Ethical and professional issues

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**Introduction**

Any healthcare professional must uphold ethical principles. The word ethics derives from the Greek word ethos, which signifies character. It is possible to identify the actions, motives, and intentions that are valued by using ethics, which are universal rules of conduct.. [1] A individual or a group's behaviour and conduct are governed by moral standards known as ethics. The focus is on right and wrong behaviour, the process of selecting a course of action, and what will happen as a result [2] Everyone has a unique set of personal principles and ethics. Because healthcare professionals must detect ethical challenges and make moral decisions while abiding by the regulations that control them, ethics within the industry is crucial. Nurses, like all healthcare professionals, require control and direction within the field in order to work competently and honourably. [3] To this end, the American Nurses Association (ANA) created the Code of Ethics.

Every speciality of Registered Nurses (RNs) will face an ethical problem or conundrum at some point. A circumstance in which the nurse must decide between two "right" but opposing values—those of the nurse & those of the other parties (the client, the patient's family, other healthcare professionals, or a mix of these)—is an ethical challenge in nursing. The decision eventually doesn't comport with someone's ideals, which leads to a conundrum. RNs must be able to recognise these ethical dilemmas and find solutions while maintaining a professional practise and the right resources. However, nurses should also support the patient's optimal outcome by standing up for their rights and honouring their unique cultural and individual requirements. Although navigating these ethical conundrums and ultimately coming to a satisfactory conclusion can be difficult, it is a basic competency for RNs in patient care.

Ethical issues arise when decisions must be made but there are flawed possibilities and ambiguous solutions. Moral anguish, which is described as knowing what is right to do but being unable to do it, could result in poorer patient care, difficult therapeutic relationships, and other effects. Nurse managers in particular are prone to moral distress and nursing ethics issues because of their leadership and mentoring responsibilities. Nurses and other medical professionals have faith that nurse managers will make morally upright decisions. Before accepting a position in nurse management, registered nurses (RNs) should be aware of the role ethical decision-making plays in daily work.Students in the Master of Science in Nursing programme at Duquesne University learn about the principles of moral leadership and management from lecturers with practical expertise. (4)

The American Nurses Association Code of Ethics serves as the basis for ethical decision-making for nurse management. It was developed as a standard for nursing responsibilities "in a fashion compatible with excellence in nursing care and the ethical commitments of the profession."By using the Code of Ethics in their everyday lives and employing their leadership skills to do so, nurse managers assist in resolving moral dilemmas in nursing.(4)

**Ethical dilemmas in nursing**

Nurse managers can evaluate ethical concerns in nursing using the criteria set out in the ANA Code of Ethics. However, how it approaches moral conundrums might change depending on the circumstance. When nurses lack the necessary tools to do their responsibilities, an ethical quandary may arise in healthcare institutions. Nurses who observe a colleague's ignorance are faced with the moral choice of whether to bring the situation up with their nurse management. Nurse managers can make a concerted effort to educate their nurses on the Code of Ethics as well as the Code of Ethics for their particular medical facility in order to assist resolve this ethical conundrum. Additionally, nurse supervisors can regularly teach their staff members' nurses on persistent problems. (4)

Regarding patient privacy, there is still another ethical dilemma in nursing. Although nurses and nurse managers have access to a patient's medical history and records, they are not permitted by law or ethical standards to disclose this information to anyone other than the patient. Nurses must always put their patients' needs first, even as they are mindful of the need to protect patients' privacy and medical information. (5)

## The Code of Ethics in Nursing

The Code of Ethics in Nursing was first created in the 1950s by the American Nurses Association (ANA). It has changed throughout time to recognise and address the ever-expanding range of nursing specialist areas, contemporary technology developments, updates to general clinical and nursing policies, and socioeconomic shifts brought on by a more diverse national population. Its objective is to offer a well-organized, unambiguous set of ethical standards that expressly state and define the nurse's professional obligations, guiding principles, obligations, and limits of responsibility. Autonomy, beneficence, non-maleficence, & justice are the four cornerstones of nursing ethics, according to the American Nurses Association (ANA). (5)

