

Facebook and nursing case study

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When applied to Cameraman's situation Carper's fundamental patterns of knowing provide insight into suitable nursing behaviors and actions. Empirics provides logical understanding of the scientific knowledge supporting nursing actions; therefore it is recognized as the science of nursing. Empiric data is verifiable, replicable and most importantly evidence based (Kinsley 2002, p. 136 and Hillary 2006, p. 38).

Empirical knowing allows for the recognition of symptoms, explains disease states and employs evidence-based nursing interventions; hence empiric is the data underpinning nursing actions (Hillary 2006, p. 8). Empirical data offers evidence regarding the negative impacts of smoking on a person's health. Research proves that cigarette smoke causes a myriad of diseases for the smoker and any passive smokers, long-term smokers risk severe damage to the lungs and heart (NEWS Department of Health AAA, p. 46).

Research on short-term and passive smokers, attentiveness and ability to problem solve were reduced and levels of agitation increased.

In Cameraman's situation inhalation of passive smoke can be seen as counterproductive to his learning and behaviors on clinical placement (NEWS Department of Health AAA, p. 5). Employing empirical knowledge Cameron should have offered further education programs and promoted cessation interventions. Evidence suggests that combining patient education programs, nicotine replacement therapy products and counseling services augments the chances of successfully quitting (NEWS Department of Health AAA, p. 12). Aesthetics employs a conceptual approach to nursing care, referring to the 'expressive or perceptive aspect of carving (Kinsley 2002, p.

138). Hence aesthetics is considered to be the art of nursing, involving particular skills such as empathy.

Empathy or the capacity for participating in or vicariously experiencing another's feelings', allows for an understanding of patients experiences. Exploration of aesthetics has indicated that patients value a nurse who adopts empathy when communicating or caring for them (Elevate-Jones ; Bourgeois 2011 , p. 30).

Hence the specialized skills of aesthetically knowing allow for the development of therapeutic relationships in health care settings. Cameron used aesthetically knowing to build a rapport and establish a relationship with Darker, however, also allowed this relationship to overstep professional boundaries.

Therefore Cameron should have combined aesthetically knowing with his understanding of smoking to respond effectively regarding the hazards of smoking and advocate for a healthier alternative (Hillary 2006, p. 37).

Cameron could have also used his understanding of aesthetically knowing to construct a relationship that allowed for better communication between himself and his clinical teacher.

This would have allowed Cameron to gain the perspective of a more experienced nurse and enable a discussion of a suitable resolution to Darker's problem (Hillary 2006, p. 7). By creating said relationship Cameron would have also been provided with an avenue for communicating Darker's story without breaching confidentiality. Personal knowledge stems both from interpersonal exchanges or relationships and from the awareness of one's

own beliefs, values and prejudices. Forethought of said factors allows a health professional to eliminate any biases which may have a significant influence on their perception and interactions with a patient (Kinsley 2002, p. 39 and Hillary 2006, p. 37). Hillary (2006, p. 38) recognizes that individuals are predisposed to view themselves and their actions in a favorable manner, hence argues personal knowing is for the most part complicated. If Cameron employed personal knowledge, his actions would not have been guided by his emotions, rather unbiased thought processes and evidence-based practices.

Personal knowing would have allowed Cameron to maintain professional boundaries and act in an undersea manner. Inconsequently Cameron would have added to refuse Darners pleas for a cigarette and think critically in regards to postings (Hillary 2006, p. 37 & Kinsley 2002, 139). Personal knowing also involves reflecting on actions and thoughts in a given situation. Hence if Cameron applied personal knowing, reflection on each situation would provide insight into his emotions and actions, prompting solutions or providing experience to base his behaviors on in future (Kinsley 2002, 139).

