounter and plan of care must reflect the fundamental commitment of nursing to the inherent dignity, worth, unique attributes, and human rights of the patient. Nurses provide patients with opportunities to participate in assessing their capacity for, planning and implementing their plan of care, and deciding what supportive services are acceptable to them.

Nurses facilitate informed decision-making as members of the healthcare team. Informed decision-making involves attending to language needs, other accommodations, and the disclosure of all options, including interventions not available at an institution or organization. Nurses have honest discussions providing information within their scope of practice in a nondirective manner about treatment options. Addressing patient interests requires recognition of the patient's values, preferences, and commitments within their family and other important relationships. When the patient's wishes conflict with those of others, nurses help to resolve the conflict and advocate for additional resources as needed. Where conflict persists, the nurse's commitment remains to the patient. There are instances when patients seek treatment that is within the standard of care but institutions or organizations have limited treatment options. Nurses act to preserve life and promote health as determined by the patient's values. Nurses appropriately escalate concerns when needed, such as in states where laws prohibit treatment for persons who are pregnant, undocumented, uninsured, gender diverse, or otherwise disenfranchised, marginalized, or socially stigmatized.

## 2.2Conflicts of Interest and Conflicts of Commitment in Nursing

Nurses may experience conflicts of interest or conflicts in their commitments during the practice of nursing in any setting. Nurses must examine and identify their actual or perceived conflicts of interest and follow professional guidance and other policies in the workplace.

Conflicts of interest and commitment are closely related and require careful examination. Both may exist whether a nurse is actually influenced by the competing interest or there is only the appearance of a conflict. Conflicts of interest occur when a nurse's personal, business, entrepreneurial, commercial, political, academic, research, or financial interests interfere with the nurse's professional responsibilities or a patient's interests. Nurses who bill for services, have budgetary responsibilities, or receive bonuses, sanctions, endorsements, or other incentives tied to financial targets must be especially aware of the potential for conflicts of interest. Dual agency in nursing occurs when nurses are required to fulfill their professional healthcare duties while also adhering to the mandates of another authority, such as a correctional facility or military organization. This dual responsibility can create a conflict when nurses must balance their commitment to patient care with the directives of the governing institution.

Conflicts of commitment occur when the focus of the nurse's time and attention is not on the recipients of care. This inattention interferes with the nurse's ability or willingness to perform the full range of responsibilities associated with their position. Potential or perceived conflicts, regardless of type, must be managed in ways that protect both the nurse and the recipient of care.

Nurses disclose when a conflict interferes with their ability to provide nursing care, to prioritize the patient's values, or to meet the standard of care. When there is a conflict, nurses can request a second opinion from a qualified or expert nurse, refer care to a nurse colleague, escalate to those in leadership roles, consult with professional organizations, or seek a safe transfer of care.

## 2.3Professional Boundaries

The work of nursing is inherently personal. Nursing therapeutic relationships seek to navigate illness and injury to promote, protect, and restore health, as well as to alleviate pain and suffering. Nurses develop professional boundaries to protect the patient and to mitigate power imbalances with recipients of care. Nurses must examine their behaviors and actions to ensure they are functioning within their professional role. Nurses pay careful attention when they are at risk of deviating from the therapeutic relationship by becoming over- or underinvolved with recipients of nursing care or others involved in their care. Nurses must identify behaviors and actions that could compromise the professional boundaries in relationships with colleagues, patients, or patients' identified important persons or alternate decision-makers. Nurses must compassionately enforce and restore professional boundaries when they are in jeopardy or become compromised and escalate when additional support is needed. Nurses should be aware of the policy in the practice setting and use approved channels of communication with and about recipients of care. Tokens of gratitude may be offered by patients, and some may reflect a particular cultural practice. Nurses must be mindful of this and follow institutional policy.

## 2.4Issues of Safety in the Nurse-Patient Relationship

The nurse-patient relationship may be negatively impacted by a lack of safety or safety measures in a given environment or situation. Nurses must evaluate safety in every interaction, considering physiological (e.g., infectious diseases), physical (e.g., acts of violence), psychological (e.g., acts of verbal abuse), and emotional (e.g., acts of intimidation) threats to the nurse, the recipients of care, or others. Unsafe behaviors or actions must not be tolerated and must be addressed in a timely manner to restore safety and to help the patient safely participate in healthcare encounters.

# PROVISION 3

*The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.*

## 3.1Privacy and Confidentiality

Within the context of the nurse-patient relationship, information about the whole of a patient's life may be communicated to nurses. Nurses exercise moral discernment to distinguish between clinically relevant information and personal information that does not need to be shared. Nurses protect recipients of care from unwanted or unwarranted intrusion. Privacy is the right of the recipient of care to control access to, and to disclose or not disclose, 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 creates an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Recipients of care may disclose sensitive information regarding abuse or trauma during clinical care or research processes. With consent from the patient, the nurse may advocate for a referral for supportive services. Nurses also participate in the development and maintenance of policies and practices that protect both personal and clinical information within organizational and public domains.

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 maintain vigilance regarding all forms of media that intentionally or unintentionally breach their obligation to maintain and protect patients' rights to privacy and confidentiality.

Personal information relevant to clinical care may need to be disclosed for continuity of care under defined practices, policies, or protocols. Information disclosed for education, peer review, professional practice evaluation, and other quality improvement or risk management mechanisms may be disclosed once anonymized if anonymization does not hinder required processes. When using electronic communications or working with electronic health records, nurses make every effort to maintain security related to items within their control, including preventing external attempts to breach data security and adhering to best practices by using secure internal portals.

Public health–related mandatory reporting is designed to protect the public from communicable or contagious diseases and a broad range of abuse, neglect, or other safety issues for individuals, families, and communities. Prior to reporting safety concerns, nurses carefully consider potential ramifications and the context and impact of social determinants of health when assessing criteria and consequences of reporting.

Nurses increasingly encounter legislation regarding mandatory reporting, unrelated to public health, that may conflict with a patient's best interest. While the law in some states mandates the nurse report, it is ethically justified for the nurse to protect the privacy and confidentiality of the patient seeking care. Nurses may find themselves in situations in which they face conflicting interests between the ethical constructs of the profession and state and institutional reporting mandates. In these situations, the nurse understands that either decision holds consequences for the patient and the nurse. Nurses must be compassionate, truthful, forthcoming, and transparent when communicating their mandatory reporting obligations with recipients of nursing care.

## 3.2Advocating for Persons Who Receive Nursing Care

When providing care, nurses consider the circumstances and recognize that some persons seeking or considering receiving care are vulnerable. Nurses work as members of the interprofessional team, within their scope of practice, to support ethical

informed consent. All persons who are considering their options for care should be free from undue influence and be assisted in making decisions consistent with their values. The process of consent includes consideration of social and structural determinants of health, the complexities of the healthcare system, and generational and cultural preferences that influence access and consent processes. Consent requires explaining information, providing options, answering questions, and respecting the right to refuse treatment. Persons receiving care, or their alternate decision-makers, must be provided with sufficient and relevant information in their preferred language, at a suitable literacy level that accounts for their cognitive function and developmental level, to enable them to make care decisions. Information needed for informed consent includes the purpose, risks and benefits, available alternatives to the proposed treatment, and expected outcomes.

Nurses build trust through relational consent, partnering with patients to determine agreement or refusal in all care encounters. Nurses set aside bias and are attuned to relational consent in all contexts. Trust is promoted in the nurse-patient relationship through transparency and attention to patient responses to life and health experiences.

As technology increasingly influences healthcare, nurses must establish and maintain trust by balancing clinical and ethical judgment with the use of augmented intelligence or artificial intelligence (AI) in nursing practice. Nurses lend their expertise and influence the integration of augmented intelligence and AI in clinical encounters.

## 3.3Responsibility in Promoting a Culture of Safety

Nurses participate in the development of, implementation of, review of, and adherence to policies that promote patient health and safety, reduce errors, and establish and sustain a culture of safety. When errors or near misses occur, nurses immediately assess the patient and report events to the appropriate authority according to professional or institutional guidelines. Communication should start at the level closest to the event and should proceed to a responsive level as the situation warrants. Respect for persons requires responsible disclosure of errors to patients.

Nurses are accountable for individual practice and adhere to standards of care and institutional policies. Nurses collaborate with the interprofessional team to design and engage in processes to investigate causes of errors or near misses. Reporting errors according to institutional policy is critical to maintaining a safe patient care environment. The interprofessional team identifies system factors that may have contributed to the error and advocates for necessary systems change by the healthcare organization. Nurses who commit an error should be supported and advised, while at-risk behavior should be corrected or remediated. Disciplinary action for errors should only be taken if warranted and after consideration of system or process failures. Nurses and their organizations should engage in just culture practices, recognizing that blaming the individual may cause undue harm and discourage prompt reporting and system improvement. The onus for establishing and supporting a just culture does not lie solely with nurses. When an error occurs, whether it is one's own or that of a colleague, nurses may neither participate in nor condone through silence any attempts to conceal the error.