**Autonomy**

All clinical information on a patient's health state, including risks and potential problems, should be provided to and made available to the patient so they may make an educated medical decision for themselves based on their own personal values and beliefs. The patient has the freedom to refuse any therapy, including medicine or even surgery, regardless of its prospective health benefits, even when it frequently directly conflicts with accepted care recommendations or best practises. In consideration of the patient's autonomy, nurses must respect such choices.

**Beneficence**

Beneficence is the act of advancing kindness via the expression of our innate feelings of compassion and love for one another. By being considerate and courteous to patients, as well as by respecting their decisions and preferences, nurses exhibit this beneficence.

**Non-Maleficence**

No damage shall be done to any patient. The most well-known nursing ethical guideline is probably non-maleficence, yet it is also the hardest to live up to. By adhering to this principle, nurses are required to select medical interventions that produce the best results while posing the fewest risks to patients. However, when a patient exercises their right to autonomy and declines to take life-saving medication or comply with a treatment regimen, for instance, nurses are faced with an ethical conundrum.

**Justice**

RNs are obligated to give equal treatment to all patients, regardless of ethnicity or colour, cultural background, gender, sexual orientation, religion, or financial position. This sort of ethical quandary is common inpatient triage circumstances, in which nurses must determine which patients need emergency medical treatment over others.

**ETHICAL ISSUES**

**Policy development and allocation of resources**

Strategic planners, decision-makers, and managers may perceive needs very differently from clinical personnel, who provide direct patient or client care. Although it is still largely believed that a lack of funding is the fundamental constraint on basic healthcare, concerns about quality and safety are increasingly coming into play. The goal is to find a way to ensure that individuals who are old and chronically ill receive the same level of care as those who are acutely ill or injured and need immediate medical attention. (6)

**Balancing interests**

The need to strike a balance between a person's rights and quality of life and the need to wisely employ finite resources is at the root of many ethical dilemmas. This means that due to a lack of resources, patients who seek to express their autonomy in respect to treatment decisions may be unable to do so. According to Dines and Cribb (1993), autonomy is essential to human health and happiness. But occasionally, a person's autonomy and physical well-being may be at odds with the community's physical and financial prosperity. Downie and CaIman (1987) questioned whether any limits need to be imposed on people who may be harmful to the community's health. .(6)

**Patients'rights**

The organisation and delivery of patient and client care, the amount of information provided, & the level of patient involvement in care vary greatly around the globe. These variances are mostly the result of historical growth, policy choices, and ethnic, racial, and cultural influences that have developed in the various nations. Several nations have enacted patient charters or bills of rights since the start of this decade (DoH, 1996b). . Many of these texts essentially state the same thing. For instance, after receiving a thorough explanation of their health status, a patient must consent to therapy. If such explanations are to be ethical and show respect for the persons involved, they must include the diagnosis, the level of therapy and care required, the risk factors involved, and any workable alternatives to the advised course of action. (6)

The goal of advocacy in the medical field is to advance and protect the rights and interests of patients and clients. 98 Nursing and Midwifery Practice's Ethical Issues (UKCC, 1996). Community nurses who are trying to protect both the interests of service users and their employers may jeopardise either themselves or their integrity in the process of standing up for others. Conflict examples can include grumblings about inadequate staffing or an improper skill mix.

