INTRODUCTION

In the nursing profession, nursing ethics has become the cornerstone of nursing practice nationwide. The nursing Code of Ethics which was developed by the American Nurses Association in 2001 defines the role of the licensed professional nurse as primary obligations which are necessary to provide optimal quality health care [1]. Next, moral courage plays an integral role in generating nursing confidence and nursing competence. Moral courage can be utilized by nursing staff as a tool guide to approach challenging ethical dilemmas in the health care industry. According to Nummenen et al. [2] in 2016, in the 19th century moral courage became defined in the English language as “facing the pains and dangers of social disapproval in the performance of what one believed to be duty.” In this paper, we explore how nursing ethics plays a major in nursing practice. Also, we will explore the major attributes of moral courage in nursing practice which include true presence, moral integrity, responsibility, honesty, advocacy, commitment and perseverance, and personal risk.

LITERATURE REVIEW

Nursing ethics and the basic ethical principles of nursing practice

Nursing ethics is a vital part of nursing practice because it incorporates use of ethical principles which are utilized by nurses to face to many ethical dilemmas and challenges in the health care industry. The following is an outline of each ethical principle which includes non-maleficence, beneficence, autonomy, justice, accountability, fidelity and veracity.

1. Non-maleficence: “To do no harm”. Throughout my years of nursing experience, I have witnessed many circumstances involving wrong medical decision-making which resulted in major negligent and malpractice cases. For example, in the critical care unit, there was a patient who was deceased but still on the ventilator and the nurse wasn’t aware that the patient was in cardiac arrest. The reason the nurse wasn’t aware he was in cardiac arrest is because he still had a heart rhythm on the heart monitor, and he was still receiving mechanical ventilation to support compromise of his lungs. At this time, I was a new grad in the critical care unit, and the one major clue which alarmed my suspicion that he was in cardiac arrest was that fact that his extremities were cyanotic (blue in color), and his head nurse in charge, and he was in “PEA (pulseless electrical activity)”. PEA means that when a patient’s heart stops, he could still have a rhythm on the cardiac monitor, therefore it is imperative that nurses are consistent and thorough with their assessments, to find out more regarding “PEA” and other heart dysrhythmias [3].

2. Beneficence: “To prevent or avoid harm, to benefit only, to do well”. As healthcare professionals we endure compassion, integrity and ownership in nursing and medical practice. Therefore, we must continue to be advocates for our patients in every situation. For instance, in my nursing career, I remember there was a patient who had been experiencing shortness of breath all day during my shift. The patient had a history of COPD and was experiencing an exacerbation. The patient was on Bipap for the last two days; however, the patient was very tachypneic throughout the day, and he admitted he had not approached the patient and the family. And then he came to the unit to approach the patient and family.
regarding her options for Code Status which includes the option to acquire mechanical ventilation or DNR (Do not Resuscitate) order. So finally, the patient agreed to mechanical ventilation and full code status. This is also an example of autonomy, which we will discuss in our next segment.

3. Autonomy: "To involve individuals in the decision-making process of their healthcare of their own healthcare after I became her advocate. Another example of autonomy is obtaining informed consent from individuals for surgical procedures. It is important to involve patients and their loved ones in healthcare decision-making processes. For example, in order to obtain informed consent, the physician, nurse practitioner, or any healthcare provider must thoroughly explain the risks and benefits of surgical procedures and diagnostic exams. When autonomy is violated, the patients and their loved ones may acquire misunderstanding of the procedures, therefore, the providers must also allow time for Q & A (Questions and answers) regarding potential risks and benefits.

4. Justice: "To allow fairness in the healthcare industry". Justice is one of the most violated ethical principles in the healthcare industry. Some major issues that could interfere with justice in the healthcare industry include racial discrimination, sexual orientation prejudice, personal prejudice, racial prejudice, cultural diversity and cultural incompetence, low socio-economic status and healthcare staff incompetence. When individuals are not treated fairly in the healthcare industry, this could lead major malpractice suits, ethical dilemmas in the workplace, and deaths due to patient neglect, and false insurance claims which also lead to major lawsuits. As stated by our former President, Barack Obama, "Healthcare is right not a privilege". (The Affordable Care Act 2010, President Barack Obama).

In similar meaning, no matter the race, ethnicity, sexual orientation, or socioeconomic status, every individual deserves to be treated with respect and dignity in the health care industry. I remember one major example of injustice in the ER setting. The patient was African American and came into the ER with severe bleeding from the rectum and had to wait hours before she was seen. Although, I attempted to act as a patient advocate, the doctors weren’t listening, and the woman literally bled to death. And then a couple of months later, the hospital was closed, not sure the reason for the closing. Therefore, we as healthcare professionals must continue to act as advocates for our patients in the attempt to prevent episodes like this one from occurring.

