

CHAPTER THREE

Patients as People: Standards to Guide Communication

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■ CASE STUDY

Mr. A. is a 67-year-old man with many physical problems. He has chronic obstructive pulmonary disease from an 80 pack/year smoking history. Plagued with arteriosclerosis, he recently suffered a stroke as well as a myocardial infarction. After his discharge from the hospital, he was transferred to a skilled nursing facility, where he was visited by the parish nurse from his local church. Despite his stroke, Mr. A. is very aware of the gravity of his health problems. The physician has told Mr. A. that his chances of returning home are slim and that his long-term prognosis is very poor. In addition, his family has told him that he cannot smoke anymore and they will no longer bring him cigarettes.

During a recent visit, the parish nurse was preparing to leave when she asked Mr. A. if there was anything she could do for him. He responded, “All I want is a cigarette. I know that I am never going to get out of this place. I have made my peace with God and I am ready to go. All I want is a cigarette. Could you bring me one?” What should the nurse do?

Introduction

The primary goal of the nurse–patient relationship is the health, well-being, and safety of the patient (American Nurses Association [ANA], 2001). When a patient and a nurse begin a relationship, a unique agreement takes place. Patients accept nurses’ care with the understanding that they have their best interests in mind. Nurses and patients decide on the appropriate interventions based on an understanding of patient rights, professional standards, ethical principles, and legal statutes. Professional nurses combine these guiding factors with the patient’s values and beliefs so that they can mutually determine the goals of the encounter.

Communication in nursing is guided by ethical principles, professional guidelines, and legal statutes.



Patient Rights

The terms “healthcare consumer,” “client,” and “patient” are often used preferentially in healthcare-related articles and books. A healthcare consumer is often described as one who purchases services from a healthcare provider. The more common terms, “patient” and “client,” have slightly different meanings and benefit from further definition. *Merriam-Webster’s Collegiate Dictionary* (1996) provides definitions for these terms:

- **Client:** One who is under the protection of another, or a person who engages the professional advice or services of another.
- **Patient:** An individual awaiting or under medical care or treatment, or one that is acted upon, derived from “one who suffers.”

Because patients are in vulnerable positions that require levels of trust and vigilance from healthcare providers, the term “patient” is used in this text. For example, a patient may be medicated, unconscious, or anesthetized and cannot choose or monitor the care he or she receives while in a compromised state. Nurses and other healthcare providers make decisions collaboratively with family members in the patient’s best interests. Patients trust their healthcare providers to intervene on their behalf. With a conscious patient, information must be presented in a way that facilitates patient understanding. Often, the nurse is called upon to help patients and families interpret information and assist with the decision-making process. This is an important responsibility, with moral and ethical obligations. While acknowledging that patients are also protected, the term “patient” is used in this text to symbolize the active and sometimes passive roles that patients assume while receiving health care.

The nursing profession has traditionally believed in the worth and dignity of all people seeking or requiring nursing care. The ethical principle of *self-determination* or *autonomy* guides nursing interventions and serves as the basis for informed decision making. Self-determination has its roots in the ethical tradition of *respect for persons*. Patients have the right to determine what will and will not be done to/for/with them in healthcare settings. Nurses show respect for patients by helping them remain autonomous. For example, during the decision-making process, nurses provide information that is understandable to patients while helping them weigh the benefits and side effects of treatment and presenting all options, which may include the patient’s decision not to have treatment.

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Advance directives are another example of patients' right to make choices about their health care. Resuscitation decisions such as a "do not resuscitate" (DNR) orders and documents for durable power of attorney are examples of *advance care directives*; such directives are established by patients prior to circumstances that could limit their ability to make these choices. Nurses, based on these ethical and legal principles, encourage patients to review their rights and make decisions about potential interventions before a health crisis occurs.

Institutional Standards

During the 1960s, a movement emerged to make the healthcare system more responsive to patients' needs. It arose in response to the public's desire to improve the quality of health care and hold healthcare institutions and providers more accountable for the outcomes of care. Today patients are assuming more responsibility for their own health and adopting preventive health behaviors, such as adequate exercise and healthy eating (primary prevention). Healthcare providers such as nurses share in this responsibility when they educate both patients and the community about primary prevention and early detection (e.g., via screening such as mammography and colonoscopy). The provider and the patient share in the responsibility for determining the best care for each patient.

In response to this movement, the American Hospital Association published "A Patient's Bill of Rights" in 1973 (revised in 1992). Its purpose continues to be to promote the rights of patients. Today hospitals have adopted this document as part of entrance into a healthcare setting, providing each patient with a printed copy.

