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About this Module:

Ethics are something that everyone has imbedded in them. Individuals often relate ethics to their feelings; however, in nursing, ethical behavior goes far beyond one's feelings and goes into doing what is right for all of those involved. In this module, the LVN will not only learn what ethics is, but he/she will learn about the Code of Ethics that have been put together by the American Nurses Association to guide the LVN's everyday practice and ensure safety and security for the individuals in which the LVN provides care.

Overview:

Ethics includes not only the study and development of one's ethical standards, it is also an individual's standards of what are right and what is wrong. These standards end up guiding the individual's actions when he/she is faced with difficult decisions. In nursing, the Code of Ethics is available for an LVN to review, to gain an understanding of what is expected of him/her as a practicing nurse. There are many different ways an LVN can act ethically, however, there are many ways in which he/she cannot as well, and one must understand the difference.

Objectives:

The objectives for this module include

- a. Define integrity and discuss what it means to you
- b. Define responsibility, empowerment, and accountability
- c. Identify appropriate tools to address accountability challenges
- d. Define professional boundaries
- e. Differentiate and identify boundary drifts, crossings, and violations

Chapter 1:

What are Ethics¹?

Ethics are elements that are essential to an individual and define the principles that are used as guidelines for generating an ethical culture. It also refers to the specific values, standards, rules, and agreements that individuals use in conducting their lives. Unlike simple table manners, ethics define the social conditions that are necessary for humans to thrive. Ethics are not the feelings that one has, nor should they be based on one's religious beliefs. An individual's ethics should be his/her standards that drive what is right and what is wrong.

In nursing, the ethical standards of the profession may differ from the ethics that the individual LVNs operate under in life outside of nursing. It is important that the LVN understand the ethical standards that govern his/her actions and know what the differences there are, if any, between what is professionally acceptable and what is personally acceptable. Nursing ethics are often seen as a subcategory of bioethics or healthcare ethics; these are a specific set of ethics that are focused on the different moral issues that might arise in the healthcare field. Nursing ethics are so important that the Code of Ethics was designed as the profession's public expression of nursing's values, duties, and commitments.

The first generally accepted code of ethics for nursing in the US was written in 1893 by Lystra Gretter and was patterned after medicine's Hippocratic Oath². The final version of this code is largely known in nursing schools around the country as the Florence Nightingale Pledge. The American Nurses Association developed its first official code of ethics in 1950. This code, although revised many times, is what the profession currently uses to define how nursing should be carried out by every practicing nurse.

1. Ethical Theories and Principles³: Ethical theories and principles are the foundations of ethical analysis because they are the viewpoints from which guidance can be obtained along the pathway to a decision. Each theory emphasizes different points such as predicting the outcome and following one's duties to others in order to reach an ethically correct decision. However, in order for an ethical theory to be useful, the theory must be directed towards a common set of goals. These principles are the common goals that each theory tries to achieve in order to be successful. These goals include:

¹ Washington Ethical Society: What does "ethics" mean? <http://www.ethicalsociety.org/article/19/about-wes/ethical-culture-our-religious-heritage/faqs-about-ethical-culture/what-does-ethics-mean>

² American Nurses Association: Guide to the Code of Ethics for Nurses. www.nursesbooks.org/ebooks/download/CodeofEthics.pdf

³ American Nurses Association. Short definitions of Ethical Principles and Theories. <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Definitions.pdf>

- a. Beneficence: This principle guides the ethical theory to do what is good. Beneficence is the core principle of patient advocacy.
- b. Nonmaleficence: At the core of the medical oath and nursing ethics, this principle details avoiding harm or hurt at all costs possible. This extends into ensuring that no harm is being done while trying to find the benefit of using technology to extend life or with experimental treatments that have not been well tested.
- c. Fidelity: This principle requires loyalty, fairness, truthfulness, advocacy, and dedication to the individuals that are being served. There should be an agreement to keep the promises and the commitments that are made to these individuals.
- d. Justice: This principle refers to an equal and fair distribution of resources, based on an analysis of benefits and burdens of decision. It implies that all citizens have an equal right to the goods distributed, regardless of what they have contributed or who they are.
- e. Paternalism: Healthcare professionals make decisions about diagnosis, therapy, and prognosis for a patient. Based upon the professional's belief about what is in the best interest of the patient, he/she chooses to reveal or withhold patient information. This principle is heavily laden as an application of power over the patient.

The ethical theories include:

- a. Ethical relativism: Holds that morality is relative to the norms of one's culture. In this theory, before decisions are made, the context of the decision must be examined. Additionally, the theory believes that variances in culture and society influence whether an act is moral or not and that there is no "universal truth".
 - b. Feminist Theory: This theory supports ethical relativism in that it does not support universal acts. Feminist theory requires examination of context of the situation in order to come to a moral conclusion. It asks how an action affects the person, the family, and those depending upon one another.
 - c. Deontology: This theory judges morality of an action based on the action's adherence to rules. Whether an action is ethical depends on the intentions behind the decisions rather than the outcomes that result. It does not look primarily at consequences of actions, but examines a situation for the essential moral worth of the intention of the act, or rightness or wrongness of the act.
 - d. Utilitarianism: This theory supports what is best for most people. The value of the act is determined by its usefulness, with the main emphasis on the outcome of the consequences. It examines what creates the most happiness for the most people.
2. Right versus Wrong⁴: The ideas of right and wrong conduct are those with which ethics is generally supposed to be most concerned. One of the hardest things for healthcare professionals to accept is the realization that everything that is done is not always in the best

⁴ Ethics in Nursing: Deciding What Is Right and Wrong. <http://www.nursetogether.com/ethics-nursing-deciding-what-is-right-and-wrong>

interest of the patients that nurses care for. How is it then that a nurse would know that he/she is making the right decision for his/her patients? That is not always an easy question to answer. Nursing professionals are responsible for being altruistic, meaning that they have an ethical obligation to serve others without self-interest. As long as the LVN is altruistic and makes decisions that are in the best interest of each and every person that he/she cares for, then the right decision is being made. The LVN must understand that the idea of what is right for one person may not always be what is right for another. For example, while saving a life is ultimately what is right for a patient that is being cared for, the means by which that takes place may vary for each individual. A Jehovah's Witness may not allow for blood products to be administered, even though that may be what is needed to save their life. Conversely, someone with a different religious belief may allow the administration of blood products to save his/her life.