## 3.4Protection of Patient Health and Safety by Acting on Practice Issues

Nurses are alert to and intercede in all instances that place the rights or interests of the patient in jeopardy or that violate practice standards, the *Code of Ethics for Nurses* (*Code*), or employer policies. To function effectively, nurses are knowledgeable about the *Code*, including 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 professional practice concerns, nurses express those concerns to the person involved when time and conditions allow, focusing on the patient's interests as well as on the integrity of nursing practice. When practices threaten the welfare of the patient, nurses express their concern to the responsible manager or administrator and escalate as indicated. If practice concerns are not corrected, nurses report the problem to appropriate external authorities such as licensing boards and regulatory or accreditation agencies. Nurses should use established processes for reporting and handling professional practice concerns. Nurses should support whistleblowers who identify practice concerns that are factually supported to reduce the risk of reprisal against the reporting nurse. State nurses' associations and state boards of nursing may be a resource to provide nurses 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. Reporting practice concerns, 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.

## 3.5Protection of Patient Health and Safety by Acting on Impaired Practice

Nurses protect the patient, the public, and the profession from potential harm when practice appears to be impaired. Nurses extend compassion and caring to a colleague whose job performance may be adversely affected by mental or physical states,

fatigue, substance misuse, or personal circumstances. Nurses in all roles should be knowledgeable about the risks and signs of impaired practice and are responsible for identifying and reporting signs of impairment. Nurses who report those whose job performance creates risk are acting in an ethically appropriate manner and should be protected from retaliation (e.g., exclusion, harassment, or bullying), reprisal (e.g., unfavorable personnel action), or other negative consequences. Nurses support remediation, recovery, and restoration to nursing practice, when possible. Care must also be taken in identifying any impairment in one's own practice and in seeking immediate assistance.

To protect patients, nurses follow policies of the employing organization and should be aware of guidelines outlined by the profession and relevant laws. Nurses in leadership roles should identify legal structures for intervention programs to assist nurses whose practice may be impaired. If workplace policies for the protection of impaired nurses do not exist or are inappropriate, nurses may obtain guidance from professional associations, state peer assistance programs, employee assistance programs, or similar resources.

# PROVISION 4

*Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.*

## 4.1Responsibility and Accountability for Nursing Practice

Nurses are responsible for delivering competent, compassionate, person-centered care within their scope of practice. Responsibility and accountability in nursing practice are inseparable concepts. Ethical responsibilities are grounded in the profession's values and goals. Nurses are accountable for fulfilling their ethical responsibilities. This includes choices to take or not take action. 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. 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, organization, or public entity. Nurses' acceptance or rejection of specific role demands and assignments cannot be arbitrary but must be factually based on their education, knowledge, competence, and experience, as well as their assessment of the level of risk for patient safety.

Nurses must bring forward for discussion and review difficult issues related to patient care or institutional constraints upon ethical practice. The nurse acts to promote inclusion of appropriate individuals in all ethical deliberation. When patient care issues and institutional constraints are beyond nurses' ability to remedy, they access resources such as ethics services, nursing organizations, and relevant literature as aids. Nurses have a responsibility to combat the dissemination of health misinformation and disinformation.

Nurses should be aware of regulatory documents relevant to their practice setting and region. Regulatory documents include nurse practice acts, standards of care, and state and federal laws. Nurses should seek advice when these regulations conflict or seem to conflict with patient or community interests. Nurses remain accountable for the outcomes of their decisions whether the impact is on patients, colleagues, or institutional operations. Nurses are also responsible and accountable for maintaining professional standards, engaging in professional development activities, and contributing to quality patient care endeavors such as staffing plans, institutional credentialing, and quality improvement.

## 4.2Addressing Barriers to Exercising Nursing Practice Authority

Nurses are responsible for identifying and navigating negative influences on patient care. They work individually and collectively within their expertise and scope of practice. Nurses often face challenges in exercising their authority due to hierarchical structures, rigid protocols, and other oppressive influences in healthcare systems. Economic priorities and institutional interests focused primarily on profit, efficiency, or budgetary constraints can lead to inadequate human and material resources that interfere with the nurse's ability to provide optimal nursing care. Nursing practice authority can be constrained by social, environmental, political, legislative, and economic factors. Contemporary examples include the extraordinary demands of managing emerging infectious diseases and system pressure to discharge patients to unsafe environments. Nurses who experience workplace violence, aggression, or hostility may have difficulty exercising their nursing practice authority. Nursing practice authority can also be affected by technological advances such as the implementation and use of augmented intelligence or artificial intelligence (AI), especially when integrated without careful consideration of potential harmful consequences. To maintain nursing practice authority, nurses must address barriers surrounding rapid and evolving technologies; lack of experience, exposure, and knowledge; poor representation by those in leadership roles; and unsupportive work environments.

Given the complexity and changing patterns of healthcare delivery, emerging evidence, and ongoing nursing knowledge development, the scope of nursing practice and authority continues to evolve. Nurses build inclusive, supportive environments and engage in team and institutional decision-making to exercise their authority. Nurses in leadership roles

should be aware of recurring problems in order to support and encourage nurses to articulate their perspectives. When institutional constraints are beyond nurses' abilities to remedy, resources such as relevant literature, other members of the interprofessional team, healthcare ethics experts, and nursing organizations may provide guidance. Nurses seek a meaningful voice in decision-making processes with health systems. When nurses' perspectives are not considered, patient care, the work environment, and systems that impact healthcare cannot flourish.

## 4.3Ethical Awareness, Discernment, and Judgment

Ethical awareness involves understanding that all nursing actions have ethical implications to the extent that they support or detract from nursing goals of providing an ethical good or end. Moral identity as a nurse entails the internalization of moral values and virtues, dispositions, obligations, relational maturity, and ethical comportment. In the process of educating nurses, the moral norms of nursing are instantiated during the formation of the moral identity of the nurse as a nurse. These norms arise from within the tradition, narrative, and community of nursing and find expression in the everyday ethical comportment of nurses in every nursing relationship. In the nurse-patient relationship, for example, ethical judgment is inseparable from clinical know-how. Here, ethical discernment and judgment are an embodied enactment of nursing's norms that is attuned and responsive to the context, changing status and circumstances, and subjective experience (human responses) of patients to their health situation. In the nurse-to-society relationship, nurses' ethical awareness, discernment, and judgment engage with social structures that positively affect health and seek to alter forces and uproot structures that damage health. Ethical awareness, discernment, and judgment, then, are expressions of the good intrinsic to nursing, its values, virtues, obligations, and ends, with a vision for the health and well-being of patients, for the health and well-being of society, and for the common good. For nursing, ethical discernment and judgment exist within the everyday ethical comportment of nurses (e.g., compassion, attentiveness), in every relationship, under changing circumstances and demands; they are not fundamentally decisional-, problem-, or conflict-focused. In situations of dilemma or conflict, nurses draw upon a range of ethics resources to inform their judgment. Additionally, when ethical problems have their roots in social disadvantage or political movements, nurses must use their education and knowledge to influence change through professional collaboration and advocacy.

For nurses, ethical awareness, discernment, and judgment are key to providing a solid foundation to every nursing relationship.

## 4.4Assignment and Delegation

Nurses are accountable and responsible for the assignment and the delegation of nursing activities. Such assignment or delegation must be consistent with nursing standards of practice and organizational policy. Nurses must make a reasonable effort to assess individual competence when delegating selected nursing activities. This assessment includes the evaluation of the knowledge, skill, experience, and qualifications of the individual to whom the care is assigned or delegated; the complexity of the tasks; and the nursing needs of the recipient of care.

Nurses are responsible for monitoring the activities and evaluating the quality and outcomes of the delegated care provided by other staff. Nurses may delegate nursing assessment and evaluation only to other qualified nurses. Nurses must not knowingly assign or delegate nursing assessment and evaluation to any non-nurse member of the interprofessional team or any technology-based interface. Employer policies or directives do not relieve the nurse of responsibility for making assignment or delegation decisions.

Nurses in leadership roles have a responsibility to foster a safe and ethical environment that supports and facilitates appropriate assignment and delegation. This environment includes adequate and flexible staffing; orientation and skill development; licensure, certification, continuing education, and competency verification; and policies that protect both the patient and the nurse from inappropriate assignment or delegation of nursing responsibilities, activities, or tasks. Nurses in leadership roles should facilitate open communication with nurses, allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they feel unprepared.

Nurses are responsible and accountable for providing oversight of student nurses to ensure their knowledge, skill, and comportment are sufficient to provide the assigned nursing care. Nurses in an educator or preceptor role must be provided with appropriate institutional support to allow for supervision of students without compromising patient safety or well-being or incurring conflicts of commitment.

# PROVISION 5

*The nurse has moral duties to self as a person of inherent dignity and worth, including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.*

## 5.1Personal Health and Safety

Nurses have a duty to take care of their own health and safety. Nurses define health, determine level of risk tolerance, and determine work-life balance for themselves. A nurse's professional performance and personal life may be affected by the extraordinary demands of care, and may result in fatigue, weathering, or even burnout. Nurses must be alert to the signs and symptoms that their own health and well-being have been negatively affected.