The Patient's Bill of Rights includes the following important components:

- The right to considerate and respectful care
- The right to privacy, including confidentiality of all records of the patient's care
- The right to make decisions about the patient's care, including the right to refuse care or treatment
- The right to review all medical records and have them explained
- The right to refuse to participate in research studies

- The right to make statements about the patient’s care, including a living will and advance care directives
- The right to be informed of resources in the hospital to resolve disputes or grievances

While many of these rights appear to be common sense, they were never formally adopted or documented until the 1970s. Many insurance companies and health maintenance organizations also offer bills of rights to their patients. The Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Rule) set national standards regarding the privacy of certain health information to protect people who seek care and healing in the healthcare system. The compliance of a healthcare provider or facility with HIPAA regulations is often defined in handouts that are provided to all patients. In both the Patient’s Bill of Rights and HIPAA documents, the same themes emerge about patient care and communication that have roots in ethical traditions—namely, respect, autonomy, and privacy.

Professional Standards

Nurses, as healthcare professionals, are required to adhere to the scope of their knowledge and practice. The American Nurses Association wrote the Code of Ethics for Nurses to define the nursing role (ANA, 1973, 1991, 2001, 2004). The Code of Ethics highlights the roles filled by nurses, including their primary commitment to the patient and advocacy for the health, safety and rights of all patients. The ANA’s Social Policy Statement (2010) also defines nursing’s value to society and the scope and standards of practice. These important guidelines not only establish the scope of nursing practice and the level of performance of nursing services, but also serve as the standards by which nurses are held accountable by the public and the judicial system. Additionally, they are the basis for state Nurse Practice Acts, the legal documents approved by each state’s legislature that describe the scope of nursing practice, including nurses’ rights, responsibilities, and licensure requirements. *Scope of practice* refers to legal and ethical parameters of nursing practice, including direct care (such as administration of medications), coordination of care with other disciplines, and delegation of care to other personnel (such as nursing assistants). A board of nursing in each state in the United States oversees nursing practice. Specialty practice guidelines provide additional instruction for specific clinical areas, such as pediatrics or geriatrics.

Legal Standards

Laws define the boundaries and expectations of the nursing profession. Legal statutes serve to protect the public and set the standards for professional nursing care. The legal standard known as “a reasonable standard of care” is based in tort law; it is defined as care that a reasonably prudent nurse would provide in a similar situation. The reasonable standard of care is used as a benchmark in courts of law to judge criminal negligence. It holds a nurse accountable for his or her actions or failure to act. Criminal negligence by a nurse includes failing to protect a patient from harm, performing a nursing action that a reasonably prudent nurse would not perform, or failing to perform an action that a reasonably prudent nurse would perform. For example, if a nurse hears a patient talking about methods to kill himself and does nothing to protect the patient from harming himself, then this failure to act is criminally negligent behavior. Other examples of unprofessional conduct include breaching patient confidentiality, performing actions without sufficient preparation, failing to report or document changes in a patient’s status, verbally or physically abusing a patient, and falsifying records.

Confidentiality

Patient confidentiality is an important issue from a professional, legal, and institutional point of view. Confidentiality stems from the ethical tradition of the right to privacy. Breaching a patient’s confidential communication is a breach of trust and violates standards established by institutions and the government. Standards from the Office of Civil Rights/Health Insurance Portability and Accountability Act of 1996 (OCR/HIPAA) define the protection of patients’ individually identifiable data arising from encounters with healthcare services. Specifically, only information that is pertinent to the patient’s treatment may be shared with other healthcare providers. Moreover, only those providers who have a “need to know” may be given specific information. For example, if a worker sustained a back injury on the job, then only health information related to the injury would be given to the insurer in relation to a worker’s compensation claim, not the entire medical record.

Legally, communication between a nurse and a patient is considered to be privileged communication, and the law forbids the nurse from disclosing this information, with one exception. If this communication includes evidence that

could harm innocent people, including the patient, then, legally and morally, this information must be shared with the appropriate authorities. Included in this exception are instances of child abuse, gunshot wounds, and communicable diseases.

Communication and Malpractice

Within the realm of legal issues pertaining to nursing practice lies the issue of malpractice. While it might be difficult to understand why a text that focuses on talking with patients would address this issue, good communication may be one of the best ways to prevent clinical problems from being cited as reasons for claims of malpractice (Levinson et al., 1997). Even while working within the scope of nursing practice and maintaining excellent clinical skills, nurses may encounter patients who are angry or dissatisfied with their care. Nurses may be named in lawsuits, despite providing the best nursing care. Conversely, patients who feel that they were treated with respect and compassion sue healthcare providers less frequently (Levinson et al., 1997). Also, patients who feel that their providers really listen to them are usually satisfied patients. Good “bedside manner” is not just a secondary part of being a nurse; it is essential to good nursing practice, improves the accuracy of assessments, creates effective interventions, prevents complications, and produces more satisfied patients. Thus the same basic concepts of good communication—respect, empathy, and genuineness—may also prevent malpractice claims (Box 3-1).

