**PROFESSIONAL CONSIDERATIONS**

Nursing as a profession –

Characteristics of a professional nurse

 Nursing practice – philosophy, aim

and objectives

 Regulatory bodies – INC and SNC

* **Nursing as a profession –**
* **Characteristics of a professional nurse**

**Introduction**

Nursing is a profession focused on providing comprehensive care to individuals in need. This includes addressing their physical, mental, emotional, and spiritual well-being. While it is essential for nurses to take reasonable actions within their scope of practice to prevent or slow down the deterioration of health, they also play a crucial role in comforting patients and alleviating fear, particularly during end-of-life situations. Nursing extends beyond being mere caretakers; nurses act as advocates, public servants, educators, and communicators. They must strive to uphold and enhance patients' dignity and independence. Through education, nurses empower patients by teaching them skills and principles for recovery, self-maintenance, and preventive health. Additionally, it is imperative for nurses to approach their work with compassion and prioritize the needs and preferences of the patient. By embracing these values and adopting a patient-centered approach, I aim to fulfill these vital roles in healthcare.

Nurses are responsible to provide their clients/patients with the high- quality care. They are undoubtedly confronted with various ethical challenges in their professional practice, so they should be familiar with ethical codes of conduct and the essentials of ethical decision making.

With each passing decade, nursing continues to evolve and adapt to the changing healthcare landscape. It has become more attuned to the diverse needs of patients, finding innovative ways to meet those needs effectively. Furthermore, nursing has embraced a more objective approach in evaluating its professional endeavors and setting goals for improvement.

Nursing is a profession deeply rooted in the tradition of providing assistance and care to humanity. Throughout its history, nurses have demonstrated a strong commitment to serving others, upholding an honorable legacy of compassionate service. This dedication to helping others is a core aspect of nursing's identity.

**Definitions of Nursing**

 ***Florence Nightingale*** defined nursing over 100 years ago as “the act of utilizing the environment of the patient to assist him in his recovery”. (Nightingale, 1860). Nightingale considered a clean, well – ventilated, and quiet environment essential for recovery. Often considered the first nurse theorist, Nightingale raised the status of nursing through education

 ***Virginia Henderson*** was one of the first modern nurses to define nursing. She wrote, “The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to a peaceful death) that would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible”

**Characteristics of a profession**

***What is Profession?***

"A profession is a vocation founded upon specialized educational training, the purpose of which is to supply disinterested counsel and service to others, for a direct and definite compensation, wholly apart from expectation of other business gain".

***Nursing as a Profession***

Nursing is increasingly being acknowledged and regarded as a profession. A profession is commonly understood as an occupation that demands significant education and specialized knowledge, skills, and preparation.

A profession is generally differs from other kinds of occupation by

1. Its requirement of prolonged, specialized training to acquire a body of knowledge pertinent to the role to be performed.
2. An orientation of the individual towards service , either to a community or to an organization.
3. Ongoing research.
4. Code of ethics.
5. Autonomy
6. Professional organization

Nursing professionalism owes much to the influence of Florence Nightingale. Professionalization is the process of becoming professional, that is of acquiring characteristics considered to be professional.

**CHARTACTISTICS OF A PROFESSIONAL Nurse**

1. **Specialized Education:** Specialized education plays a vital role in establishing nursing as a profession. Many nursing educators advocate for a comprehensive undergraduate nursing curriculum that incorporates not only the biological and social sciences but also liberal arts education, along with a strong focus on the nursing discipline. In the United States, there are various educational pathways to become a registered nurse, including hospital diploma programs, associate degree programs, baccalaureate degree programs, master's degree programs, and doctoral degree programs.
2. **Body of Knowledge**: Nursing is actively developing a well-defined body of knowledge and expertise, contributing to its professional status. Numerous nursing conceptual frameworks contribute to the expanding knowledge base of nursing, providing guidance to nursing practice, education, and research.
3. **Service Orientation:** A distinguishing feature of nursing as a profession is its service orientation. Unlike occupations primarily driven by profit, nursing is characterized by a strong emphasis on altruism and selfless concern for others. Many consider this sense of service and dedication to the well-being of others as a hallmark of a profession.
4. **Ongoing Research**: The increasing focus on research in nursing has significantly influenced the practice of nursing. In the early 1940s, nursing research was in its infancy. However, with increased federal funding and professional support in the 1950s, centers for nursing research were established, primarily focusing on nursing education. Since the 1970s, nursing research has increasingly focused on addressing practice-related issues, contributing to evidence-based nursing practice and advancements in the field.
5. **Code of Ethics**: Nursing has a long-standing tradition of valuing the worth and dignity of individuals. The nursing profession emphasizes the importance of integrity, expecting its members to uphold what is considered morally right, irrespective of personal interests. Nursing has developed its own codes of ethics and established mechanisms to monitor and ensure professional behavior among its members.
6. Autonomy: Autonomy is a characteristic of a profession, signifying the ability to self-regulate and establish standards. Professional associations play a key role in providing autonomy by allowing the profession to shape policies and maintain control over its activities. For nursing to achieve professional status, it must have the ability to function autonomously in policy formation and in controlling its practice. Autonomy in nursing also encompasses independence at work, as well as taking responsibility and being accountable for one's actions.
7. Professional Organization: The presence of a professional organization distinguishes a profession from a mere occupation. The American Nurses Association (ANA) is an example of a professional organization that works to advance the nursing profession. It focuses on promoting high standards of nursing practice, advocating for the economic and general welfare of nurses in the workplace, and presenting a positive and realistic image of nursing. Professional organizations provide a platform for nurses to collaborate, share knowledge, and collectively work towards the advancement of the profession.

**History of nursing**

**Nursing in ancient times**

Nursing in ancient times has been documented through songs and archaeological findings. People in ancient civilizations had a keen interest in the mysteries of life, including birth, disease, and death. Their lives were closely intertwined with nature, and they believed that natural objects such as trees and rivers possessed spirits or souls. They attributed spiritual value to these objects, considering some as friends and others as enemies, depending on their perceived nature.

The understanding of disease in ancient times was rooted in supernatural beliefs. Illnesses were believed to be caused by evil spirits residing within the body. To rid themselves of these evil spirits, people believed that the body had to undergo unpleasant experiences. Disease was often seen as a punishment for sins or as a consequence of failing to satisfy the gods. Even in highly civilized societies, these beliefs persisted.

Due to a lack of knowledge about natural laws, ancient people resorted to various methods to combat disease. These included beating the body, subjecting it to sudden fright or loud noises, and performing magical ceremonies. Holes were sometimes made in the body to allow the escape of evil spirits, and sacrifices were offered as treatments. The care of the sick was typically provided by individuals who understood the signs and symptoms associated with evil spirits and knew how to respond in specific situations. These individuals often took on the role of priests, attempting to comprehend and control the forces of health and disease.

While ancient medical practices may seem primitive by modern standards, they laid the foundation for various medical and surgical treatments that have endured over time. Techniques such as massage, fomentation, trepanning, bone setting, amputations, hot and cold baths, abdominal sections, and the application of heat to control bleeding were among the skills developed by ancient civilizations. Despite their limited understanding of disease, ancient societies made significant contributions to the field of medicine through their observations and empirical practices.

Nursing in Ancient Egypt: Around 1500 B.C., the Egyptians employed various remedies for diseases, including the use of castor oil and lead and copper salts. They had specialized doctors for specific ailments, such as those specializing in eye and dental care. The Egyptians possessed knowledge of community health and implemented planned cities with public baths. Their cities featured underground drains, and midwives were responsible for assisting with deliveries.

Nursing in Greece and Roman Medicine: In ancient Greece, medicine was believed to have divine origins and was associated with multiple gods. Apollo, the sun god, symbolized health and medicine, while his son Aesculapius was the god of healing, and his daughter Hygeia was the goddess of health. Temples were constructed in honor of these gods, with a priest physician overseeing their operation. People would visit the temple and believed that during their sleep, the gods would appear and prescribe treatment. Special diets and massage baths were commonly employed.

Hippocrates, often referred to as the father of medicine, contributed scientific perspectives to the field. He taught doctors about the signs and symptoms of diseases and emphasized the importance of diagnosis in treatment. Hippocrates developed methods for conducting physical examinations and gathering patient histories. He also stressed the significance of maintaining good health through proper diet, fresh air, and cleanliness. Hippocrates provided instructions on various treatments, including hot applications, poultices, cold sponges for fever, fluids for kidney diseases, and mouthwashes.

Rome drew significant inspiration from Greece in terms of medicine. The Romans focused on building good sanitation systems, well-constructed roads, and bridges. Public baths were available for both men and women, and drinking water was transported through channels or large pipes. Rome also established a comprehensive drainage system and sewage management. Marketplaces and hospitals were constructed as well.

During this period, nursing was often performed by older women and men of good character who possessed the necessary skills and knowledge.

**Nursing in India:** The origins of Indian medicine can be traced back to Ayurveda, a system of medicine mentioned in the Vedas around 5000 B.C. In approximately 1400 B.C., Charaka, known as the father of medicine, wrote a book on internal medicine. These ancient texts provide insights into the existence of large and well-equipped hospitals in India. Surgery had also reached an advanced level during this time. Doctors and attendants, including nurses, were expected to possess high moral character. King Ashoka, during his reign from 226-250 B.C., built monasteries and hospitals for both humans and animals. Hygienic practices were emphasized, and cleanliness of the body was considered a religious duty. Preventive measures were given utmost importance, and doctors and nurses were required to be skillful and trustworthy. Nurses were typically men or elderly women.

**Nursing in Modern Times:** Modern nursing as we know it today was largely influenced by Florence Nightingale. Prior to her contributions, nursing had strong ties to religious groups. In Europe during the 15th and 16th centuries, religious bodies such as Benedictine and Augustinian sisters, Franciscan brothers, and sisters of charity dominated the field. The initial motivation for caring for the sick was rooted in the belief that engaging in self-sacrificing work would ensure one's salvation. Nursing was considered a noble calling. However, the concept of salvation has now been replaced by a desire to serve people, nation, and the world through the application of scientific technology.

Florence Nightingale played a crucial role in the revival of nursing during her lifetime. Her famous quote, "Nursing is to help the patient to live," encapsulates her philosophy. Nightingale was a highly influential reformer and her writings remain relevant even after 120 years. Her practical experiences and aspirations for the nursing profession provided her with unique insights into hospital administration, setting her apart from her contemporaries. Nightingale's social position allowed her to influence the committees that governed voluntary hospitals at the time. She used all means at her disposal, including charm and social pressure, to achieve her objectives. Her experiences in the Crimean War in 1854 brought widespread public attention to the issues surrounding nursing. This had a transformative effect on the recruitment, training, and practice of the nursing profession. Florence Nightingale is widely regarded as the greatest publicist the nursing profession has ever had.

Throughout history, the fields of nursing and healing have been closely interconnected. However, during the Middle Ages, the patriarchal society and the influence of the Roman Catholic Church led to the condemnation of female healers. These women, who had a significant impact on their communities, were unjustly persecuted and labelled as "witches." They faced cruel punishments such as torture and being burned at the stake. This phenomenon began in Europe and later spread to various countries, including the United States. As a result, women and nurses suffered from degradation for many centuries to come.