Community-based nurses have broadened their scope of practise, and some have taken on the position of nurse practitioner. The nurse practitioner is a person who: • Makes professional autonomous judgments for which she/he is solely responsible, according to the Royal College of Nursing Institute of Advanced Nursing Education (RCNIANE, 1989). • Has a broad range of abilities in the physical, psychological, and social domains, particularly in the areas of diagnosis, prescription, counselling, and health promotion. (6)

**Competence**

There is a lot of room for the development of talents that cross traditional lines of professional demarcation, barring any explicit statutory regulation that mandates that a given professional perform certain tasks. The focus in nursing today is on competence, knowledge, and skills. Hunt and Wainwright (1994), however, pose the question, "How do nurses know when they are competent, how does the employer evaluate the competency of a specific employee, and how do the pIn each of the countries under consideration, the challenge of defining competence seems to burden the nursing profession. Similar to the UK, Finland, Sweden, and Greece regularly discuss the moral dilemmas raised by ineptitude. Everyone seems to agree that, aside from the nursing profession, ineptitude occasionally exists in medicine and in occupations related to medicine. Finding the incompetent practitioner does not appear to be the issue; rather, it is the quick "closed door policy" that follows such an incidence. profession and the legal system decide competence?"

The challenge of defining competence seems to burden the nursing profession in each nation under consideration. The ethical concerns accompanying ineptitude are ones that are frequently discussed in Finland, Sweden, and Greece, similarly to the UK. Everyone seems to agree that ineptitude can occasionally be seen in the nursing field as well as in medicine and related professions. It appears that the issue is not finding the inept practitioner, but rather the quick "closed door policy" that follows such an incidence.(6)

**COMMON ETHICAL CONDITIONS FOR NURSE MANAGERS AND NURSING ETHICS**

Despite the fast-paced nature of nursing and the continuously shifting challenges it faces, many nurse managers report running into similar moral impasses. The most frequent and challenging ethical situations, according to a recent study, include decision-making, staffing, advanced care planning, and defending patients' rights.The fact that so many novice nurses are joining the profession and many of them have never had to deal with ethical dilemmas in nursing is aggravating the situation. Due to these difficulties, skilled nurse managers are even more essential to the nation's ongoing healthcare demands.

**Honesty vs. withholding information.**

Family members sometimes want to keep medical information private from ill persons in order to protect the patients' feelings. But patients do have a right to information about their medical conditions. Especially if it goes against the family's ideals, it could be challenging to decide how to share this knowledge. Honesty is encouraged as a key component of nurse-patient relationships by the ANA.

**Science vs. spirituality**

 Science and religion. Healthcare, which is science-based and results-oriented, may conflict with one's personal or religious convictions. Some faiths forbid using life-saving measures and medical procedures. To reduce discomfort and free patients to focus on self-care, nurses prioritise delivering medical treatment. Patients or their families with strong religious or spiritual views may be encouraged to adhere to a rigid set of guidelines. The ANA Code of Ethics states that nursing workers must respect the "unique differences of the patient," including "lifestyle, value system, and religious perspectives." Respect for a position, however, "does not imply that the nurse personally endorses such thoughts or behaviours," according to the statement.

**Healthcare needs vs. resource allocation**

Possessions allocated versus healthcare requirements. Nurse managers are increasingly at conflict with patient requirements and budgetary restrictions as healthcare costs rise. Patients run the danger of not receiving the care they require since there are several medical institutions with insufficient resources. These resources include anything from medical technology to medical personnel. According to investigation, nurse supervisors should involve employees in budgeting so they may better understand requirements & desires.

**Beneficence vs. autonomy**

Nurses are required to give medications to patients even though they have the choice to refuse them. Despite clearly stated requirements, patient autonomy may go against medical advice. Patients have the right to reject any medical treatment. In order to communicate the medical necessity to patients, the ANA emphasises the necessity for nurses and nurse supervisors to understand patient histories and specific situations.According to ANA, applying ethical principles to find a solution should be done in a setting of kindness, respect, candour, and transparency. The best available evidence-based practise guidelines should be used in this process, which should be based on an ethically sound decision-making paradigm.