Box 3-1 Communication Skills to Prevent Malpractice Claims

- Be respectful and genuine.
 - Listen to what patients say and don't say, striving to understand their experiences.
 - Be available and accessible.
 - Avoid rote phrases that might demean what the patient is saying.
 - Be clear about the reasoning used to reach decisions regarding the patient's care.
 - Involve the patient in decision making and the informed consent process.
 - Carry through with commitments to patients and do not make promises that cannot be kept.
 - Be honest about what is known and what requires further research or consultation.
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Values

Moral reasoning and decision making require the ability to identify values—specifically, the nurse’s values and the patient’s values. As discussed in the chapter titled *The Nurse as a Person: Theories of Self and Nursing*, the nurse brings a set of values to the professional role. Some values come from one’s cultural and ethnic background. (See the *Cross-Cultural Communication* chapter for more on cultural diversity.) Others are based on personal experiences, beliefs, and attitudes. Throughout life, values are acquired from family, friends, religious groups, and the community. It is important that the nurse delivers care in a manner that respects the patient’s values and needs. It is also vital that the nurse identifies and respects the patient’s values even if these values differ from his or her own.

Values are a person’s beliefs about the truth, beauty, and worth of any thought, object, or behavior. They give direction and meaning to life and guide the decision-making process. Values also determine behavior by guiding the responses to experiences and choices in life. Nurses need to be aware and conscious of the values that influence patients’ behaviors and perceptions, and respect patients’ abilities to make choices about their own health care. Nurses need to focus on patients’ needs based on their values, while recognizing that these needs and values may be different from the nurse’s own values. Nurses who develop awareness of their own values are better able to provide respectful, patient-centered care.

Code of Ethics for Nurses

To establish a profession, an ethical code must be formulated. The nursing profession, through the ANA, developed the Code of Ethics for Nurses with Interpretive Statements (1976, 1985, 2001) to delineate the expectations of ethical nursing practice and acknowledge the responsibility entrusted in the nursing profession by the public. The Code of Ethics for Nurses makes the following assertions:

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
- The nurse promotes, advocates for, and 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 nurse's obligation to provide optimum patient care.
- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
- The nurse participates in establishing, maintaining, and improving health-care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing as represented by associations and their members is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping public policy.*

The Code of Ethics for Nurses is a published and public document of nursing practice that should drive and guide all nursing care. The code also outlines the public's expectations of the services provided by a professional nurse.

Ethical Reasoning and Decision Making

Ethical reasoning serves to guide decision making in the nurse–patient relationship and the implementation of the decision in practice. There are often multiple ways to view an ethical dilemma and often no one right decision. Three decision-making models may be used to view a situation:

1. Utilitarian or goal-based model: The “rightness” of an action is based on the consequences and contribution to the overall goodness of an action.
2. Deontological or duty-based model: The “rightness” of an action is based on other factors besides goodness, including respect for the person, the rights of the individual, and best interests of the patient.
3. Human rights–based model: The “rightness” of an action is based on the rights of the patient. (Arnold & Boggs, 2007, pp. 47–48)

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Nurses may use all three models at different times depending on the patient and the situation. Ethical dilemmas arise when conflicts develop, such as between professional and personal values, professional values and laws, and the nurse's values and the patient's values, or between professions. Nurses require support during ethical decisions so they can advocate for patients and not conform to the decisions of others (Goethals, Gastmans, & de Casterlé, 2010).

Resolution of ethical dilemmas is often guided by three ethical principles: autonomy, beneficence, and justice. *Autonomy* is the patient's right to self-determination. *Beneficence* denotes that an action must result in the greatest good for the patient. Conversely, nonmaleficence refers to actions that "do no harm" to the patient and is the basis of the Hippocratic Oath. *Justice* refers to actions and decisions being fair and/or impartial. While it is often used as a legal term, justice may also refer to the equitable distribution of resources, the determination of social worth of patients, and the veracity or truthfulness that is inherent in the nurse-patient relationship. Veracity and trust imply that the nurse cannot lie to the patient, but questions remain about whether a nurse may withhold information that might cause a patient distress.