Nursing practice is guided by a philosophy that encompasses the fundamental beliefs, values, and principles that shape the profession. A nursing philosophy provides a framework for understanding the nature and purpose of nursing, as well as guiding the actions and decisions of nurses in their daily practice. While there are various philosophies of nursing, I will outline some key aspects commonly found in nursing practice philosophies:

1. Holistic Care: Nursing philosophy recognizes the holistic nature of individuals, considering their physical, emotional, social, and spiritual dimensions. Nurses strive to provide comprehensive care that addresses all aspects of a person's well-being.
2. Person-Centered Care: Nursing practice revolves around the individual receiving care. Nurses acknowledge the unique experiences, preferences, and needs of each person, fostering a therapeutic relationship based on trust, respect, and empathy.
3. Health Promotion and Prevention: Nurses emphasize the importance of health promotion, disease prevention, and early intervention. They work collaboratively with individuals, families, and communities to empower them to make informed choices and maintain optimal health.
4. Advocacy: Nursing philosophy emphasizes the role of nurses as advocates for their patients. Nurses strive to protect and promote the rights, interests, and well-being of those in their care, ensuring they receive the necessary support and resources.
5. Evidence-Based Practice: Nurses are committed to providing care based on the best available evidence, incorporating research findings, clinical expertise, and patient values. They continuously update their knowledge and skills to provide safe, effective, and quality care.
6. Collaboration and Interdisciplinary Approach: Nursing philosophy recognizes the importance of collaboration with other healthcare professionals. Nurses work in interdisciplinary teams, respecting and valuing the unique contributions of each member to optimize patient outcomes.
7. Lifelong Learning and Professional Development: Nurses embrace a commitment to ongoing learning and professional growth. They engage in continuous education, pursue advanced certifications, and participate in professional organizations to enhance their knowledge and skills.
8. Ethical Practice: Nursing philosophy emphasizes ethical decision-making and adherence to professional standards. Nurses uphold principles such as autonomy, beneficence, nonmaleficence, and justice, ensuring ethical and responsible care.
9. Cultural Sensitivity and Diversity: Nurses respect and embrace the cultural diversity of individuals and communities. They provide culturally sensitive care, incorporating cultural beliefs, values, and practices into their practice to promote inclusivity and equality.

**ROLE OF REGULATORY BODIES AND PROFESSIONAL ORGANIZATION**

**INTRODUCTION**

A regulatory body is an organization or agency established by the government or a professional association to oversee and regulate a specific industry or profession. Its main purpose is to ensure the adherence to laws, regulations, and standards that govern the industry or profession in order to protect the public interest, maintain quality, and uphold ethical standards.

Regulatory bodies play a crucial role in various sectors, including healthcare, finance, telecommunications, education, and many others. In the context of healthcare, regulatory bodies are responsible for monitoring and enforcing regulations and standards related to the practice of healthcare professionals, ensuring patient safety, and maintaining the integrity of the profession.

The specific functions and responsibilities of a regulatory body may vary depending on the industry or profession it oversees. Generally, regulatory bodies have the authority to set and enforce rules and standards, grant licenses or certifications, conduct inspections and investigations, handle complaints and disciplinary actions, and promote continuous professional development and ethical conduct.

In the healthcare sector, regulatory bodies are responsible for licensing and registering healthcare professionals, such as doctors, nurses, pharmacists, and allied health professionals. They establish criteria for education, training, and practice, and assess the competence and fitness to practice of individuals seeking to enter the profession. These bodies also develop and enforce codes of ethics, guidelines, and professional conduct to ensure the delivery of safe, effective, and ethical healthcare services.

Regulatory bodies often collaborate with other stakeholders, including government agencies, professional associations, educational institutions, and the public, to develop and implement regulations and policies that are in the best interest of the industry and the public. They may also engage in advocacy efforts to promote public awareness and understanding of the role and importance of the profession they regulate.

The primary mission of professions in the world is to serve and protect their communities. Regulatory body and professional organizations are the integral part of culture of nursing. They are both consumer centered and provider centered means they protect both public and the professionals. They protect the public by maintaining the standards of training in profession and thus develops the nursing profession as whole.

**DEFINITIONS**

**Profession**:- R. Louise; McManur in 1952, defined it as “an occupation based on specialized intellectual study and training, the purpose of which is to supply skilled service with ethical component to others for a definite fee or salary.”

**Professional association**:- A body of persons engaged in the same profession, formed usually to maintain standards of the profession and represents the profession in discussion with other bodies.

**Organization**:- According to L White, “organization is the arrangement of personnel for facilitating the accomplishment of some agreed purpose through the allocation of some functions and responsibilities.”

**PROFESSIONAL REGULATION IN NURSING**

**What is the purpose of professional regulation in nursing?**

Regulation maybe devised for one or more of the following purposes:-

* To protect the public from unsafe practice.
* To ensure the quality of services.
* To develop the nursing profession.
* To confer accountability, identity and status to the nurses.
* To monitor the standards for nursing education.
* To set the requirements for registration of nursing professionals.

 **MEANING OF REGULATORY BODY**

A regulatory body is an authority/ institution entrusted with the responsibility of implementing a particular regulatory mechanism. It protects the public, controls the aspects of education process, prescribe the syllabus and regulation for the achievement of professional degrees and protects the status of the profession. The authority maybe the:-

1. Government
2. Non- government

**ROLES OF REGULATORY BODIES**

Regulatory bodies play crucial roles in overseeing and regulating the nursing profession to ensure the delivery of safe, ethical, and high-quality care. Here are ten key roles of regulatory bodies in nursing, explained in detail:

1. Licensing and Registration:
	* Regulatory bodies establish requirements for nursing licensure and registration.
	* They review and evaluate the qualifications and credentials of aspiring nurses to ensure they meet the necessary standards.
	* By issuing licenses or registrations, regulatory bodies ensure that only competent and qualified individuals can practice nursing.
2. Standards and Guidelines:
	* Regulatory bodies develop and enforce standards of practice and guidelines for nurses.
	* These standards outline the expected level of knowledge, skills, and ethical conduct required of nurses in their professional roles.
	* They serve as a reference for nurses to maintain and enhance their professional competence.
3. Continuing Education and Competency:
	* Regulatory bodies promote continuing education and professional development among nurses.
	* They may require nurses to complete a certain number of continuing education hours or participate in competency assessments to ensure ongoing competence and knowledge updates.
4. Code of Ethics and Professional Conduct:
	* Regulatory bodies establish and enforce a code of ethics for nurses.
	* The code outlines ethical principles and standards that guide nurses' behavior and interactions with patients, colleagues, and the healthcare system.
	* Regulatory bodies investigate complaints of ethical misconduct and take appropriate disciplinary actions when necessary.
5. Complaint Investigation and Disciplinary Actions:
	* Regulatory bodies receive and investigate complaints against nurses regarding professional misconduct, negligence, or breaches of regulations.
	* They conduct impartial investigations, gather evidence, and, if necessary, take disciplinary actions such as warnings, fines, suspensions, or revocation of licenses.
6. Scope of Practice:
	* Regulatory bodies define and regulate the scope of nursing practice.
	* They establish boundaries and delineate the roles and responsibilities of different categories of nurses.
	* This ensures that nurses work within their authorized scope, preventing unauthorized practice and safeguarding patient safety.
7. Quality Assurance and Patient Safety:
	* Regulatory bodies monitor and promote quality assurance and patient safety in nursing practice.
	* They develop standards and policies related to infection control, medication safety, documentation, and other aspects of care.
	* They may conduct audits, inspections, or reviews of healthcare facilities to ensure compliance with regulations.
8. Professional Conduct Hearings and Tribunals:
	* Regulatory bodies have the authority to hold hearings or tribunals to address serious complaints or allegations against nurses.
	* These proceedings provide a fair and transparent forum to examine evidence, hear testimonies, and make decisions regarding disciplinary actions.
9. Public Education and Awareness:
	* Regulatory bodies engage in public education and awareness campaigns to inform the public about the role and importance of regulatory oversight in nursing.
	* They provide resources and information to help the public make informed decisions about choosing qualified nurses and understanding their rights as patients.
10. Collaboration and Advocacy:
* Regulatory bodies collaborate with other healthcare organizations, professional associations, and government agencies to influence policy development and advocate for improvements in nursing practice and healthcare delivery.
* They participate in discussions and initiatives related to healthcare legislation, workforce planning, and regulatory reforms to ensure the interests of nurses and public safety are represented.

These roles collectively aim to protect the public, maintain professional standards, and ensure the integrity and accountability of the nursing profession. Regulatory bodies play a vital role in promoting safe and competent nursing care and upholding the trust and confidence of the public in the healthcare system.

**MAJOR REGULATORY BODIES:-**

1. Indian Nursing Council (INC)
2. State Nurses Registration Council (SNRC)
3. International Council for Nursing (ICN)

**PROFESSIONAL ORGANIZATION:-**

1. Trained Nurses Association of India (TNAI)
2. Student Association of India (SNAI)
3. Auxiliary Nurse Midwives Association (ANMA)
4. National Research Society of India (NRSI)
5. Society of midwives in India (SOMI)

**FOREIGN PROFESSIONAL BODIES:-**

1. American Nurses Association (ANA)
2. Christian Nurses League (CNL)
3. Canadian Nurses Association (CNA)
4. National League for Nurses (NLN)

**REGULATORY BODIES**

**INDIAN NURSING COUNCIL (INC)**

* INC is a national regulatory body for nurses and nurse education in India.
* It was established in 1949 under Indian Nursing Council Act, 1947.
* The Council is responsible for regulation and maintenance of standards of training for nurses, midwives, Auxiliary Nurse Midwives and health visitors.

**Website: -** [**www.indiannursingcouncil**](http://www.indiannursingcouncil)**.org**

**Location: - Indian Nursing Council, New Delhi.**

**OBJECTIVES**

* To establish and monitor a uniform standard of nursing education for nurses midwife, Auxiliary nurse midwives and health visitors by doing inspection of the institutions.
* To recognize the qualifications under section 10 (2) (4) of the Indian Nursing Council Act,1947 for the purpose of registration and employment in India and Abroad.
* To prescribe syllabus and regulations for nursing programmes.
* Power to withdraw the recognition of qualification under section 14 of the Act in case the institution fails to maintain its standards under section 14 (1) (b) that an institution recognized by a State Council for the training of nurse, Auxiliary nurse midwives or health visitors does not satisfy the requirements of the council.
* To advise the State Nursing Council, Examining Boards, State Governments and Central Government in various important items regarding nursing education in nursing.

**ORGANIZATION**

 **President**

**)**

 **Vice-President**

 **Secretary**

**)**

 **Joint- Secretary**

**Deputy- Secretary**

**Assistant-Secretary**

**Office staff**

**INDIAN NURSING COUNCIL ACT, 1947**

The Act is aimed to regulate uniform standards of training of nurse, midwives and health visitors. It extends to whole over India except Jammu and Kashmir.

The council is composed of 24 members from different departments- Indian Medical Council, Trained Nurses Association, Directorate General of Health Services, Chief Principal Matron, Chief Nursing Superintendent and Chief Administrative Medical Officer. Among these members President, Vice president and other officials are elected.

There are 47 authorities that issue certificates, diplomas and degree in nursing. There are 20 for midwifery, 13 for ANM, 22 for Health visitors and 22 for higher qualification.

Any person may enroll in register who has recognized qualification. Any Indian person who has got foreign degree may enroll temporary in the State register for the employment in the particular hospital or institution for a particular period of time.

Any institution which is engaged in training and distribution of nursing or degree has to submit information from time to time. Such institutions shall be examined and inspected by the persons appointed by the executive body of council for the purpose of adequacy of training and examination.

If inspecting body submits a report that the institution has not adequate resources and has not maintained standards then the council may withdraw the recognition. The recognized institutions are notified in the official gazette.

According to information available (2017-2018), 1537 ANM schools, 2851 GNM schools, 1787 B Sc (N) colleges, 681 P B B Sc (N) colleges, 557 M Sc (N) colleges, 50 NPCC colleges are functioning in Country.

**AMENDMENTS IN I.N.C. ACT, 1947**

The Act was amended in November, 1957 to provide for the flowing things-

1. **Foreign qualification**-
* A citizen of India holding a qualification which entitles him or her to be registered with any registering body may, by the approval of council, be enrolled in any state register.
* A person not a citizen of India who is employed as a nurse, midwife, ANM, teacher of administrator in any hospital or institution in any state, by the approval of the president of council is enrolled temporarily in state register. In such cases foreign qualifications are recognized temporarily for the period of 5 years. If one continues to practice in India, an extension of recognition should be sort from the INC.
1. **Indian Nurses Register-**
* The council maintains a register for Nurses, midwives, ANM and health vietors to be known as the Indian Nurses Register, which shall contain the names of all the persons who are for the time being enrolled in any state register.

**FUNCTIONS OF INDIAN NURSING COUNCIL**

 The Indian Nursing Council is the supreme governing body of nurses in India. It performs following functions for the maintenance of standards of nursing.

