

The history of nurses duties nursing essay

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King's College (2008) defines 'High quality of care' as the way care should be delivered to the patients, in order for them to achieve good experience within their care; and this is based 'not what type of care patients received' but it is 'how the care they receive, is delivered to them. To deliver high quality of care, Hall and Richie (2011) highlights that nurses should practice autonomously and be accountable and responsible for safe, person-centred, compassionate, evidence-based nursing that maintains and respects the dignity and human rights. Jasper (2006) specifies that all nurses are required to be registered with a professional body 'NMC'; and obviously no individual can be a professional without the body of knowledge, as recognised by the NMC. Therefore, it is fundamental for nurses to constantly demonstrate integrity and abiding to The Code: Standard of conduct, performance and ethics for nurses and midwives (NMC 2008), in order to achieve a high standard of care. Cuthbert and Quallington (2008) states nurses' duties include, adhering to the legislations such as the Human Right Act 1998, by abiding by the Act; it enables nurses to respect patients' privacy, and autonomy through the laws of negligence, consent and confidentiality; when assessing patient health. For example, it is essential for nurses to deliver care securely and professionally in the best interest of their patients'. As any unfair breach of confidentiality, or by not abiding the law may results in legal action of negligence, or the charge of professional misconduct (Griffith & Tengnah, 2010). Nurses' duties are to respect patients' privacy and not to escalate important information however; sometimes it is impossible for nurses to do so. HMSO (2011) states in prescribed situations, nurses owe a responsibility to act in the best interest of their clients and the public; and

this duty may take priority over the duty of confidentiality of the patient. Therefore, nurses would have to seek advice from professional associations and the NMC, if they have any doubt or suspicion of harm to others. As follows, this indicates that for nurses to deliver a good experience of care to patients, nurses should always evaluate their care; making sure the care they are providing is safe, e. g. consent and confidentiality are tailored in an appropriate manner, according to the NMC Code of conduct. It is imperative for nurses to respect the moral principle of their patients'. Nurses should use excellent communication skills when interacting with their clients, in order to build a trusty relationship among the nurse and the patient (Stickley & Freshwater, 2006). Therefore, nurses should make sure that patients' clearly understand their care before any consent is given; by giving them all the information available, so that they can have a good understanding on ' why and how' their care will be delivered to them, such as the positive and negative side of their treatment, and if any touching is involved; so that the patient can make a rational choice (Dimond, 2011). In addition, If any consent form is required, e. g. for surgery and immunisation and so on , Griffith & Tengnah (2010) argue that nurses should make sure that the patient clearly understands all the procedures involved, before the patient can sign the form. Although consent form offers evidence of consent, nurses cannot always wholly rely on this. Hendrick (2004), highlights that nurses should make sure that everything that has been said is clearly documented, so that there is no misunderstanding in the future. As without a legal valid consent, nurses can be sued for tort of trespass of the patient, and can have a criminal offence of assault and battery (Griffith & Tengnah, 2010).

However, in certain situations, nurses may find it hard to advise consent, e. g. patients' with mental health problem or learning disability; in such situations, the nurse would have to seek alternative support, in order to deliver good quality of care. Hendrick (2004), states if a person is incapable, due to a lack of decision making capacity, the Code of Practice of Mental Capacity Act 2005, suggests that nurses should help the person to be involved in his care, and every decision that is made should be in the best interests of the patient, according to the NMC Code of Conduct. Nurses to achieve high quality of care, they should be attentive and be respectful, non-judgmental while showing compassion and sympathy. For example, if a nurse comes across a particular patient, and the nurse feels that the patient may be able to consent with further support, Stickley & Freshwater (2006) suggests that the nurse should give the person the right to autonomy, by providing support; using excellent communication skills, be a good listener, speak clearly, using simple language, pictures and objects rather than words, where appropriate, in order to support the patient to make their own choice. However, in some cases, nurses would practice in the best interest of the patient without receiving consent (NMC 2008). Hendrick (2004), highlights in case of emergency situations, a patient who becomes temporarily unable to consent, for instance, being unconscious; the nurse would give necessary treatment to preserve the patient's life. In such cases the 'law' under the Human Right Act 1998 allows treatment to be provided without the patient's consent, as long as it is prudent in respect of the patient health. Furthermore, Cuthbert & Quallington (2008) argues that patients suffering with long term mental health problems, the sole purpose of intervention is

