**PROVISION 1**: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

### 1.1 Respect for Human Dignity

A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals; 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 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. Insidious bias can be perpetuated from person to person. Nurses aim to mitigate prejudice and its actual and potential effects. Nurses must recognize racism as a harmful construct that negatively impacts care and violates the human dignity of an individual. The nurse also recognizes that interactions have ethical implications and appreciates these moments as particularly salient times to practice everyday ethics. Nurses work to alter systemic structures that have a negative influence on individual and community health.

### 1.2 Relationships 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. Factors such as the patient's culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and preferred language are to be considered when planning individual, family, and population-centered care. Such considerations must 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 immediately dangerous, risky, or self-destructive, nurses have an obligation to take appropriate action to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk.

### 1.3 The Nature of Health

The need for and right to health is universal, transcending 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, and religious or 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-informed 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, situational, and individual.

**1.4 The Right to Self-Determination**

Respect for human dignity requires the recognition of specific patient rights, in particular, the right to self-determination. 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. 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, as the nurse may have conflicting opinions that lead to moral distress**.**

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 must 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 into 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 in order to prevent and alleviate the cascade of symptoms and suffering that are commonly associated with dying. Support is extended to the family and to significant others and is directed toward meeting needs comprehensively across the continuum of care.

The nurse recognizes that outside of public health concerns, laws restricting or impeding individual rights may be in 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.

### 2.1 Primary 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 unique attributes, inherent worth, and dignity of the patient. Nurses provide patients with opportunities to participate in the planning and implementing of care, assessing the capacity for self-care, and support that is acceptable to them.

Informed decision-making involves attending to language needs and the disclosure of all options, including interventions not available at a facility. Nurses have honest discussions providing information in a non-directive 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 are in conflict with those of others, nurses help to resolve the conflict and escalate when additional assistance is 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 facilities or institutions 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 pregnant, undocumented, or gender diverse persons.

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

Nurses may experience conflicts of interest and/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 guidance 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, commercial, political, academic, or financial interests interfere with the nurse's professional responsibilities or a patient's interests. 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. Most potential or perceived conflicts, regardless of the type, can be managed to protect both the nurse and the recipients of care.

Nurses must act when a conflict interferes with their ability to provide nursing care, to prioritize the patient's values, or to meet the standard of care. Actions can include disclosure to relevant parties, request for a second nurse's opinion, referral of care to a colleague, escalation to nurses or others in leadership roles, or seeking a safe transfer of care.

### 2.3 Professional Boundaries

The work of nursing is inherently personal. Nursing therapeutic relationships seek to navigate illness and injury: to promote, protect and restore health, and/or to alleviate pain and suffering. A nurse develops professional boundaries to mitigate power imbalances present in a caring

relationship and to promote success in healthcare encounters for 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 under-involved 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, 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, limit communication with or about recipients of care to approved formal channels, and not use external methods of communication, including social media. Tokens of gratitude presented to a nurse must follow policy and reflect an appreciation of cultural practices.

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

The nurse-patient relationship may be negatively impacted by a lack of safety 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 or the recipients of care. Unsafe behaviors or actions must be addressed in a timely manner to restore safety and to help the patient safely participate in healthcare encounters.

Nurses in all roles collaborate with institutions and organizations to address concerns in the environment that constrain nurses' ability to fulfill their primary commitment to recipients of nursing care. When intra-institutional efforts prove intractable, nurses may need to act outside the institution, including accessing hotlines, federal/state agencies, professional organizations, media, and unions. After all reasonable strategies have proven unsuccessful, nurses may organize events to raise the public's awareness. When a strike is deemed the most viable option, nurse organizers ought to examine the structure of the systems in place at their organization or within their state and ensure there is a process in place to care for patients.

**PROVISION 3**: The nurse establishes a trusting relationship and protects the rights, health, and safety of recipient(s) of nursing care.

### 3.1 Identity Formation and Education

The formation of professional identity in nursing involves the internalization and development of values and ethics, knowledge, becoming a nurse leader, and professional comportment. Moral identity as a nurse entails the internalization of moral values and virtues, dispositions, relational maturity, and ethical comportment. Identity is a sense of oneself in relation to others that is influenced by characteristics, norms and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse.

Nurses who are educators in any setting ensure that novice-level competence and embodiment of professional and moral standards exist prior to entry into practice. Preparation for successful transition to practice should be equitably provided for all nurses in all settings. Nurses in leadership roles ensure, through required preparation beyond academic programs, that nurses have the knowledge, skills, and abilities to fulfill professional responsibilities. This recognizes the relationship of nurse competencies, performance standards, review mechanisms, educational preparation, and professional identity formation to patient safety and care outcomes. Nursing must foster identity development through cultivation of a representative workforce that reflects the diversity of the communities nurses serve. Recruiting and retaining diverse students and educators from under-represented communities advances this ethical commitment for patients as well as for nurses.