**Contemporary Ethical Issues in Nursing**

[Legal and ethical issues in nursing](https://nrsng.org/nursing-rules-of-conduct/) can cause nurses a variety of problems. As a healthcare professional, you must find solutions to these problems while upholding the greatest levels of care and attention. Nurses are expected to act in the patient's best interests, and patients' rights are guaranteed by law. But coping with numerous nursing-related issues can be stressful and tough.The following are a few of the most frequent moral and legal conundrums. Nurses can pick up on how to handle them and stave off future problems.Consent is a typical ethical dilemma for nurses. Patients give their assent to a particular course of therapy through the process of informed consent. In order to gain this consent, you must guarantee that the patient has received a thorough explanation and has signed the appropriate paperwork. Unaware consent is not the same as informed consent. A patient is unlikely to consent to a therapy if they do not fully support it.

While providing care to a patient, nurses are obligated to abide by a code of ethics and obey regulations. For nurses, there are standards of ethics from both the American Medical Association & the World Medical Association. State and federal standards of practise and care are also available. Additionally, they provide position papers on moral matters. One such position paper on the moral use of narcotic analgesics at the end of life is published by the ANA. Additionally, the American Nurses Federation and the International Nurses Association have codes of ethics. Privacy is a big issue for nurses. Nurses may have access to patient information and medical histories depending on the sort of nursing care they provide.it may be illegal for a nurse to divulge this information to the public in several areas. Although this is typically allowed, it's crucial to protect the patient's privacy. Additionally, it is unlawful for a nurse to trample on a patient's right to privacy. Because of the nature of the job, legal and ethical difficulties in nursing frequently come up. In deciding how to care for a patient, nurses are faced with challenging decisions. The wellbeing of patients can be impacted by a variety of legal and ethical conundrums.

someone without their consent is permissible. Respecting patients' rights is crucial if you're a nurse if you want to provide high-quality treatment. Nurses must think about their patients' welfare in addition to the law and ethics. A nurse may occasionally feel exposed to a moral dilemma. It's critical to keep the patient safe in such circumstances and to steer clear of any potential threats. The welfare of the patient is frequently at risk. The nursing profession depends on having the freedom to select the optimal therapy. But a nurse must also take the patient's sentiments into account. Giving care to a patient may lead to additional ethical dilemmas for nurses.

Thankfully, hospitals have ethics committees to assist nurses in handling such situations. A nurse should always put the patient's needs first. The safety of the client & the nurse's reputation are both at stake in this, thus it is crucial. A nurse should remain impartial and unbiased in this situation. In all circumstances, a nurse must be truthful and uphold the law. Additionally, a nurse should be able to respect the patient's rights. Although there are a few solutions, nursing's legal and ethical problems can be challenging. Another strategy to defend the rights of the patient is to act in his or her best interests. Respecting the patient's right to decline medical care is one of the nurse's ethical obligations. Furthermore It's also critical to preserve the patient's dignity.

Ethics takes into account moral standards and appropriate conduct. Nurses enjoy high appreciation from patients, the public at large, employers, and the nursing profession. They must be fully aware of the numerous ethical, legal, and professional issues they will run into while working. These commitments are supplemented by the ideas of beneficence—doing good or working in the patients' best interests—and non-maleficence—avoiding harm. Although nurses have several duties, autonomy, confidentiality, and patient care are their three essential obligations.

These duties shall be deemed to be legal obligations in the event that any laws or regulations are violated while in effect. An investigation conducted in 2001 found that there was a perceived need for more instruction on ethical issues facing the health profession as a result of an increase in court proceedings and public enquiries. Numerous Clinical Ethics Committees (CECs) and Research Ethics Committees (RECs) have been established in the UK in order to provide comprehensive ethics support. Because of the continually changing values in health, behavioural science, and society, medical practitioners need to be aware of and comprehend the rising ethical concerns for the medical industry.

