

# Example of research paper on health care organization code of ethics

[Business](#), [Management](#)



## **Unlicensed persons in patient care settings. Administrative, policy, and ethical issues**

Description of issue and its impact on the population it affects most.

Arguments or facts used in the article to support the proposed solution

Ethical and legal issues reported for your proposed solution

Ethical and legal issues reported for administrative intervention

Explanation of managerial responsibilities related to administrative ethical issues.

Identification of any proposed solutions.

Health care organizations around the world have as their foundation management strategy a code of ethics, generally and interdisciplinary. From an administrative perspective it is a means of creating and maintaining order within that social structure. However astute leadership might be, with instituted code of ethics defining organizational objectives; always instances whereby ethical dilemmas become evident surfaces. This presentation will highlight one such situation, which has emerged over decades and is now creating ethical concerns among health care management practitioners.

## **Unlicensed persons in patient care settings. Administrative, policy, and ethical issues**

Sullivan, A., & Brown, T. (2002). Unlicensed persons in patient care settings.

Administrative, Policy and ethical issues. Nur Clin North Am, 24(2), 557-559.

Unlicensed persons in patient care settings emerged when shortage of licensed nurses became evident during a time when epidemics soared and nursing management had no answers to the insufficient nursing staff dilemma. Arguments have been that these persons should never be found executing duties formerly undertaken by RNs, LPNs or CNAs. Sullivan and Brown (2002) conducted studies confirming that, ' The acquisition and retention of RNs and other licensed caregivers should take precedence over the development of programs for non-nurse bedside technicians' (Sullivan & Brown, 2002).

### **Description of issue and its impact on the population it affects most.**

According to researchers the real issue is embedded in nursing shortage within the health care service delivery structure signaled by ' a supply and demand problem' (Sullivan & Brown, 2002). Further, they alluded to predisposing factors such as hospitals' over or misuse of RNs; subsequent decrease in nursing school enrollment; mutations in health care service delivery removing qualified RNs/ nurses from bedside nursing to more lucrative endeavors; poor salaries and working conditions (Sullivan & Brown, 2002).

With these prevailing circumstances the world of nursing care service management regarding staffing became ' a mess' (Douglas, 2005) demanding an overhaul (Douglas, 2005). These researchers have discovered that in response to this dilemma another dilemmas evolved.

Nursing care management took upon itself to design and implement

programs that would train non-nursing technicians to work alongside RN's in the delivery of patient care (Sullivan & Brown, 2002).

### **Arguments or facts used in the article to support the proposed solution**

Sullivan and Brown(2002) applied theories found in ' The Parable of the Sadhu' to explain their arguments concerning ethical dilemma related to the problem of having non-nursing persons on clinical areas executing nursing functions under the guise of being mere assistants. Questions asked in analyzing the problem are " When does a group have responsibility for the well-being of an individual? What are the differences between the ethics of the individual and the ethics of the corporation?"(McCoy, 1982).

Ultimately, Sullivan and Brown (2002) argued that in the same way as how there were many assistants/ people and lives were being lost through disorganization and inappropriate skills to meet individual needs, this is the scenario of having non-nursing people on clinical areas attempting to fix staffing issues. In fact the root cause is being bypassed for fast microwaved solutions (Sullivan & Brown, 2002).

The projected solution lies in developing and retaining unlicensed persons for patient care settings from a perspective of well-developed personal ethical principles. These principles ought to be consistent with existing objectives, mission statements, philosophies, codes of ethics and bylaws of nursing bodies responsible for healthcare delivery within geographic locations where non- nursing patient care practice has been instituted (Sullivan & Brown, 2002).

## **Ethical and legal issues reported for your proposed solution**

Ethical and legal issues related to nursing care on clinical areas where non-nursing assistance is offered to a registered nurse in the execution of his/her duties lay in the element of whose responsibility it is to deliver quality care. According to Sullivan and Brown (2002) being confirmed by a position statement from the New York State Nurses Association, the registered nurse bears full responsibility (New York State Nurses Association, 2012).

The expectation are that RNs develop, implement and evaluate nursing care as part of the interdisciplinary plan of care; verify the preparation and competence of unlicensed personnel; identify health-related tasks and circumstances on a case by case basis that an unlicensed assistant is capable of executing; recognize that unlicensed assistants are inappropriately qualified to perform professional nursing duties and illegitimacy of doing so. (New York State Nurses Association, 2012).

Registered nurses must be aware that the impact of violating any of these guidelines compromises quality of care and puts patients at risk of becoming disabled or dying and practitioners to be sued by patients or their relatives. In fact ethically the registered nurse becomes a shield for the malpractices of unlicensed assistants on clinical areas. It increases responsibility double fold; this would appear (New York State Nurses Association, 2012).