Prescribing

Syllabi

Implementation of Syllabus

 Inspection

Indian Nurse Register

Withdrawal of Recognition

1. **Prescribing of syllabi**:- purpose of nursing education is to prepare nurses who will function as a member of health team. The programmes are developed according to health needs of the country, community and individual. The council has prescribed curriculum for various nursing programmes such as ANM, GNM, B Sc., M Sc. etc.
2. **Implementation of syllabus**:- syllabus is prescribed, implemented and maintained by INC to maintain the uniform standards of nursing which helps to provide quality of care to the individual, community and country.
3. **Inspection** :-
* **Inspection of examination center**- the executive committee appoints inspector to inspect the institution during examination.
* **Inspection of institute**- inspection of the institute is done to check the suitability of the institution for the purpose of maintenance of uniform standards of education.

**Types of inspections-**

a) First Inspection: The initial inspection is carried out when an institute submits a proposal to the Indian Nursing Council (INC) to start a nursing program. This inspection is conducted to assess the suitability of the institute and its compliance with the prescribed standards and guidelines set by the INC. The purpose is to ensure that the institute has the necessary infrastructure, faculty, and resources to deliver quality nursing education.

b) Re-inspection: Re-inspections are conducted for institutions that were initially found to be unsuitable by the INC. After the first inspection, if deficiencies or shortcomings are identified, the institution and the government are notified about them. The institution is advised to take necessary steps to rectify the deficiencies. Once the institution has addressed the issues, it must submit a compliance report with supporting documents and pay the re-inspection fees. The compliance report and fees are reviewed by the INC, and if satisfactory, a re-inspection is scheduled.

c) Periodic Inspection: Periodic inspections are conducted by the INC every three years to monitor the standards of nursing education and ensure adherence to the norms set by the council. The purpose of these inspections is to assess the ongoing suitability of the institution. The institute is required to pay annual fees to maintain its recognition. If the institute fails to meet the teaching, clinical, and physical facility norms specified by the INC, it may be declared unsuitable and face potential consequences.

d) Enhancement of Seats: Institutions that have already been found suitable by the INC can submit proposals for the enhancement of seats in their nursing programs. The INC conducts an inspection after one year from the last inspection to assess the institute's readiness and capacity to accommodate additional students. The purpose is to ensure that the institution has the necessary resources and infrastructure to maintain the quality of education while increasing the number of seats.

1. Indian Nurse Register: The INC maintains a register known as the Indian Nurses Register, which includes the names of registered nurses, midwives, Auxiliary Nurse Midwives (ANM), and health visitors. This register serves as an official record of qualified nursing professionals in India. It helps in regulating the nursing profession and provides a means to verify the credentials and licensure status of nurses.
2. Withdrawal of Recognition: The INC conducts inspections of nursing institutes to assess the adequacy of their training programs and adherence to the prescribed standards. If an institution is found to lack adequate resources or fails to maintain the required standards, the INC has the authority to withdraw its recognition. This action is taken to ensure that only institutions meeting the necessary standards continue to provide nursing education and produce competent and qualified nurses.

**COMMITTEES UNDER INC**

There are four committees under INC;-

1. **Executive committee**
2. **Nursing education committee**
3. **Equivalence committee**
4. **Finance committee**

**Executive committee**- To deliberate on the issues related to maintenance of standards of nursing programme.

**Nursing education committee** - To deliberate on the issues, concerning the nursing education.

**Equivalence committee** - To deliberate on the issues of recognition of foreign qualifications. This is essential for the purpose of registration under INC Act, 1947.

**Finance committee**- this is the another Important subcommittee of the council which decides upon the matters pertaining to finance of the council in terms of budget, expenditure.

**GUIDELINES FOR THE ESTABLISHMENT OF NEW NURSING SCHOOL/ COLLEGE IN INDIA**

* Any organization under the Central Government, State Government, local body or public or private trust, mission, voluntary organization wishes to open a school of nursing should obtain the no objection/ essentiality certificate from the State Government.
* The Indian Nursing Council on the receipt of the proposal from the institution to start nursing programme, will undertake the first inspection to assess suitability with regards to physical infrastructure, clinical facility and teaching faculty in order to give permission to start the programme.
* After the receipt of permission to start the nursing programme from INC, the institution shall obtain that approval from the State Nursing Council and the Examination Board.
* Institution will admit the students only after the taking approval from the State Nursing Council and Examination Board.
* The INC will conduct the inspection every year till the first batch completes the programme. Permission will be given year by year till the first batch completes.

**PROGRAMMES UNDER INC**

|  |  |
| --- | --- |
| **Nursing Programs** | **Training Duration** |
| Auxiliary Nurse and Midwife | 2 years |
| General Nursing and Midwifery | 3 years |
| B Sc (Basic) | 4 years |
| B Sc (Post basic) | Regular- 2 yearsDistance-3 years |
| M. Sc. | 2 years |
| M.Phil | 1 year (full time)2 years (part time) |
| Ph D | 3-5 years |

**INITIATIVES BY I.N.C.**

**1. Teaching material for Quality Assurance Model(QAM) prepared**

QAM in nursing is the set of elements that are related to each other and comprise of planning for quality, development of objectives setting and actively communicating standards, developing indicators, setting thresholds, collecting data to monitor compliance with set standards for nursing practice and applying solutions to improve care

INC has developed a Quality assurance programme for nurses in India. The project was implemented in 2 hospitals in New Delhi and PGI, Chandigarh for 3 months duration. The impact of QAM model adopted in Chandigarh can be seen in the paper cutting which was published in Tribune on April 19th, 2004

**2.** **Princes Srinagarindra award**

Mrs. Sulochana Krishnan, Ex- Principal of RAK College of nursing was awarded Princes Srinagarindra, Thailand, award which is an international award to individual(s) registered nurse(s) in honor of princess Srinagarindra, her royal highness and in recognition of her exemplary contribution towards progress and advancement in the filed of nursing and social services Mrs. Sulochana Krishnan name was proposed by INC from India.

**3. Development of Curriculum for HIV/AIDS and training for nurses**

Indian Nursing Council in collaboration with NACO and Clinton foundation is developing a curriculum for training of nurses in HIV/AIDS areas. It will be a 6 day training programme. The pilot study was conducted in Mumbai and Hyderabad.

4. **National Consortium for Ph.D. in Nursing constituted 6 study centres recognized under National consortium for Ph.D in nursing.**

MOU has been signed between INC, WHO and RGUHS National consortium for Ph.D. in Nursing has been constituted by Indian Nursing Council (INC) in collaboration with Rajiv Gandhi University of Health Sciences and W.H.O, under the Faculty of Nursing to promote doctoral education in various fields of Nursing. Applications for enrolment in PhD in nursing were invited from eligible candidates by advertising in the national leading dailies from all over the country by the RGUHS. 125 appeared for the entrance test conducted on 07th January 2007.

5. **MOU(Memorandum of Understanding)** signed between INC and Sir Edward Dunlop Hospitals Ltd for advancing standards of nursing education and practices in India to meet challenges currently faced by Nursing.

Memorandum of Understanding (MOU) is entered at New Delhi on 11th April 2006 between Indian Nursing Council and Sir Edward Dunlop Hospitals (I) Ltd. for developing the strategic framework for advance standards and investment plan for advancing standards of nursing education and practices in India with the following objectives.

1. Provide training
2. Graduate, Post-graduate, and Ph.D courses.
3. Organizing Research Activities.
4. To help fill gaps in India and internationally benchmarked standards of nursing education and practice, including credentialing etc., so that Indian nurses can directly be accepted to meet international standards.
5. Train the faculty so as to provide high quality teaching staff to training institutes in the country.

**6.** **Steps taken up to enter into MRA under the Comprehensive Economic Cooperation Agreement (CECA) between India and Singapore** which was signed in June 2005 and has come into force from 1st August 2005. In that, it has been agreed that India and Singapore would enter into mutual recognition agreements (MRAs) in Medical, dental and nursing services in the healthcare sector

7. All State Registrars were invited to attend the two days meeting. The objective was to ensure the uniformity and to maintain the quality of nursing education in the country. It was also aimed to understand the problem/issues of each state nursing councils and evolve consensus between INC and SNRC.

8. The Indian Nursing Council (INC) initiated the live register in the state of Tamil Nadu. The primary objective of the project is to conduct nurses census i.e., to collect the data regarding number of working nurses as defined by INC. INC decided to conduct the pilot study in the Sivaganga District of Tamil Nadu. 266 were found trained registered nurses out of 841 nurses.

**STATE NURSING REGISTRATION COUNCIL (SNC)**

* The State Nursing Council is independent and recognized as a body which can make the state regulations for the trained nurses and nurse who are undergoing various courses of studies. Registration council are functioning in all States and they are affiliated to INC.
* A State Nursing Council maintains a register of names of professional nurses. These names are put into the Indian Nurses Register maintained by INC. All nurses must have to get the registration in State Council.

**FUNCTIONS-**

1. Recognize officially and inspect schools of nursing in the States.
2. Conduct examination.
3. Maintenance of register of graduate nurses, midwives, ANM or multipurpose and health workers.
4. To renew registration and upgrade registration.

**FUNCTIONS OF SNC**

State Nurses Registration Councils play a crucial role in regulating the nursing profession within a specific state or region. Their functions encompass various aspects of nursing practice, education, and professional standards. Here are the detailed functions of State Nurses Registration Councils:

1. Registration of Nurses: The primary function of State Nurses Registration Councils is to maintain a register of qualified nurses within their respective states. They ensure that nurses meet the prescribed educational and competency requirements and issue licenses or registrations to eligible candidates.
2. Licensing and Renewal: The councils are responsible for issuing licenses to newly qualified nurses and ensuring that existing licenses are renewed periodically. This process involves verifying the qualifications, credentials, and continuing education of nurses to ensure their ongoing competence.
3. Setting Educational Standards: State Nurses Registration Councils establish and maintain standards for nursing education within their jurisdictions. They define the curriculum, minimum requirements for educational institutions, and guidelines for nursing programs to ensure that students receive quality education and training.
4. Accreditation of Nursing Programs: The councils evaluate and accredit nursing programs offered by educational institutions within the state. They assess factors such as faculty qualifications, infrastructure, clinical facilities, and curriculum to determine if the programs meet the required standards.
5. Regulation of Nursing Practice: State Nurses Registration Councils set standards of practice and guidelines for nurses to follow within their respective states. They establish codes of conduct, ethical principles, and professional guidelines to ensure safe and effective nursing care delivery.
6. Disciplinary Actions: In cases of professional misconduct or violation of the nursing code of ethics, State Nurses Registration Councils have the authority to investigate complaints against registered nurses and take appropriate disciplinary actions. This may include suspension or revocation of nursing licenses, fines, or other penalties, depending on the severity of the offense.
7. Continuing Education Requirements: The councils often require nurses to fulfill specific continuing education requirements to maintain their licenses. This ensures that nurses stay updated with the latest developments in healthcare, technology, and evidence-based practices, contributing to ongoing professional development and competency.
8. Collaboration with Nursing Associations: State Nurses Registration Councils collaborate with nursing associations and professional organizations to promote the interests of the nursing profession within the state. They work together to address common issues, advocate for nurses' rights and welfare, and contribute to the overall advancement of nursing.
9. Public Awareness and Education: The councils play a role in educating the public about the role and importance of registered nurses. They may conduct awareness campaigns, disseminate information about nursing services, and promote public understanding of the scope of nursing practice.
10. Policy Development and Advocacy: State Nurses Registration Councils participate in policy development and advocacy efforts related to nursing and healthcare within their respective states. They provide input and recommendations to government bodies, healthcare organizations, and other stakeholders to influence policies and regulations that affect nursing practice and patient care.

**INTERNATIONAL COUNCIL OF NURSES**

The International Council of Nurses is a federation of non political and self governing national nurses association which seeks to attain high standards of nursing service and nursing education to develop nursing as a profession and to safeguard the economic welfare of their nurses.

