

Standards of behaviour for nursing



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There are expected standards of behaviour for nursing and there are specific ethical principles which guide nurses in their professional actions. In the case of Christine, a 12 year old patient presenting with a severe episode of abdominal pain, which was caused by abuse there are many ethical principles to be considered in the handling of her treatment. The nurse in charge must consider the ethical principles of

1) Autonomy

2) Justice

3) Beneficence

4) Non-maleficence

5) Veracity.

Nurses have the responsibility to always respect their clients autonomy in regards to their treatment; that “ a person has to direct their life and make their own decisions” Daly, Jackson and Speedy (2006). After disclosing the history of her abuse at the hands of her mother Christine has requested that the nurse not tell anyone because it will result in more beatings from her mother. There are many things to be gained from respecting clients autonomy such as building a stronger rapport with them and making them feel more in control and secure in their treatment, however in Christine’s case abiding by her wishes would be unethical.

So although nurses would like to respect and follow client’s wishes in this case due to Christine’s age and her alleged abuse from her primary care

giver (her mother) the nurse has a responsibility to Christine's long term health and benefit to try and resolve this situation with the help of other health care professionals. The nurse must act as Christine's advocate in line with the ethical principles of non-maleficence and beneficence. According to Daly, Jackson and Speedy (2006) beneficence is "the responsibility of actively doing good" and non-maleficence is "the responsibility to actively avoid doing harm". The nurse who Christine has confided in must act to resolve the situation and put an end to Christine's abuse so she can live in health and safety.

If however the nurse was to ignore the situation and just let Christine pass through her care she would, by acts of omission be causing Christine harm by allowing her to return to an unsafe environment, an environment where she admitted to self medicating to escape her reality. To avoid doing Christine further harm the nurse must officially report the abuse to uphold basic ethical principles for nurses' professional standard of care.

Nurses also have the responsibility to uphold the ethical principles of veracity and justice. Veracity "guides nurses to practice truthfulness" Potter & Perry (2005), in most circumstances truthfulness in directly dealing with a patient. In Christine's circumstance the nurse must practice veracity to the law, to tell the truth about her knowledge of Christine's condition to the other health care professionals and the authorities. The nurse has a duty of care for Christine and must take the "appropriate actions to protect (her) safety", Funnell, Koutoukidis & Lawrence (2009).

Christine like any other healthcare client deserves justice, which is “fairness” in her treatment, Potter & Perry (2005). Despite her wishes and the obvious upheaval taking this matter further will cause Christine is entitled to receive health care in line with ethical standards of nursing treatment.

2. Which principles from the ANMC Code of Ethics for Nurses in Australia are the relevant to this case study? In what way are they relevant? (10 marks)

The ANMC Code of Ethics for Nurses in Australia “ outlines the nursing profession’s intention to accept the rights of individuals and to uphold these rights in practice, ANMC (2005).” In line with this they have issued six nursing value statements, five of these are directly relevant to Christine’s case.

Value statement one states that “ nurses (need to) respect individual’s needs, values, culture and vulnerability in the provision of nursing care”. Christine’s primary nurse needs to respect that due to Christine’s age and relationship with her abuser she is in an extremely vulnerable position and therefore must act with careful consideration of how to proceed to ensure that Christine leaves the hospital to go and live in a safe environment. But also that Christine will still feel comfortable confiding in health care professional despite the fact that she must go against her wishes and report the situation.

Value statement two outlines that “ nurses accept the rights of the individuals to make informed choices in relation to their care”. Christine has clearly made a decision and informed the nurse that she doesn’t want the abuse reported or acknowledged. Nurses have a responsibility to respect

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their patients' wishes however when they are in opposition to what is best for their health the nurse must make a difficult decision about which is more important. With the situation of Christine's abuse and her fear that it will escalate if brought to light it would be wise for the nurse to act in a way that will ensure Christine's future health and safety.

Value statement three recognises that “ nurses (need to) promote and uphold the provision of quality nursing care for all people”. Christine is entitled to quality nursing care which includes help in trying to alleviate the situation of her alleged abuse. Everyone and anyone is entitled to live in a safe and healthy environment and as an alleged victim of abuse Christine is no different.

Value statement four requires that “ nurses hold in confidence any information obtained in a professional capacity, use professional judgement where there is a need to share information for the therapeutic benefit and safety of a person and ensure that privacy is safeguarded”. Nurses everywhere must always hold in confidence the details of their patients' treatments, especially details that their clients request be kept quiet. However in this circumstance Christine's nurse has a responsibility to take the situation to her superiors so that they can work towards an amicable resolution to Christine's problem. It is for Christine's benefit that the nurse involves other health care professionals and the authorities so that the alleged violence towards her will stop, because from her conversations with the nurse it is obvious that she is not living in safety.

Value statement five informs that “ Nurses fulfil the accountability and responsibility inherent in their roles.” This is relevant and important in Christine’s case because the nurse caring for her must make a complicated and difficult decision in the direction of her treatment. Christine’s nurse has a responsibility to Christine’s safety and welfare, to act in a way that will help put an end to whatever is causing her harm by working with the authorities, but at the same time she must keep Christine’s trust and build a strong relationship with her.