The LVN should be knowledgeable about the ANAs Code of Ethics as well as his/her own Nursing Practice Act (NPA) as these are good guidelines for how he/she should behave.

3. Integrity: Integrity comes into play in everything that we do. It should not only be in everything that we do, but in everything that we are. Integrity is a core value in the nursing profession. Integrity is something that one can apply in different contexts, such as personal integrity versus professional integrity. It is sometimes difficult to show the same type of integrity in both areas when actually in a situation that requires for the nurse to stand up and do the right thing. It is essential for the LVN to understand the meaning of integrity in nursing practice so that he/she may then practice with integrity; this leads to an optimal nurse-patient relationship. It is of utmost importance to comprehend the necessity of maintaining integrity in one's practice so that the LVN's and the patient's sense of self (wholeness) is preserved, and that practice is based on respect, with moral and ethical soundness.

Chapter 2:

Nursing Code of Ethics⁵:

A code of ethics is a fundamental document for any profession. It provides a social contract with the society that is being served, as well as ethical and legal guidance to all the members of the profession. The original American Nurses Association code of ethics in 1950 centered on the significance of service to others and has had two significant conceptual changes since then. The first change that was made is that the patient is no longer considered as an individual receiving treatment; his/her family and the communities in which they live are considered as well. The

⁵ American Nurses Association (ANA) Guide to the Code of Ethics for Nurses.
www.nursesbooks.org/ebooks/download/CodeofEthics.pdf

second change is that the fifth provision prompts nurses to recognize that he/she owes the same duties to self as to others and these include the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

The Code for Nurses reflects both constancy and change – constancy in the identification of the ethical virtues, values, ideals, and norms of the profession, and change in relation to both the interpretation of those virtues, values, ideals, and norms, and the growth of the profession itself.

The Code of Ethics for Nurses includes the following nine provisions:

- a. Provision One: *The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by consideration of social or economic status, personal attributes, or the nature of health problems.*

First and foremost, the LVN is expected to practice kindness and respect, regardless of who is receiving the communication. If asked, most nurses will state that their reason for entering the profession was to help people, however, human nature often times takes over and nurses may pick and choose certain people that they would not want to have to help. As a professional nurse, the LVN is expected to reflect and move beyond feelings to provide the same level of care to every patient, regardless of diagnosis, skin color, ethnic origin, or economic status. This provision also addresses the importance of relationships with colleagues and others. Because the provision of safe, quality care requires the interdisciplinary collaboration of all, respects for all is the hallmark of this provision.

- b. Provision Two: *The nurse's primary commitment is to the patient, whether an individual, family, group, or community.*

The LVN may find at times that there is a conflict in his/her dual obligation to both the organization as well as to the patient. Ethical dilemmas will arise as the nurse attempts to ensure a balance between a commitment to the patient, the family, and the community, with the primary obligation being to the patient. This provision also details the importance of collaborating with others in caring for a patient in the complex environment of health care. The LVN plays a key role in creating an environment of mutual trust and respect among all health care professionals by engaging in an open dialogue and claiming a place in the shared decision making about patient care. Additionally, professional boundaries are also discussed in this provision. In all encounters that the LVN is in, he/she must remember that there is an obligation to maintain those professional boundaries.

- c. Provision Three: *The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.*

In this provision, the first two sections focus on the patient's right to privacy, meaning that the patient has the right to have known only what he/she wants known. The LVN is required to safeguard all of the patient's information, using only the information that is pertinent to the

patient's treatment and welfare, and ensuring that it is used only by those directly involved in the patient's care. This provision also deals with the issue of incompetent nursing practice. LVNs have a responsibility to implement and maintain standards of professional nursing practice and this includes ensuring that when there is a knowledge deficit, that he/she does whatever is necessary to work through the deficit. The LVN must also remember that if he/she has a deficit or notices a deficit in a colleague that it is reported to the appropriate person in the organization's chain of command. If nothing is done, the LVN has a responsibility to the safety of the patients to ensure that it gets reported to the next person in the chain of command and so forth until the issue is taken care of and the patient's safety is protected.

- d. Provision Four: *The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.*

The recognition of accountability for actions in this provision is the cornerstone for the profession, as it is an implied social contract with the public. For many years in a row, nursing has been recognized as one of the most trusted professions because its practitioners take seriously their accountability to the patient and the public. Accountability in nursing includes many different things, such as: the LVNs responsibility for assessing the demands of the role and determining if he/she has the knowledge, competence, and experience to engage safely in the action being performed; seeking educational resources when he or she is not competent to perform a task; and seeking the necessary help to make appropriate nursing judgements.

- e. Provision Five: *The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.*

This provision begins by addressing the idea that LVNs owe to themselves the same moral duties that they owe to others. The foundation of this provision is self-respect or seeing the self as deserving of worth. Secondly, professional growth and maintenance of competence require continuous acquisition of knowledge and skills that are relevant to a chosen specialty. Thirdly, the LVN must understand that there needs to be an integration of personal and professional values in his/her practice. This is best illustrated when the LVN is presented with a patient who asks his/her opinion on what treatment option should be taken. Although it may not seem like an issue for the LVN to express his/her professional opinion, it is not advised. The LVN should assist the patient in determining their own values in an attempt to reach an informed decision.