Health and safety of nurses and patients are intertwined. There is no ethical expectation nor obligation inherent in the nurse's duty to care that requires nurses to unreasonably sacrifice or trade their own safety or health for the benefit of others. Nurses need a safe work environment and supportive working conditions. Nurses must be treated with respect and need never tolerate verbal and other forms of abuse by patients, family members, or coworkers. Nurses must also consider effects that are detrimental to mental health, paying specific attention to the experience of psychological stress that results in or exacerbates negative psychological effects such as depression, anxiety, insomnia, or suicidal ideation. Nurses should seek remedies that best address their individual situations and personal needs.

## 5.2Wholeness of Character

The concept of wholeness of character highlights the duty of nurses to be their authentic selves in their practice of nursing. Wholeness of character requires that nurses acknowledge their uniqueness, individual creativity, perspectives, moral points of view, and their specific life experiences. This ethical concept acknowledges that in addition to prioritizing those entrusted to their care, nurses are moral agents influenced by distinct cultural, political, religious, spiritual, and social values. Courage and vulnerability are required for nurses to be fully who they are as individuals. This helps ensure that nursing, as a profession, mirrors the populations we serve. Prejudicial discrimination within the nursing profession ought not be tolerated. Nurses' individuality is respected, and their contributions should be honored. This fosters a safe space where individual expression is supported in the professional work environment. Nurses create a moral milieu in which moral perspectives may safely be expressed, values are clarified, issues that impact health equity are identified, and difficult and intentional conversations occur. This space does not extend to prejudicial behavior that belittles, bullies, or demeans; opinions that are inconsistent with nursing values or not rooted in scientific fact; or acts that promote structures designed to marginalize, dehumanize, disadvantage, or harm specific groups. The ethical construct of wholeness of character provides nurses with the opportunity to create the personal-professional boundaries they require, while promoting intentional presence and human connection in the workplace.

When nurses care for those whose health conditions, attributes, lifestyles, or situations are stigmatized, or encounter a conflict with their own personal beliefs, nurses must render compassionate, respectful, and competent care. A nurse may not object to care due to a patient's unique attributes that are part of the patient's identity. At times, nurses may feel their personal values conflict with their professional values. Examples may include disagreements around when life begins and how life ends. Additional examples include the role of the nurse with respect to mandatory reporting of reproductive healthcare decisions, economically driven care, or gender-affirming care. Conscience-based objection is an important right in order to promote personal integrity but must be balanced with the patient's right to care and dignity. Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness. Acts of conscience-based 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 a conscience-based 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. Seeking support may be helpful when facing the inner and external conflicts brought about by these fraught situations.

## 5.3Integrity

Personal integrity is an aspect of wholeness of character that requires reflection and discernment; its maintenance is a self-regarding duty. Acting with integrity is not the same as following rules, carrying out orders, following commands, or adhering to laws/policies without moral discernment. Nurses may face threats to their integrity in any work environment. Such threats may include requests or requirements to deceive patients, withhold information, falsify records, or misrepresent research aims.

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. While there are shared values in nursing, nurses are not expected to hold the same personal values as one another. Nurses have an obligation to express their concern individually or collectively when their integrity is compromised by patterns of institutional behavior or professional practice norms that erode the ethical environment, causing emotional and moral distress. These threats also undermine nurses' ability to exercise their moral agency, which is tied to their moral identity and the trust required of their relationships.

## 5.4Professional Competence

Competence is a self-regarding duty. It affects not only the quality of care rendered but also one's self-respect and self-esteem, as well as the meaningfulness of work. Nurses must maintain professional competence and strive for excellence in their nursing practice, whatever the role or setting. Nurses in leadership roles are responsible for developing criteria for the evaluation of nursing practice and for using organizational support of those criteria in both peer and self-assessments.

Professional growth requires a commitment to career-long and lifelong learning. Such learning can be formal or informal. Career-long learning involves keeping abreast of technological and scientific advances in nursing as well as developing a nuanced approach to human relationships, human experiences, and the recognition of who people are as individuals. Reflective learning can be personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement.

## 5.5Human Flourishing

Flourishing is an aspirational state, not an emotion. At its core, it is about a life well lived, both as an individual and in community with others. It is neither a stand-alone nor a simple ethical concept and is inextricably tied to virtue, goodness, community, and practice. Nursing recognizes that persons are inherently relational, rational, vulnerable, and in need of care. We depend on the care of others and the health of the natural and social environments to survive and thrive. This dependence should prompt nurses to nurture social relationships that embrace meaning and purpose as well as advocate for healthy environments. Each person belongs to a range of personal and professional communities in which they have sustaining, though at times unequal, relationships of giving and receiving that support the growth and development of reason and virtue and frame one's duties and obligations. It is a network of relationships-in-community that serve the common good.

Interdependence and reciprocity are tied directly to flourishing as both members of the world community and members of the nursing community. As a member of the world community, nurses' expression of self, unique talents, and lived experiences benefit the nursing profession, lending innovation, transformation, and guided direction. As a member of the nursing community, nurses are afforded the opportunity to engage in fluid, reciprocal, professional relationships built upon networks of giving and receiving support, education, mentoring, and fulfillment, to reinforce our purpose as nurses. This means nurses ought to embody values such as inclusivity, compassion, and ethical comportment to strengthen the nursing community and foster one's own flourishing.

# PROVISION 6

*Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.*

## 6.1The Environment and Virtue

Virtues in nursing and caring practices are learned, habituated attributes of moral character developed in the context of nursing practice, education, and identity formation. Virtues predispose persons to behave in ways that meet their moral obligations as understood by the moral community of nursing; these virtues grow with experience as the nurse moves from novice to expert practice. Virtuous nursing expresses core values, including compassion, caring, dignity, integrity, and respect. As a profession that serves the public, there are certain attributes of moral character nurses ought to possess. These include the application of knowledge and skill in pursuit of wisdom, humility, and moral fortitude. Additionally, virtues are necessary for the affirmation and promotion of the values of human dignity, well-being, health, and other ends that nursing seeks.

For virtues to develop and be operative in nurses, nurses must be supported by a moral milieu that enables them to flourish. Nurses must contribute to the environment to foster virtuous nursing. Such a moral milieu promotes mutual caring, generosity, kindness, veracity, moral equality, and transparency.

## 6.2The Environment and Ethical Obligation

Knowledge of the *Code of Ethics for Nurses* (*Code*) and associated ethical position statements is foundational to a moral community and work environment. Many factors contribute to a practice environment that can either present barriers or foster ethical practice. These include but are not limited to government licensing regulations, compensation systems, disciplinary procedures, access to ethics services, grievance mechanisms that prevent reprisal, health and safety initiatives, organizational processes and shared governance structures, performance standards, and policies addressing discrimination and incivility. Nurses act as moral agents to transform environments where barriers limit the ethical practice of nurses.

Establishing a moral milieu requires intentionality. When social norms in a particular setting have been established that negatively affect the ethical environment (e.g., incivility, bullying, mobbing, cultural insensitivity, prejudicial discrimination, racism), rectification is necessary. Environments constructed for equitable, respectful, dignified, and just treatment of all reflect the values of the profession and nurture excellence in nursing practice. Nurses must engage in self-reflection to recognize biases that may cause harm to colleagues and the nursing profession. They also seek education and training to identify, mitigate, and change detrimental practices. Nurses in an education or a leadership role work to provide nonjudgmental, inclusive spaces for nurses and time for self-reflection. Nurses in all roles must strive to create a culture of inclusiveness, belonging, harmony, connection, and community, as well as uphold practice environments that support nurses and others in the fulfillment of their ethical obligations. Nurses are committed to creating and sustaining an ethical environment where nurse-to-nurse relationships can flourish.

## 6.3Responsibility for the Healthcare Environment

Nurses are responsible for contributing to an environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues that may have potential ethical implications. This includes advocating for more substantial ethics content in nursing education programs as well as ongoing professional development in ethics. Nurses in leadership roles have a particular responsibility to ensure that nurses are treated fairly, safely, and justly, and that they are involved in decisions related to their practice and working conditions. Nurses in leadership roles must respond to concerns and work to resolve them in a way that preserves the integrity of nurses. They must seek to change enculturated

activities or expectations in the practice setting that are morally objectionable. Nurses practicing in every area must play an active role in shaping professional practice environments to meet the expectations outlined by the *Nursing Scope and Standards of Practice*, recognizing that these environments directly or indirectly impact health outcomes.

Unsafe or inappropriate activities or practices must be rectified. Organizational changes are difficult to achieve and require persistent, collective efforts. Nurses throughout an organization should take steps to advocate for the recognition of problems at an institutional level and explore potential resolutions. Participation in collective and interprofessional efforts that strengthen the commitment to an ethical environment is appropriate.