The nursing industry abides by a strict set of disciplinary guidelines and its own code of ethics. More authority than medical legislative entities, the regulating organisation has over its membe.Some conditions for a new nursing school curriculum were specified by the Department of Health's Health Service Circular 219.99. The Nursing and Midwifery Council (NMC) is mandated to set minimum standards and specifications for nursing education in professional and ethical issues under the Nursing and Midwifery Order 2001.The NMC is a governmental agency that was founded to safeguard the public.The Register of Medical Practitioners is in charge of regulating the standards for medical and nursing professionals (RMP). The Register enables the GMC to monitor entrance into the profession and guarantee that all practitioners uphold consistently high standards of conduct by requiring that applicants for RMP status meet certain requirements. The NMC provides policies that describe what is expected of specific responsibilities such confidentiality, medical research obligations, consent rights, and autonomy. The nursing profession is required to abide by these rules on a daily basis at the individual level.

**Current Ethical Issues in Nursing**

Examples of Moral Issues Patients, doctors, other nurses, and the organisations that employ nurses frequently experience ethical issues. Additionally, nurses are frequently the ones who have the greatest moral dilemma when good practise appears to call for them to go against their moral principles. Consider the mini-cases that are provided and try to decide what to say. The above-discussed procedure for making moral judgments ought to be favourable. **PATERNALISM**

 A nursing home resident who is alert and in immediate risk of falling upon getting out of bed refuses to call the nurse for assistance. The nurse can decide whether to ask for a prescription to limit the patient.

**DECEPTION**

As the student nurse gets about to administer an intramuscular injection of a painkiller, a postoperative client asks a question. The student is anxious because this will be their first attempt. If the student wanted to reduce the patient's concern, can say that "No, I've given several before" to the patient be acceptable.

**CONFIDENTIALITY**

The nurse turns to a midlife lady who is gently crying and asks. The patient is informed by the woman that She came to country without permission two months ago and that she is currently working to support her family back home. She is unsure about how she will pay for her journey to the clinic. She requests the nurse's protection in this regard. If the nurse thinks the woman's anxiety is keeping her from receiving the care she needs, it may be moral to dent her confidence in order to get her the treatment she needs.

**SCARCE NURSING RESOURCES' SETTING**

Due to the recent dismissal of a nurse, your unit is currently understaffed. One of your clients, a 33-year-old man recovering from a heart attack who is leaving the hospital in the morning , another, an elderly client who is on the verge of passing away, and another, a cancer patient who has been throwing up all day and is in excruciating pain, are among your patients. You are aware that you are unable to adequately meet everyone's requirements. What is the "distribution" of your nursing services? ( You enjoy that the patient will go home the next morning.

**CONSENT VALID OR REFUSAL**

As you are aware, the teenager being attempted to get spinal-tapped detests the resident. The teenager tells the adult to tell the residents to stop after one failed attempt. The resident requests that you give the patient an anti-anxiety drug so that the spinal tap can be finished as quickly as feasible. If the patient is no longer on board with the procedure, should you still provide the medication?

**CONTROVERSIES OVER THE CLIENT'S AND NURSE'S INTERESTS**

A drunk homeless man who has been a frequent visitor to the emergency hospital comes up one night. He doesn't appear to have showered or changed his clothes in days. He has TB and hepatitis B, according to the diagnosis. One nurse declines to accept him as a patient because of fear that she might infect her 8-month-old child while nursing him.

**CONTRADICTIONS WITH THE PROPOSED MEDICAL REGIMEN**

Any client who loses a considerable weight (˃10%) in the nursing home where you work. One of the patients is being put through these tests despite your severe objections since she has made it obvious that she wish to die and will fight to death if that is the only option available to her. The medical director advises the patient to do the investigations because there has a strong family history of unhappiness with the hospital care provided by the hospital. The director does not want to make things worse. Are you in charge of planning the patient's appointment and getting them ready for these diagnostic tests? Exist any reasons to abstain from participating?