**Founded in 1899 by Ethel Bedford Fenwick**

**Location: - Geneva, Switzerland.**

**Website:- www.icn.ch**

**Governed by: - Council of National Representative (CNR)**

**President: - Annette Kennedy**

**STRUCTURE OF ICN**

* CNR governs the ICN and sets the policy admit members and selects a board of directors.
* CNR meets every 2 years and during meetings, ICN is governed by 15 members of board of directors.
* ICN has four officers. (1 president and 3 vice presidents)
* The President is selected by CNR.
* The Vice Presidents are elected from the board members.
* Day to day activities of ICN is overseen by a Chief Executive Officer (CEO).

**OBJECTIVES OF ICN**

* To promote the development of strong National nurses association.
* To assist the National nurses association to improve the nursing standards.
* To advance socio economic status of the nurses and the profession of nursing Worldwide.
* To assist National nurses association to improve the status of nurses within their Countries.

**MEETINGS OF ICN**

* **ICN** meets every 4 years.
* These Quadrennial meetings are called **“Congresses”.**

 **CONFERENCES AND PROJECTS OF ICN:-**

* ICN hosts a quadrennial conference every four years. The conference hosts a large number of professional practice workshops, poster session and speaking events.
* The ICN sponsors International Nurses Day every May 12 (birthday of Florence Nightingale)
* ICN hosts conference on need basis. Recent congress which was organized by ICN was on “Nurses at the forefront transforming care” from 27-15-2017 to 1-6-2017, and the conference was on “Global Citizen, Global Nursing” from 19-6-2015 to 23-6-2015.

**ICN CODE OF ETHICS**

It has four principal elements-

1. **Nurses and people**
2. **Nurses and practice**
3. **Nurses and profession**
4. **Nurses and co-workers**

**Nurses and people**

* The Nurse’s primary professional responsibility is to people requiring nursing care.
* In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.
* The nurse ensures that the individual receives sufficient information on which to base consent for care and treatment.

**Nurses and practice**

* The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continues learning.
* The nurse maintains standards of personal health such that the ability to provide care is not compromised.

**Nurses and profession**

* The nurse assumes the major role determining and implementing acceptable standards of clinical nursing practice, management and education.
* The nurse acting through the professional organization, participating in creating and maintaining safe, equitable, social and economic working conditions in nursing.

**Nurses and co-workers**

* The nurse sustains a collaborative and respectful relationship with co-workers in nursing and other fields.
* The nurse takes appropriate action to safeguard individual, families and communities when their life is endangered by a co- worker or any other person.

**Code of ethics and professional**

**conduct – INC & ICN**

# **DEFINITION**

Codes of ethics are fundamental guidance for nursing as like many other professions. Although there are authentic international codes of ethics for nurses, the national code would be the additional assistance provided for clinical nurses in their complex roles in care of patients, education, research and management of some parts of health care system in the country.

The International Council of Nurses (ICN) adopted the first International Code of Ethics for Nurses in 1953, and it has undergone revisions and reaffirmations over the years. The code serves as a guide for nurses to behave ethically within their profession and helps them navigate ethical dilemmas and barriers that may hinder them from fulfilling their professional responsibilities. By adhering to the code, nurses can find support in their practice and mitigate moral distress.

The ICN Code of Ethics for Nurses consists of four principal elements that establish the standards of ethical conduct for nurses. These elements provide a framework for ethical decision-making and guide nurses in their interactions with patients, colleagues, and society as a whole.

It is important to note that while the code was adopted internationally, its application may vary across different cultural, legal, and healthcare contexts. Nurses are encouraged to interpret and apply the code in a manner that aligns with the specific needs and expectations of their practice settings.

By upholding the principles outlined in the code, nurses can ensure the provision of high-quality care, protect patients' rights and dignity, and maintain the integrity and professionalism of the nursing profession. The code emphasizes the importance of respecting individuals' values, beliefs, and cultures, promoting patient autonomy, safeguarding confidentiality, and advocating for vulnerable populations.

Furthermore, the code highlights the responsibilities of nurses to maintain their own competence, engage in ongoing professional development, contribute to evidence-based practice and research, and promote equitable working conditions for nurses. It also emphasizes the need for collaboration and cooperation with colleagues from various disciplines to optimize patient outcomes and ensure patient safety.

## **INTERNATIONAL COUNCIL FOR NURSES (ICN)**

The international council of nurse, founded in 1899 member. Current president ANNETTE KENNEDY. It is a federation of nonpolitical and self –governing national nurse’s association the headquarters are in Geneva Switzerland. The main purpose of the ICN is to provide a mean through which the national association can share their interest in the promotion of health and care of the sick. It is world’s first largest international organization for health and represents 16 million international nurse and 130 national nurse organization.

* OBJECTIVE OF ICN
	+ Quality nursing care for all
	+ Sound health policies (decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society)
	+ Advancement of nursing knowledge
	+ Competent & satisfied work force

**FUNCTION OF ICN**

* + To promote the development of strong national nurses association .
	+ To assist national nurse association to improve the standards of nursing and the competencies of nurses .
	+ To assist national nurses association to improve the status of nurses with in their countries

To serve as the authoritative voice for nurse and nursing internationally

The ICN Code of Ethics for Nurses outlines the standards of ethical conduct for nurses and is based on four principal elements. These elements define the nurse's responsibilities and guide their actions in their professional practice. Here is a paraphrased explanation of each element:

1. Nurses and people: The nurse's primary responsibility is to provide care to individuals in need. They promote an environment that respects the human rights, values, customs, and spiritual beliefs of the patients, their families, and the community. Nurses ensure that patients have the necessary information to make informed decisions about their care. They also protect the confidentiality of personal information and exercise judgment when sharing it. Nurses share the responsibility with society to address the health and social needs of the public, particularly vulnerable populations. They also have a role in preserving and protecting the natural environment.
2. Nurses and practice: Nurses are personally responsible and accountable for their nursing practice. They maintain their competence through continuous learning and professional development. Nurses prioritize their personal health to ensure that their ability to provide care is not compromised. When accepting or delegating responsibilities, nurses use their professional judgment to assess their own competence. They adhere to standards of personal conduct that reflect positively on the nursing profession and inspire public confidence. Nurses also ensure that the use of technology and scientific advancements in care is respectful of patients' safety, dignity, and rights.
3. Nurses and the profession: Nurses play a significant role in establishing and implementing acceptable standards of clinical nursing practice, management, research, and education. They actively contribute to the development of a core body of research-based professional knowledge. Nurses, through their professional organizations, participate in advocating for equitable social and economic working conditions in the nursing field.
4. Nurses and co-workers: Nurses maintain a cooperative relationship with their colleagues in nursing and other fields. They take appropriate action to protect individuals when their care is at risk due to the actions of a co-worker or any other person.

The ICN Code of Ethics for Nurses is a dynamic document meant to guide nurses in their practice based on societal values and needs. It can only be effective if it is understood, internalized, and applied by nurses in all aspects of their work. The code should be accessible to nursing students and professionals throughout their education and careers to ensure its continued relevance and application.

### INC CODE OF ETHICS FOR NURSES IN INDIA

The INc **Code of Ethics for Nurses** is a guide for action based on social values and needs. The National Code defines the values which are comprehensive and culturally-adapted.

I) The nurse respects the uniqueness of individual in provision of care

* 1. Provides care for individuals without consideration of caste, creed, religion, culture, ethnicity, gender, socio-economic and political status, personal attributes, or any other grounds
	2. Individualizes the care considering the care considering the beliefs, values and cultural sensitivities.
	3. Appreciates the place of the individual in family and community and facilitates participation of significant others in the care.
	4. Develops and promotes trustful relationship with individual(s).
	5. Recognizes uniqueness of response of individuals to interventions and adapts accordingly.

1.5 Appreciates the place of the individual in family and community and facilitates participation of significant others in the care.

1. The nurse respects the rights of individuals as partner in care and helps in making informed choices
	1. Appreciates individual’s right to make decisions about their care and therefore gives adequate and accurate information for

enabling them to make informed choices.

* 1. Respects the decisions made by individual (s) regarding their care.
	2. Protects public from misinformation and misinterpretations.
	3. Advocates special provisions to protect vulnerable individuals/groups.
1. The nurse respects individual’s right to privacy, maintains confidentiality, and shares information judiciously.
	1. Respects the individual’s right to privacy of their personal information.
	2. Maintains confidentiality of privileged information except in life threatening situations and uses discretion in sharing information.
2. Nurse maintains competence in order to render Quality Nursing Care
	1. Nursing care must be provided only by registered nurse.
	2. Nurse strives to maintain quality nursing care and upholds the standards of care.
	3. Nurse values continuing education, initiates and utilizes all opportunities for self-development.
	4. Nurse values research as a means of development of nursing profession and participates in nursing research adhering to ethical principles.
3. The nurse is obliged to practice within the framework of ethical, professional and legal boundaries
	1. Adheres to code of ethics and code of professional conduct for nurses in India developed by Indian Nursing council.
	2. Familiarizes with relevant laws and practices in accordance with the law of the state.
4. Nurse is obliged to work harmoniously with the members of the health team.
	1. Appreciates the team efforts in rendering care.
	2. Cooperates, coordinates and collaborates with the members of the health team to meet the needs of the people.
5. Nurse commits to reciprocate the trust invested in nursing profession by society
	1. Demonstrates personal etiquettes in all dealings.Demonstrates professional attributes in all dealings.

**Practice standards for nursing**

**Introduction:**

The field of healthcare is becoming increasingly complex and expensive due to technological advancements, specialized staff requirements, changing facility needs, and heightened consumer awareness and demands. In light of these factors, the evaluation of healthcare performance becomes crucial. This necessitates the development, understanding, and utilization of hospital performance standards. The recognition of the need for national-level performance standards for hospitals is growing. Standards have gained prominence in addressing quality of care issues and serve as a benchmark by which providers are judged. Nurses, being the largest healthcare profession, have played a leading role in the development of standards. With nursing's potential for maintaining cost-effectiveness, standards provide a means to measure the level of quality and translate it into professional terms.

**Definitions of Standards:**

Standards can be defined as benchmarks of achievement based on a desired level of excellence. They serve as models to be initiated and act as a basis for comparisons. According to Donabedian, standards are professionally developed expressions of acceptable variations from a norm or criterion. Criteria, on the other hand, are predetermined elements against which the quality of medical service can be compared, while norms are measures of usual observed performance.

**Components of Standards:**

Standards are written documents that define a set of rules, actions, or outcomes. They are developed for customers, staff members, and the system as a whole. Approval by an authority, which can be a group or an individual empowered to enforce the standard and hold staff members accountable, is necessary.

**Characteristics of Standards:**

1. Specificity: Standards should be specific, clearly stating what is expected and providing detailed guidance. This ensures a clear understanding of the desired outcomes.
2. Measurability: Standards should be measurable, allowing for objective assessment. They should include criteria or indicators that can be quantified or observed to determine compliance.
3. Appropriateness: Standards should be relevant and applicable to the context in which they are used. They should align with the specific needs and requirements of the nursing practice or setting.
4. Reliability: Standards should produce consistent and dependable results. They should be reliable in guiding nursing practice and enabling consistent quality of care.
5. Timely implementation: Standards should be enacted and enforced in a timely manner to ensure their effectiveness. Timely implementation supports the delivery of timely and efficient nursing care.

**Advantages of Adopting Standards**:

1. Qualitative measure: Well-developed standards provide a qualitative measure of how well organizations align their actions with their stated objectives. They serve as a benchmark for evaluating the quality of nursing practice and can drive continuous improvement.
2. Elimination of norm references: Standards establish objective benchmarks, eliminating subjective norm references. This promotes consistent and standardized care delivery.
3. Stability: When organizational values are expressed through standards, they provide stability to the organization. Standards define expectations and create a foundation for consistency in nursing practice.
4. Predictability: Standardization brings predictability, which is crucial for improving process capability. It allows for the identification and implementation of best practices, resulting in predictable outcomes and enhanced patient safety.
5. Quality levels: Standards define the quality levels of services and provide a basis for quality control. They help ensure that nursing care meets established criteria and expectations.
6. Regulation and guidance: Standards regulate, guide, and direct nursing practice, promoting professional nursing practice. They provide a framework for ethical and competent care delivery.
7. Evaluation: Standards facilitate the evaluation of nursing practice, allowing for the assessment of adherence to established guidelines and benchmarks. They enable patients/clients to judge the adequacy of nursing care and promote transparency.