- f. Provision Six: *The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.* This provision discusses moral virtues and values first and foremost. In this provision, both the influence of the environment on nurses and nurses on the environment are outlined. The obligation of nurses to affect the moral environment of the organization is clear and is true through the nurse's unwillingness to accept and participate in unsafe or inappropriate practices in the organizational culture. The overall goal is for nurses to work with organizational administration to create an environment for safe and quality patient care and when this is not possible, nurses are encouraged to participate in workplace advocacy. It may even be necessary for nurses to have to leave organizations that refuse to support patient rights or put nurses in a position that consistently demands violation of the professional standards of practice.
- g. Provision Seven: *The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.* In order to comply with this provision, clinical nurses meet the obligation to advance the nursing profession through an assortment of activities. Some examples include: mentorship, leadership in a professional organization, and service on shared governance committees. All nurses, regardless of their positions, have an obligation to involve themselves in some civic activity on the local, national or international level.
- h. Provision Eight: *The nurse collaborates with other health professional and the public in promoting community, national, and international efforts to meet health needs.* This provision addresses the responsibility professional nurses have in being aware of and involved in broader health concerns such as: world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources. Nurses must also recognize that cultural sensitivity is necessary in our global village. Nurses have a professional obligation to recognize their prejudices and demonstrate respect for the values and practices of those from different cultures.
- i. Provision Nine: *The profession of nursing as represented by associations and their members, is responsible for articulating nursing values, for maintaining integrity of the profession and its practices, and for shaping of social policy.* Since the days of Florence Nightingale, nursing has been concerned with how society affects health and illness. This focus on social ethics is maintained through the Code of Ethics for Nurses, the standards of nursing practice, educational requirements for practice, knowledge development, and continuous evaluation of professional nursing actions. Social reform is spearheaded by both the individual and the collective action of nurses. Speaking about health care policy and shaping policy for vulnerable individuals is the responsibility of the

professional association. Professional associations can help change policies that violate the human rights of nurses and their patients.

The Code of Ethics for Nurses focuses on a variety of the LVN's responsibilities. It is important that the LVN understand that while these provisions are not mandated as part of nursing practice, they are guidelines as to how he/she should practice in the profession and should be fully understood in order to be practiced as intended.

Nursing Scope of Practice^{6,7,8,9, 10}

In the long-term care setting, one of the challenges in nursing practice and a concern faced by nurses is determining and adhering to the legal scope of practice of nurses based on their licensure levels. A common practice that has contributed to quality of care issues in nursing facilities has been the utilization of RNs and LVNs interchangeably. This practice has several detrimental effects including contributing to poor quality of care for residents with increasingly acute care needs and devaluing the professional expertise of the RN, leading to job dissatisfaction for both RNs and LVNs. In many cases, LVNs continue to practice outside of the legal scope of their licensure. Inadequate RN presence in nursing facilities along with the administrative duties of the RN, agency policies, procedures, and hiring decisions have contributed to LVNs practicing outside of their legal scope. For example, LVNs may initiate and evaluate care plans and engage in delegating nursing tasks to Unlicensed Assistive Personnel (UAP), such as certified nurse aides (CNAs). However, in the State of Texas, LVNs do not have the statutory authority to delegate these tasks. We will discuss delegation further in this module.

In this section, we will review the legal scope of practice of RNs, and LVNs in Texas, based on the Nursing Practice Act (NPA) and rules and regulations set out by the Texas Board of Nursing. A review of scope of practice of both RNs and LVNs will enable the LVN to become more knowledgeable about their own scope of practice, as well as the differences between the scope of practice of RNs and LVNs. As a result, nurses will be empowered to articulate these differences to facility leadership, holding them accountable for acknowledging and adhering to these differences in their hiring and administrative practices.

⁶ Corazzini, K. N., McConnell, E. S., Day, L., Anderson, R. A., Mueller, C., Vogelsmeier, A., ... Haske-Palomino, M. (2015). Differentiating scopes of practice in nursing homes: Collaborating for care. *Journal of Nursing Regulation*, 6(1), 43–49.

⁷ Mueller, C., Anderson, R. A., McConnell, E. S., & Corazzini, K. (2012). Licensed nurse responsibilities in nursing homes: A scope-of-practice issue. *Journal of Nursing Regulation*, 3(1), 13–20.

⁸ Corazzini, K. N., Anderson, R. A., Mueller, C., Hunt-McKinney, S., Day, L., & Porter, K. (2013). Understanding RN and LPN Patterns of practice in nursing homes. *Journal of Nursing Regulation*, 4(1), 14–18

⁹ Differentiated Essential Competencies of Graduates of Texas Nursing Programs. (2011). Retrieved from http://www.bon.state.tx.us/pdfs/publication_pdfs/delc-2010.pdf

¹⁰ Texas Administrative Code (2007). *Standards of nursing practice*. Retrieved from http://www.bon.texas.gov/rr_current/217-11.asp

The degree and extent RNs and LVNs contribute to the nursing process and care planning for the resident varies between licensure levels, as well as between the different RN education levels according to the Board's Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs. Additionally, the Nursing Practice Act, Board Rules and Regulations, and the scope of practice Position Statements provide information regarding the scope of practice of nurses in Texas at various licensure levels.

No matter what their licensure level, nurses are required to function within the parameters of the legal scope of practice. Nurses must take into account not only this legal scope, but also provide safe care in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing health care institution or practice setting.

RN Scope of Practice¹¹:

The Texas Nursing Practice Act (NPA) defines the legal scope of practice for professional registered nurses (RNs). Professional nursing means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.

