Taking a Stand

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 Doody and Noonan (2016) define ethics as a system of principles that can considerably change previous thoughts, actions, and decisions of people. Ethics is an essential measure to protect society and guide a person’s actions in regard to right and wrong in regard to oneself and society at large (Marquis and Huston, 2015). To make appropriate ethical decisions, the manager/leader must have knowledge of ethical principles and frameworks (Marquis and Huston, 2015). They must also perform with a style of leadership that excludes trial and error and places emphasis on decision-making models (Marquis and Huston, 2015). The purpose of this assignment is to introduce the conceptual frameworks and the ethical constructs of ethics and to display an ethical dilemma that has been encountered during my nursing practice.

**Conceptual Frameworks of Ethics**

 Often nurses are faced with ethical dilemmas more than they would like. The nurses are then charged to make difficult decisions. The ethical decisions made daily by nurses are apparent in the outcomes of the people they care for (ETHICS IN NURSING, 2015). The daily decisions made when providing end-of-life care become more burdensome depending on the age, competence and abilities of the patient. According to Karlsson, Karlsson, Barbosa da Silva, Berggren, and Soderlund (2013) community nurses are more responsible for sophisticated tasks and face difficult decisions when caring for dying people at home. They require both skills and knowledge when facing ethical issues that may prevent them from providing the best end-of-life care (Karlsson et al., 2013).

 According to Marquis and Huston (2015) ethical frameworks guide individuals in solving ethical dilemmas. These frameworks provide the assistance needed for managers to be able to clarify personal values and beliefs to solve ethical problems. The most commonly used ethical frameworks are utilitarianism, duty-based reasoning, rights-based reasoning, and intuitionism (Marquis and Huston, 2015).

 Utilitarianism uses an ethical framework that supports decision making based on what provides the greatest good for the greatest number of people (Marquis and Huston, 2015). When this is done, the needs and wants of the people are taken away (Marquis and Huston, 2015). It is proposed in utilitarianism, that the end can justify the means (Marquis and Huston, 2015).

 Duty-based reasoning is the framework based on the belief that some decisions must be made because there is a duty to do something or the duty to shun doing something (Marquis and Huston, 2015). An example provided by Marquis and Huston (2015) is the hiring of the most qualified person for the job even if it costs more money. Rights-based reasoning is based on the belief that some things are a person’s just due (Marquis and Huston, 2015). The example given in the literature is two applicants have the right to fair and impartial consideration of their applications (Marquis and Huston, 2015).

 The intuitionist framework allows the manager or leader to view each issue individually and compare the relative weights of goals, duties and rights for each ethical dilemma (Marquis and Huston, 2015). The weighing is determined by the intuition of the leader/manager.

**Principles of Ethical Reasoning**

 The principles of ethical reasoning further explore and define what beliefs or values form the basis for decision making (Marquis and Huston, 2015). According to Marquis and Huston (2015) respect is the most basic and universal ethical principle for the people.

 Autonomy is when one accepts responsibility for the decision that has been made (Marquis and Huston, 2015). Self-determination supports this moral principle. The literature states that an employee has the choice to meet the standards of an organization and if they don’t disciplinary action can be taken. Autonomy allows patients to make decisions for themselves concerning their care. The decision takes away a one’s right to self-determination is serious but it is the responsibility of the leader/manager to know when this is needed.

 Beneficence is described as the actions one takes should be done in an effort to promote good (Marquis and Huston, 2015). If one cannot do good, then no harm should be done. This is defined as nonmaleficence (Marquis and Huston, 2015). Other principles included in beneficence are paternalism, utility, justice, veracity, fidelity and confidentiality (Marquis and Huston, 2015).

 Paternalism is related to beneficence in that one person takes the authority to make decisions for another (Marquis and Huston, 2015). Paternalism limits freedom of choice but is believed to protect a person from harm (Marquis and Huston, 2015). Leaders/managers demonstrate this principle when they believe they know the short and long-term goals of the employee better than the actual employee (Marquis and Huston, 2015).

 The principle of utility perceives that what is best for the common good outweighs what is best for the individual (Marquis and Huston, 2015). Managers utilizing this principle have to be careful not to become less humanistic (Marquis and Huston, 2015).