**Importance of Standards:**

1. Measurement of quality: Standards allow organizations to measure their level of quality and demonstrate their commitment to maintaining public trust and professional practice criteria. They provide a yardstick against which the quality of care can be assessed.
2. Quality assurance: Standards, indicators, and thresholds form the foundation of a quality assurance system, ensuring measurable, objective, and qualitative assessment. They provide a framework for monitoring and improving the quality of nursing practice.
3. Variation control: Standards help health workers understand and control variations in the healthcare system, reducing inconsistencies and maintaining control within acceptable limits. They promote standardized care delivery and minimize unwarranted variations.
4. Stakeholder confidence: Standards provide assurance to the public, government, and other stakeholders that the nursing profession is dedicated to safe, competent, and ethical practice. They enhance confidence in the nursing profession and foster trust in the quality of care provided.

**LEGAL EHTICAL ISSUE IN NURSING**

**INTRODUCTION:**

Within any given profession, a code of ethics serves as a means of self regulation and a source of guidelines for individual behavior and responsibility. Professional codes of ethics are a system of rules and principles by which that profession is expected to regulate its members and demonstrate its responsibility to society. In the nursing profession, the code helps teachers to know what must be taught in the education of the nurse. It can be used to prevent a nurse from practicing if her/his conduct is poor and clearly below the standards set by the code.

**TERMINOLOGIES:-**

* **Ethics: -** Rules by which to judge right and wrong behaviour.
* **Ethical theory:-** A set of interrelated moral principles by which to assess moral rightness and wrongness conduct
* **Autonomy**: - The condition in which an individual sets him or her own performance goals and work methods, evaluates his or her own performance and modifies his or her behaviour accordingly.
* **Malfeasance**: -The act of intentionally doing harm or evil. Nonmaleficence is the principle of purposefully not doing harm.
* **Veracity**: - truth telling

**DEFINITION:-**

**Ethics:-**

Ethics is the study of good conduct, character and motives. It is concerned with determining what is good or valuable for all people. Act that are ethical often reflect a commitment to standards beyond personal preference standards on which individuals, professions and societies agree.

**Code of ethics:-**

Code of ethics is the providing guidelines for safe and compassionate care. Nurse’s commitment to a code of ethics guarantees the public that nurses adhere to professional practice standards.

**CODE OF ETHICS**

Within any given profession, a code of ethics serves as a means of self-regulation and a source of guidelines for individual behaviour and responsibility.

**I.C.N CODE OF ETHICS FOR NURSES(1993)**

**Ethical concepts applied to nursing:-**

 The fundamental responsibility of the nurses is of four fold: to promote health, to prevent illness, to restore health and to alleviate suffering.

**Elements of the code:-**

**Nurses and people**

* The nurses primary responsibility is the those people who require nursing care
* The nurses provides care, promotes an environment in which the values customs and spiritual beliefs of the individual are respected
* The nurses holds confidence, personal information and uses judgment in sharing their information

**Nurses and practice**

* The nurse carries personal responsibility for nursing practice and for maintaining competence by continuous learning
* The nurses maintains the higher standards of nursing care possible within the reality of a specific situation
* The nurses assess judgment in relation to individual competence when accepting and delegating responsibilities
* The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect created upon the profession

**Nurses and Society**

The nurses with other citizens the responsibility for initiating and supporting action to in edit the health and social needs of the public

**Nurses and Co-workers**

* The nurse sustains a co-operative relationship with co-workers in nursing practice and nursing education
* The nurse is active in developing a care of professional knowledge
* The nurse acting through the professional organization, participants in establishing and maintaining equitable social and economic working conditions in nursing.

**AMERICAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSES**

* The nurses in all professional relationships practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations if should or economic status personal attributes or the nature of health problems.
* The nurses primary commitment is to patient, whether an individual, family, group or community.
* The nurses promote, advocates for the strives to protect the health, safety and rights of the patient.
* The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurses obligation to provide optimum patient care.
* The nurse owns the same duties to self as others including the responsibility to preserve integrity and safety to maintain competence and to continue personal and professional growth.
* The nurses 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.
* The nurses participates in the advancement of eh profession through contribution to practice, education, administration and knowledge development.
* The nurses collaborates with others health professional and the public in promoting community, national and international efforts to met the health needs.
* The profession of nursing as represents by associations and their members, is responsible for articulating nursing values for maintaining the integral of the profession and its practice for shaping the social policy.

 **CANADIAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSING**

* **Health and Well being:** Nurses value health and well being and assist persons to achieve their optimum level of health in situations of normal health illness, injury or in the process of dying.
* **Choice :** Nurses respect and promote the autonomy of clients and them to express their health needs and values and to obtain the appropriate information and services
* **Dignity :** Nurse value and advocate the dignity and self-respect of human beings
* **Confidentiality:** Nurses safeguard the trust of clients that information learned in the context of a professional relationship is spread outside the health care team only with the client’s mission or as legally required.
* **Fairness :** Nurses apply and promote principles of equity and fairness to assist clients in receiving inhibited treatment and a share of health services and resource proportionate to their needs
* **Accountability :** Nurses act on a manner consistent with their professional responsibilities and standards of practices
* **Practice Environment**: Conducive to safe, competent and ethical care. Nurses advocate the practice environments that have the organizational and human support systems and the resource allocation necessary for safe, competent and ethical nursing care.

**TYPE OF ETHICAL THEORIES**

**1. Duty-oriented ethical theories**

 A duty oriented ethical theory is a system of ethical thinking having the concept of duty or obligation as foundation. Duties are strict obligations that take primary over rights and goals. Keep in mind however each duty has corresponding rights.

Duty-oriented theories are advantages in homogeneous societies in which each person hold the service values. A duty oriented theory would work well in a tribal society because it is easier to share values and therefore beliefs among a small group of people.

 A disadvantage of a duty-oriented theory is determining how to rank duties. For example, a nurse may be form between a duty to support life and a duty to prevent suffering.

**2. Rights-Oriented Ethical theories**

A rights-oriented ethical theory is a system of ethical thinking having the concept of rights as a foundation. Rights-oriented theories assign the highest value to rights, so that duties and goals flow from rights, from right –oriented perspective, your would first look to the clients right to privacy flowing from that right to privacy would be your duty to keep care information confidential to achieve the goal of encouraging clients to communicate information freely.

|  |  |
| --- | --- |
| Duty Oriented Ethical Theories DutiesRight  Goals | Rights Oriented Ethical TheoriesRight Duties  Goals |

**3. Goal-oriented ethical theories**

A goal-oriented ethical theory is a system of ethical thinking having the concept of maximizing the overall goal as its foundation- goal-related theories suggest that good choices result from concern with the consequences of actions

In today’s environment of health care reform nurses might choose to support changes that will provide basic preventive and treatment services for all. Providing both prevention and treatment could be viewed as maximizing the welfare of society

Goal-Orienetd Ethical Theories

### Goals

 Duties Rights

 **4. Intuitionist ethical theory**

 An ethical theory is a system of ethical thinking that balances goals, rights and duties according to the situation. Philosophers espousing this theory argue that humans innately know good from bad and that through intuition, duties, goals and rights can be balanced.

Intuitionist Ethical Theories

####  Duties Goals Rights

 **ETHICAL PRINCIPLES**

Ethical principles actually control professionalism nursing practice much more than to ethical theories. Principles are the moral norms that nursing, as a profession, both demands and strives to implement to every day clinical practice. Ethical principles that the nurses should consider when making decisions are as follows

1. Respect for persons
2. Respect for autonomy
3. Respect for freedom
4. Respect for beneficence (doing good)
5. Respect for non-malfeasance(avoiding harm to others)
6. Respect for veracity ( truth telling)
7. Respect for justice ( fair and equal treatment)
8. Respect for rights
9. Respect for fidelity ( fulfilling promises)
10. confidentiality ( protecting privileged information )

**1. Respect for persons**

 This principle not only applied to clinical situation, but it applies to all life situations it directs individuals to treat themselves and other with a respect inherent to main humans. The respect to person’s a need to be simplified as not affects nursing practice.

**2. Autonomy**

Autonomy means that individuals are able to act for themselves to the level of their capacity. It is the rights of individuals, governing their actions according to their own purpose and reason.

**3. Freedom**

 Nurses a group believes that patient should be observed freedom of choice within the nation’s health care system. This principle should be observed by staff nurses when planning patient care, by nurse’s manager when leading subordinates

**4. Beneficence:** (the ethical principles of upholding doing good)

The beneficence principles states that the actions one takes should promote good. It requires the balancing the harms and benefits. Benefits promote the clients welfare and health whereas harms or risks detract from the client’s health and welfare. In other words, providing benefits that enhance the other welfare. Whereas balancing the benefits and harms of intervention made on the others half.

**5. Non- Maleficence**

The principle of non- maleficence states that one should do no harm. The nurses should interpret the term harm to mean emotional and social as well as physical injury. Harm is threading, defeating or setting back one person./s interest through invasive action by another.

**6. Veracity**

Veracity concerns truth talking and incorporates the concept that individuals should always tell the truth. It requires professional care givers to provide with accurate, reality based information about their health status and care or treatment prospective.

**7. Justice**

Justice concerns the issue that persons should be treated equally and fairly. This principle of justice requires treating others fairly and giving persons their due.

**8. Rights**

Rights is an entitlement to behave in a certain way under circumstances, such as nurses entitlement to freely express personal beliefs and preferences by voting in a political election.

Right is also used to mean agreement with justice, law and morality. So right may be mental rights or legal rights to respective profession.

**9. Fidelity**

Fidelity is keeping one’s promises or committeemen’s. The principles of fidelity hold that a person should faithfully fulfill his duties and obligations.

**10. Confidentiality**

Confidentiality is the duty to respect privileged information. The principle of confidentiality provides that care-givers should respect a patient need for privacy and by personal information about him or her only to improve care. Nurses should practice confidentiality to decrease patient vulnerability and share from widespread knowledge of personal information divulged during care.

**ETHICAL DILEMMAS**

 A dilemma is defined as a situation requiring a choice between two equally desirable or undesirable alternatives. In ethical dilemma each alternative course of action can be justified by two ways in which a person views the course of action based on his or her value system. Increasingly, staff nurses and nurse managers face difficult decisions caused by tensions between technological capabilities, budgetary strictures, and quality of life concerns.

Nurses in all clinical and functional specialties face the following dilemmas.

* Need to ration patient care to conserve scarce resources
* Need to make treatment and care of decisions for terminally ill patients
* Need to obtain patients informed consent for care treatment orders and measures such as
	+ Do not requisite order
	+ With holding/with drawing nutrition and fluids
	+ Starting / discontinuing life support system
* Responses to patient request for assisted suicide
* Need to balance the patients need for confidentiality and privacy against societies needs for protection from unreasonable risk
* Need to protect autonomy rights of children and incompetent adults concerning consent for rese4arch participation
* Need to protect justice rights of patients who participate in random trails of experimental treatment.

**Decision Making**

The nursing process is a system at the step-by –step approach to resolving problems that deals with a client’s health and well-being. The chief goal of the ethical decisions making process is to determine right and wrong in situation.

The following ethical decision-making progress is presented or a tool for resolving ethical dilemma.

**Step – I: Collect, Analyze and interpret the data**

Obtain as much information as possible concerning the particular ethical dilemma; unfortunately such information is sometimes very limited. The clients wishes the clients family’s emotional problems carrying the dilemma, the physicians beliefs about health care and the nurses own orientation to concerning life and death

**Step – II: State the Dilemma**

After collecting and analysis much information as available the nurses to state the dilemma as clearly as possible the step. It is important to identify whether the problem is one that can be resolved only by the client, client’s family and the physician.

**Step – III: Consider the choices of action**

 After stating the dilemma as early as possible the next step as to attempt to help the considerations of their consequences all possible covering the action that can be taken to resolve the dilemma.