The following link to the Texas Board of Nursing website provides the information, rules, and position statements related to the scope of practice of the RN:

http://www.bon.state.tx.us/practice_scope_of_practice_rn.asp

LVN Scope of Practice¹²:

The Texas NPA and the Board's Rules and Regulations define the legal scope of practice for LVNs. The LVN scope of practice is a directed scope of practice and requires appropriate supervision of a registered nurse, advanced practice registered nurse, physician assistant, physician, dentist, or podiatrist. The LVN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, regulations, and policies, procedures, and guidelines of the employing health care institution or practice setting. The LVN is responsible for providing safe, compassionate, and focused nursing care to assigned patients with predictable health care needs.

¹¹ Texas Board of Nursing (2017). *Practice- Registered nurse scope of practice*. Retrieved from http://www.bon.state.tx.us/practice_scope_of_practice_rn.asp

¹² Texas Board of Nursing (2017). *Practice- Licensed vocational scope of practice*. Retrieved from http://www.bon.state.tx.us/practice_scope_of_practice_lvn.asp

The following link to the Texas Board of Nursing website provides the information, rules, and position statements related to the scope of practice of the LVN:
http://www.bon.state.tx.us/practice_scope_of_practice_lv.n.asp

Differentiating RN from LVN Scope of Practice¹³

Below is a synopsis of the differences between the scope of practice for LVNs and RNs in Texas. This information is directly from a poster created by Texas Health and Human Services Quality Monitoring Program in collaboration with the Texas Board of Nursing.

REGISTERED NURSE (RN)	LICENSED VOCATIONAL NURSE (LVN)
<p>Has an independent scope of practice to provide nursing services that requires substantial specialized judgment and skill.</p> <p>Does not require supervision by another health care provider for RN practice.</p> <p>Does not perform medical diagnosis or prescription of therapeutic or corrective measures, unless licensed as an advanced practice registered nurse.</p> <p>Provides care to patients and their families with complex health care needs.</p> <p>Utilizes a systematic approach to provide individualized, goal-directed, nursing care by:</p> <ul style="list-style-type: none"> - Performing comprehensive nursing assessments of patients. - Making nursing diagnoses that serve as the basis for the strategy of care. - Developing a plan of nursing care. - Implementing nursing interventions. <p>Evaluating the patient’s responses to nursing care.</p> <p>Teaches and counsels patients as part of the implementation phase of the nursing process.</p>	<p>Has a directed scope of practice to provide focused nursing care that requires specialized judgment and skill.</p> <p>Requires appropriate supervision by an RN, APRN, physician, physician assistant, podiatrist or dentist for LVN practice.</p> <p>Does not perform medical diagnosis or prescription of therapeutic or corrective measures.</p> <p>Provides care to assigned patients with predictable health care needs.</p> <p>Utilizes a systematic approach to provide individualized, goal-directed nursing care by:</p> <ul style="list-style-type: none"> - Collecting data and performing focused assessments. - Helping to plan nursing care for patients and to develop/modify the nursing plan of care. - Implementing appropriate aspects of nursing care. - Helping evaluate the patient’s responses to nursing care. - May help implement established teaching plans for patients with common health

¹³ Texas Health and Human Services Commission and Texas Board of Nursing (2017). *Scope of practice for nurses*. Retrieved from <https://hhs.texas.gov/sites/hhs/files/documents/doing-business-with-hhs/providers/long-term-care/qmp/scope-of-practice-for-nurses-rn-vs-lvn.pdf>