### 3.2 Privacy 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 use moral discernment to distinguish relevant clinical information from personal information without clinical relevance, which is not 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. When necessary, with consent from the patient, the nurse may consider 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. 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.

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 must choose to uphold the ethical constructs of the profession despite their state and/or institution's lack of support or agreement. In these situations, the nurse understands either decision holds consequences for the patient and the nurse.

Public health-related mandatory reporting is designed to protect the public from communicable or contagious diseases and a broad range of safety issues for individuals, families, and communities. Prior to reporting safety concerns, nurses carefully consider context and impact of social determinants of health when assessing criteria and consequences of reporting. Nurses must be compassionate, truthful, forthcoming, and transparent when communicating their mandatory reporting obligations with recipients of nursing care.

### 3.3 Protection for Persons Who Receive Nursing Care

When providing care, nurses consider the circumstances and recognize that some persons seeking care are vulnerable. All persons who are considering receiving care should be free from undue influence and be assisted in making decisions consistent with their values. The process of consent includes consideration of structural and social 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 when possible, 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, and available alternatives to the proposed treatment.

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. Nurses acknowledge that the unique nature of individuals requires more than the provision of routine or standardized care. 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 artificial intelligence, also known as AI, in nursing practice. Nurses lend their expertise and influence the integration of artificial intelligence in clinical encounters. It is essential to address health disparities to provide culturally concordant care, foster patient-centered communication, engage in allyship, and improve patient outcomes.

### 3.4 Responsibility in Promoting a Culture of Safety

Nurses participate in the development, implementation, and review of, and the 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 and/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. Following the appropriate intra-institutional sequence of reporting to authority 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 should only be taken if behavior is reckless. Nurses support a just culture model in the workplace, recognizing that blaming the individual may cause undue harm and discourage prompt reporting and system improvement. 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.

### 3.5 Protection 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, 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.

### 3.6 Protection 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 use, 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 (exclusion, harassment, or bullying), reprisal (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 and provide optimal care.

### 4.1 Responsibility 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 accept or reject specific role demands and assignments based on their education, knowledge, competence, and experience, as well as their assessment of the level of risk for patient safety.

Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate individuals in all ethical deliberation. 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 ought to 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, and/or institutional operations.

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 non-judgmental spaces for nurses and time for self-reflection. Nurses are also responsible and accountable for maintaining professional standards, engaging in peer review, and contributing to quality patient care endeavors such as staffing plans, institutional credentialing, and quality improvement. Nurses have a responsibility to combat the dissemination of health misinformation, disinformation, and malinformation.

### 4.2 Addressing 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 system responses to social, environmental,

political, 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 artificial intelligence, 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 supportive environments and engage in team and institutional decision-making to exercise their authority. Nurses in leadership or administrative 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.

### 4.3 Ethical 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. In the process of nursing education, the moral norms of nursing – nursing's values, virtues, obligations, and ends – 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 each of the five nursing relationships. In the nurse-patient relationship, for example, ethical judgment is inseparable from clinical know-how, as to what constitutes *good nursing*. 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 undermine forces and 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 or 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 use their knowledge to influence change. For nurses, ethical discernment and judgment are a way of being-a-nurse toward the recipients of nursing care and toward those in need of nursing.

### 4.4 Delegation

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

### 5.1 Personal 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 also consider effects that are detrimental to mental health, paying specific attention to the experience of psychological stress that results in or exacerbates depression, anxiety, insomnia, or suicidal ideation. Nurses should seek remedies that best address their individual situations and personal needs.

### 5.2 Wholeness 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, their individual creativity, perspectives, and 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, 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 working teams 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 must create this space to have a moral milieu in which moral perspectives may safely be expressed, values are clarified, issues that impact health equity are identified, other nurses and interprofessional partners are *called in*, and difficult conversations are had. 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.

**5.3 Integrity**

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 healthcare environment. Such threats may include requests or requirements to deceive patients, to withhold information, to falsify records, or to misrepresent research aims. Verbal and other forms of abuse by patients, family members, or coworkers are also threats; nurses must be treated with respect and need never tolerate abuse.

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. When the integrity of nurses is compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment, and resulting in moral distress, nurses have an obligation to express their concern individually or collectively.

**5.4 Professional 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, and the meaningfulness of work. Nurses must maintain professional competence and strive for excellence in their nursing practice, whatever the role or setting. Nurses are responsible for developing criteria for evaluation of practice and for using those criteria in both peer and self-assessments and by nurses in the roles of supervisors, coach, preceptor, or mentor.

