Guideline – Code of Ethics, 2019

Foreword

By NZNO President Grant Brookes and Kaiwhakahaere Kerri Nuku

The need for knowledge about ethics, ethical issues and ethical decision-making has never been greater. Nursing is undertaken in increasingly complex professional practice environments. Nurses face situations daily where they are challenged by inequities, unmet needs and under-resourced communities.

That may be why the Code of Ethics is one of the most sought-after publications by the New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO). We are proud of its wide circulation and usage.

NZNO's Code of Ethics complements the Code of Conduct for Nurses, published by the Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa. Whereas the latter sets out the standards of behaviour nurses are expected to uphold in their professional practice, this document is designed to help nurses examine and answer ethical questions. Nurses with knowledge of ethics, and ethical frameworks and processes, are better prepared for situations requiring ethical judgements.

A Code of Ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953. It was not until 1988 that our forerunner, the New Zealand Nurses Association, produced a Code of Ethics specific to Aotearoa.

Over the last 30 years nurses from many cultural, ethnic, employment and practice backgrounds have worked together to develop this Code, now in its sixth iteration. The result is a publication produced by the nurses of Aotearoa, unique to Aotearoa, which recognises our bicultural context. Cultural safety and partnership under te Tiriti of Waitangi are integral to nursing practice and are now reflected in the Code. The nursing profession continues to lead other health professions in these important aspects of health care.

The most significant update to this edition is the work of Te Rūnanga to include a Māori worldview. This gives the Code of Ethics a greater significance as NZNO works towards bicultural partnership and to achieve an effective equity agenda.

We are confident the Code will be of value and provide nurses with the support they need in the frequently difficult, complex, stressful, but also rewarding practice environments in which they work.

Whakatauki

Whaea Taku toa I te toa takatahi taku toa takitini Taki Mano e

It's not by my own self but by that of the many

Acknowledgements

NZNO would like to acknowledge the Public Health Association Kāhui Hauora Tūmatanui for allowing us to adapt its Code of Ethics to reflect nursing in Aotearoa New Zealand, and all those individuals and groups who have contributed to previous editions.

This revision includes significant work by Te Rūnanga to embed a Māori worldview into the document.

Introduction

The purpose of this Code of Ethics (the Code) is to guide nurses' practice, and communicate the nursing profession's ethical values. It has been formulated and updated in response to the need for a code that closely reflects the current context of nursing practice. This new edition incorporates more strongly the bicultural elements of ethical nursing practice in Aotearoa New Zealand.

The New Zealand Nurses Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing more than 53,000 nurses and health workers on a range of professional and employment-related issues across the public, private and community sectors. Te Rūnanga o Aotearoa NZNO comprises our Māori membership and is the arm through which our Tiriti o Waitangi partnership is articulated.

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand and underpins its economic and social development. This Code acknowledges the principles of protection, participation and partnership between nursing and Māori. Nurses acknowledge the unique relationship between Māori and the Crown in applying this Code and nurses registered with the Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa (NCNZ) are required by the NCNZ Code of Conduct (2012) to honour these obligations. NCNZ's *Guidelines for cultural safety: the Treaty of Waitangi and Māori health in nursing education and practice* also require nurses to practise in a culturally safe manner in compliance with te Tiriti o Waitangi.

Values characteristic of Western ethical frameworks have traditionally been used to develop value statements that guide nursing practice. These values inform the development of the Code, with the addition of specific values that are important to ethics and nursing practice in Aotearoa New Zealand. In this Code we also draw specifically on values derived from a Māori worldview.

At this time of change, challenge and uncertainty in the health service, it is important all nurses faced with an ethical dilemma are guided by ethical practice principles (ICN 2012; WHO 2017). The nationwide use of the Code will signal to other health professionals, managers and to the public that nurses are aware of their moral responsibilities.

Using the Code of Ethics

The Code has been written as a basis for nurses to explore ethical beliefs, and as a guide to explore individual situations arising in nursing practice.