 According to the principle justice, people that are equal should be treated equally and those that are not should be treated as such (Marquis and Huston, 2015). The leader or manager using this principle will apply pay raises and incentives according to the work performance of the individual.

 Veracity explains how people feel about the need to tell the truth (Marquis and Huston, 2015). This principle is perceived as it’s ok to tell a “small white lie”. The literature uses the example; multiple job applicants were received for a particular position and only one applicant was hired, the others were told by the leader that they were highly considered for the job whether they had been or not (Marquis and Huston, 2015).

 Fidelity is the principle that holds individuals to their word and commitment to others (Marquis and Huston, 2015). If a promise is made, it should be kept.

 Confidentiality is a basic and ethical principle of the nursing and medical profession. As nurses it is our duty to maintain the confidentiality of patient information. However, there are times when this is overridden by nurse managers or leaders in cases legally required by law such as abuse (Marquis and Huston, 2015).

**The Ethical Dilemma**

 Working in community healthcare and caring for terminally ill patients, I am often faced with ethical dilemmas concerning patients’ right to refuse treatment. Recently there was a patient that was mentally competent to make his own decisions but he was disable physically. The patient was nineteen years of age and had a diagnosis of stomach cancer. The patient had taken several rounds of chemotherapy but had decided he was tired of treatments and opted to stop. Although the oncologist recommended the treatments and thought it to be helpful with a positive outcome, the patient continued to refuse. The family was irate with the patient’s decision and was constantly wanting myself and my coworkers to discuss this matter with the patient.

 On behalf of the patient I arranged a family meeting that involved the social worker, patient and family. The family found it difficult to agree with the patient’s decision because of what they had been told by the physician. They were attempting to find ways to ignore the rights and wishes of the patient to satisfy their wants. With the help of the social worker, the patient’s rights were explained and preserved. At the end of the meeting everyone was supportive of the patient’s decision because it was what he wanted. In this situation, autonomy and beneficence were observed. Even though the patients right to refuse further treatment may not prolong his life, he will have a better quality of life in the days he has left.

**The Role of Advocate**

 According to Flemming (2015) the challenges in healthcare are constant and intense. The support and guidance of the American Nurses Association (ANA) have been made evident by the establishment of policies and standards that guide nursing practice. Thacker (2008) writes that nursing professionals are in key positions to support end-of-life decisions and to advocate for patients and families across all health care settings. Advocacy has been identified as the common thread of quality end-of-life nursing care (Thacker, 2008). Dilemmas such as those associated with the refusal of treatment can be viewed as not upholding the patient’s rights. Advocacy is embedded in nursing practice and is therefore the nurses’ responsibility to protect the health and well-being of the patient receiving the care (Thacker, 2008).

 Nurses have legal and ethical obligations to uphold the rights of those in their care. Patients have the right to receive or deny treatment if they choose. As a nurse advocate for my patients, it is my responsibility to be aware and knowledgeable of the laws that protect my patients. If our patients are unable to make decisions for themselves, as nurses we may have to help them at times. Nurses are legally and ethically bound by their oaths to preserve the rights of the patients in their care.

**Leadership Style**

 According to the Keirsey Temperament Sorter II (KTS-II) (2015) my personality type is that of the guardian. The KTS-II (2015) describes the guardian as the cornerstone of society and are the temperament given to serving and preserving the most important social institutions. They are also described as having a natural ability to keep things running smoothly in their families, communities, schools, churches, hospitals, and businesses (KTS-II, 2015). I feel that becoming a nurse was my calling and I’m fulfilling my life long purpose.

 Guardians also know how to have fun but are quite serious about their duties and responsibilities. The guardian is also described as dependable and trustworthy. This is a very true description of myself. I take pride in being dependable and knowing that my friends, coworkers, and family can count on me. My role in the ethical dilemma described above illustrates these traits.

**Summary**

In my years as a nurse, I have always found it to be an honor to serve my patients. Upholding their rights is an ultimate obligation of mine and is for every nurse to understand and be knowledgeable of the rules and laws of ethics. As a leader/manager I find comfort in the ability to make difficult decisions with the knowledge that I have obtained through my studies and my experiences during my career. Ethical dilemmas can be challenging and difficult to solve but with the application of the principles of autonomy and beneficence, these decisions are made easier. My personality as a guardian has made me realize that I am definitely what I am supposed to be in life, a nurse.

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