**NOT PROFESSIONAL, INCOMPETENT, ETHICAL, OR LAWFUL MEDICAL PRACTICE BY PHYSICIAN**

 A paediatric surgeon who has been working there for a while notices a change in an operating room nurse. She tells the nurse how afraid and dreading the surgery and how she would have a colostomy for the rest of her life. Following his recent divorce, rumours have been spreading that the surgeon has a cocaine misuse issue. When the nurse notifies the surgeon of this suggestion, the surgeon responds that he does all of his own patient education and counselling and does not "believe" in enterostomal therapists. One paediatric patient's parents inquire about the surgeon's skills after becoming unsatisfied with the patient's recovery. Should the nurse express private worries? Is the nurse required to file a complaint about the doctor with the appropriate hospital authority for review? Nurses and Additional Nurses The interactions between nurses can lead to some of the most challenging ethical issues, which may be made more difficult by commitments of friendshipClaims of allegiance and nurse ineptitude are issues.

**APRENDICES OF LOYALTY**

The other nurse on the unit is informed by the nurse working the 11 p.m. to 7 a.m. shift, "I just made rounds and everyone is OK. Please take care of everything while I get an hour of sleep. I had a terrible day. She fails to inform the additional nurse that a report indicated one patient need particular monitoring. While the nurse is sleeping, this patient passes very suddenly. She begs the other nurse, who is a friend, not to tell anyone that she was sleeping when she wakes up and realises what has occurred. She explains, "That patient may have passed away any time in between my roundsIn addition, aren't you my best friend?

**NURSE PRACTICE THAT IS NOT PROFESSIONAL, INCOMPETENT, ETHICAL, OR ILLEGAL**

A patient tells you during your morning rounds that a nurse fondled her during the previous night shift and made sexual comments about her body. Because you like the concerned nurse, you have a suspicion that the patient may be deliberately trying to cause trouble. As a result, you find it difficult to believe the patient. What ought you to do? Institutional nursing, public policy, and nurses The institutional and public policy spheres present particular challenges as nurses take on more responsibility for decision-making at all levels of care. Short staffing, whistleblowing, and healthcare rationing are three current instances.

**WHISTLE-BLOWING AND SHORT STAFFING**

The unit where you work has been chronically understaffed as a result of restructuring. You think that there are now too few nurses to deliver high-quality treatment, putting patients at danger. A few nurses have been discussing organising a union and going on strike. ou are not sure if striking is a morally acceptable alternative since yours is the only major hospital in a small town. You are also thinking about "coming public" with your worries because repeated attempts to involve management in resolving the problems have failed. You are confident that your brother, who works for the neighbourhood newspaper, will agree to write a piece about the circumstances at the hospital. How do you behave?

**RATIONING OF HEALTHCARE**

Up to 43 million people in the US lack adequate insurance, which limits their access to healthcare. The question of whether or not every person has a "right" to basic healthcare is still up for debate. The alternatives available to the elderly, the underprivileged, the terminally sick, and members of society that many consider to have little "social worth" could be restricted under ideas for rationing healthcare. What moral duty do you have to add to this discussion? How do you make sure that the nursing perspective is heard?.Personal moral principles and institutional or professional ethics of nurses In some cases, nurses face challenges to their personal ethical integrity because what they feel should be done in a given circumstance is prohibited by the ethics of their profession or place of employment.

**ISSUES RELATING TO DEATH**

You are the nurse case manager for a woman who previously had breast cancer and experienced a recurrence of the disease (spinal metastases) after 7 years of cancer-free living. When you visit her at home, she constantly expresses her desire to pass away with dignity while still in charge and that she is no longer willing to fight. IBefore her anguish worsens, she begs you to fetch her something that will "put me gently to sleep once and for all." You genuinely think that she would benefit more from avoiding the terminal stage of her sickness and that this is her sincere wish, not just depression speaking. But according to your religious convictions, assisted suicide is never acceptable. How do you balance your desire to assist this woman with the moral obligations of your line of work and your belief that what she is requesting is inherently wrong? for a more thorough examination of moral concerns with dying.