**Step – IV: Analyze the advantage and disadvantages of each course of action**

 Some of the courses of action developed during the previous step are more relates readily evident during this step in the decision making process when the advantages and the disadvantages of each action are considered in detail. Along with each action the consequences of taking each course of action must be thoroughly evaluated.

**Step– V: Make the decision and act on it.**

 The most difficult part of the process is actually making the decision following through with action and the living in the consequences. Decision are often made with no follow through because nurses are fearful the consequences of their decisions.

Ethical Decision- making

Identify potential ethical dilemma

Collect analyze and interpret data

State the dilemma

Dilemma cannot be Dilemma can be

 Resolved by nurse resolved by nurse

Take no action List potential solutions

 Acceptable Unacceptable

Consequences consequences

Ethical decision Take no action

Dilemma resolution

**ROLES AND FUNCTIONS OF ADMINISTRATOR IN ETHICAL ISSUES**

 The leadership roles and management functions of an administrator in ethics as follows

* He or she is self aware regarding own values and basic beliefs about the rights, duties and goals of human beings
* Accepts that some ambiguity and uncertainty be a part of all ethical decision-making
* Accepts that negative outcomes occur in ethical decision making despite high quality problem solving and decision-making
* Demonstrates risk taking in ethical decision making
* Role models ethical decision-making which are congruent with the code of ethics and inter respective statements
* Actively advocates for clients, subordinates and the profession
* Clearly communicates expected ethical standards of behavior
* Uses a systematic approach to problem-solving or decision making when faced with management problems with ethical ramifications
* Identify outcomes in ethical decision-making that should always be sought to avoided
* Uses establishment ethical framework to clarify values and benefits
* Applies principles of ethical reasoning to define what beliefs or values from a basis of decision making
* It aware of legal procedures that may guide ethical decision making and is accountable for possible habitats should they go against the legal precedent.
* Continuously re-evaluate quality of won ethical decision making based on the present of decision making problem-solving used
* Recognizes and rewards ethical conduct of subordinates
* Takes appropriates actions when subordinates use unethical conduct

**PROFESSIONAL CONDUCT**

 Code of professional conduct (for nurses in India)

**1. Professional responsibility and accountability**

 To maintain professional responsibility and accountability, the nurse

* + Appreciates a sense of self-worth and nurtures.
	+ Maintains standards of personal conduct, reflecting credit upon the profession.
	+ Carriers out responsibilities within the framework of the professional boundaries

 is accountable for maintaining practice standards set by the Indian Nursing

 Council.

* + Is accountable for his/her own decisions and actions.
	+ Is compassionate.
	+ Is responsible for the continuous improvement of current practices
	+ Provides adequate information to individuals these allows them to make informed choices.
	+ Practices healthful behavior.

**2. Nursing Practice**

 In the course of practice of nursing, the nurse

* Provide care in accordance with set standards of practice
* Treats all individuals and families with human dignity in providing the physical, psychological, emotional , social and spiritual and aspects of care
* Respects individuals and families in the context of traditional and cultural practicing, promoting healthy practices and discouraging harmful practiced
* Presents realistic practices truthful in all situations for facilitating autonomous decisions making by individuals and families
* Promote participation and individuals and significant others in the care
* Ensures safe practice
* Consults, co-ordinates, callboards and follow p approximately when an individuals care needs exceed the his or her competence

**3. Communication and interpersonal relationships**

 This plays a key role in the interaction of the nurse with his or her clients. To effect optimal interaction the nurse

* + Establishments and maintains effective interpersonal relationships with individuals families and communities
	+ Upholds the dignity of team members and maintains effective interpersonal relationship with them
	+ Appreciates a and nurtures the professional role of team members
	+ Co-operates with other health professionals to meet the needs of individuals , families and communities

**4. Valuing human being**

The nurse values human life. He or she

* Takes appropriate action to protect individuals from harmful unethical practices
* Considers relevant facts while taking cons… decisions in the best interest of individuals
* Encourages and supports individual in heir right to speak for themselves on issues affecting health and welfare
* Respects and supports choices made by individuals.

**5. Management**

 Proper management of resources and unfortunate is essential for improving the over all efficiency of the nurse. Hence the nurses

* Ensures appropriate allocation and utilization of available responses
* Participates in supervision and education of students and other formal providers
* Uses judgment in relation to individual competence which accepting and delegating responsibility
* Facilitates conducive work culture in order to achieve institutional objectives
* Communicates effectively following appropriate channels if communication
* Participates in performance appraisal
* Participates in evaluation of nursing services
* Participates in policy decision, following the principles of equity and accessibility of service
* Works individuals to identify the needs and sensitizes policy makers and funding agencies for resource allocation

**Professional Advancement**

To escape that he or she is at part with contemporaries in the nursing field the nurse must.

1. Ensures the protection of human rights, while pursuing the advancement of knowledge
2. Participate in determine and implementing quality
3. Take responsibility for updating one’s own knowledge and competencies
4. Contribute to the core of professional knowledge and conducting and participating in research

**Legal issues in nursing practice**

Legal issues in nursing practice can arise due to various factors such as advancements in technology, changes in medical practices, and increased patient awareness. It is important for nurses to stay updated on these legal issues to provide safe and effective care. Let's explore some examples of recent developments in the law and the implications they have for nursing practice:

1. Controlled substances: Nurses may encounter legal issues related to the use of controlled substances. The misuse of drugs act aims to prevent the unlawful use of drugs that can cause harm if misused. Controlled drugs, such as cocaine, heroin, and morphine, are regulated under this act. Nurses must adhere to strict protocols and regulations when administering and documenting the use of controlled substances to ensure patient safety and prevent unauthorized use.
2. Caring for patients with AIDS: Providing care for AIDS and HIV positive patients involves legal implications for nurses. Confidentiality of patient information, particularly for HIV positive patients, must be protected. It is illegal to discriminate against an infected person based on contagiousness. In some cases, nurses who refuse to care for AIDS patients may face employment consequences, as upheld by the courts. Nurses must be aware of the legal rights and protections afforded to patients with HIV/AIDS and ensure non-discriminatory care.
3. Deaths and dying: Legal issues surround the definition of death. The law recognizes death as occurring when there is a significant loss of brain function, even if other body organs are still functioning. Although the legal responsibility of pronouncing death usually falls on physicians, nurses should be familiar with the legal definition of death. This knowledge is crucial in situations where end-of-life decisions, such as organ donation or withdrawal of life support, need to be made.
4. Autopsy and organ donation: Legally competent individuals have the right to donate their bodies or organs for medical use. Institutions have specific policies and procedures for obtaining consent for donation. Nurses may be asked to serve as witnesses for individuals giving consent. It is important for nurses to be knowledgeable about the laws and regulations governing organ donation in the state where they practice to facilitate the donation process appropriately.
5. Patient's property: When unconscious patients are admitted to the emergency department, their belongings need to be carefully handled. Two nurses should list and secure the patient's belongings. Nurses do not have the right to access the patient's personal property without consent unless there is a reasonable suspicion that the patient intends to harm themselves or others. It is important to document the condition and color of any ornaments or valuable items and inform the administrative officer. Similar precautions should be taken preoperatively and during delivery to ensure the safety and security of the patient's belongings.

These examples highlight some legal issues specific to nursing practice. However, it is essential to note that legal issues can vary across different specialty areas. For example:

* In maternal and infant nursing, common lawsuits may involve medication-related problems, inadequate client monitoring, failure to assess clients adequately, and failure to report changes in the patient's condition.
* In pediatric nursing, legal issues may arise regarding the safe storage of poisonous substances and sharp instruments, appropriate monitoring of infants on incubators or oxygenation, correct administration and dosage of medications, and ensuring children are not left unattended.
* In medical-surgical nursing, legal issues can include leaving sponges or instruments inside patients during surgery, burns caused by improper application of hot water bottles or the use of heating pads, injuries resulting from the use of defective apparatus or supplies, and errors in drug administration.
* In psychiatric nursing, following restraining policies or physician's orders for patient restraint is crucial. Nurses should be diligent in adhering to these protocols to ensure patient safety. In cases of informal admission, where the patient is not under involuntary commitment, they have the right to leave at any time and cannot be compelled to follow medical advice unless they willingly

Laws related to nursing practice cover various aspects, including negligence, malpractice, breach of duty, and the potential penalties for violations. Let's examine these concepts in more detail:

1. Negligence: Negligence in nursing refers to a failure to meet the expected standard of care, resulting in harm or injury to a patient. To establish negligence, four elements need to be proven:

a. Duty of care: This means that a nurse has a legal obligation to provide care to the patient, based on the nurse-patient relationship.

b. Breach of duty: It involves a deviation from the standard of care expected from a reasonably prudent nurse in a similar situation. It could be an act (commission) or a failure to act (omission) that breaches the duty owed to the patient.

c. Causation: It must be demonstrated that the nurse's breach of duty was the direct cause of the harm or injury suffered by the patient. There should be a clear link between the nurse's actions or omissions and the resulting negative outcome.

d. Damages: There must be actual harm or injury suffered by the patient as a result of the nurse's negligence. These damages can be physical, emotional, or financial in nature.

1. Malpractice: Malpractice is a specific type of negligence that occurs within the context of professional healthcare practice. In nursing, malpractice refers to the failure to provide care that meets accepted standards, resulting in harm to the patient. Examples of nursing malpractice include medication errors, incorrect assessments, failure to monitor a patient's condition, or inadequate documentation. To establish a malpractice claim, the elements of negligence (duty, breach, causation, damages) must be demonstrated, along with evidence that the harm or injury was a direct result of the nurse's actions or omissions.
2. Breach of Duty: A breach of duty occurs when a nurse fails to fulfill their legal or professional obligations towards a patient. Nurses have a duty to provide care that meets the standard of care expected within their scope of practice. If a nurse deviates from this standard, it may be considered a breach of duty. This breach can involve acts of commission (doing something that should not have been done) or acts of omission (failing to do something that should have been done). The specific standard of care varies depending on the situation, the patient's condition, and the prevailing professional guidelines.
3. Penalties: Penalties for violations in nursing practice depend on the nature and severity of the offense, as well as the jurisdiction in which the incident occurred. Some potential penalties include:

a. Disciplinary actions: Nursing regulatory bodies have the authority to impose disciplinary measures on nurses found guilty of negligence or malpractice. These actions can range from reprimands and probation to temporary or permanent suspension of a nurse's license. In severe cases, the license may be revoked. Disciplinary actions may also include mandatory continuing education, supervision requirements, or practice restrictions.

b. Legal actions: Patients who have suffered harm or injury due to nursing negligence or malpractice may choose to file civil lawsuits seeking compensation for damages. If the nurse is found liable, they may be required to pay financial settlements or damages to the affected patient.

c. Criminal charges: While rare, in cases involving intentional harm or serious misconduct, nurses may face criminal charges. The nature and severity of the offense will determine the potential penalties, which can include fines, probation, or even imprisonment.

In addition to negligence, malpractice, and breach of duty, two other important legal issues in nursing practice are invasion of privacy and defamation of character. Here's a closer look at each:

1. Invasion of Privacy: Invasion of privacy refers to the unauthorized intrusion into an individual's private affairs or personal information. In nursing practice, nurses must respect and protect the privacy of patients. Examples of invasion of privacy in nursing include:

a. Unauthorized disclosure of patient information: Nurses are legally and ethically obligated to maintain patient confidentiality and only disclose patient information on a need-to-know basis. Unauthorized sharing of patient information, whether intentional or accidental, can constitute an invasion of privacy.

b. Improper handling of personal belongings: Nurses should respect patients' personal belongings and handle them with care. Going through a patient's personal belongings without proper authorization or valid reason can be considered an invasion of privacy.

c. Lack of privacy during procedures or examinations: Nurses should ensure that patients are provided with appropriate privacy during procedures, examinations, and discussions. Failure to maintain privacy during sensitive procedures or conversations can be viewed as an invasion of privacy.

Breaching patient privacy rights can result in legal consequences, including disciplinary actions, civil lawsuits, and damage to a nurse's professional reputation.