Ethical knowing entails What professionals ought or ought not to do, how they ought to comport themselves, what they, or the profession as whole, ought to aim at' Moonstone 2009, p. 21). Ethical knowing is the moral component of Carper's patterns of knowledge concerning moral responsibilities and decisions, regarding what is good and what is right. These obligations may encompass the quality of health care, the respect for

a patient, advocacy for patient welfare and accountability (Kinsley 2002, p. 140).

Ethical knowing is used by a health professional when managing complex situations or situations with unpredictable outcomes. If subscribing to ethical knowing Cameron would have discouraged Darker from smoking because it is proven to be hazardous to the an individual's health (NEWS Department of Health AAA, p. 46-45). As previously espoused Cameron should have offered Darker cessation interventions because those actions reflect the ethical principles contained within ethical knowing (NEWS Department of Health AAA, p. 12 and Johnston 2009, 39).

Ethical knowing also details that it is wrong to breach patient confidentiality therefore if Cameron was using ethical knowledge he should not have posted Darners story on[(#)]Moonstone 2009, 14). Hence perspicacity f various ethical foundations and professional codes is required to fully understand and abide by ethical knowing (Kinsley 2002, p. 140). ETHICAL ISSUES Ethics are ' designed to illuminate what we ought to do by asking us to consider and reconsider our ordinary actions, Judgments and Justifications' Moonstone 2009, 13-14).

Ethics function as a systematic framework of superseding principles detailing a manner of conduct as either admissible or inadmissible Moonstone 2009, p.

1 9). Hence ethical codes express the qualities and ideals a profession should embody and provide guidance for ethical conduct within said profession Moonstone 2009, p. 3). The Australian Nursing and Midwifery

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Council (AAA, p. 3) espouses, The nursing profession recognizes the universal human rights of people, and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.

This includes recognizing, respecting and, where able, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.

As a result of Cameraman's actions, there are several ethical standards stated in the Code of Ethics for Nurses in Australia (Australian Nursing & Midwifery Council J, wince nave Eden violate. I nose Issues revolve around ten concepts AT confidentiality, duty of care, professional boundaries and practicing within your scope of competence (Bended & Jordan 2009, p. 52-71).

Cameraman's breach of confidentiality is the key ethical issue, due to its various implications. Confidentiality occurs within a patient-professional relationship when a patient entrusts information to a professional with the understanding that it will not be disclosed (Engine ; Chadwick 1994, p. 139).

Confidentiality is an important concept, appearing in both the Code of Professional Conduct for Nurses in Australia Australian Nursing ; Midwifery Council Bibb), and Code of Ethics for Nurses in Australia (Australian Nursing ; Midwifery Council AAA).

Cameraman'sposting details confidential patient information and although Cameron does not name Darker, previously posted information enables any member of the public to identify Darker. Thus

Cameraman's actions endanger Darners safety and mental welfare (Wallace 2011). A breach of confidentiality on a public forum reflects negatively on the hospital where Cameron completed his clinical placement and on the community expectations of the nursing profession.

This is concerning because Cameraman's breach may have negative impacts on the patient-professional relationship in regards to the willingness of patients to disclose information in future, (Australian Nursing & Midwifery Council AAA, p. 10) A breach of confidentiality will also reflect badly on Cameraman's university as students are ' obliged to protect and maintain personal information about your patients during clinical placements' (Elevate-Jones ; Bourgeois 2011, p.

7) Hence it is Cameraman's duty, as a student health career to abide by statements contained within Code of Professional Conduct for Nurses in Australia (Australian Nursing & Midwifery Council Bibb), Code of Ethics for Nurses in Australia (Australian Nursing & Midwifery Council AAA) and other relevant legislation to ensure the patient safety and uphold a community and university expectations (Wallace 2011). The bioethics principles of autonomy, beneficence, non-maleficent, justice enable comprehension of the multiple ethical issues which arise from Cameraman's situation Moonstone 2009, 39).