**TOP LEVEL ETICAL ISSUES IN NURSING**

I**nformed Consent**

Not informed or do not comprehend the procedures carried out on a patient. Because they might not fully comprehend the implications of their therapy, patients occasionally may not feel comfortable asking questions or giving consent. If patients feel supported and trust their doctors and nurses, they are more likely to follow a treatment plan and have better results. In order to prevent ethical issues, nurses should make sure that patients understand every aspect of their treatment plans. Knowing all the risks, the intricacies of how a surgery will be performed, and how particular medications and treatments may affect them are just a few of the information. If not, patient safety may be at risk, and hospitals may incur significant expenses. In order to acquire informed consent, healthcare professionals must take all reasonable steps to ensure that their patients understand the treatment plan.

**Protecting Patient Privacy and Confidentiality**

For nurses, privacy and confidentiality issues with patients present severe ethical challenges. If carried out improperly, this might result in legal consequences and have a detrimental effect on healthcare practitioners. Since the Health Insurance Portability and Accountability Act (HIPA) protects medical information about specific persons, there are clear guidelines and processes for maintaining patients' privacy. Nurses must respect patient autonomy while also upholding their patients' rights and acting in their best interests.All healthcare personnel should respect patient autonomy, which is the freedom of patients to autonomously make choices regarding their treatment based on culture or personal beliefs. Patients have the choice to reject treatments, drugs, or operations when they are autonomous. Nursing staff must respect this choice and carry it out even if it runs counter to advice from doctors and other healthcare professionals.

**Shared Patient Decision-Making**

Shared decision-making is a much more moral approach to patient care than it was when medical professionals had complete authority over patient care. Patient autonomy is increased when patients and healthcare professionals work together to determine the best course of treatment. Healthcare workers and patients can build a trustworthy working relationship by having open dialogues about each other's backgrounds, values, beliefs, and cultures. It will be exceedingly challenging for nurses and other healthcare professionals to get patients to cooperate and communicate effectively without a relationship. When patients actively participate in decision-making, they are more likely to be satisfied with their care and to trust the doctor's treatment recommendations..Healthcare professionals should be aware of the importance of educating their patients even if the information. shared with them is intricate. Conflicts between the patient and staff may arise if a patient is unable to comprehend the treatment.

**Adressing Advanced care planning**

Healthcare providers find it challenging to discuss advanced care planning, especially when end-of-life care discussions are involved. These discussions take place between patients and doctors when they need to make arrangements for their future medical care in the event that they pass away or become too ill to do it on their own. Patients will investigate, talk about, and record their individual healthcare preferences. They are able to define their own beliefs and goals about potential medical care through this approach. Additionally, if they are unable to make decisions for themselves, they will disclose who they would like to make healthcare decisions for them. The challenging duty of ensuring that these preferences are stated and respected in a medical emergency typically falls to nurses. For instance, a problem can arise if a patient requests not to be placed on a ventilator but their immediate family insists otherwise. Despite the challenging scenario, nurses must prioritise patients' needs and desires, particularly when providing end-of-life care.

**Inadequate resources & staffing**

Even though it's not always a moral dilemma for specific nurses, hospital administrators and nurse supervisors need to be aware of the inadequate funding and staffing for patient care. Nurse managers are at conflict with budgetary restrictions and patient needs as healthcare expenses rise. Patients run the danger of not receiving the right care when medical facilities are short on resources, forcing nurses to make challenging choices.When facilities are confronted with insufficient employee numbers, difficult decisions may also need to be taken. Nurses do not have the time to care for each patient as thoroughly when there is not enough staff to care for the patients. Recovery times or even attending to the patient's emotional and physical requirements are examples of patient needs. Due to time constraints and stress overload, a nurse's moral duties to patients are jeopardised. They are left struggling mentally as they try to determine where they should prioritise.