<p>Initiates, delivers, assigns or delegates certain interventions within the plan of care for patients within legal, ethical and regulatory parameters with a focus on patient safety.</p> <p>The RN considers a UAP's education, training, skill, competence, and physical and emotional abilities.</p> <p>RNs may supervise LVNs. Supervision is defined as directing, guiding and influencing the outcome of an LVN's performance and activity. The RN may have to directly observe and evaluate the nursing care provided depending on the LVN's skills and competence, patient conditions and emergencies.</p> <p>The RN is responsible for supervising unlicensed personnel when tasks are delegated. The proximity of supervision depends on patient conditions and skill level of the unlicensed personnel.</p> <p>(UAP: Unlicensed Assistive Personnel)</p>	<p>problems and their families with well-defined health learning needs.</p> <p>Cannot practice completely independently; however, direct and on-site supervision may not be required in all settings or patient care situations.</p> <p>An appropriate clinical supervisor may need to be physically available to assist the LVN in emergencies.</p> <p>The setting in which the LVN provides nursing care should have well-defined policies, procedures, and guidelines in which assistance and support are available from an appropriate clinical supervisor.</p> <p>The LVN must ensure he or she has access to an appropriate clinical supervisor and that the policies, procedures and guidelines for that setting are established.</p> <p>Cannot delegate tasks to UAPs; however, LVNs may assign tasks to other LVNs and UAPs according to 22 TAC § 217.11(2).</p>
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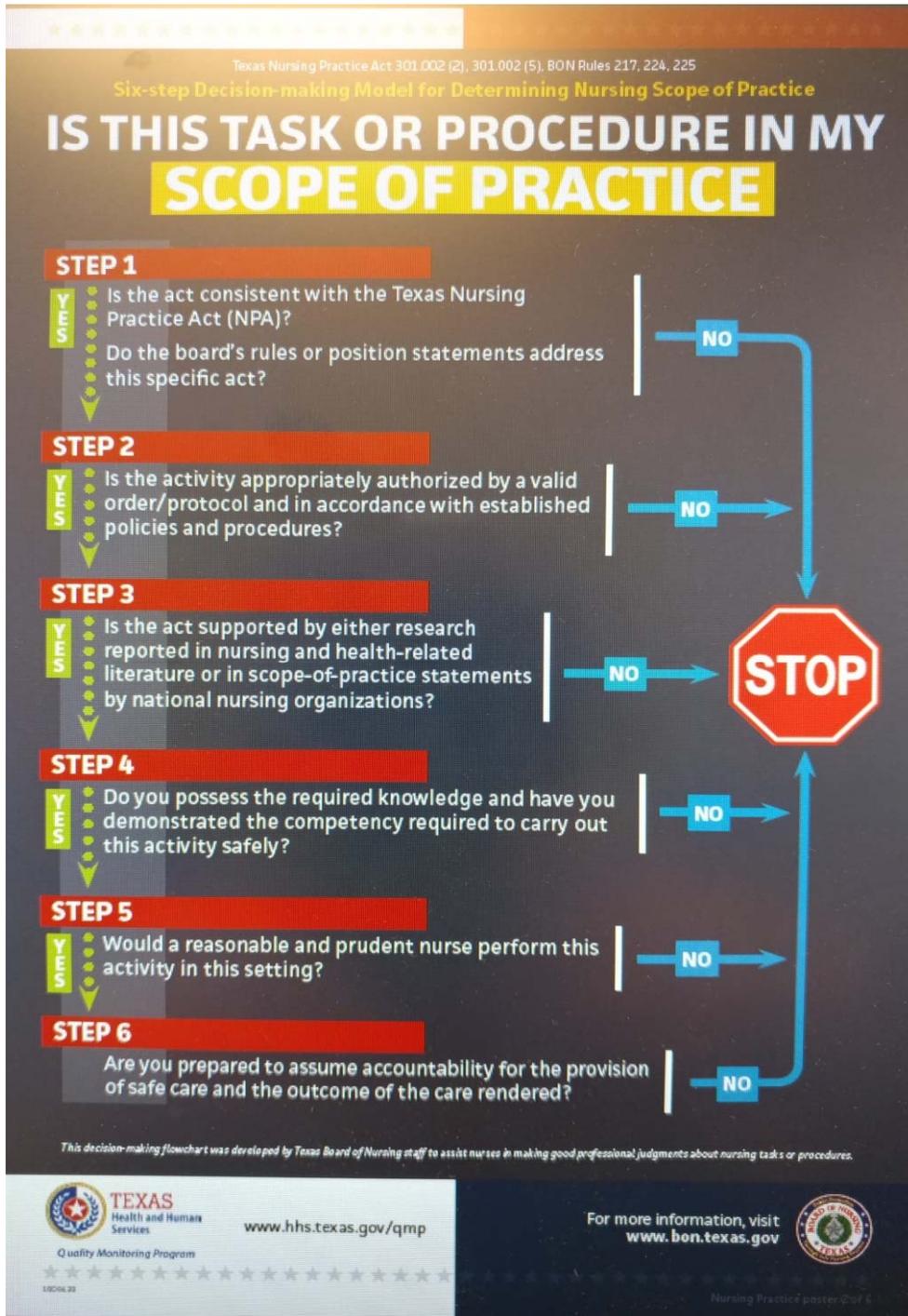
The Texas Board of Nursing website offers extensive information and resources regarding the legal scope of practice for nurses. Information regarding scope of practice including corresponding rules and Position Statements can be found under the Practice tab of the home page: <http://www.bon.texas.gov>

The Six-Step Decision-Making Model for Determining Nursing Scope of Practice¹⁴

Nurses who are new to the long-term care setting will face scope of practice questions on a regular basis. Often, a new nurse might ask themselves whether a specific task or procedure he/she is asked to perform is within their legal scope. The Six-Step Decision Making Model is a

¹⁴ Texas Board of Nursing (2010). *Six-step decision-making model for determining nursing scope of practice*. Retrieved from <https://hhs.texas.gov/sites/hhs/files/documents/doing-business-with-hhs/providers/long-term-care/qmp/nursing-scope-of-practice.pdf>

valuable tool available to nurses. This model is based on six questions that a nurse can ask to determine whether the task or procedure before them is within their scope. As they answer each question, if the answer is “Yes”, they can move on to the next step of the model. Let’s go through the following two scenarios as an exercise to become more familiar with using this scope of practice decision- making tool.



Activity:

Let's look at the following two scenarios. For each scenario, use the Six-Step Decision- Making Model to determine whether the nursing task is within the legal scope of the licensed nurse in the scenario:

Scenario One: LVN Scope of Practice:

An LVN in a long-term care facility is assigned to care for a resident with a Peripherally Inserted Central Catheter (PICC) line. The nurse has received orders from the physician to administer IV fluids via the PICC line. Although the LVN did receive training on maintaining peripheral IVs and administering intravenous medications, no specific training on administering meds via a PICC line was provided. Utilizing this Six-Step Decision-Making Model, determine whether it is within the scope of practice of the LVN to administer the IV medication to the resident.

Rule §217.11 of the TAC “Standards of Nursing Practice”, establishes a minimum acceptable level of nursing practice in any setting for each level of nursing licensure including advanced practice licensure. This rule consists of four sections:

1. Standards applicable to all nurses
2. Standards specific to LVNs
3. Standards specific to RNs
4. Standards specific to APRNs

This is one of the most important rules that govern your practice in Texas. This rule can be accessed on the BON website at: http://www.bon.texas.gov/rr_current/217-11.asp

In regards to scope of practice, Standard §217.11(1) (T) holds each nurse accountable to accept only assignments that are within the nurse's educational preparation, experience, knowledge, and physical and emotional ability. If a nurse accepts an assignment, he or she is responsible for adhering to the NPA and Board Rules in delivering safe patient care. This standard has important implications and must be considered when determining one's scope of practice based on training and licensure level.