3. Describe the client’s rights that are evident in this case. (10 marks)

The Australian Charter of healthcare rights outlines some rights that everyone has such as access, safety, respect, communication and participation in regards to their health care. Nurses have a responsibility to ensure these clients rights are upheld while under their supervision.

Everyone has the right to access health care facilities and professionals appropriate to their needs. It is “ enhanced when the best and most appropriate care is provided to a patient”, ACSQH (2008). In Christine’s case it is shown that she has access to medical care in the hospital; however the nurse can advocate for Christine to receive further aid more appropriate to her situation. Help from other health care professional and the authorities who can examine her situation and work out how to remove her from the abuse she has become victim to.

“ A right to safe and high quality care” ACSQH (2008), is essential for everyone treated by health care professionals. One way in which this is achieved is by knowing what your patients needs are. Christine’s nurse is

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aware of the abuse she has been experiencing and her self-medication of an attempted overdose with panadol. To ensure Christine's right to safe treatment the nurse needs to take the matter further and get other help for Christine such as counselling or therapy on top of the contacting the authorities and child services.

“ Respect means that all participants are mindful of a patient's environment and background” according to the ACSQH (2008). Christine's nurse can respect Christine and her opinions and feelings by listening, offering comfort and giving reasonable advice. By respecting the fact that Christine has had difficulty in her living arrangements the nurse can comfort Christine so that she feels safe and in hospital and that her needs and concerns are important.

“ Patients have a right to be informed about services, treatment, options and costs in a clear and open way” ACSQH (2008). Christine's nurse must take significant action in the further treatment of her patient, despite Christine's fears and objections, though this does not mean that because Christine doesn't want anything to be done that she should be left ignorant of the actions taken on her behalf. The nurse has a responsibility to communicate the options that she is taking as Christine's advocate. They must be explained in a calm and comforting way so that Christine continues to feel safe in hospital and so that her fears can be soothed, she is very afraid that if her mother discovers that she told someone about the abuse that things at home will get much worse.

“ Participation is the right be included in decisions and choices about care”

ACSQH (2008). Due to her age and the fact that she is a minor Christine does not get much say in her treatment or about where she will live, however her nurse can act in a way that will make Christine feel like she is participating in the decisions that affect her life. Small decisions on her treatment while in care would even make Christine feel more empowered, such as if she has any particular favourite clothing she likes to wear or what her favourite dessert is, when she would like to do things during her day, choosing her own routine and just generally trying to make her feel more comfortable.

4. Imagine you are the nurse caring for Christine. How would you resolve this ethical problem? You must justify your decision (i. e.; ethical principles, clients’ rights, and ethical decision-making model) (20marks)

After receiving the information from Christine that she was being abused and had tried to overdose on panadol I would have immediately informed my nursing superior and documented what she had told me word for word and the bruises that I had seen on her body. I would go to another health professional in the hospital with experience in child abuse cases and ask them to help me formulate a plan of action.

I agree that the nurse took appropriate action to inform the paediatrician in charge but she did not take it far enough. After receiving the negative response from her paediatrician, I wouldn’t take no for an answer as another of Christine’s primary health caregivers I would reapproach her paediatrician and outline my concerns for her well-being. If the paediatrician is taking steps himself to investigate the matter I would offer him my assistance.

If however he was unconcerned by Christine's condition I would go to his supervisor, the doctor above him and inform him of what I knew and ask that another doctor be assigned to investigate the matter.

Another aspect of Christine's care is her emotional and mental well being I would discuss with and ask for her consent to bring in a friend for was very trustworthy and discreet; the hospital paediatric therapist or counsellor, I would then let them know the situation, my concerns and ask them to visit Christine.

I would contact Children's services, let them know the situation, ask their advice on how to proceed and ask them to become involved and learn more about Christine's home situation, if her mother truly was an unfit parent ask them to find an appropriate relative or friend to come and comfort Christine and give a place to live once she left hospital care.

I would also involve the police because child abuse is illegal and I have a legal and ethical responsibility to report abuse, from Christine's admissions her mother is habitually beating her which means it is a long term problem and it needs to be taken seriously.

My personal values and beliefs tell me that children are precious and should always be protected from those who would hurt them. I would be considerate of Christine's feelings and fears that her mother would just get worse if someone was told by listening to her and offering her comfort but I would also explain to her that she didn't deserve to be hurt by her mother and that I would do everything that I could to help her. Her fears are not a reason to hide the situation in fact they make the situation even more immediate.

Christine just needed to be assured that she wouldn't be hurt further and that telling the truth is always best even if hurts those we care about, because regardless of Christine's mothers actions towards her no doubt she still loves her mother and wants to be with her so I would try and get the mother help as well, because if she is habitually abusing her daughter then she is obviously also in need of help and has her own issues to overcome she would need therapy, counselling and or anger management classes. Or if nothing else worked a legal safeguard in place refusing her access to her daughter.

During all of these steps and after each particular one I would monitor how well each step was working and if adjustments needed to be made and implement them immediately. This case started with a nurses observations but needs various help from many other government and health care services which tells us how important it is to communicate and work well with those in other services and also obviously if the case was legally investigated all actions and events would need to be documented factually and accurately.