Professional growth requires a commitment to career-long and lifelong learning. Such learning can be formal learning, which most often occurs in structured academic and professional development practice environments; self-study, professional reading; and achieving specialty certification. Informal learning can be networking with professional colleagues, or gaining experiential insights at work, in the community, in the home, and in other settings. Career-long learning involves keeping abreast of scientific advances in nursing, but also involves developing a nuanced approach to human relationships, human experiences, and the recognition of who people are in their lifeworld, which incorporates the totality of their identity. Reflective learning can be personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement.

### 5.5 Human Flourishing

Flourishing is a 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 upon the care of others and the health of the environment to survive and thrive, which should prompt nurses to nurture social relationships that embrace meaning and purpose as well as advocate for healthy environments, both planetary and social. 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 should embody values like solidarity, 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.

### 6.1 The 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, and respect. Certain attributes of moral character might not be expected of everyone but are expected of nurses. These include the application of knowledge and skill in pursuit of wisdom, humility, and moral fortitude. These attributes epitomize what it is to be a *good nurse* in a moral sense. 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, moral equality, and transparency.

### 6.2 The Environment and Ethical Obligation

Knowledge of the Code and associated ethical position statements is foundational to a moral community and work environment. Virtues focus on what is good and bad in what nurses are to be as moral persons. Obligations focus on what is right and wrong in what nurses do as moral agents. 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.

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, 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 in all roles must strive to create a culture of inclusiveness, belonging, harmony, connection, and community, and 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.

### 6.3 Responsibility 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 and justly, and that they are involved in decisions related to their practice and working conditions. They 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 and/or regulatory or accrediting bodies. After repeated efforts to bring about change, 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 administration is unresponsive to nurses' expressions of concern. Given the possibility of organizational reprisal and financial hardship, if nurses choose to stay in an ethically imperfect 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 from financial necessity, nurses risk becoming complicit in ethically unacceptable practices and may suffer adverse personal and professional consequences. When nurses choose 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. Choosing to resign is never an easy 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 may never be used to obligate nurses to remain in persistently morally unacceptable work environments. Despite its risks, nurses need to acknowledge the potential benefits of collective action, whether through bargaining, voting, and/or striking. Nurse-led entities should represent nurses in addressing unjust practices. Resumption of work after an event 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; periodically updating the *Code of Ethics for Nurses with Interpretive Statements*; 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.

### 7.1 Contributions 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 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 science, the social sciences, and the humanities. Multiple ways of knowing provide varied insights that contribute to nursing knowledge. The corpus 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 research can advance health outcomes, the utilization of research findings, and appreciation of the importance of research in policy development are critical to the support of 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. Thus, 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-informed practice is generated from research and affords nurses an opportunity to improve the care that is provided at the bedside, clinic, and community, home, or other practice setting.

### 7.2 Protection 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 should be free from coercion or exploitation. Participants or alternate decision-makers must be provided with sufficient and relevant information in their preferred language, at a suitable literacy level, that meets their individual needs to make decisions consistent with the patient's values. This must 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 patients 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 peoples, giving rise to underrepresentation of some groups in research and overrepresentation of others, 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. Historically, unnecessarily gendered research has harmed women and left them out of whole research endeavors, which has direct implications for other populations including LGBTQIA+ populations, persons with IDD, persons who are undocumented, persons who are unhoused, and birthing persons. In addition to attending to the potential for exploitation and harm that occurs in research practices, nurses must also recognize that the existing evidence base reflects a history and record of unjust research practices, which reflects researcher and social biases.

### 7.3 Contributions 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, and the profession's values, as articulated by the *Code of Ethics for Nurses* 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.

### 7.4 Contributions 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 obligated to share their evidence-informed knowledge with the public they serve 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-informed 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-informed nursing, health, and social policies.

### 7.5 Considerations 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 and artificial intelligence [ML/AI]). Nurses must contribute to decisions involving the development and adoption of technologies in the provision of nursing care and conduct of research. 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 machine learning and artificial intelligence 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 recognize the potential for machine learning and artificial intelligence to expand nursing capacity but must also acknowledge that technologies may cause harm. For example, it is not always clear when machine learning and artificial intelligence is 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. Artificial intelligence also demands considerable investment of natural resources, relies on un- and under-waged labor for training, and amplifies inequities inherent in big data. Balancing the risks and benefits of technologies requires nursing to keep abreast of developments, acknowledge the potential good and harm, 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-genomics research and its technologies such as whole genome and exome sequencing raise similar (informed consent, risk-benefit ratio, privacy, and confidentiality) but also unique ethical concerns. Ethical questions that nurses should continue to consider and reflect on include who has access to this technology, how will it 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 network with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

### 8.1 Collaboration 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, and diplomacy. It occurs among nurses and other healthcare and non-healthcare disciplines, recipients of care, the communities that are impacted by specific issues, the general public, and elected representatives. Nurses collaborate at a plethora of levels to address institutional-based, community-based, 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, and open communication among all who share concern and responsibility for health outcomes. It extends to quieter everyday relational ethics when intraprofessional, interprofessional, and nurse-patient collaboration is necessary. Nurses are uniquely positioned to understand patient's 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 promote solidarity and provide 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 policy makers 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 implementation of evidence-informed 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.