Nurses should address concerns about the healthcare environment through appropriate channels including regulatory or accrediting bodies to ensure a safe and ethical environment. After repeated efforts to bring about change fail, nurses may feel a moral obligation to resign from healthcare facilities, agencies, or institutions where there are sustained patterns of violation of patients' rights, where nurses are required to compromise standards of practice or personal integrity, or where the leadership is unresponsive to nurses' expressions of concern. Given the possibility of organizational reprisal and financial hardship, if nurses choose to stay in an ethically compromised organization, they must continue to be vocal advocates for improving working conditions for nurses and improving unit and institutional practice for ethical patient care. By remaining in such an environment, even if due to financial necessity, nurses risk becoming complicit in ethically unacceptable practices and may suffer adverse personal and professional consequences. When nurses decide to resign or are terminated without just cause, they should pursue reasonable efforts to report and expose injurious actions that threaten nurses, patients, and the delivery of safe, high-quality care. Deciding to resign is often a challenging decision. If individual moral integrity is seriously compromised, or the nurse feels unable to act in accord with ethical values, or all attempts to pursue resolution have failed, resignation may be necessary. The needs of patients or external pressure may never be used to obligate nurses to remain in persistently morally unacceptable work environments. Despite its risk, nurses need to acknowledge the potential benefits of collective action, whether through bargaining, voting, or striking. Nurse-led entities should represent nurses in addressing unjust practices. Resumption of work after a collective action will require intentionally rebuilding the ethical environment and nurses' relationships with colleagues, the interprofessional team, the institution, and the community.

A working environment that prioritizes nurses' professional fulfillment minimizes moral distress, strain, and dissonance. Nurses create an ethical environment and culture of civility and kindness, treating all people with dignity and respect. They collaborate to meet the shared goals of providing compassionate, transparent, and effective health services. Through advocacy and allyship, the collective power of the nursing profession, and collaboration with professional organizations, nurses can help 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 the *Code*; and monitoring social, professional, and healthcare changes.

# PROVISION 7

*Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.*

## 7.1Contributions through Knowledge Development, Research, and Scholarly Inquiry

All nurses are engaged in knowledge production that informs nursing practice. Nursing knowledge draws from and contributes to the sciences and humanities. Nurses engage in research and scholarly inquiry designed to expand the body of nursing knowledge through theory, philosophy, ethics, science, and practice.

Nurses develop knowledge using a diversity of methodologies derived from the natural sciences, the social sciences, and the humanities. Multiple ways of knowing provide varied insights that contribute to nursing knowledge. The body of knowledge from non-nursing disciplines is also important to advance nursing knowledge. This includes historical, philosophical, and ethical approaches. The integration of the arts also broadens nursing's knowledge base and contributes to nurses' understanding of the human experience. Nursing knowledge and practice benefit from a plurality of perspectives and knowers.

Understanding how rigorous and ethical research enables the integration of findings into practice protocols and guidelines, advances health outcomes, and shapes policy development to support nursing practice. Some nurses are directly involved in empirical research as principal investigators or lead nurse scientists, research coordinators, or other members of the research team. The incorporation of research findings in clinical practice benefits patients who are the recipients of a nurse's expert knowledge, skill, and care. Research may or may not directly benefit the individual enrolled in a research study but advances knowledge for the future treatment of patients and is a gift of the consenting participants.

Nurses increasingly come in contact with research procedures in the delivery of nursing care. All nurses must understand the elements of what makes research ethical: social value, scientific merit, informed consent, fair subject selection, independent review, favorable risk-benefit ratio, and respect for enrolled participants. Evidence-based practice is generated from research and other quality improvement processes and improves the care provided in all settings.

## 7.2Protection of Human Participants in Empirical Research

All nurses have a professional and ethical obligation to protect those who participate in research and uphold the ethical conduct of research. Informed consent is an important ethical requirement intended to respect the choices of individuals, their preferences, and their goals of research participation. Informed consent is not a one-time event. It is a process that requires ongoing consideration of capacity, engagement, and understanding. Individuals have the right to choose whether to participate in research. Participation must be free from coercion or exploitation. Participants or alternate decision-makers must be provided with relevant and sufficient information in their preferred language, at a suitable literacy level to make decisions consistent with the participant's values. Part of this process involves allowing time for decision-making, addressing any misconceptions, and answering questions. Informed consent must also include the understanding of the right to decline to participate or to withdraw at any time without fear of adverse consequences or reprisal.

Nurses, whether acting as principal investigators or as part of a study team, are often responsible for obtaining informed consent from potential study participants. This includes discussing with individuals the voluntary nature of the study, the elements of the research study, its potential benefits and risks, alternatives to participation, and the right to withdraw or refuse to participate. Nurses are also in a position to answer any questions that participants might have and to continually assess their willingness and ability to participate in research.

Research or scientific integrity encompasses values of honesty, accountability, collegiality, and transparency in all aspects of the research process from developing research questions to dissemination of the data that help cultivate trust in science. Nurses have an ethical responsibility to disseminate their research findings and other scholarly activities, including negative

findings. This dissemination is ethically required in order to honor the participation of study participants. Misconduct can, and does, occur in nursing research or other types of scholarly inquiry. Misconduct has traditionally been defined by the following acts: plagiarism (using another person's ideas without appropriate attribution), falsification (misrepresenting research through manipulation of data), and fabrication (making up data or results). Misconduct can also be considered anything that violates the norms of integrity, accountability, collegiality, and transparency.

A community-based participatory approach is key to designing, implementing, and disseminating scholarly inquiry that supports and further advances the interests of the community, avoids harm to these communities and individuals, and builds trust with communities of interest. As nurses produce and apply nursing knowledge, it is incumbent upon them to consider the assumptions, strengths, and flaws built into the evidence base. Health sciences research frequently reproduces unchecked assumptions about historically and presently minoritized populations, giving rise to underrepresentation of some groups and overrepresentation of others in research and leading to an evidence base distorted by oppression. Nurses must be alert to research that is not value-neutral. Marginalized and socially disadvantaged or disempowered communities and groups have been exploited and harmed by researchers who perpetuated prejudices and flawed findings. Nurses must also recognize that the existing evidence base reflects a history and record of unjust research practices, which reflects researcher and social biases.

## 7.3Contributions through Developing, Maintaining, and Implementing Professional Practice Standards

Professional practice standards evolve with the ongoing development and implementation of nursing knowledge and must reflect ethical, competent practice. Research, scholarly inquiry, and knowledge generation guide the development of the *Nursing Scope and Standards of Practice*, which evolve to address advances in ethical reflection, science, technology, and practice. Nursing identifies its own scope of practice shaped by relevant social, cultural, and historical values as well as the profession's values, as articulated by the *Code of Ethics for Nurses* (*Code*) and other foundational documents. Nurses should understand their obligations to the practice environment, profession, and public, informed by nurse practice acts. Nurses who are educators establish and promote standards of education and practice to foster and ensure the development of knowledge, skills, and the moral dispositions essential to nursing.

## 7.4Contributions through Nursing, Health, and Social Policy Development

Nurses are engaged in shaping institutional, community, and social policies. Given their ethical commitments and body of knowledge, nurses have important contributions to make in health-related policy. This includes policies related to transit, climate, clean water, firearm safety, healthcare, food, and more. Nurses are encouraged to share their evidence-based knowledge with the public by serving on shared governance boards and professional, governmental, and community-based committees within local, regional, state, national, and global associations as well as practice settings.

Foundational to this participation is robust professional, political, and civic education. Nurse educators have a particular responsibility to model and foster commitment to the full scope of nursing practice and informed perspectives on health policy for students. Mechanisms of accreditation and assurances of minimum safe practice should reflect this priority. Nurses in leadership roles must foster institutional policies that empower evidence-based practice and enhance ethical comportment. This includes supporting continuing educational opportunities and dedicated time and resources that allow for institutional service and the importance of including nursing's voice on interprofessional improvement committees. Nurse researchers and scholars contribute expertise to the development and implementation of evidence-based nursing, health, and social policies.

## 7.5Considerations Related to Ethics, Technology, and Policy

The practice of nursing requires the integration of technology. New technologies enter, proliferate, and change healthcare at a rapid pace, and the scale ranges from the molecular (e.g., genomics) to the infinite (e.g., machine learning [ML] and augmented intelligence, or artificial intelligence [AI]). Nurses must contribute to decisions involving the development and adoption of technologies in the provision of nursing care and conduct of research through multiple routes including engagement with ethics committees. In addition to weighing the viability and efficacy of technologies' end products and deliverables, nurses must also consider the ways in which technologies are developed and their impact on knowledge production and nursing practice. Developing and adopting cutting-edge technologies may stratify care in ways that exclude those who are unable to afford potential options. Conscientious use of informatics and healthcare technologies requires consideration of health equity principles and an emphasis on transparency in development tactics and application processes.