1. Defamation of Character: Defamation occurs when false statements are made about an individual that harm their reputation. In nursing practice, defamation can arise in different forms:

a. Libel: Libel refers to written or printed defamatory statements, such as false documentation in patient records or written communication that damages a person's reputation.

b. Slander: Slander refers to spoken defamatory statements, such as spreading false rumors or making negative remarks about a person's character or professional competence.

Nurses must exercise caution in their communication, documentation, and discussions regarding patients, colleagues, and other healthcare professionals. Making false statements or spreading rumors that harm someone's reputation can lead to legal consequences, including defamation lawsuits and potential professional consequences.

It is important for nurses to uphold ethical principles, respect patient confidentiality, maintain professional boundaries, and communicate responsibly to avoid issues related to invasion of privacy and defamation of character. Understanding and adhering to legal and ethical standards in nursing practice can help ensure the provision of quality care while safeguarding patients' rights and professional integrity.

**Types of Law:**

1. Criminal Law: Criminal law deals with offenses that are considered harmful to society. It involves acts committed against the state or its citizens, such as assault, theft, or fraud. In nursing, criminal law may come into play if a nurse intentionally harms a patient or engages in activities that are illegal, such as drug diversion.
2. Civil Law: Civil law governs the relationships between individuals or entities and deals with non-criminal disputes. In nursing, civil law is particularly relevant in cases of medical malpractice or negligence, where an injured patient or their family may seek compensation for harm caused by a nurse's actions or omissions.

Tort Law: Tort law is a branch of civil law that focuses on personal injury or harm caused by someone's wrongful actions. In nursing, tort law is often associated with medical malpractice. There are three main types of torts:

1. Negligence: Negligence refers to a failure to exercise reasonable care, resulting in harm to another person. In nursing, negligence may occur if a nurse fails to provide the expected standard of care, leading to injury or damage to a patient. To establish negligence, four elements must be proven: duty of care, breach of duty, causation, and damages.
2. Intentional Torts: Intentional torts involve deliberate actions that cause harm to another person. Although less common in nursing, intentional torts can include assault, battery, false imprisonment, or invasion of privacy. An example could be a nurse physically restraining a patient without a valid medical reason.
3. Strict Liability: Strict liability applies when a person or entity is held responsible for harm caused, regardless of their intent or negligence. Strict liability may arise in certain situations involving inherently dangerous activities or products. While not as common in nursing, it is relevant in areas such as administering controlled substances or hazardous materials.

Liabilities in Nursing: Liabilities in nursing refer to the legal obligations and responsibilities that nurses have when providing patient care. There are various types of liabilities, including:

1. Professional Liability: Professional liability, also known as malpractice liability, is the responsibility that nurses have to provide care in accordance with established standards and guidelines. If a nurse fails to meet these standards and it results in harm to the patient, they may be held legally liable.
2. Vicarious Liability: Vicarious liability, also called employer liability or respondeat superior, holds an employer responsible for the actions or omissions of its employees. In nursing, this means that a healthcare facility may be held liable for the negligent actions of its nurses if those actions occurred within the scope of employment.
3. Personal Liability: Personal liability refers to the individual responsibility of a nurse for their own actions or omissions. If a nurse acts outside their scope of practice, breaches standards of care, or engages in misconduct, they may be personally held liable for any resulting harm.
4. Product Liability: Product liability relates to the responsibility of nurses to ensure the safe use and administration of medical products and equipment. If a nurse uses a faulty or defective product that causes harm to a patient, they may share liability with the manufacturer or distributor.

It's important to note that the specific legal aspects of nursing, including terminology and liabilities, can vary based on jurisdiction and local laws. Nurses should familiarize themselves with the legal framework and consult with legal professionals when needed to ensure their practice aligns with legal requirements and patient safety.

Torts are legal terms used to describe civil wrongs or wrongful acts that result in harm or injury to another person's body, property, or personal interests. In the context of nursing, torts can be classified into two main categories: intentional torts and unintentional torts.

1. Intentional Torts: Intentional torts refer to deliberate actions where the intent is to cause harm or injury to a person or their property. In some cases, intentional torts can also lead to criminal charges if there is a gross violation of the standards of care. The following are examples of intentional torts that may be assessed against nurses:
* Assault and Battery: Assault is the crime of violence against another person, which includes any physical contact without their consent. In a medical setting, assault can occur when a nurse intentionally threatens or creates a reasonable fear of harm to a patient. Examples include restraining an agitated patient without a doctor's order or threatening a patient with a needle.
* False Imprisonment: False imprisonment occurs when a person is intentionally confined without legal authority. This tort involves restraining another person without their consent or a reasonable means of escape. Examples include restraining a patient without legal justification or consent for the convenience of the staff, either through physical or chemical means.
1. Unintentional Torts: Unintentional torts are accidents or negligent acts that cause harm or injury to another person. Negligence is a common type of unintentional tort in nursing practice. It refers to the failure to exercise reasonable care or perform duties in a manner expected of a competent nurse. Some examples of negligence in nursing include:
* Medication Errors: Administering the wrong medication, incorrect dosage, or giving medication to the wrong patient.
* Falls: Failing to take appropriate measures to prevent falls, such as not using bed rails for patients who are at risk.
* Failure to Observe: Incompetence in assessing and observing symptoms or changes in a patient's condition.
* Burns: Causing burns due to improper use of hot water bottles, heating pads, or other devices.
* Loss of Patient's Property: Being careless and causing the loss of a patient's personal belongings.

Medical Malpractice: Medical malpractice is a specific type of negligence that occurs when a healthcare provider, including nurses, fails to meet the accepted standards of practice, resulting in harm or injury to a patient. To establish a medical malpractice claim, four elements must be proven: duty owed, duty breached, causation, and damages. Examples of medical malpractice in nursing can include leaving surgical instruments inside a patient's body after surgery or failing to assess and observe a patient as directed.

Quasi-Intentional Torts: Quasi-intentional torts involve situations of communication and often violate a person's reputation, personal privacy, or civil rights. Two common examples are defamation and fraud:

* Defamation: Defamation occurs when a false statement about another person is communicated, causing harm to their reputation. It can be either slander (spoken) or libel (written), such as spreading false information about a person's health condition.
* Fraud: Fraud is a deliberate deception to damage another person and obtain property or services. In the context of nursing, fraud can involve billing for services that were not provided or making false claims to obtain reimbursement.

**Consumer Protection Act (CPA):**

Introduction:

The Consumer Protection Act is a pivotal legislation enacted to safeguard the rights and interests of consumers in the marketplace. It serves as a comprehensive framework that ensures fair trade practices, provides effective remedies for consumer grievances, and establishes mechanisms for redressal. The Act aims to restore the balance of power between consumers and businesses, empowering consumers to make informed choices and seek appropriate recourse in case of any harm caused by defective products or deficient services.

The significance of the Consumer Protection Act lies in its ability to protect consumers from exploitative and unethical practices while promoting transparency, accountability, and consumer welfare. It recognizes that consumers are vulnerable to misleading advertisements, fraudulent schemes, and substandard goods and services. Therefore, it establishes a robust legal framework to ensure consumer rights are upheld, and consumers have access to accessible and efficient mechanisms for resolving disputes.

One of the primary objectives of the Act is to provide a level playing field for consumers in their interactions with businesses. It achieves this by addressing the power imbalance between consumers and businesses, placing consumers in a stronger position to assert their rights and seek redressal. By recognizing and protecting consumer rights, such as the right to information, choice, safety, and redressal, the Act enables consumers to make informed decisions and hold businesses accountable for their actions.

The Act also plays a crucial role in promoting fair and ethical trade practices. It prohibits unfair contracts, deceptive marketing tactics, and restrictive trade practices that exploit consumers. By doing so, it fosters a competitive marketplace where businesses are encouraged to prioritize consumer satisfaction, quality, and safety. The Act acts as a deterrent against fraudulent and unethical practices, creating an environment conducive to fair competition and consumer trust.

Furthermore, the Act establishes a robust consumer redressal mechanism at different levels, such as district, state, and national consumer forums. These forums provide accessible platforms for consumers to file complaints, seek resolution, and receive compensation for any harm suffered. They have the authority to adjudicate disputes, award compensation, and enforce their decisions, ensuring that consumers have effective means to protect their interests.

Consumer education and awareness form an integral part of the Act's objectives. It recognizes the importance of empowering consumers with knowledge about their rights, responsibilities, and available avenues for redressal. Through consumer education initiatives, the Act aims to create a well-informed consumer base that can make informed choices, identify deceptive practices, and actively participate in the marketplace.

The Consumer Protection Act is a legislation enacted in many countries to protect the rights and interests of consumers in various industries, including healthcare. The Act aims to ensure fair practices, transparency, and accountability in the provision of goods and services to consumers, including healthcare services. In the context of nursing, the CPA serves to safeguard patient rights and enhance the quality of care they receive.

**Terminologies**

**CONSUMER**

A consumer is defined as a person who hires services for a consideration, including any beneficiary of such services with the approval of the person who hired them. The consumer status applies to patients who pay for services or have a liability for payment, whether through full payment, instalments, or deferred payment systems. However, if a person receives free services without any payment, they cannot be considered a consumer. Government hospitals that provide services without charges are not covered under the Consumer Protection Act.

**COMPLAINT**

A complaint refers to a written allegation made by a complainant regarding one or more defects in goods purchased or agreed to be purchased, or the adoption of unfair trade practices or restrictive practices by a trader.

**DEFECT**

A defect refers to any fault, imperfection, or shortcoming in the quality, potency, purity, or standard of goods that should be maintained as per the contract or as claimed by the trader.

**DEFICIENCY**

Deficiency refers to any fault, imperfection, shortcoming, or inadequacy in the quality, nature, or manner of performance of a service as per the contract or in relation to the service provided.

**SERVICE**

Service encompasses services of any description, excluding free services and personal services. In the context of healthcare, receiving treatment in a hospital (excluding government hospitals) in exchange for payment is considered hiring a service. Therefore, a complaint can be filed if there is a deficiency in the service provided by a healthcare professional.

**TIME LIMITATION**

Under the Consumer Protection Act, a claim for compensation must be filed within three years of the subject matter of the complaint arising, such as a death caused by a service or a defect in goods. However, there is a proposed amendment under consideration by the government that may extend this period to one year

The objectives of the Consumer Protection Act are designed to protect and promote the rights and interests of consumers in the marketplace. Here are 10 key objectives of the Act:

1. Consumer Protection: The primary objective of the Act is to provide protection to consumers against unfair trade practices, deceptive advertisements, and substandard goods and services. It aims to safeguard consumers from exploitation and ensure their well-being.
2. Consumer Rights: The Act aims to recognize and uphold the fundamental rights of consumers, such as the right to be informed, right to choose, right to safety, right to be heard, and right to seek redressal. These rights empower consumers to make informed decisions and seek remedies in case of any harm or injustice.
3. Redressal Mechanisms: The Act establishes effective redressal mechanisms for resolving consumer disputes. It sets up consumer courts at the district, state, and national levels, providing consumers with accessible and efficient platforms to file complaints, seek resolution, and receive compensation.
4. Consumer Awareness: The Act emphasizes the importance of consumer education and awareness. It aims to educate consumers about their rights, responsibilities, and available legal remedies. By promoting consumer awareness, the Act empowers consumers to make informed choices and protects them from unfair practices.
5. Product Safety: The Act seeks to ensure the safety of products available in the market. It mandates manufacturers and sellers to comply with quality standards and provide accurate information about the products. This objective aims to protect consumers from hazardous or defective goods that may pose risks to their health and safety.
6. Prevention of Unfair Trade Practices: The Act prohibits unfair trade practices, such as misleading advertisements, false claims, and deceptive marketing techniques. It aims to create a fair and transparent marketplace by promoting ethical conduct and discouraging fraudulent practices.
7. Price Regulation: The Act aims to prevent unfair pricing practices and price exploitation of consumers. It empowers authorities to regulate and control the prices of essential commodities to ensure affordability and protect consumers from arbitrary price hikes.
8. Consumer Advocacy: The Act promotes consumer advocacy by encouraging the formation of consumer organizations and associations. These organizations play a crucial role in representing and safeguarding the interests of consumers. They work towards creating a collective voice for consumers and advocating for their rights.
9. Quality Assurance: The Act emphasizes the need for quality assurance in goods and services. It encourages the establishment of quality control mechanisms and certification systems to ensure that products meet the prescribed standards. This objective aims to enhance consumer confidence and protect them from substandard or counterfeit products.
10. Consumer Dispute Resolution: The Act facilitates quick and effective resolution of consumer disputes through mediation, arbitration, and adjudication. It aims to provide timely justice to consumers and enforce the decisions of consumer forums, ensuring that consumers have access to a fair and accessible dispute resolution process.