### 8.2 Collaboration 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 structural and social determinants of health, nurses must partner directly with communities of interest to fund 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, human trafficking and climate change 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. Researchers from every discipline must ask the difficult questions, and collectively and honestly expose inequities in health outcomes.

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

Nurses bring attention to human rights violations. Of grave concern to nurses are genocide, the global feminization of poverty, abuse, rape as an instrument of war, hate crimes, human trafficking, oppression, exploitation of migrant workers, and all other such human rights violations. 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 at-risk, disenfranchised, marginalized, 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 the event.

**PROVISION 9**: Nurses and their professional organizations work to enact and resource practices, policies, and legislation in an effort to eliminate health inequities and facilitate human flourishing.

### 9.1 Assertion of Nursing Values

Professional nursing organizations should 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 nursing professional 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. Acting in solidarity is a formidable power and strengthens the ability of the profession to influence social justice and global health.

### 9.2 Commitment to Society

Society establishes a 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.

Society's responsibilities to this covenant include measures that enable nursing to function as a profession. Society must respect nurses and recognize nursing's self-governance. For nursing to thrive, society is also required to suppress violence against nurses, support nurses' freedom to practice, promote workforce sustainability, and provide protection in hazardous settings. This reciprocal responsibility ensures mutual accountability and promotes the delivery of effective and ethical healthcare services.

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.

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

It is the shared responsibility of all people and in particular of nurses 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 nursing. A *good* society is one that treats everyone with respect and dignity, and balances justice and compassion. Nursing strives to create and maintain a good society that supports the opportunity for its members to co-exist and flourish. Goodness and flourishing do not require a perfect universe. 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 should 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 on an aggregate level 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 complexity of healthcare; the failure to employ less costly community health models of care; that healthcare is driven more by profit than by ethics; the realities of food insecurity, shrinking water resources, and energy production choices; the consequences of gun violence in public places; disinformation, misinformation, and malinformation; discrimination in all forms; and climate change and environmental justice.

### 9.4 Challenges of Structural Oppressions: Racism and Intersectionality

To effectively promote and advocate for social justice, nurses and nursing professional 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 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 institutions such as government, education, housing, judicial, carceral, and healthcare. These systems contribute to, reinforce, and perpetuate oppression of socially constructed groups based on their ability, age, ancestry, citizenship, class, gender identity or expression, health status, marital status, national origin, primary language, race, religion, or sexual orientation. 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 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, the most pernicious force that impacts how people receive and access healthcare, is a public health crisis. Nurses must recognize racism as a construct that 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 anti-racist. The nursing profession historically lacks an ethical analysis of racism, and moving forward must articulate and center anti-racism 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 anti-racism, 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 ethical organizational leadership structures, external checks and balances for organizations that engage in unethical practices, 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.

### 9.5 National 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-based, evidence-informed 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 unethical 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 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 non-governmental organizations in all related-health affairs to address the social 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.

### 10.1 Global 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 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 interests and concern through research and scholarship, attend congresses, and where beneficial, engage in consultation and mutual exchange of educators, researchers, scholars, practitioners, and students. Nursing should work to address the root causes of non-voluntary (non-contractual, coerced) nurse migration that create global maldistribution of nurses and collaboratively develop courses of action to ameliorate nursing shortages in underserved areas.

### 10.2 Global 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 upon 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 foreign-educated nurses who voluntarily migrate to another country, international nurses who migrate to the U.S., and U.S.-educated nurses.

Nurses from the U.S. also work with international agencies such as 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 foreign communities or nations 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, including military nurses, care for civilians in combat zones often facing language and cultural barriers that affect patient choices and care. In the care of civilians or in humanitarian missions, nurses, whether military or civilian, prepare themselves in advance, as much as possible, to cross language and cultural barriers in order 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.

### 10.3 Global Nursing Vision for 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. 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. 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 United Nations Sustainable Development Goals and other global-based benchmarks as they affect health and well-being. The United Nations Sustainable Development Goals 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.

### 10.4. Global 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. These issues 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 our basis for unity-in-diversity and solidarity of voice. Nursing is positioned to pursue expert, evidence- 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.

**10.5 Global 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, earth resources exploitation, 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. As nursing seeks to promote health and human functioning, facilitate healing, prevent illness and injury, alleviate suffering, and advocate for all persons 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, in homes and communities; in prisons, schools, hospitals, birthing centers, faith communities, 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.

Civic and global duties call for all nurses to be knowledgeable and informed voters. Nurses who are knowledgeable about complex social and global issues and are 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. 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 all life and the environment and strengthens those forces that foster health and flourishing, and repair and heal the world.