Bioethics is a comparatively new concept; having emerged in the early sass's, it may be defined as the systematic study of the moral dimensions of the life sciences ND health care', concerning the rights and duties of patients and health care professionals' Moonstone 2009, 13-14). Bioethics uses the

principles of autonomy, beneficence, non-maleficent and Justice to enable understanding of and guide actions and judgments (Bened & Jordan 2009, p. 86). The principle of autonomy is defined as the capacity to think, decide and act on the basis of such thought and decision.

.. Rely and independently without let or hindrance' (Gallon 1985, p. 6).

Hence autonomy is the ability to self-govern Moonstone UH, p. U) It is event Tanat Cameron was coerced Dye Darker to leave ten nonstop cigarette therefore Darker was not acting autonomously (Gallon 1985, p.

6). Cameraman's ability to be influenced highlights the unprofessional relationship between himself and Darker and his actions demonstrate that he was working outside his scope of practice. This may cause a breakdown in therapeutic relationships and inefficient nursing practice (Elevate-Jones & Bourgeois 2011, p. 12). Autonomy and confidentiality are closely intertwined; a competent individual will autonomously choose to divulge information of a confidential nature to a health professional and therefore is required to autonomously choose if that information is to be divulged to others (Engine & Chadwick 1994, p. 139).

Cameraman's decision to post patient information on without the consent of the patient consequently breached confidentiality and patient autonomy Moonstone 2009, p. 40).

The principle of beneficence necessitates that an individual act for the benefit of others; augmenting the health and safety of said individual whilst avoiding any physical or psychological harm Moonstone 2009, p. 42 and

Benedict ; Jordan 2009, p. 88). On the contrary non-maleficent entails the 'stringent obligation not to injure or harm others' Moonstone 2009, p.

40). While beneficence and non-maleficent are distinct ethical principles their application in this case leads to similar issues arising Moonstone 2009, p. 1). As previously discussed smoking causes a myriad of health issues (NEWS Department of Health AAA, p. 45-46) therefore Cameron did not act with either beneficence or non-maleficent, as it is reasonable that he could have anticipated harm coming to either Darker or himself as a result of smoking. The Department of Health notes (AAA, p.

45) that passive smoking causes problems with attentiveness and ability to problem solve, therefore it is possible that Cameron may be endangering other attends when caring for them.

The principles of beneficence and non-maleficent are also lacking in Cameraman's actions surrounding the posting of confidential information on Facebook. A breach of confidentiality such as Cameraman's, which allows a patient to be identified is likely to cause psychological harm and may endanger patient safety (Engine ; Chadwick 1994, p. 139). On assessment it is evident that Cameron failed to apply either ethical principle of beneficence or non-maleficent and this is reflected in his actions.

Furthermore any action which disregards an ' imbalance of harms over infinite where this can be [repaired] without sacrificing a benefactors own significant moral interests, warrants Judgment as being morally unacceptable' Moonstone 2009, p. 43). Unlike the above bioethics principles, Justice has eluded a harmonicas definition or quantification due to differing

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perceptions of both its nature and its constitution. For this reason many different and competing theories endure Moonstone 2009, pop).

Few tenses AT Justice are truly relevant to ten tentacle Issues release In tens report, consist of ' Justice as fairness and impartiality Moonstone 2009, p. 44) and Justice in Gerard to respect for the law and the rights of individuals (Bonbon & Jordan 2009, p.

90). Cameraman's actions also highlight that the ethical principle of Justice was not used to guide his behaviors. Cameraman's display of bias emphasizes the breakdown of therapeutic relationships and effective nursing care due to distorted professional boundaries (Elevate-Jones & Bourgeois 2011, p. 1 12).

Cameraman's actions also show that he had no respect for patient rights in regards to confidentiality and no respect for hospital policies or procedures concerning smoking which should have governed his actions (Bonbon ; Jordan 2009, p.

7 and NEWS Department of Health AAA). Each ethical principle provides diverse insights into nursing decisions and actions Moonstone 2009, 13-14). The principle of autonomy highlights each individual's capacity to self-govern, if acting autonomously Cameron would have sought advice from senior nursing staff, to prevent a breach of multiple ethical issues occurring.