Although it is impossible to account for every nuance of every technological development and predict how technology will be used in healthcare in the future, nurses must appreciate that ML, augmented intelligence, and AI are already deeply embedded in healthcare. Common examples include algorithms designed to support clinical decision-making and diagnostic programs used in radiology and pathology. Nurses need to grasp the broader implications of their input on downstream data, clinical decision-making, clinical decision support rules and alerts, and electronically transmitted information into subsequent records. Nurses recognize the potential for ML, augmented intelligence, and AI to expand nursing capacity but must also acknowledge that technologies may cause harm. The ability to reverse data permissions or delete data must be considered throughout the development of these technologies. For example, it is not always clear when ML, augmented intelligence, and AI are being used to collect or use data, making opting out difficult for both nurses and patients. Considerations for reversibility, or the ability to withdraw permissions to access data or to remove data entirely, must continually be explored before, during, and after the development of data-collecting technologies. Augmented intelligence or AI also may result in wage inequalities and amplify inequities inherent in big data. Balancing the risks and benefits of technologies requires that nurses stay informed about developments, acknowledge the potential benefits and harms, maintain the dignity of the recipient of care, complement the relational nature of nursing, and ensure the voice of nursing is present when decisions are made in healthcare systems.

Advancements in genetics and genomics research and their technologies, such as whole genome and exome sequencing, raise similar concerns (e.g., informed consent, risk-benefit ratio, privacy, and confidentiality) as well as unique ethical concerns. Ethical questions that nurses should continue to consider and reflect on include: Who has access to these technologies? How will they be used and by whom? How will genetic information affect historically and currently oppressed or resource-poor communities? What approaches can be used to minimize harm to families? And when is there a duty to return results or disclose incidental findings?

Nurses must ensure the ethical and responsible use of evolving technologies by critically questioning the underlying assumptions of technologies and the implications of their use in research. Nurses who are educators must also emphasize the centrality of technology in the provision of nursing care as they educate the next generation of nurses, considering the benefits and challenges of technologies in supporting patient care. By critically questioning the underlying assumptions of these innovations, nurses may affirm that they reflect the values, principles, and goals of the profession.

# PROVISION 8

*Nurses build collaborative relationships and networks with nurses, other healthcare and nonhealthcare disciplines, and the public to achieve greater ends.*

## 8.1Collaboration Imperative

Many health and health system issues cannot be addressed by one discipline alone. Nursing must collaborate to achieve the profession's broader and more complex goals. Collaboration includes networking, advocacy, leadership, and diplomacy. It occurs among nurses and other healthcare and nonhealthcare disciplines, recipients of care, the communities that are impacted by specific issues, the general public, and elected representatives. Nurses collaborate at many levels to address institutional, community, and legislative challenges. Collaborative efforts for nurses focus on diverse issues such as healthcare system problems, planetary health initiatives, and policies and laws that threaten health equity. The complexity of healthcare requires collaborative effort that has strong support and active participation of an interprofessional team and involves the recipient of care. Collaboration optimally requires listening, mutual trust, recognition, respect, transparency, shared decision-making, accountability, and open communication among all who share concern and responsibility for health outcomes. It extends to everyday relational ethics when intraprofessional, interprofessional, and nurse-patient collaboration is necessary. Nurses are uniquely positioned to elicit patients' values, beliefs, and wishes and communicate them to the team. Collaboration also includes collective advocacy, leadership, transformational change, leverage of nursing expertise, amplification of voices that are typically silenced, and construction of a shared understanding that includes the unique perspective of nurses. Partnerships and networks created by multiple disciplines and communities enhance collective power to address issues that require a bold approach.

Nursing organizations and relevant parties have a moral obligation to address workforce sustainability. Academic institutions, healthcare agencies, businesses, and policymakers must collaborate to consider the wide spectrum of healthcare delivery systems, from urban medical centers to rural communities. Nursing, with its partners, must ensure the education and distribution of nurses to sustain the nursing workforce. Systemic solutions must be central to any discussion about improving staffing and nursing education. Sustainability initiatives include shared governance, workplace safety, transformational leadership, and the implementation of evidence-based transition-to-practice programs. Workforce shortages occur at all levels of nursing and place insurmountable pressure on the profession. Collaboration is essential to alleviate the burden placed on nurses working within an under-resourced and complex healthcare system.

## 8.2Collaboration to Uphold Human Rights, Mitigate Health Disparities, and Achieve Health Equity

The nursing profession holds that physical and mental health are universal human rights. Thus, the need for nursing is universal. Where there are human rights violations, nurses must stand up for those rights and demand accountability. To transform unjust structures and directly address social and structural determinants of health, nurses must partner directly with communities of interest to advocate for community-based organizations, promote innovative models of care, and advance legislative proposals for safe and sustainable communities for all people.

The nurse collaborates to ensure care delivery that is person-centered, holistic, trauma-informed, and culturally responsive. With the healthcare team, nurses identify and work to procure resources that support individual, family, and community health. Nurses educate and work with others to prevent, treat, and control prevailing health problems and identify emerging health threats. For example, issues of human trafficking and environmentally sustainable healthcare cannot be addressed by nursing alone. Nurses, with the healthcare team, advocate for equitable access to immunizations and reproductive healthcare, effective injury prevention, public education concerning health promotion and maintenance, and

prevention and control of locally endemic diseases and vectors. Advances in technology, genetics, and environmental science require a robust response from nurses, in concert with others. Teams must develop creative solutions and innovative approaches that are ethical, equitable, and respectful of human rights. Additionally, researchers from every discipline must ask the difficult questions and collectively and honestly expose inequities in health outcomes.

## 8.3Partnership and Collaboration in Complex, Extreme, or Extraordinary Practice Settings

Nurses bring attention to human rights violations. Genocide, abuse, sexual assault, rape as an instrument of war, hate crimes, human trafficking, oppression, the global feminization of poverty, the exploitation of migrant workers, and all other such human rights violations are of grave concern to nurses. The nursing profession joins in solidarity with many other professions 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 stress human rights protection with particular attention to preserving the human rights of disenfranchised, marginalized, or 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 equally weighted 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 resources and healthcare personnel. Climate change, with its direct temperature-related impacts and other climate disruptions, including rising sea levels, floods, droughts, wildfires, infectious disease outbreaks, hurricanes, and tornadoes, causes devastation and has a disproportionate impact on poor and marginalized populations. Nurses engage in collaborative and collective action to counter structural, institutional, and political drivers of climate change.

Nurses work with others to promote transparency, protect the public, consider proportional restrictions of individual needs, and advocate for fair stewardship of resources. With interprofessional teams, nurses consider guidance of international emergency management standards and collaborate with public health officials and communities throughout an event.

# PROVISION 9

*Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.*

## 9.1Assertion of Nursing Values

Professional nursing organizations ought to exemplify the values of nursing and respect the inherent dignity, worth, unique attributes, and human rights of all individuals. The need for and right to health is universal, transcending all individual differences. It is the shared responsibility of professional nursing organizations to speak for nurses collectively in shaping healthcare and to promulgate change for the improvement of health and healthcare rooted in humanistic and social justice principles.

Nurses and professional nursing organizations condemn dehumanization in all its forms while simultaneously affirming the intrinsic dignity of all people through advocacy and allyship. Nurses recognize this as an ethical duty, enacted through intentional interventions and support to eliminate harmful acts, words, and deeds. Nurses create spaces that amplify voices not traditionally heard, recognized, or welcomed, in order to create a culture that respects all persons. Nursing values instill a sense of duty beyond individual careers, emphasizing the collective impact the profession can have on societal well-being. Professional organizations acting in solidarity is a formidable force and strengthens the ability of the profession to influence social justice and global health.

## 9.2Commitment to Society

Society establishes a reciprocal covenant with nursing and grants authority to nursing to provide care for the health and well-being of all members of society. Nurses are trusted to provide competent and compassionate care grounded in ethics. The goals of the profession are achieved through nursing's fidelity to the enduring nurse-to-patient and nurse-to-society relationships rooted in trust. Economic priorities and pressures, corporatized and for-profit healthcare, overreliance on technology, and emphasis on the performative nature of professionalism or technique threaten to undermine nursing's social covenant, resulting in an emphasis on the transactional rather than the relational aspect of the profession. Individual civic engagement and nursing's civic professionalism embody nursing's covenant and affirm the mutual expectations and responsibilities between nursing and society.

To fulfill nursing goals for a healthy and just society, nursing education ought to provide sustained opportunities for the development of skills that facilitate civic engagement and foster societal flourishing. Nursing curricula and formation, research and healthcare policy education, and professional development should prepare nurses to address unjust systems. The nursing profession upholds the public's trust, in part, by its deliberate and intentional education in advocacy and allyship to create just systems.

## 9.3Advancing the Nursing Vision of a Good and Healthy Society

It is the shared responsibility of all people and nurses in particular to articulate and advance the notions of *good* and *health* within a society. Nursing has a vision for a good society that arises from the values at the core of the profession. A *good* society is one that treats everyone with respect and dignity, balances justice and compassion, and regards humanity without hierarchy. Nursing strives to create and maintain a good society that supports the opportunity for its members to coexist and flourish. Goodness and flourishing do not require a perfect universe. Individual nurses work toward goals for which they are

best equipped, consistent with their knowledge, skills, interests, and commitments. Attainment of a good and healthy society requires that nursing recognize the imperfections in society and focus on sustainable changes that reflect nursing's virtues and values.