Each situation is unique and exists in its own context, so the most important values from the framework will vary according to the particular situation. Any one value is not always an overriding value; the balance of values and their inter-relationships may change, not only with each situation, but also within each situation.

The Code does not seek to provide answers to situations encountered in practice. Ethical concerns and situations are resolved using an approach that incorporates exploring values applicable to the context and a process of logical thinking and action. A number of decision-making models feature at the end of the document which may help nurses as they seek clarity around ethical questions.

Underlying philosophy

Nursing was founded on the moral premise of caring and the belief that nurses have a commitment to do good. Society's expectation is that nurses are moral agents in their provision of care, and that they have a responsibility to conduct themselves ethically in what they do and in how they interact with people receiving care, their whānau and others (ICN 2012; WHO 2017).

Morality refers to the personal values, character and conduct of individuals or groups within society (American Nurses Association, 2015). Ethics refers to the various ways people think about, understand and examine how best to live a moral life (Johnstone, 2019). The two terms can be used interchangeably with the study of ethics often called moral philosophy or moral theology (American Nurses Association, 2015).

Nursing ethics is defined as "the examination of all kinds of ethical and bioethical issues from the perspective of nursing theory and practice" (Johnstone, 2016, p.15). Nursing ethics recognises the distinct voice of nurses and the unique way in which nursing practice is enacted (Fry & Johnstone, 2008; Johnstone, 2016). Ethical nursing practice is based on a "commitment to do good, a sensitivity and receptiveness to ethical matters, and a willingness to enter into relationships with persons who have health-care needs and other problems" (Canadian Nurses Association, 2017, p.4).

Nurses demonstrate ethical nursing practice when they advocate individually and collectively for the elimination of social inequities. Nurses address social

inequities by: collaborating with other health-care professionals and organisations for change in unethical health and social policies, legislation and regulations; advocating for accessible, appropriate and affordable health-care services that are available to all; recognising the significance of the socio-economic determinants of health; understanding and including cultural safety in their practice; and supporting environmental preservation and restoration. Nurses are responsible for ensuring they achieve ethical nursing practice.

An ethical code supports nurses to achieve ethical nursing practice by describing a set of values, principles and/or expectations that will guide ethical professional conduct and assist nurses in their reflection and decision-making (Canadian Nurses Association, 2017; Fry & Johnstone, 2008; Johnstone, 2019).

Assumptions

The way ethical issues are explored depends on the specific situation and its context. Contextual determinants include cultural, whānau, professional, religious and personal beliefs. This Code is based on several assumptions that permeate nursing.

i)   Relationships and interactions are based on mutual respect, including respect for culture, religion, gender, sexual orientation, ethnicity and other life-directing individual and group values. An example of this is providing and working within the concept of cultural safety.

ii)   Respect for the individual, whānau, group, iwi, hapū and community encompasses partnership and collaboration; these are all encouraged to engage in the process of nursing and their effort, knowledge and expertise are acknowledged.

iii)   Relationships and interactions seek to achieve an equitable outcome for the individual, whānau, group, iwi, hapū and community. The purpose of nursing is to uphold and improve the health of all of these.

Māori worldview and ethics

Cultural groups are bound together by a tapestry of historically inherited ideas, beliefs, values, knowledge and traditions, art, customs, habits, language, roles, rules and shared meanings about the world (McMurray & Clendon, 2015). Culture provides the lens through which we view and understand the world, and each culture views the world differently. It is essential to understand that cultural concepts such as values and ethics are not always translated accurately from one language (or culture) to another (Berghan, 2007).