Both beneficence and non-maleficent guide nursing actions to prevent harm from befalling an individual Moonstone 2009, p. 40-43).

These principles prompt consideration of improved alternatives such as nicotine replacement therapy or immunization with a clinical teacher (NEWS Department of Health AAA, p. 46-45 and Hillary 2006, p. 37). The principle of Justice advocates impartiality and respect for the rights of patients. Hence Justice provides guidance in decisions regarding professional relationship and patient rights concerning confidentiality Moonstone 2009, p.

4 and Bonbon & Jordan 2009, p. 90). Collectively ethical principles provide guidelines and boundaries to nursing practice Moonstone 2009, p. 23). DUTY OF CARE Duty of care is based on the principle that a person must take reasonable care to void acts or omissions which would be likely to harm any person they ought to reasonably foresee as being harmed' (McAlister ; Madden, 2010, p.

178). Hence a duty of care is said to emerge when the possibility of harm befalling another is perceived or should be perceived by an individual.

Conversely a duty of care also transpires when one accepts the care of another; hence all health professionals owe a duty of care to their patients (McAlister ; Madden, 2010, p. 185). Following from the ideas of McAlister and Madden (2010, p.

185) it is evident that Cameron owed a duty of care to Darker. Interestingly a duty of care was owed both cause Cameron should have perceived the possibility of harm befalling Darker and because Cameron accepted the care of Darker (McAlister ; Madden, 2010, p. 185).

Nonetheless Cameron failed in his duty of care to Darker by enabling her to have a cigarette and hence cause more damage to her health and by permitting the possibility of mental harm arising from the breach of confidentiality (NEWS Department of Health AAA, p. 45-46 and Engine ; Chadwick 1994, p.

139). Once more Toweling Trot ten Ideas AT Unicameral Ana Ma one (2010, p. EBB) It is apparent that a duty of care was also owed to several other parties. A purpose of the AAA) is to ' indicate to the community the human rights standards and ethical values it can expect nurses to uphold'.

Hence it is realistic to foresee that by posting confidential information on[*email protected*], Cameron would damage the public image of the nursing profession and hospital where his placement occurred.

It is also reasonable to anticipate that Cameron's behavior in regards to the smoking incident, coupled with his breach of confidentiality would reflect poorly on Flame Tree University, damaging the reputation of the university and calling into question its teaching standards and ethics. Thus Cameron owed and breached his duty of care to the nursing profession, the hospital and Flame Tree University (McAlister and Madden 2010, p. 78).

LEGAL RESPONSIBILITIES As a student nurse Cameron has several legal responsibilities outlined within the Code of Professional Conduct for Nurses in Australia (Australian Nursing ; Midwifery Council Bibb) and Code of Ethics for Nurses in Australia (Australian Nursing ; Midwifery Council AAA). These responsibilities include maintaining a duty of care through competence and

safety in practice and respecting confidentiality to promote patient and community trust in the nursing profession Elevate-Jones ; Bourgeois 2011, p. 36).

Health legislation at Commonwealth, state and territory levels enforces multiple obligations to maintain and protect said legal responsibilities Moonstone 2009, p. 167). The Commonwealth government established the Privacy Act 1988 to provide privacy standards for all occupations in relation to the communication of personal information (Wallace 2011 and Office of the Australian Commissioner 2010). The New South Wales Privacy and Personal Information Protection Act 1998, also details how to handle personal information, providing guidelines for the sharing of patient information in health care settings.

The Privacy and Personal Information Protection Act 1998 also gives the New South Wales Privacy Commissioner authority to scrutinize and reconcile breaches of privacy (Wallace 2011 and Office of the Australian Commissioner 2010). The Health Records and Information Privacy Act 2002, similar to the above Act's details the management of personal health information. The Health Records and Information Privacy Act 2002 also contains four statutory guidelines [that] are legally binding documents that define the scope of particular exemptions in health rivalry principles' (Office of the Australian Commissioner 2010).