Nurses leverage their specific roles and expertise within varied settings to advance the vision of nursing. Nurses contribute to this vision individually and collectively. Through the power of professional organizations, nursing works to dismantle structural barriers to a good and healthy society. It is essential that nursing regularly and systematically assess strategic plans and the articulated mission and values of professional nursing organizations to ensure the organizations remain aligned with the values of nursing. Advancing the vision of a good and healthy society can occur through professional organizations that support nurses to influence and transform social and structural determinants of health and policy that impact communities and society.

More specific examples of influencing good and health through professional organizations include addressing the increasing complexities of healthcare; the failure to employ less costly community health models of care, the fact that healthcare is driven more by profit than by ethics, the consequences of gun violence, disinformation and misinformation, discrimination in all forms, climate change and environmental justice, and the realities of food insecurity, shrinking water resources, and energy production choices.

## 9.4Challenges of Structural Oppressions: Racism and Intersectionality

To effectively promote and advocate for social justice, nurses and professional nursing organizations must first address the history of racism in nursing, take accountability for ongoing harms, and identify specific, measurable plans for creating more inclusive, diverse, and equitable professional organizations that meet the needs of all people. Dismantling structural racism includes understanding and mitigating the harmful impact of racism, recognizing the devastating challenges of structural racism and the resulting power imbalances, and building inclusive coalitions representative of the public.

Nurses must condemn all forms of oppression and demonstrate intentional efforts to reflect and act upon social justice issues that influence health outcomes and healthcare equity. Systems of oppression stem from governmental, educational, housing-related, judicial, carceral, and healthcare institutions, among others. These systems contribute to, reinforce, and perpetuate the oppression of socially constructed groups based on their ability, age, ancestry, citizenship, class, health status, housing status, marital status, national origin, primary language, race, religion, or sexual identity. Oppressive systems are often not mutually exclusive, and the concept of intersectionality provides a lens to understand the dynamics within discriminatory practices. Intersectionality underscores the necessity of comprehending the compounding and cumulative effects of these interconnected characteristics, promoting a more comprehensive understanding of the challenges faced by individuals and groups in society. Nurses must advocate for more inclusive and equitable approaches in healthcare.

Racism, a pernicious force that impacts how people receive and access healthcare, is a public health crisis. Nurses must recognize that racism can impact care through direct discrimination and bias in everyday interactions, as well as through institutional policies and laws that perpetuate systemic racism. To this end, it is imperative that nurses work toward becoming antiracist. The nursing profession historically lacks an ethical analysis of racism, and moving forward must articulate and center antiracism and equity as nursing values. Meaningful change requires nursing to recognize racism, not race, as the central force at the core of health disparity, inequity, and injustice.

Nursing must engage in ongoing self-reflection and critical self-analysis through a lens of antiracism, equity, and intersectionality. Self-reflection and centering equity must lead to concrete practical changes in nursing organizations. These changes include the ongoing evaluation and transformation of organizational leadership structures, external checks and balances for organizations, the redistribution of power to reflect equity-centric organizational aims, and the consideration of organizational policies and statements that may unintentionally harm marginalized groups of people.

## 9.5National Policies, Programs, and Legislation

Nurses and nursing organizations should actively engage in the political process, particularly in addressing legislative and regulatory concerns that most affect the public's health and related social and structural determinants. Nurses must take an active role in the democratic process, including through robust civic engagement and legislative and political advocacy. Nurses and their representative professional organizations work in concert to study and disseminate values- and evidence-based efforts to promote social justice and advance a nursing agenda in health and social policies. Further, nurses and nursing organizations have an obligation to speak against legislation and social policy that undermines health, equity, human flourishing, and the common good.

Nurses have a role at every level of the democratic process. This includes informed voting in local and national elections;

running for office; combating voter suppression; and working closely with local, state, and federal elected officials to develop, promote, and facilitate the passage of health and social policy change. Other means include activism and protest to facilitate engagement and social awareness and inspire legislative transformation in the interest of health and nursing's professional goals. As members of society, activism and protest are not without risk. Nursing unity strengthens the voice of nurses and helps mitigate both personal and professional risk while furthering the ends that nursing seeks. Nurses must be vigilant and build wide coalitions and influence leaders, legislators, and governmental, and nongovernmental organizations in all related-health affairs to address the social and structural determinants of health and social well-being.

# PROVISION 10

*Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.*

## 10.1Global Nursing Community

Nursing champions universal health through support of nursing global engagement and the global nursing workforce. The human right to health and well-being is universal, thus the need for nursing is universal. The development and advancement of nursing knowledge, education, and practice are global concerns.

Nursing supports the global community in fostering shared nursing values and disseminating knowledge, education, theory, practice, and standards. All nurses in all global communities are recognized, supported, and included in these efforts. Nursing leverages participation with global initiatives, including International Council of Nurses (ICN) and the nursing office and other offices at the World Health Organization (WHO), to represent the distinctive voice, values, perspectives, and knowledge of nurses and nursing to advance global health and promote public health. Nursing, as part of the global community, works to create and disseminate scientific and scholarly findings, share practice advances, collaborate on projects of shared interest and concern through research and scholarship, attend congresses, and where beneficial, engage in consultation and mutual exchange among educators, researchers, scholars, practitioners, and students. Nursing should work to address the root causes of nonvoluntary (noncontractual, coerced) nurse migration that create global maldistribution of nurses and collaboratively develop courses of action to ameliorate nursing shortages in underserved areas.

## 10.2Global Nursing Practice

Well-resourced countries ought to create a sustainable national nursing workforce. Nurse migration increases the cultural diversity of the U.S. workforce, bringing diversity of work experience and enriching the caring experience for patients. However, care must be taken so that well-resourced countries are not relying on recruiting nurses from other nations due to shortages in their own countries. Policies and practices must respect the autonomy of nurses who choose to migrate and avoid harm to the healthcare, health, and well-being of the people of other nations by drafting their nursing workforce. Nurse migration should benefit the nursing and health of both the source and destination nations. Nursing works against the challenges of undue inducements in recruitment and provides a welcoming environment for all nurses irrespective of their educational background and country of origin. This includes internationally educated nurses who voluntarily migrate to other countries, international nurses who migrate to the United States, and U.S.-educated nurses.

Nurses from the United States also work with international agencies such as World Health Organization (WHO), health or disaster organizations, faith-based groups, and humanitarian non-governmental organizations (NGOs). Nurses working in these settings (employed or as volunteers) should prepare for such service by developing basic language skills and familiarity with the history, customs, laws, and norms of the community and nation. Nurses in communities or nations outside the United States show respect for patients' way of being in the world, understandings of health and illness, and health and illness practices, without imposing their own cultural norms. Nurses serve as learners, listeners, and health partners who seek to earn the trust and goodwill of the community. Nurses in the military face unique challenges in a range of settings, including armed conflict zones, combat arenas, or humanitarian missions, each with different ends and distinctive challenges. Nursing care of enemy combatants, at times hostile enemy combatants, poses diverse clinical and interpersonal challenges and risks. Nurses strive to affirm the personhood of all patients, including enemy combatants, and provide care according to the individual needs of the patient.

Nurses practicing in global settings often face language and cultural barriers that affect patient choices and care. In the care of civilians or during humanitarian efforts, nurses, whether military or civilian, prepare themselves in advance, as much as possible, to cross language and cultural barriers to provide respectful and compassionate care that affirms the individuality

and dignity of the patient. In disaster zones, there are particular challenges when resources are limited, the risk of injury is present, and there is a necessity for triage. Nurses engage in triage equitably and without partiality in accord with the canons of triage decision-making and observance of international wartime conventions.

## 10.3Nursing Vision for Global Health

Nursing advances a vision of a good and healthy global society and sustainable environmental practices. Nurses are involved in activities that further societal and environmental health through policy development and implementation, program development and evaluation, political engagement, global health and nursing research, and health diplomacy. These activities address the political determinants of health; support health, broadly understood as encompassing both human and environmental health and their inter-relatedness; and address issues of climate change and planetary health. Nurses and nursing organizations work toward the realization of the *Sustainable Development Goals* (SDGs) of the United Nations (UN) and other global-based benchmarks as they affect health and well-being. The United Nations SDGs include:

> The eradication of poverty, hunger, and malnutrition, and the diseases they foster; a positive agenda toward the realization of health and well-being including the reduction of maternal and child morbidity and mortality; universal literacy and education; and universal gender equality. Nursing and nurses also work to bring about access to clean water, safe food and milk supplies, sanitation, affordable clean energy; healthy cities and communities; ecological protection through responsible consumption, production, and shared natural resources; climate-related advocacy; conservation of oceanic and terrestrial life, waters, and lands; peace, justice, human rights, and strong institutions; and global partnerships to further these goals.

In accordance with their knowledge, skills, interests, and commitments, individual nurses work toward the goals to which they are most committed and for which they are best equipped.