Delegation and Assignment Making^{15,16}

Delegation in long-term care settings is often a challenge and is complex. In these settings, unlicensed assistive personnel (UAP) such as CNAs and CMAs are employed by the facility to

¹⁵ Corazzini, K. N., Anderson, R. A., Rapp, C. G., Mueller, C., McConnell, E. S., & Lekan, D. (2010). Delegation in long-term care: Scope of practice or job description? *The Online Journal of Issues in Nursing*, 15(2). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No2_May2010/Delegation-in-Long-Term-Care.html

¹⁶ National Council of State Boards of Nursing (2016). *National guidelines for nursing delegation*. Retrieved from https://www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf

provide assistance to the nursing workforce to provide care to residents and may include some nursing-related tasks. In some long-term care facilities, due to the lack of an RN in an administrative role, LVNs are placed in leadership roles where they may practice outside their scope, including delegation of nursing tasks to UAPs.

It is important to distinguish assignment making from delegation. Assignment is defined as, the routine care, activities, and procedures that are within the authorized scope of practice of the RN, LVN, or part of the routine functions of the UAP, whereas delegation is allowing a delegatee (the person carrying out the assignment) to perform a specific nursing activity, skill, or procedure that is beyond his or her traditional role and not routinely performed. At the end of the day, a licensed nurse is still responsible for ensuring an assignment given to a delegatee is carried out completely and correctly.

The delegation process begins at the administrative level of the facility and includes the RNs who are responsible for delegating and supervising the delegated tasks to unlicensed assistive personnel (CNAs and CMAs). Therefore, in order to effectively and safely engage in the delegation process, it is crucial for licensed nurses to understand the specific laws and rules/regulations in the state in which they are licensed. Successful delegation relies on effective communication and a collaborative working relationship among nursing staff and UAPs.

The National Council of State Boards of Nursing's National Delegation Guidelines summarize the delegation process as the following (regardless of the current role of the delegatee):

- A delegatee (CNA or CMA) is allowed to perform a specific nursing activity, skill, or procedure that is outside the traditional role and basic responsibilities of their current job if;
 - ✓ He / She has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill, or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility.
 - ✓ The licensed nurse who delegates the “responsibility” maintains overall accountability for the resident. However, the delegatee bears the responsibility for the delegated activity, skill, or procedure.
- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision- making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator's scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the NPA.

Texas Administrative Code details specific rules governing delegation. As we saw earlier in the module, Rule §217.11, Standards of Nursing Practice, sets forth specific standards directed at LVNs and RNs that discuss the assignment and delegation process specific to the State of Texas including the following:

TAC Title 22 Part 11 Chapter 217 Rule §217.11¹⁷:

(2) Standards Specific to Vocational Nurses. The licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings and:

(B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.

(3) Standards Specific to Registered Nurses. The registered nurse shall assist in the determination of healthcare needs of clients and shall:

(B) Delegate tasks to unlicensed personnel in compliance with Chapter 224 of this title, relating to clients with acute conditions or in acute care environments, and Chapter 225 of this title, relating to independent living environments for clients with stable and predictable conditions.

Peer Review: Incident-Based and Safe Harbor

Chapter 303 of the Texas Occupations Code (TOC) contains the Nursing Peer Review Law. Rules §217.19 and §217.20 of Chapter 217 of the Texas Administrative Code provide further definition and requirements related to the Nursing Peer Review Processes. According to TOC Chapter 303:

Sec. 303.001. Definitions¹⁸.

(5) "Peer review" means the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint including:

¹⁷ Texas Administrative Code (2007). *Standards of nursing practice*. Retrieved from [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11)

¹⁸ Texas Occupations Code Chapter 303 (2011). *Nursing peer review*. Retrieved from <http://www.statutes.legis.state.tx.us/Docs/OC/htm/OC.303.htm>

- A. the evaluation of the accuracy of a nursing assessment and observation and the appropriateness and quality of the care rendered by a nurse;
- B. a report made to a nursing peer review committee concerning an activity under the committee's review authority;
- C. a report made by a nursing peer review committee to another committee or to the Board as permitted or required by law; and
- D. implementation of a duty of a nursing peer review committee by a member, an agent, or an employee of the committee.

In Texas, there are two kinds of nursing peer review:

1. Incident-based Peer Review (IBPR): In this case peer review is initiated by a facility, association, school, agency, or any other setting that utilizes the services of nurses.

According to Chapter 217 of the TAC, Rule §217.19¹⁹:

(7) Incident-based Peer Review focuses on determining if a nurse's actions, be it a single event or multiple events (such as in reviewing up to five (5) minor incidents by the same nurse within a year's period of time) should be reported to the Board, or if the nurse's conduct does not require reporting because the conduct constitutes a minor incident that can be remediated. The review includes whether external factors beyond the nurse's control may have contributed to any deficiency in care by the nurse, and to report such findings to a patient safety committee as applicable.

(9) A minor incident as defined meaning conduct by a nurse that does not indicate that the nurse's continued practice poses a risk of harm to a patient or another person as described in §217.16 of this title.

2. Safe Harbor Peer Review (SHPR): May be initiated by a LVN, RN or APRN prior to accepting an assignment or engaging in requested conduct that the nurse believes would place patients at risk of harm, thus potentially causing the nurse to violate his/her duty to the patient(s). Invoking Safe Harbor in accordance with Rule §217.20 protects the nurse from licensure action by the BON as well as from retaliatory action by the employer.

According to Chapter 217 of the TAC, Rule §217.19¹⁹:

A process that protects a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when a nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform and that the nurse believes could result in a violation of the NPA or Board rules. Safe Harbor must be invoked prior to engaging in the conduct or assignment for which peer review is requested, and may be invoked at any time during the work period when the initial assignment changes.