A Māori world-view is different from a Western world-view so Western ethical principles may not be directly relevant to Māori and vice versa. Māori have their own knowledge systems that link to the land and have their own ways of acquiring and testing knowledge (Smith, 1999 as cited in Cram, 2007). Cram adds: "Sometimes these ways are sourced within tradition and other times we use 'modern' tools to explore issues that are important to us. Sometimes we choose to work alone and other times we choose to work collaboratively with non-Māori. What is important here is that the choice is ours" (Cram, 2007, p.5). Māori have the right to be Māori on their own terms.
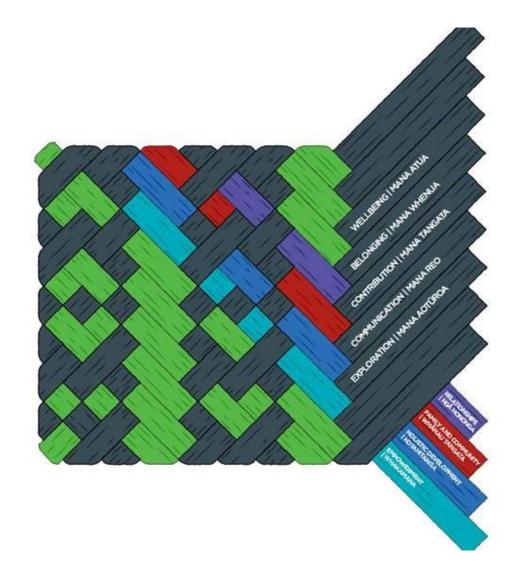
Tikanga reflects the traditional values, beliefs and practices of Māori which enhance the relationships fundamental to the sustainability of life, and are embedded as kawa (primary values) (Hudson, Milne, Reynolds, Russell, & Smith, 2010). These kawa have developed over time and are deeply embedded in the social context. Tikanga and its philosophical base of mātauranga Māori provides a framework through which Māori can actively engage with ethical issues (Hudson et al., 2010).

Whare Tapa Wha and Te Wheke (Durie, 1998) provide models of health that help guide nursing practice. Ethical care includes establishing the person's priorities, values and choices to meet their taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health) needs. This may include their whakapapa, tīpuna and the wider whānau, hapū and iwi.

This Code of Ethics outlines principles that can inform ethical nursing practice. Although each of the principles will not directly translate into the Western or Māori equivalent, the nurse will be able to identify with each in their own way and use them in their decision-making. The principles draw on the United Nations (UN) Declaration on the Rights of Indigenous Peoples (United Nations, 2008), previous versions of the NZNO Code of Ethics, and the Public Health Association's Code of Ethics and supporting documents.

Principles/values

The principles are not listed in any particular order, nor does one have a greater weight than any other. No one moral viewpoint dominates another and the emphasis is on …"understanding difference rather than striving for uniformity" (Johnstone, 2016, p.78). The diversity and intended inclusiveness of the principles, and the way in which nurses enact them, will help ensure the ethical decisions we make reflect the lived reality and experience of the individuals, whānau, hapū, iwi and communities that make up our society.

This image depicts the interweaving of Māori and Western ethical values for the new Code of Ethics.

Māori values are:
- Rangatiratanga
- Manaakitanga
- Tika
- Whanaungatanga
- Wairuatanga
- Kotahitanga
- Kaitiakitanga

Western values are:
- Autonomy
- Beneficence
- Non-maleficence
- Justice
- Confidentiality
- Veracity
- Fidelity
- Guardianship of the environment and its resources
- Being professional.

Information in this section is obtained from a variety of sources which are listed in the References section.

Description of the principles (Māori worldview)

Rangatiratanga
- Māori have the right to self-determination and the right to determine their own destiny.   - Tino rangatiratanga is at its strongest when hapū and iwi are acknowledged as tāngata whenua in their particular area or region – this is characterised by iwi autonomy (Durie, 1998).   - Article 3 of the UN Declaration on the Rights of Indigenous Peoples states that indigenous peoples have the right to self-determination. That means they freely determine their political status and freely pursue their economic, social and cultural development.   - Nursing* actions and outcomes will reflect the hopes and aspirations of Māori for self-determination in respect of their own affairs.