Helping patients to arrive at decisions about their care is a fundamental component of the nurse's role. This decision making is guided by the patient's values and beliefs as the nurse helps the patient to identify these values as well as potential conflicts and the desired goals (Box 3-2). The focus of decision making needs to be the patient's goals. It is important that nurses separate their own values and

Box 3-2 Steps in Ethical Decision Making

- Gather background information: Collect known information about the patient and the context of the situation.
 - Identify ethical components: Recognize the underlying issues and who will be affected by the decision.
 - Clarify roles: Know the rights and obligations of all involved parties.
 - Explore options: Investigate alternatives, potential negative effects, goals, and desired outcomes.
 - Apply ethical principles: Consider ethical theories and scientific facts.
 - Resolve the dilemma: Understand the effects of the decision, implement the action, and determine how the outcomes will be evaluated.
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goals from those of their patients to facilitate communication and support the patient. Frequently there may be more than one right decision, requiring more discussion, time, and patience to resolve the issue, but the focus always remains on the patient's right to choose. Often, difficult decisions also bring emotional reactions, making the decision-making process more complex. Nurses work to support patients' rights by interpreting information, providing support and clarification, and helping patients to prioritize and make informed choices.

Summary

People enter a healthcare setting with certain rights and individual values. Institutions, professions, and government authorities protect the rights of the person receiving health care as a patient by creating standards, guidelines, codes of ethics, and laws. In the profession of nursing, guidelines for practice are published by state and national nursing organizations and serve to guide professionals and provide public declaration of the standards of a profession. The goal of all guidelines, ethical principles, and legal statutes is to protect the patient. Incorporating professional guidelines with the ethical principles and the patient's values allows for nursing care that is unique, respectful, and effective for each patient.

Case Study Resolution

The parish nurse thought about how to respond to Mr. A. She considered her beliefs about smoking and health, her long-term relationship with Mr. A., and his prognosis. His health condition was very poor, and his future life was limited by his chronic obstructive pulmonary disease (COPD), renal failure, and recent stroke and heart attack. It would bring him pleasure to have a cigarette and probably would not change his prognosis. Focusing on compassionate care and respect for this patient as a person, the parish nurse decided to bring Mr. A. a pack of cigarettes. He was very grateful and asked the nurse to roll his wheelchair outside so he could smoke. In the spring air, they talked about his life and what had made him happy over the years: his son, his garden, and his friends in a fraternal order. When the parish nurse left the nursing home that spring afternoon, she felt that she had made the right decision by bringing the cigarettes for Mr. A.

Mr. A. died 4 weeks later as the result of a urinary tract infection and renal failure.

EXERCISES

VALUE PRIORITY EXERCISE

This exercise is aimed at increasing self-awareness and clarifying values. Complete this exercise privately.

Read through the following list of values and rate their level of importance to you:

1. Very important
2. Important
3. Not important

After completion, pick out the five highest-rated values and the five values with the lowest scores. Remember, there is no right or wrong answer. Try to be honest with yourself.

VALUES

- Achievement (accomplishment)
- Aesthetics (appreciation of beauty in art and nature)
- Altruism (service to others, interest in the well-being of others)
- Autonomy (personal freedom, self-determination)
- Creativity (developing new ideas)
- Emotional well-being (peace of mind, inner security)
- Health (physical and mental well-being)
- Honesty (being truthful and genuine)
- Justice (treating others fairly)
- Knowledge (pursuit of information, truth, principles)
- Love (caring, unselfish devotion)
- Loyalty (allegiance to a person or group)
- Morality (honor, integrity, keeping ethical standards)
- Physical appearance (concern for one's appearance, being well-groomed)
- Pleasure (fun, joy, gratification, enjoying life)
- Power (control, authority, influence over others)
- Recognition (being important, well-liked)
- Spirituality (having a religious belief)
- Wealth (having possessions or enough money)
- Wisdom (mature understanding, insight, good judgment)

Five Most Important Values

- 1.
- 2.
- 3.
- 4.
- 5.

Five Least Important Values

- 1.
- 2.
- 3.
- 4.
- 5.

Evidence-Based Article

Solum, E. M., Maluwa, V. M., & Severinsson, E. (2012). Ethical problems in practice as experienced by Malawian student nurses. *Nursing Ethics, 19*(1), 128–138. doi: 10.1177/0969733011412106

Student nurses often see ethical challenges in clinical practice. This study explored Malawian students' perceptions of ethical problems during clinical experiences. Ten nursing students were interviewed. In this study, the researchers found three main themes emerged: (1) conflict between patient rights and the guardians' presence in the hospital; (2) conflict between violation of professional values and patient rights caused by unethical behavior; and (3) conflict between moral awareness and the ideal course of action. The authors also found that students had difficulty ensuring patient rights and acting in accordance with Western norms and values. These values may not be appropriate in the Malawian culture. The researchers suggest that students would benefit from role models who demonstrate professional attitudes toward patients' rights and values. There is also a need to teach students ethical reflection during clinical practice.

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