## **Ethical and legal issues reported for administrative intervention**

Major ethical and legal issues for nursing administration intervention relates to relieving undue pressure placed on limited qualified nursing staff being

responsible for non-nursing persons' activities on clinical areas. In some instances non-nursing persons form half of the staffing patterns in health care facilities. Therefore, this burden of professionals being legally responsible for non-professionals' imposition in a professional environment must be addressed as being ethically unjust for patients, qualified nurses and the non-nursing technicians alike.

Another subtle legal ethical dilemma is revealed in patient outcomes. How are they measured with this type of mediocre substitute care? Are favorable outcomes achieved? Clearly, if they are not the blame points towards qualified staff for poor assignment techniques and not administrative mismanagement as highlighted in Sullivan and Brown's(2002) typology inherent in " The Parable of the Sudhu" (Sullivan & Brown, 2002).

Precisely, it must be reiterated that developing and retaining unlicensed persons for patient care settings must occur from a perspective of well-developed personal ethical principles. These principles ought to be consistent with existing objectives, mission statements, philosophies, codes of ethics and bylaws of nursing bodies responsible for healthcare delivery within geographic locations where non- nursing patient care practice has been instituted (Sullivan & Brown, 2002).

### **Explanation of managerial responsibilities related to administrative ethical issues.**

According to Sullivan and Brown (2002) health care management ought to acquire; retain RNs and other licensed caregivers rather than developing programs for non-nurse bedside technicians because the ethical legal

implications are unfair for all parties involved in the intervention (Sullivan & Brown, 2002).

Reasons given for implementing non-nursing assistant technicians were shortage of qualified nursing staff and an increasing demand for health care services. This attrition significantly forced management into compromising quality health care to the degree of what is being experienced today as a dilution of patient care accompanied by serious consequences.

Kathy Douglas (2005) declared that ' the world of staffing is a mess' (Douglas, 2005). Addressing these ethical dilemmas means that management should be held accountable for providing adequate staffing at all times on clinical areas. Douglas (2005) identified staffing mismanagement issues in health care amidst the cry for insufficient qualified nurses. She argues that it is not a situation of staffing shortage, but nursing administration allocation discrepancies of ' the right nurse; for the right patient; at the right time' (Douglas, 2005).

Precisely, ward management has to recommend that health care polices be reformed to accommodate new strategies at staffing. Qualified nursing human resources must be utilized at their best for patient care intervention. Cushioning staffing with non-nursing persons drain quality resources, distracting them from the real purpose embodied in excellent nursing care delivery. Instead attention is redirected towards monitoring people functioning in capacities for which they were not trained neither qualified.

## **Identification of any proposed solutions.**

Clearly, the researchers projected two solutions to be considered. First one is for administrative reform measures to target improving quality health care through efficient nursing intervention. This means funding programs that will attract more students leaving high schools to enroll in nursing as a profession which will address the recruitment aspect of health care staffing.

Then the retaining aspect ought to be evaluated through evidence based practice. Registered Nurses leave the profession for better paying and less stressful vocations. In assessing the degree of stress under which a single staff nurse has to undergo per shift managing qualified staff, non-nursing staff and patients can predict ways to intervene developing more comfortable work environment.

Sullivan and Brown (2002) mentioned retaining non-nursing persons within boundaries of the nursing code of ethics and in alignment with existing organizational policies. From a patients' perspective HIPPA regulation do prohibit delivery of unskilled care in a skilled care settings. Ethically, it is then a violation of the patients' right to quality health care (HIPPA, 2012). Hence, nursing management has to align its non-nursing assistant polices with nursing ethics outlined by HIPPA.

## **Conclusion**

The foregoing discussion embraced health care organization ethics from the aspect of unlicensed persons in patient care settings. This clearly reflects an ethical dilemma on the part of patient care intervention; registered nursing



responsibilities and the legal risk of health care violations by unlicensed persons on clinical areas.

Recommendations for reform pointed towards correcting violation to patients' rights to quality health care by recruiting and retaining qualified staff through better pay and working conditions. Otherwise it is recommended to utilize alternative support staffing in alignment with ethical values of the organization instituting this practice.

## References

Douglas Kathy (2005). The Naked Truth: Staffing in Health Care Needs an Overhaul. *Nursing*

*Economic*, 27(5), 231-235.

HIPPA (2012). Consumer Bill of Rights and Responsibilities. Executive Summary. HIPPA.

USA.

Sullivan, A., & Brown, T. (2002). Unlicensed persons in patient care settings. *Administrative,*

*Policy and ethical issues. Nur Clin North Am, 24(2), 557-559.*

The New York Nurses Association (2012). Registered Professional Nursing's Utilization of Unlicensed Assistive Personnel. New York Nurses Association Position Paper.