## 10.4Global Nursing Solidarity

Nursing organizations work in solidarity as the collective voice of nursing to challenge and mitigate harms that threaten human or environmental life, health, and well-being. Nursing has a role in a world fraught with conflict, inequality, terror, racism, tribalism, crime, and injustice. The combined voice of millions of nurses, nationally and internationally, is a formidable force for change. To that end, nursing organizations and nurses work to strengthen nursing as a united voice of knowledge, experience, expertise, and global healing.

Nursing is a necessary voice to advance the centrality of caring to human and environmental life and to claim its crucial place at the center of social and political life. Immense global issues such as genocide and racial hatred, displaced persons and refugees, human trafficking, war and war crimes, political damage to social safety nets; and economic policies that disadvantage less-wealthy nations; affect health and fall within the purview of nursing's ethical concern. These are persistent and seemingly intractable issues that profoundly affect health and well-being and require a transnational, engaged nursing voice that is prepared to speak and act in concert.

Globally, nurses represent and embrace the full spectrum of human plurality, diversity, cultures, traditions, languages, and more. Nevertheless, nurses share in a concern for health and well-being that is the basis for unity in diversity and solidarity of voice. Nursing is positioned to pursue expert, evidence-based and ethically-informed care as a core value among the competing values that affect international relations. Care must not be relegated solely to the domain of individuals and families. Nursing and nurses have a collective obligation to pursue care as a political and social requirement to be shared by all.

## 10.5Global Nursing Health Diplomacy

Nursing is a global force positioned to develop programs, shape policies, and pursue legislation that supports individual and environmental health. There are many opportunities to reach out and connect in various roles as liaisons, researchers, educators, mentors, advisers, government representatives, elected officials, and participants in health diplomacy.

Local concerns are now global concerns. Global security is perpetually jeopardized by pandemics, terrorism, natural disasters, and human exploitation, including trafficking. Beyond security, health is a major element in economic welfare, human rights, social justice, foreign policy, and geopolitical decisions. Health can no longer be subservient to other values, specifically profit. Successful health outcomes are achieved when foreign policy is aligned with identified health needs.

Health diplomacy does not stand on its own. It is the knowledge that is generated by nursing practice, research, teaching, scholarship, and theory that informs nursing health diplomacy. Thus, all nurses have a role to play in supporting those who lead health diplomacy as they allocate resources and develop policies to address global health challenges.

Human life and health are profoundly affected by the state of the natural world that surrounds us. Planetary health challenges include environmental degradation, aridification, exploitation of Earth's resources, ecosystem destruction, climate change, waste, microplastics, forever chemicals, and other environmental assaults. These disproportionately affect the health of the poor and ultimately affect the health of all humanity. Nursing advocates for policies, programs, legislation, and practices that maintain and sustain the natural world. Nurses who are knowledgeable about complex social and global issues and skilled in policy or a variety of forms of activism should represent a voice of nursing in relation to these concerns. Multiple perspectives should be respected within the community of nursing.

As nursing seeks to promote health and human functioning, facilitate healing, prevent illness and injury, alleviate suffering, and advocate for all in need of nursing in recognition of all humanity, it does so from a holistic understanding of health that encompasses the environment.

Nurses are present at the beginning of life, at the end of life, at the bedside, and in homes and communities; in prisons, schools, hospitals, birthing centers, faith-based centers, telehealth, and mobile clinics; in natural and human-made disasters, amid armed conflict; in flight, in transport, on the ground. Nursing is everywhere in the midst of human joy, concern, and suffering, bringing comfort, compassion, expertise, and skill.

Nursing brings to the world a uniquely intimate knowledge of the human condition and its interaction with the environment, and is well positioned to address the social, economic, political, and institutional causes that inhibit health and well-being. Nursing works to undermine those social and political forces that harm, and strengthens those forces that foster health and flourishing and repair and heal the world.

# GLOSSARY

Accountability.To be answerable to oneself and others for one's own choices, decisions, and actions as measured against a standard such as that established by the *Code of Ethics for Nurses.*

Advocacy.The act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue.

Allyship."An ethical duty through intentional interventions, advocacy, and support to eliminate harmful acts, words, and deeds and creating space to amplify voices that are not traditionally heard, recognized, or welcomed." (National Commission to Address Racism in Nursing, 2023)

Alternate decision-maker.Any person participating in decision-making for a patient, regardless of whether they are appointed through default surrogate statutes, appointed by a court, or specified in an advance directive.

Antiracism.Involves examining systems and structures as well as intentionally preserving the dignity of others, managing perceptions, maximizing curiosity, and minimizing certainty.

Artificial intelligence (AI).A broad category that involves using algorithms to drive the behavior of agents such as software programs, games, machines, robotics, and other hardware devices. Encompasses a wide range of existing, emerging, and future technologies intended to assist nurses in caring for their patients.

Augmented intelligence.Refers to the effective use of emergent technologies that extend the human capacity to process, analyze, and synthesize data.

Autonomy.For Kant, autonomy refers to rational self-legislation and self-determination that is grounded in informedness, voluntariness, consent, and rationality. In other systems of ethics, it also includes the person's subjective interpretation, situation, preferences, and relational network.

Bias.A natural tendency to favor or disfavor individuals, groups, or concepts over others. Bias may be conscious or unconscious and may advantage or disadvantage specific individuals or groups. Negative biases may be dehumanizing.

Capacity.Functional determination of whether an individual is capable or incapable of decision-making within a particular healthcare context. Differs from a legal competency determination.

Civic engagement and Civic professionalism.Civic engagement refers to the exercise of one's moral agency, individually or with others, in issues of public importance or concern. Nursing civic engagement, also called civic professionalism, may involve engagement with formal legislative or regulatory requirements, or political structures.

Coercion.Refers to external forces of restraint or compulsion. Coercion may include undue influence, threat, fraud, deceit, manipulation, force, or situational requirements.

Community-based participatory approach.A process of systematic inquiry that encompasses all aspects of the research process (design, method, framework) and engages those affected by an issue, irrespective of their research acumen, in direct collaboration to study that issue with the intention of impacting change.

Conflicts of commitment.Conflicts of commitment refer to competing commitments of time, attention, or loyalties that interfere with the nurse's ability or willingness to perform the full range of responsibilities associated with their position.

Conflicts of interest.Conflicts of interest exist when the primacy of the patient is secondary to, or conflicts with, a personal self-interest of the nurse.

Conscience-based objection.The conscience-based refusal (conscientious objection) to participate in a lawfully permitted process within one's scope of practice. This refusal is customarily based upon the nature of a particular intervention in all cases (as a category). Conscience-based objection, when not categorical, is based upon the appropriateness of the intervention for a particular patient or on the patient's known objection to the intervention.

Culturally concordant care.The recognition that patients who share the same race, ethnicity, culture, gender, or language as their healthcare providers can have positive outcomes based on a shared identity.

Dehumanization.A spectrum of disrespect that, at one end, treats persons or groups as underserving of respect for their inherent worth and dignity (i.e., microaggressions). At the other end of the spectrum, dehumanization denies the persons or groups their full humanity, moral worth, and agency (i.e., macroaggressions).

Discernment.A moral evaluative ability to weigh the moral obligations and values of a given circumstance, event, or issue. In some instances, moral discernment may also involve weighting competing obligations or values.

Discipline.A distinct domain of research and scholarship with specialized or subspecialized content, methodologies, and body of knowledge.

Disinformation.Disinformation is intentionally misleading, erroneous, or inadequate information, disseminated to further a particular agenda.

Environmental justice.A form of justice whose concerns include degradation of agricultural land and food sufficiency; aridification, desertification, water takings, and potable water; ozone layer degradation, deforestation, climate change, and air pollution; habitat loss and ecosystem destruction; industrial waste, sanitation, and nonbiodegradables; and choices of nonreplenishable over replenishable resources. It is also concerned with how various forms of environmental damage in the pursuit of economic self-interest places the heaviest burden upon the poor, forcing them to bear the highest social, environmental, economic, and health costs.

Ethical judgment.Ethical judgment follows from moral discernment and analysis, based upon the particular aspects of the ever-evolving patient condition and context or, more largely, upon the features and context of an ethical issue.

Ethics.The branch of philosophy or moral theology in which one reflects upon morality; the formal study of morality from a wide range of perspectives including semantic, logical, analytic, epistemological, normative, and applied.

Fidelity.The ethical principle that requires faithfulness to a formal or implied agreement. This would include loyalty, fairness, truthfulness, promise-keeping, and dedication in relationships.

Greater ends.The goals and values that nursing seeks, synonymous with the Greek term *telos* (*teloi*, plural).

Health."Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (World Health Organization [WHO], n.d. a)

Health disparity."Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations." (Centers for Disease Control and Prevention [CDC], 2023)

Health equity."Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically, or by other dimensions of inequality (sex, gender, ethnicity, disability, or sexual orientation [identity]). Health equity is achieved when everyone can attain their full potential for health and well-being." (World Health Organization [WHO], n.d.b)

Impaired practice.Functioning poorly or with diminished competence, as evident in changes in work habits, job performance, appearance, or other behaviors that may occur in any role or any setting. This impairment can be due to myriad factors including substance use disorder (SUD) or other mental or physical conditions.