**Dealing with Ethical Issues in Nursing**

For nurses, It is exceedingly tough to cope with ethical difficulties. Questions concerning medical procedures and how to manage moral quandaries are regularly directed at nurses. Additionally, they frequently have to make these decisions on the fly. They can learn how to deal with these circumstances by a combination of patient engagement and years of experience. The ability to set professional boundaries around their patient care and engage in open communication with their patients is a trait shared by nurses. They should be open-minded and honest while discussing the option that will benefit the patient the greatest. The best way to resolve ethical dilemmas in nursing is to review the ANA Code of Ethics and come up with a solution for your specific circumstance.

**REFERENCES**

1. Östman L, Näsman Y, Eriksson K, Nyström L. Ethos: The heart of ethics and health. Nurs Ethics. 2019 Feb;26(1):26-36. [[PubMed](https://www.ncbi.nlm.nih.gov/pubmed/28343436)]

2. Trobec I, Starcic AI. Developing nursing ethical competences online versus in the traditional classroom. Nurs Ethics. 2015 May;22(3):352-66. [[PubMed](https://www.ncbi.nlm.nih.gov/pubmed/24917269)]

3. Epstein B, Turner M. The Nursing Code of Ethics: Its Value, Its History. Online J Issues Nurs. 2015 May 31;20(2):4. [[PubMed](https://www.ncbi.nlm.nih.gov/pubmed/26882423)]

4. [Ethical Issues in Nursing: Explanations & Solutions (duq.edu)](https://onlinenursing.duq.edu/blog/ethical-issues-in-nursing/)

5. [Legal and Ethical Issues in Nursing - Nursing Resource Center (nrsng.org)](https://nrsng.org/legal-and-ethical-issues-in-nursing/)

6. [Legal, Ethical and Professional Issues in Nursing - My Homework Writer (nursingsamples.com)](https://nursingsamples.com/legal-ethical-and-professional-issues-in-nursing/)

7. [Top 5 Ethical Issues in Nursing (avanthealthcare.com)](https://avanthealthcare.com/blog/ethical-issues-in-nursing.stml)

8. American Nurses Association. (n.d.). Ethics and human rights. ANA policy statements. Available at http://www.nursingworld.org/ MainMenuCategories/HealthcareandPolicyIssues/ ANAPositionStatements/EthicsandHumanRights.aspx.

9. American Nurses Association. (2003). Nursing’s social policy statement (2nd ed.). Washington, DC: Author.

10. American Nurses Association. (2004).Nursing: Scope and standards of practice. Washington, DC: Author. American Nurses Association’s Code of Ethics Task Force. (2000). A new code of ethics for nurses. AJN, 100(7), 69, 71–72

11. Atkin, K. and Lunt, N. (1993) Nurses Count: A National Census of Practice Nurses. (Social Policy Research Unit: University of York).

12. Council for the Education and Training of Health Visitors (1977) An Investigation into the Principles of Health Visiting. (CETHV: London).

13. Department of Health (1990) Caring for People: Community Care in the Next Decade and Beyond. (HMSO: London).

14. Department of Health (1996a) Choice and Opportunity: Primary Care - The Future, Cmnd 3390. (HMSO: London). Department of Health (1996b) The Patient's Charter. (HMSO: London). Dimond, B. (1990) Legal Aspects in Nursing. (Prentice-Hall: Cambridge).

15.American Nurses Association. (n.d.). Ethics and human rights. ANA policy statement

 16. American Nurses Association. (2003). Nursing’s social policy statement (2nd ed.). Washington, DC: Author.

17 American Nurses Association. (2004). Nursing: Scope and standards of practice. Washington, DC: Author. American Nurses Association’s Code of Ethics Task Force. (2000). A new code of ethics for nurses. AJN, 100(7), 69, 71–72