¹⁹ Texas Administrative Code (2012). *Incident-based nursing peer review and whistleblower protections*. Retrieved from http://www.bon.texas.gov/rr_current/217-19.asp

Ethical Principles Related to Decision-Making and Resident Autonomy^{20,21,22}

Autonomy is a fundamental moral principle inherent to the practice of nursing. By adhering to this moral principle, nurses recognize the uniqueness of each individual that they provide care for, and the individual's right to make their own decisions and choices. In addition to the ethical principle of autonomy, principles of beneficence (promotion of the patient's best interest and well-being) and non-maleficence (avoiding patient harm) are paramount in the decision making process.

No matter the setting, all individuals being cared for by nurses have a fundamental right to make decisions for matters involving their health and care. Nurses are obligated to recognize this right. The "right to self-determination" is clearly articulated in Provision One of the Code of Ethics for Nurses from the American Nurses Association. The consideration of risks and benefits of treatment options in healthcare requires clinicians to carefully consider the decision-making capacity of the patients.

In order to protect and support the decision-making autonomy of your residents, you must accurately assess their understanding of the information provided regarding their care. In instances when the resident does not have decision-making capacity, the legally-designated surrogate will be involved in the decision-making process. It is important to understand however that decision-making capacity may fluctuate based on factors such as medications and course of illness. Residents may also have decision-making capacity in some aspects of their care (such as food choices) and lack the capacity in more high risk treatment options and decisions. Therefore, accurate capacity assessment requires having interactions with the resident on a regular basis. The person's safety, well-being, and best interest, in addition to goals and values, must always remain at the core of the decision-making process, which can often lead to ethical dilemmas for nurses when the resident is unable to communicate such goals, values, and preferences.

Issues that Nurses Face²³:

Nursing ethics share many of the same principles of medical ethics; however, they are distinguishable by the emphasis that is placed on the relationships with the patients, collaboration in the care delivered, and the human dignity that must be maintained. It is imperative that LVNs

²⁰ Berman, A., Snyder, S., and Frandsen, G. (2016). *Kozier and Erb's fundamentals of nursing: Concepts, process, and practice* (10th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

²¹ Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (Eds.) (2016). *Evidence-based geriatric nursing protocols for best practice* (5th ed.). New York, NY: Springer.

²² American Nurses Association (2016). *Code of ethics for nurses with interpretive statements*.

Retrieved from <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>

²³ Ward, J. (2012). Ethics in Nursing: Issues that Nurses Face. <http://www.nursetogether.com/ethics-nursing-issues-nurses-face>

have a good understanding of nursing ethics, as healthcare is constantly changing. Some of the ethical situations that nurses commonly face include:

- a. Obtaining informed consent: The LVN must understand that unless the individual is incapacitated, informed consent must be obtained for any and all procedures that are to be done. The individual has the right to deny any proposed treatment/procedure and the LVN must respect that right.
- b. Introducing or recognizing the advanced directive: Whenever the individual is seeking care, regardless of the environment, he/she should be presented with information on advance directives. If the individual already has one, the requests in the document are required to be respected and documented by the LVN in the event that they are needed.
- c. Truth-telling: Anytime that an individual is faced with a health issue, he/she expects that the LVN will be truthful in providing any and all information about the treatment options in order to be able to make an informed decision. It is the responsibility of the LVN to work with the Physician to ensure that all of the correct information is provided to the individual.
- d. Patient Confidentiality: This concept is also very much rooted in trust. When an individual provides information to an LVN or Physician, he/she trusts that the information will remain with those individuals and only be provided to others on an as needed basis.
- e. Professional Obligations: Individuals seeking care trust that the LVNs providing that care are competent in the care that they are providing. In order to be competent, the LVN must be compliant with the standards outlined by the Board of Nursing for continuing education requirements.
- f. Professional Relationships: In addition to demonstrating competency, the LVN is charged with the professional obligation of maintaining professional relationships with physicians, colleagues, and the patients that he/she is caring for.
- g. Ethical issues between team members: Some level of nursing has the ability to work autonomously; however, they do not have the right to work outside of their scope of practice. The LVN more specifically, is required to have supervision over his/her practice and must be fully aware of the scope of their practice, to ensure that there is no scope creep.

Chapter 3:

Professional Boundaries^{24 25}:

Nursing boundaries were first addressed by Florence Nightingale and are referred to in the Florence Nightingale Pledge, the unofficial first code of ethics for the profession. As mentioned previously in this module, the nursing profession has been regarded as the most trusted

²⁴ A Nurse's Guide to Professional Boundaries. https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf.

²⁵ Lippincott Nursing Center Watch your step: Nursing and professional boundaries. https://www.nursingcenter.com/CEArticle?an=00006247-200702000-00009&Journal_ID=54013&Issue_ID=696076

profession for many years. The LVN must understand that being part of the most trusted profession requires that he/she abstain from any personal gain at the expense of the patients he/she is caring for. The LVN must ensure an understanding of what it means to have a therapeutic relationship with his/her patients. A therapeutic relationship is one that is dynamic, goal-oriented, and patient centered, as it is designed to meet the needs of the patient. This relationship, regardless of the context or length, protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect.

Professional boundaries are those spaces between the LVN's power and the vulnerability experienced by the patient. The power that the LVN has comes from the position as well as his/her access to sensitive personal information. The LVN must make every effort to respect the power imbalance and ensure a patient-centered relationship. These boundaries can easily be crossed, sometimes unintentionally, if the LVN doesn't understand the importance of them. Any violations of these boundaries can cause a significant amount of distress for the patient which may or may not be felt by the patient.

The LVN should also be aware of red flag behaviors that can alert him/her to potential boundary issues. These include:

- a. Discussing intimate or personal issues with a patient.
- b. Engaging in behaviors that could reasonably be interpreted as flirting.
- c. Keeping secrets with a patient or for a patient.
- d. Believing that you are the only one who truly understands or can help the patient.
- e. Spending more time than is necessary with a particular patient.
- f. Speaking poorly about colleagues or your employment setting with the patient or family.
- g. Showing favoritism.
- h. Meeting a patient in settings besides those used to provide direct patient care or when you are not at work.