Instantiated.To instantiate is to internalize and enact the moral identity of the nurse as defined by the moral values and norms of the tradition, narrative, and community of practice. Instantiation is a process from novice to expert and involves interiorizing and demonstrating the values and virtues of nursing.

Integrity.Integrity manifests outwardly as honesty, constancy, and consistency with shared moral norms. This is the other-regarding form of integrity. The self-regarding form of integrity is an interior norm of faithfulness to one's own moral values, virtues, and norms; and constancy in adhering to them.

Interprofessional.Characterized by practicing professionals from two or more disciplines working, learning, or taking action together.

Intersectionality.Intersectionality stems from a group of critical theories that examine social constructs such as race, gender, class, religion, ability, caste, physical attributes, and so on. Intersectional theories recognize the complexity of interacting constructs (e.g., race with gender with religion) as potentiating social disadvantage or advantage, and giving greater nuance to understanding social and structural oppressions.

Intraprofessional.Characterized by practicing professionals from the same discipline working, learning, or taking action together.

Justice.Justice is a central concept in ethics, one of great complexity and depth with an extensive literature. In bioethics, justice is deployed as a principle, largely to examine the allocation and cost of health care. More recently, bioethics has taken note of justice

in relation to social and structural issues, particularly in the nursing ethical literature.

Knowledge of a discipline (nursing).“Consists of the ideas that have been expressed in writing, and these writings have been collectively judged by standards shared by members of the disciplinary community so that the ideas can be taken to be a valid and accurate understanding of elements and features that comprise the discipline.” (Chinn & Kramer, 2022)

Misinformation.Information that is factually erroneous, flawed, or incomplete that may be disseminated mistakenly, without ill intent.

Moral agency.Refers to the exercise of moral autonomy. Moral agency, to be autonomous, must be free of internal constraints (such as exhaustion) or external constraints (such as institutional policy) to moral action.

Moral disposition.The moral tendency, grounded in the values and virtues of a community, to behave in ways that are consistent with moral values, virtues, obligations, norms, and ideals of that community (nursing) and its tradition and practice.

Moral distress.The experience of (a) believing one knows a correct ethical action to take or professional obligation to meet and (b) being unable to act due to constraints beyond their immediate or individual control. This threatens their sense of moral agency and integrity as healthcare professionals. There is debate in the literature about whether the definition ought to incorporate other morally troubling situations, with one suggestion being that moral distress is the psychological distress that is causally related to a moral event.

Moral equality.All persons have equal moral dignity and worth and are deserving of respect.

Moral fortitude.Strength of character in the pursuit of goodness; virtue demonstrated by the ability to stand firm on values, moral principles, and moral convictions; grit.

Moral identity in nursing.One’s moral identity in nursing is formed through education and practice within the community, tradition, and practice of nursing. That formation involves the immersion and internalization in, and increasing enactment of, the moral virtues, values, ideals, and obligations of nursing’s community of practice. The ability to enact these values increases with experience as the nurse moves from novice to expert.

Moral milieu.An environment that supports the practice of morally good nursing.

Nursing organizations.Groups and associations of nurses who affiliate to promote practice, unity, and political advocacy, disseminate professional knowledge, and facilitate professional development.

Planetary health.“A solutions-oriented transdisciplinary field and social movement focused on analyzing and addressing the impacts of human disruptions to Earth’s natural systems on human health and all life on Earth.” (Planetary Health Alliance, n.d.)

Prejudice. A preconceived notion or stereotype, deeply held, whether aware or unaware, that results in ascribing unfounded attributes to a group or individuals. Prejudice generally operates negatively to the disadvantage of groups or individuals in the form of bias and prejudicial discrimination.

Professional nursing organizations.An organization that includes a member body of professional nurses and elected association leadership that is responsive to its members’ needs and the needs of the profession.

Racism.Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities.

Recipient(s) of care.Intentionally used to identify those who receive nursing care, including those left outside the established healthcare systems (e.g., persons who are undocumented, unsheltered, un- or underinsured); used interchangeably with *recipients of nursing care* and *patients*. *Recipients* implies reciprocity in the relationship.

Responsibility (for nursing action).Responsibility is tied to moral agency and accountability. Nurses are answerable for judgments and actions under their control. They are considered morally praiseworthy or morally blameworthy in proportion both to the degree of their control of their action, and its conformity with standards of practice.

Rights, human.Human rights are fundamental freedoms to which all are entitled by virtue of their humanity. Rights include both positive rights (a right to …) and negative rights (a right to be free from …).

Scholarly inquiry.Scholarly inquiry, also scholarly research, originally referred to research that took place within the walls of the *scholus* (school) itself, that is, in the archives and libraries of the school’s collections. It referred to nonscientific, nonempirical research that included, for example, philosophy, theology, and history. Scholarly inquiry refers broadly to research in the humanities that employ humanistic methodologies, including but not limited to classical languages, linguistics, literature, history, philosophy, theology, religion, ethics, and art theory and criticism, as well as the humanistic methods or content of aspects of the social sciences such as critical theories.

Self-regarding duty.Duties to self are based on the moral understanding that duties and values, such as dignity and worth, are universally applied, including to the nurse. That is, nurses are a part of the universal. Duties to self is an aggregate duty (hence

duties) that is self-regarding. It includes several duties in one principle such as maintaining one's integrity, being fully who one is, maintaining competence, and more.

Social and structural determinants of health.Both the structural and nonstructural aspects of society that advantage or disadvantage individuals or groups. Social and structural elements that disadvantage individuals or groups are also referred to as oppressions. Additionally, political and environmental determinants of health, although social and structural in nature, are used, at times, to emphasize the effects that sociopolitical and environmental factors have on health.

Social justice.A form of justice that engages in social criticism and social change. Its focus is the analysis, critique, and change of social structures, policies, laws, customs, power, and privilege. It examines the way in which these disadvantage or harm vulnerable social groups through marginalization, exclusion, exploitation, and voicelessness. Among its ends are a more equitable distribution of social and economic benefits and burdens, a deeper moral vision for society, and greater personal, social, and political dignity. It may refer to a theory, process, or end.

Trauma-informed."An intentional patient-centered approach to healthcare that is used to prevent retraumatization of patients and recipients of care who have a history of trauma." (Fleishman, Kamsky, & Sundbor, 2019)

Values.Values are the goods intrinsic to nursing, such as compassion and caring, as well as the ends that nursing seeks, such as health, dignity, and well-being. Some values are intrinsic goods, meaning that they are an end for their own sake. Other values are instrumental goods, such as health as an end to personal satisfaction and life enjoyment. Nursing seeks both intrinsic and instrumental goods.

Virtue.Virtues are attributes of moral character that are habituated so that they may be enacted. However, in the ancient understanding they were static attributes possessed by the individual. Contemporary understanding sees virtues as the possession, not of the individual, but of the community that embraces them as normative. Thus, virtues are fluid in the sense that they require moral attunement and responsiveness, and that different virtues emerge as morally required, when required. Virtues are not to be confused with traits of personality.

Weathering.The wearing down, breaking, disintegration, or alteration of the human spirit over time based on the continued impact of external factors.

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# INDEX

Note: A decimal numeral in parentheses (4.1) indicates an interpretive statement of a given numbered ethical provision (Provision 4).

The 2025 *Code of Ethics for Nurses* reaffirms and expands the ethical foundation of the nursing profession, now with ten provisions that illuminate the essential relationships central to nursing practice. Grounded in nursing's enduring commitment to health and social justice, the Code serves as a timeless yet dynamic foundation to nursing theory, practice, and praxis, expressing the values, virtues, ideals, and obligations that shape and guide the profession.

This revised 2025 edition retains the nine provisions from the 2015 Code, with updates to reflect the evolving needs of nursing practice. A new tenth provision has been added, focusing on global ethical issues, emphasizing nursing's commitment to health and well-being on a global scale complementing the relational structure already established:

- **Nurse to Patient** (Provisions 1–3)
- **Nurse to Nurse** (Provisions 4 and 6)
- **Nurse to Self** (Provision 5)
- **Nurse to Profession** (Provision 7)
- **Nurse to Others** (Provision 8)
- **Nursing to Society and the Global Community** (Provisions 9 and 10)

These relationships are inherently reciprocal, reflecting nursing's commitment to the welfare of individuals, families, communities, and the global environment. Each provision is supported by interpretive statements that provide actionable guidance, contextualize ethical challenges, and reflect the profession's relational ethos. Together, the Code's provisions embody the core values, virtues, and ideals of nursing, offering a unifying moral framework for practice in all settings, adaptable to the evolving complexities of modern healthcare.

The 2025 *Code of Ethics for Nurses* continues to uphold the profession's commitment to ethical excellence, guiding nurses in their dedication to health, humanity, and the environment. This indispensable resource empowers nurses to navigate the moral complexities of their roles while advancing nursing's transformative impact on individuals, communities, and the world.

Visit the code of ethics website for more information.

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