5. Accountability: “Accepting responsibility for one’s own actions". It is important to follow chain of command when it comes to authoritative reprimanding involving health care staff. Each member of the healthcare staff must take ownership of his or her own actions and must define the problem in order to progress to the resolution phase. Assuming responsibility for one’s own actions is also a reflection of integrity for the individual as well. Especially, when the action of an individual results in malpractice and neglect of a patient, it also poses a negative and defiant reputation in the health care system.

6. Fidelity: “Keeping one’s promises”. One major example of fidelity in the health care industry is when physicians and other health care staff promises the patients and families, they will receive consistent and accurate information regarding a patients’ treatment plan, and then these guidelines are violated. And when these guidelines are violated by health care team members, it creates ethical controversy and mistrust involving patients and their loved ones. Therefore, it is important for the health care team to participate in monthly and quarterly meetings in order to create unity and understanding that every treatment plan is individualized and unique to each individual patient.

7. Veracity: “Being completely faithful with patients”. It is imperative for the health care team to uphold veracity in the health care setting. Of course, each hospital and each health care system aim to improve patient satisfaction scores daily. And one major way to improve patient satisfaction scores would be for the health care staff to remain consistent, compassionate and forthcoming when it comes to the needs of our patients and their loved ones. Also, if veracity is not executed properly in the health care system, this could lead to patient injuries or even death if we’re not careful with our patients who are on suicide monitoring. For example, an elderly patient may attempt to get out of bed on her own in attempt to use the bathroom and may sustain a fall as a result. Often times, patients and their loved ones complain that the call light isn’t being answered in a timely manner.

An analysis and major attributes of moral courage

In a recent article (5) explores the complex hybrid model concept analysis with three phases including theoretical phase, field work phase and a final analysis phase. According to the theoretical phase was a composition of selecting review questions, inclusion criteria which includes qualitative and qualitative and mixed method design), search strategy, cloudly selection, data extraction, quality assessment, data synthesis, and plan for dissemination was created and implemented. Next, as stated by Sadooghiasl et al. (5) the field work phase was used to explore two major concepts of moral courage which includes moral self-actualization and risk taking. Moral self-actualization is a concept that the participants described as authority, ability to apologize and acceptance of faults, responsibility and commitment, doing the right thing, an inclination to the right path, modesty and humility, sacrifice and dedication (5). Finally, in the final analysis phase as mentioned by Sadooghiasl et al. (5), moral self-actualization is difficult to obtain due to difficulty to manage fear and risk in humans.

Compassion and true presence: According to Numminen et al. (2), the professional nurse offers compassionate care for her patients regardless of the situation. This attribute reminds me of the heroic efforts of the Covid-19 nurses serving on the frontlines. There are many nurses who have travelled from all over the US to risk their own lives to provide compassionate care for those patients suffering with the Covid-19 corona virus illness. These nurses have demonstrated their selfless heroic care acts in many states such as New York, New Jersey, Michigan, and many others.

Moral integrity (2): Moral integrity is defined as knowing one’s own values, being true to one’s self, standing criticism and mastering one’s own life.

Responsibility (2): Responsibility incorporates maintaining emotional well-being, taking ownership of one’s own mistakes and anxiety and preserving the patient’s dignity.

Honesty (2): Honesty means questioning one’s own behavior and actions, questioning colleague’s behavior and actions, and admitting one’s own mistakes and shortcomings.

Advocacy (2): Being a patient advocate means protecting the patient’s dignity, responding to the patient’s needs and rights, and intervening for and with the patient, and encouraging the patient.

Commitment and perseverance (2): Commitment and perseverance involves identifying with self and the profession, committing to good care, recognizing professional boundaries, enduring strain, and using resistance.

Personal sacrifice (2): Personal sacrifice means standing alone and committing to care with one’s whole being.

DISCUSSION AND CONCLUSION

All in all, throughout this paper, we have examined the relationships of the nursing code of ethics and its basic principles in the context of nursing practice. Also, we have explored the true definition of moral courage and its major attributes as they relate to promoting optimal health in nursing practice. The Nursing Code of Ethics and its basic ethical principles provide professional nurses with a sense of validity and consistency while continuing to promote advocacy for all patients across the nation in the healthcare industry. Finally, nurses can achieve professional excellence by moral courage which can be observed as professional care, creating peace of mind in nurses and functioning of nurses.

REFERENCES