One of the aforementioned signs by itself may not necessarily indicate a boundary issue; the LVN should examine his/her entire relationship with the patient to determine if there are any boundary crossings or violations. Patients can also demonstrate signs of over involvement by asking questions about a particular nurse, or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor. The LVN should also observe for any of these signs in the staff that he/she supervises to ensure that there are no inadvertent boundary crossing issues with those staff members.

Personal Accountability:

Personal accountability, by definition, is the willingness to answer for the outcomes that are a result of the choices you make, behaviors you display, and actions you take²⁶. Nurses are held to a higher standard of personal accountability, as detailed in the National Association of Practical Nurse Education and Services Standards of Practice for Licensed Practical/Vocational Nurses. The LVN is held to a code of ethics that details the nurse accepting personal responsibility (for his/her actions)²⁷. Nurses are also expected to be responsible for their professional practice by developing and maintaining current knowledge, skills, and abilities. Personal accountability is an ongoing habitual commitment to oneself and what is important to him/her. It is the ‘before-the-fact’ mind-set of personal ownership and commitment to a result. The LVN must understand that in the nursing profession that he/she is required to practice personal accountability in every aspect of his/her position, not just when people are looking but when mistakes are made or accidents happen.

Being accountable for all of his/her practice will ensure that the LVN always practices ethically and is not at the center of any issues. The best way for an LVN to be able to prevent issues is by being aware that there is a potential for something to happen. When the possibility of issues arising isn’t taken into consideration that is when the LVN may become complacent in their position. In an effort to prevent this from happening, the LVN should be consistently analyzing his/her practice environment to ensure that he/she is practicing to the standards that are required.

Chapter 4:

Resources:

1. ANA Code of Ethics for Nurses: The entire code of ethics along with interpretive statements and application is available for download at:
www.nursesbooks.org/ebooks/download/CodeofEthics.pdf
2. Application of the Code of Ethics/ Case Examples: The following case examples provide an application of the designated provision, as detailed below. The questions in each case example can be worked through with the students.
 - a. Provision One: You are a charge nurse in a large nursing home. The units in your facility are staffed primarily with licensed practical nurses and nursing assistants. Recently several nursing assistants have come to you complaining about unequal treatment in

²⁶ Mind Tools. Developing Personal Accountability. <http://www.mindtools.com/pages/article/developing-personal-accountability.htm>

²⁷ National Association of Practical Nurse Education and Services (NAPNES), Inc. NAPNES Standards of Practice for Licensed Practical/Vocational Nurses. http://www.napnes.org/Archives_NoAccess/standards.pdf

assignments and privileges. You know that there are some racial tensions among the staff, which is predominantly persons of African American and Hispanic identity, and suspect that these may be contributing to the conflict. While the nursing home allegedly has a “zero tolerance” policy for discrimination, you know that this is not always the case. What guidance does Provision 1 of the Code of Ethics offer to promote respectful professional relationships among the staff and residents?

Provision from where the answer can be found:

1.5 Relationships with colleagues and others: The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others. The nurse values the distinctive contribution of individuals or groups, and collaborates to meet the shared goal of providing quality health services.

- a. Provision Two: The 87-year-old patient has end-stage lung cancer and is nearing the terminal phase, though not yet considered “terminally ill” for the purposes of admission to hospice. He tells the nurse that he is tired and does not want any more treatment, but he does want to be “kept comfortable.” He indicates that he is tired of trying to fight the cancer and feels that his present life has no quality. Also, he says, “I have lived a good, long life and I am ready to go.” His adult children have had a conference with the physician and said they want everything done for their father. The physician tends to go along with these adult children. What does the nurse need to know about this clinical situation? What are the values and obligations at stake in this case? What values or obligations should be affirmed and why? How might that be done?

Provision from where the answer can be found:

2.1 Primacy of the patient’s interests: The nurse’s primary commitment is to the recipient of nursing and healthcare services—the patient—whether the recipient is an individual, a family, a group, or a community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. The nurse strives to provide patients with opportunities to participate in planning care, assures that patients find the plans acceptable and supports the implementation of the plan. Addressing patient interests requires recognition of the patient’s place in the family or other networks of relationship. When the patient’s wishes

are in conflict with others, the nurse seeks to help resolve the conflict. Where conflict persists, the nurse's commitment remains to the identified patient?

2.3 Collaboration: Collaboration is not just cooperation, but it is the concerted effort of individuals and groups to attain a shared goal. In health care, that goal is to address the health needs of the patient and the public. The complexity of healthcare delivery systems requires a multi-disciplinary approach to the delivery of services that has the strong support and active participation of all the health professions. Within this context, nursing's unique contribution, scope of practice, and relationship with other health professions needs to be clearly articulated, represented and preserved. By its very nature, collaboration requires mutual trust, recognition, and respect among the healthcare team, shared decision-making about patient care, and open dialogue among all parties who have an interest in and a concern for health outcomes. Nurses should work to assure that the relevant parties are involved and have a voice in decision making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision making is available and provided. Nurses should actively promote the collaborative multi-disciplinary planning required to ensure the availability and accessibility of quality health services to all persons who have needs for health care. Intra-professional collaboration within nursing is fundamental to effectively addressing the health needs of patients and the public. Nurses engaged in nonclinical roles, such as administration or research, while not providing direct care, nonetheless are collaborating in the provision of care through their influence and direction of those who do. Effective nursing care is accomplished through the interdependence of nurses in differing roles—those who teach the needed skills, set standards, manage the environment of care, or expand the boundaries of knowledge used by the profession. In this sense, nurses in all roles share a responsibility for the outcomes of nursing care.