The New South Wales Government has also published the Occupational Safety Act 2000, to necessitate safety in the workplace (NEWS Department of Health AAA, p. 4). Another New south n Wales government policy <https://assignbuster.com/facebook-and-nursing-case-study/>

managing estate In ten workplace Is the Department of Health Smoke Free Workplace Policy 1999 (NEWS Department of Health AAA, p.

4). The Australian Nursing and Midwifery Council (AAA and Bibb) released the Code of Professional Conduct for Nurses in Australia and Code of Ethics for Nurses in Australia which govern the conduct and ethical standards of the nursing profession.

Each of these codes outlines the responsibilities of maintaining a duty of care through competence and safety in practice and respecting confidentiality to promote patient and community trust (Elevate-Jones ; Case law has established a contemporary definition of duty of care – note the results of reputable Donahue v Stevenson case in 1932 (McAlister ; Madden, 2010, p. 179). Hence a duty of care transpires when one accepts the care of another (McAlister ; Madden, 2010, p.

185).

The Code of Professional Conduct for Nurses in Australia explains duty of care is upheld as a result of the personal susceptibility of nurses to provide secure and competent care, Within their scope of practice' (Australian Nursing and Midwifery Council Bibb, p. 2). The Occupational Safety Act 2000 and Department of Health Smoke Free Workplace Policy 1999 (NEWS Department of Health AAA, p. 4), defines the standards expected to uphold a duty of care in the health environment to assure the health, safety and welfare of all persons utilizing [health] facilities and services' (NEWS Department of Health AAA, p. 1) Case law is also applicable to facilitate

understanding of legal responsibilities rounding confidentiality and define said responsibilities in relation to nursing students.

Lord Dinning ascertained in the 1967 *Sear v Scooped* case that, '[a person who] has received information in confidence shall not take unfair advantage of it. He must not make use of it to the prejudice of him who gave it without obtaining his consent' (McAlister ; Madden 2010, p. 277).

Thus the nursing profession is tasked with the ethical and legal obligation to respect and maintain the confidentiality of patient information (Australian Nursing and Midwifery Council AAA, p. 10). RESOLUTION The Code of Professional Conduct for Nurses in Australia provides guidelines justifying nursing ideals and actions and expresses that the conduct of nurses is in accord with legislation relevant to the profession (Australian Nursing ; Midwifery Council Bibb, p.

3).

Through the discussion of these guidelines and ethical and legal responsibilities it has become evident that Cameron should not have breached hospital smoking policies or violated confidentiality. If familiar with relevant legislation and hospital policies Cameron would note, ' staff memoirs must not Tactical Tate patients to smoke' (NEWS Department AT Health p. S-1 1). Hence Cameron should have offered education programs and promoted a range of cessation interventions such as nicotine replacement therapy products or counseling services (NEWS Department of Health AAA, p.

2). By offering said interventions, Cameraman's approach to nursing practice would have been safe, impartial and ethically correct. These actions reflect the qualities found in Conduct Statement 1 and Conduct Statement 6, of the Code of Professional Conduct for Nurses in Australia (Australian Nursing & Midwifery Council Bibb, p. L). It is expected that if a student is unsure they 'know when to ask for help'; hence Cameron should have sought guidance from his clinical teacher in regards to policies surrounding confidentiality (Elevate-Jones & Bourgeois 2011, p.

32).

By creating an avenue for communication between himself and his clinical teacher Cameron would have enabled discussion of Darners situation without a breach of confidentiality occurring. Should Cameron have chosen to act in this manner his behaviors would have been reflective of Conduct Statement 5 and Conduct Statement 8. These statements Justify the importance of confidentiality in health care relationships and gaslight the implications of Cameraman's actions (Australian Nursing ; Midwifery council Bibb, p. L).

Hence Cameraman's unprofessional conduct requires implementation of corrective actions.