**Rights of Consumers**

Consumers in the context of nursing have specific rights that are essential for their well-being and safety. These rights ensure that they receive quality healthcare services and are treated with dignity and respect. Here are some basic rights of consumers related to nursing:

1. Right to Quality Nursing Care: Consumers have the right to receive skilled and competent nursing care that meets professional standards. This includes receiving appropriate assessments, timely interventions, accurate medication administration, and effective communication with healthcare providers.
2. Right to Informed Consent: Consumers have the right to be fully informed about their healthcare options, including nursing procedures, treatments, and potential risks or benefits. Nurses should provide clear explanations, answer questions, and obtain informed consent before any intervention or procedure.
3. Right to Privacy and Confidentiality: Consumers have the right to privacy and confidentiality of their medical information. Nurses should maintain the confidentiality of personal health records, discussions, and examinations, ensuring that sensitive information is not disclosed without the individual's consent.
4. Right to Safety: Consumers have the right to receive nursing care in a safe and secure environment. Nurses should follow infection control protocols, adhere to patient safety guidelines, and take necessary precautions to prevent harm, such as falls, medication errors, or infections.
5. Right to Dignity and Respect: Consumers have the right to be treated with dignity, respect, and cultural sensitivity. Nurses should maintain a professional and compassionate approach, listen to patients' concerns, address their needs, and involve them in decision-making regarding their care.
6. Right to Access Information: Consumers have the right to access information about their healthcare, including their medical records, diagnosis, treatment plans, and expected outcomes. Nurses should provide clear and understandable information, empowering consumers to actively participate in their care and make informed decisions.
7. Right to Complaint and Redress: Consumers have the right to voice their concerns, complaints, or grievances regarding their nursing care. They should have access to a fair and transparent complaint resolution process, including the option to escalate complaints to higher authorities or regulatory bodies if necessary.
8. Right to Continuity of Care: Consumers have the right to continuity of nursing care throughout their healthcare journey. This includes appropriate handovers between healthcare providers, effective communication during transitions of care, and access to necessary follow-up and support services.
9. Right to Ethical Nursing Practice: Consumers have the right to expect ethical conduct from nurses. Nurses should adhere to professional codes of ethics, demonstrate integrity, maintain professional boundaries, and avoid conflicts of interest that may compromise the quality of care.
10. Right to Participate in Decision-Making: Consumers have the right to actively participate in decisions related to their nursing care. Nurses should involve consumers in goal-setting, treatment planning, and care management, respecting their autonomy and preferences.

These basic rights of consumers related to nursing ensure that they receive safe, competent, and patient-centered care. It is important for nurses and healthcare providers to be aware of these rights and uphold them in their practice, promoting a culture of respect, dignity, and empowerment for consumers.

**Patient Rights**

 In addition to the Consumer Protection Act, there are specific patient rights that are fundamental in healthcare settings. These rights serve as guidelines for healthcare providers, including nurses, to ensure patient-centered care and respect for individual autonomy. While the specific patient rights may vary depending on regional regulations and healthcare systems, some common rights include:

1. Right to Respect and Dignity: Patients have the right to be treated with respect, dignity, and without discrimination. Nurses should demonstrate cultural sensitivity, actively listen to patient concerns, and promote a therapeutic and compassionate environment.
2. Right to Consent: Patients have the right to provide informed consent before any medical treatment or procedure. Nurses should ensure that patients understand the purpose, risks, benefits, and alternatives of the proposed care and obtain their voluntary and informed consent.
3. Right to Access Care: Patients have the right to timely and appropriate access to healthcare services, including nursing care. Nurses should advocate for patient access and ensure equitable distribution of care resources.
4. Right to Confidentiality: As mentioned earlier, patients have the right to privacy and confidentiality regarding their health information. Nurses must maintain strict confidentiality and only disclose patient information with appropriate consent or when required by law.
5. Right to Complaint and Grievance Redressal: Patients have the right to voice their concerns, complaints, or grievances about their care. Nurses should provide information about the complaint process, support patients in navigating it, and work towards resolving any issues in a fair and transparent manner.

**Nursing regulatory mechanisms –registration, licensure, renewal, accreditation, nurse practice act,regulation for nurse practitioner/specialist nursing practice**

Nursing regulatory mechanisms are put in place to ensure the competency, accountability, and quality of nursing practice. These mechanisms vary between countries and states but commonly include registration, licensure, renewal, accreditation, nurse practice acts, and regulations for nurse practitioners and specialist nursing practice.

Registration: Registration is the initial step that allows a nurse to practice legally in a specific jurisdiction. It involves submitting an application, providing evidence of education and training, and meeting the requirements set by the nursing regulatory body or board. Upon successful registration, the nurse becomes a registered nurse (RN) or a licensed practical nurse (LPN), depending on their level of education.

Registration is a vital component of nursing regulatory mechanisms that aim to ensure the competence, accountability, and ethical conduct of nurses. It is a formal process by which nurses are granted legal authorization to practice within a specific jurisdiction.

**Significance of Nursing Registration**

Nursing registration serves as a means to protect the public by ensuring that individuals practicing nursing possess the necessary qualifications, knowledge, and skills to deliver safe and effective care. It establishes a framework of standards and regulations that govern the practice of nursing, thereby promoting quality healthcare services. Additionally, registration provides legal recognition to the nursing profession, granting nurses the authority to perform specific tasks within their defined scope of practice.

**Requirements for Nursing Registration**

The requirements for nursing registration may vary based on the jurisdiction, but they generally encompass the following elements:

a. Education and Training: Nurses must complete an accredited nursing program that meets the educational standards set by the regulatory body. This typically includes earning a Bachelor of Science in Nursing (BSN) degree or an Associate Degree in Nursing (ADN) from a recognized institution.

b. Licensure Examination: Most jurisdictions require aspiring nurses to pass a standardized licensure examination, such as the National Council Licensure Examination (NCLEX), which assesses the individual's knowledge and competency in nursing practice.

c. Character and Fitness: Applicants for nursing registration are typically required to provide character references and may undergo a background check to ensure they have good moral character and do not pose a risk to patient safety.

d. Language Proficiency: Proficiency in the language of healthcare delivery, usually the official language of the jurisdiction, is often a prerequisite for nursing registration to ensure effective communication with patients and colleagues.

e. Continuing Competence: Many regulatory bodies have implemented continuing competence requirements, which necessitate nurses to engage in ongoing professional development activities, such as continuing education courses or evidence-based practice initiatives, to maintain and enhance their skills and knowledge.

**Process of Nursing Registration**

The process of nursing registration generally involves the following steps:

a. Application Submission: Nurses submit an application to the nursing regulatory body, providing personal information, educational qualifications, and relevant documentation.

b. Documentation Review: The regulatory body carefully reviews the submitted documents, including transcripts, diplomas, licensure examination results, and any additional requirements specific to the jurisdiction.

c. Verification of Credentials: The regulatory body verifies the authenticity of the applicant's educational credentials and may contact the educational institution and examination board for confirmation.

d. Assessment of Fitness to Practice: Applicants' character references and background checks are evaluated to assess their fitness to practice nursing and ensure public safety.

e. Registration Decision: Based on the review of the application and supporting documents, the regulatory body makes a registration decision. Successful applicants are granted nursing registration and become eligible to practice within the jurisdiction.

**Benefits of Nursing Registration**

Nursing registration offers several benefits to both nurses and the public:

a. Legal Protection: Registered nurses receive legal protection for their practice, which allows them to perform nursing interventions, administer medications, and make clinical judgments within the defined scope of practice. This protection ensures that nurses can provide safe and competent care without undue legal risks.

b. Professional Recognition: Registration confers professional recognition, validating the qualifications, skills, and expertise of nurses. It enhances their professional standing and facilitates career advancement opportunities.

c. Public Trust and Confidence: Nursing registration instills public trust and confidence by ensuring that registered nurses meet predetermined standards of education, competency, and ethical conduct. This trust fosters a positive nurse-patient relationship and promotes patient satisfaction.

d. Quality Assurance: Registration promotes ongoing quality assurance within the nursing

1. Licensure: Licensure is the formal process by which nurses are granted a license to practice nursing. It involves passing a licensure examination, such as the NCLEX-RN (National Council Licensure Examination for Registered Nurses) in the United States, which assesses the nurse's knowledge and competency. Licensure ensures that nurses meet the minimum standards necessary to provide safe and effective care to patients.
2. Renewal: Renewal refers to the process of maintaining an active nursing license. Nurses are required to periodically renew their licenses by fulfilling specific requirements, such as completing continuing education credits or meeting practice hour requirements. Renewal ensures that nurses stay current with advances in nursing practice and continue to meet the standards of competence and professionalism.
3. Accreditation: Accreditation is the process by which educational programs, such as nursing schools or colleges, are evaluated to ensure they meet predetermined standards of quality and effectiveness. Accreditation is typically conducted by recognized accrediting bodies or agencies, and it ensures that nursing education programs provide students with the necessary knowledge and skills to enter the profession.
4. Nurse Practice Act: A Nurse Practice Act (NPA) is a state or national legislative document that governs the scope of nursing practice within a particular jurisdiction. It outlines the legal authority and responsibilities of nurses, sets forth educational requirements, defines the scope of practice, and establishes standards of care. NPAs are enforced by nursing regulatory bodies or boards and serve as a foundation for nursing practice regulations.
5. Regulation for Nurse Practitioner/Specialist Nursing Practice: Many jurisdictions have specific regulations that govern advanced nursing practice roles, such as nurse practitioners or specialist nurses. These regulations define the scope of practice, education, and certification requirements, prescribing privileges, and other aspects of advanced nursing roles. They ensure that nurse practitioners and specialist nurses have the necessary qualifications and competencies to provide specialized care within their designated areas.

**Licensure:**

One type of law that directly affects nursing practice is the Nursing practice act. The purpose of this act is to carefully circumscribe the current nursing practice, to delineate what does and does not constitute nursing These acts are designed in order to protect the profession from encroachment by other groups, and the public from those who practice nursing without a license)

Registration is mandatory ie., to practice nursing one must be licensed as nurse. Two of the present challenges for State Board of Nursing are increasing the scope of practice to include the expanding role of the nurse as clinical specialist, Nurse practitioner or other entrepreneurial position, and for establishing the baccalaureate degree as the educational requirement for registered nursing.

Members of the Nursing licensing board are appointed by the respective government from a list of candidate submitted by the professional organization. In India, licensing boards are Indian Nursing Council and State Nursing Council. It is customary for the councils to include representatives of assembly or parliament.

Requirements:

Most nursing structure specify in following characteristics as requirement for nurse registered.

* Minimum age
* Citizenship
* Demonstration of moral character
* Educational qualification, in addition some states conduct test prior to the registration

Suspension or revocation: A license or registration can be suspended or revoked by the Council of nurses if conduct of the nurses violates provisions containing in the licensure structure.

Suspension is the temporary denial of the right to practice the nursing. Revocation may be instituted for those nurses found guilty of gross immorality illegal activity or malpractice.

Renewal: Inactive status means that the RN has paid the renewal fee, but has not completed the continuing education requirement. To change from inactive to active status, the licensee must submit proof of 30 contact hours of continuing education taken with in the past two years. This does not extend the expiry date. The same expiry date will apply and another 30 hours of continuing education will be required at the time of renewal.

Renewing a lapsed license: The delinquent renewal fee and proof of completion of 30 hours of continuing education are required in order to renew to active status. If a license remains lapsed for more than 8 yrs. and the licensee does not have a current, active license in another state, the licensee will be required to retake and pass the licensing examination to be reinstated.