not always through medication. In order to improve their quality of life, it is vital that nurses offer support and provide information that is relevant to their social and health needs (NMC 2008). Therefore, nurses should demonstrate, by actively supporting social inclusion, engaging patients, ensuring a therapeutic environment, in order to deliver high quality of care. Harrison (2004) identifies that one way to achieve maximum patient involvement, is using advocacy and it is an important role of nurses' accountability. The role of advocate means, nurses have a duty in promoting the patients' rights; to assist patients' in efforts to appeal after detention under the Mental Health Act 1983. Similarly, Norman & Ryrie (2004) emphasised that however, nurses also have to the right under the mental health act 1983 to detain any patient under Part IV of the act that tries to leave the hospital during their stay, due to administer care. Concurrently, in order for nurses to deliver high standard of practice and care to the patients', NMC (2008) specifies that nurses should ask for support, when needed and they should not feel embarrassed to admit that they need more guidance. For example, take into account the concerns of their patients' views within the ward during ward rounds, or (CPA) meeting; where patients could be facing barriers in expressing concerns, when several health practitioners are present is another form of advocacy (Ellis, 2011). This clearly shows that in order to deliver a positive experience of care to all individuals, nurses are responsible for protecting their patients', and to practice what is best for them. Therefore, a moral act is carried out from a sense of duty rather than for any gain. According to the NMC (2008), nurses should carry their duties in a professional way such as, all registered nurses

should conduct themselves, and deliver care within an ethical framework; truth telling and never offering euthanasia; and to treat everyone in similar circumstances the same, regardless of what the consequences might be, in order to deliver a positive experience of care for their patients'. According to Beauchamp and Childress (2001), there are four ethical principles that are underpinning the healthcare practice, that nurses should understand and follow when dealing with patients' such as; beneficence, respect for autonomy, non-maleficence, and justice. Besides this nurses have the duties to understand the ethical framework within patient care, in order to deliver the best quality of care (NMC 2008). For example; a woman admitted to hospital, she is due to have her baby and the doctor realises that the baby is in a breech position and advises the woman only way to save the baby's life is through a caesarean section. Her consent was given but, later on she withdrew her consent due to the fact that she is extremely scared of needles. The patient is now due in labour and still refusing consent for injection (Griffith & Tegnah, 2010). Nurses duties is to abide by the NMC Code of Conduct (2008), and it clearly mentions that nurses should respect and support patient's rights to decline treatment. However, a rule does not always provide nurses with an answer when they facing with a difficult situation, therefore all practice are guided by ethic. In addition, as follows the lady has expressed her needs clearly, that she does not want practitioner to use needles on her, and nurses should take into consideration her needs and values. Beauchamp and Childress (2001) define autonomy, as when nurses give a patient the right to make decision about their health in order to deliver high quality of care. However, if the lady carries on declining

treatment, this may cause harm to her baby and may result in other complications. Hence, nurses should practice in the best interest of the lady, by giving her maximum support available for example, talking to her in a negotiable manner, by giving her the opportunity to evaluate the consequences of her refusing the treatment, which may empower her to change her mind. Beneficence is when nurses act professional in a way to promote the safety of the patients' (Hendrick 2004). In this example, the nurse would look at the point of view of the patient, where it does not benefit the patient's to go ahead with the treatment. The nurse will look at risks that may cause her in the long-term, and the short-term. For example in the short-term, the lady having an irrational fear of needles may cause her more difficulty to seek medical help; or if she desperately needs to go through the same procedure to save her life in the future; it may cause her more complications. However, in the long-term nurses' having her autonomy overridden, it would benefit the lady, as without the treatment both of them will not survive. Hence, in order to act in the best interest of the lady, the nurse will have to make a decision against the negative side of the treatment and failed to respect the autonomy of the lady, in order to deliver the best quality of care. Non-maleficence is where practitioners should not do harm to patients' (Beauchamp and Childress, 2001). In this situation, if the nurse force restraining the patient to go ahead with the anesthesia it may harm the patient. However, if procedure does not start immediately the lady and the baby may die, which may results in greatest harm. In this situation the nurse will deliver care, by assessing on the positive side of the operation, and on how much the lady care for her unborn baby, then practice in the best

interest of the patient. Justice is when nurses' has the obligation to treat everyone fairly in order to deliver high quality of care (Hendrick, 2004). In this circumstance, the nurse would think of the cost-effectiveness of the treatment in the long term, and the impact that it would have on the baby. On the other hand, if the patient is a capable adult, that can consent to treatments, despite of the risk to her baby and herself; the nurse has the duty and responsibility to morally and legally respect the patients' rights accordingly to the law. The law is always on the mother's side, where there is conflict between a mother and an unborn. This can cause many ethical and moral dilemmas, as nurses will have to obey the law even though; the nurse has faith that an unborn child should have the right to be born alive. In conclusion, nurses can be perceived as professionals, as all registered nurses are personally responsible for their duties and must abide by the NMC (2008) Code of Professional Conduct. Additionally, any violation of the Code of Conduct can result in the practitioners' exclusion from the professional body. The author will improve her awareness of legal, ethical and professional aspects of care that seem to override one another when attempting to provide high quality of care. In addition when faced with an ethical dilemma, it is the author's professional duty to ensure that consideration is given, and any interventions must be in the patient's best interest (NMC 2008). The author will continually improve skills and knowledge in order to deliver high quality of care and this will be achieved by using the latest evidence based-practice, and through clinical supervision.(Words counts: 2198)