Manaakitanga

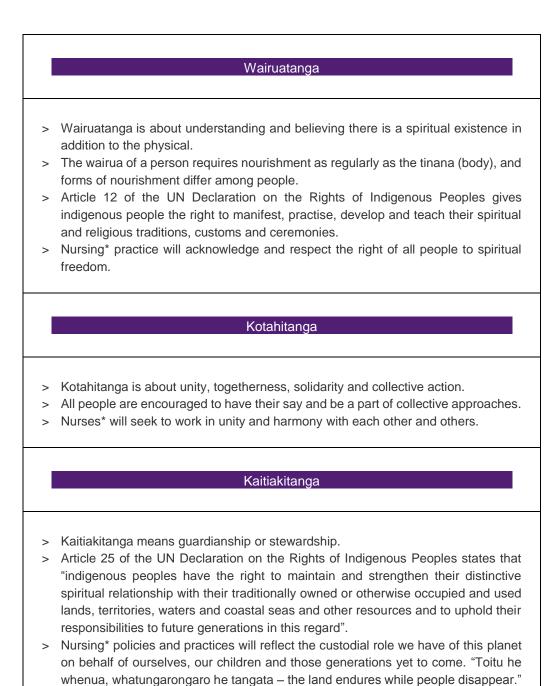> Manaakitanga is the way in which we make people feel welcome when they are in our company and ensure their mana is maintained.
> Manaakitanga also means showing kindness, treating people with respect, caring for others, nurturing relationships, reciprocity, cultural and social responsibility.
> Nursing* practice will demonstrate an ethic of care, support and reverence for all peoples: "He aha te mea nui o te ao, he tangata, he tangata, he tangata".

Tika

> Tika is used in various ways but in the context of ethics it can be associated with the importance of truth, correctness, directness, justice, fairness, and rights.
> Tika tāngata describes human rights.
> The UN Declaration on the Rights of Indigenous Peoples outlines the fundamental rights of indigenous peoples throughout the world.
> Nursing* practice will be based upon what is right and proper according to circumstance and in accordance with common good.

Whanaungatanga

> Whakawhanaungatanga is the process of establishing relationships, which enables connections between past and present to be made.
> Whānau connection, relationships with whānau both past and present, and kinship are paramount.
> Whanaungatanga develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others with whom one develops a close familial, friendship or reciprocal relationship.
> Nursing* practice will focus on people and the relationships established and maintained with others.

Wairuatanga
> Wairuatanga is about understanding and believing there is a spiritual existence in addition to the physical. > The wairua of a person requires nourishment as regularly as the tinana (body), and forms of nourishment differ among people. > Article 12 of the UN Declaration on the Rights of Indigenous Peoples gives indigenous people the right to manifest, practise, develop and teach their spiritual and religious traditions, customs and ceremonies. > Nursing* practice will acknowledge and respect the right of all people to spiritual freedom.

Kotahitanga
> Kotahitanga is about unity, togetherness, solidarity and collective action. > All people are encouraged to have their say and be a part of collective approaches. > Nurses* will seek to work in unity and harmony with each other and others.

Kaitiakitanga
> Kaitiakitanga means guardianship or stewardship. > Article 25 of the UN Declaration on the Rights of Indigenous Peoples states that "indigenous peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard". > Nursing* policies and practices will reflect the custodial role we have of this planet on behalf of ourselves, our children and those generations yet to come. "Toitu he whenua, whatungarongaro he tangata – the land endures while people disappear."

* Taken from Public Health Association (2012) with permission and adapted for use with nurses.

Description of the principles (Western)

Autonomy

> Individuals have the right to self-determination. This assumes that the individual or group, or their client or agent, have the wisdom to make the best choice for that individual or group.

> Particular attention should be paid to awareness and acceptance of cultural differences in the provision of health care, to ensure cultural safety of clients and nurses. (A situation is culturally safe when a client feels their cultural or spiritual needs are included in care, or that they can ask and have those needs met without prejudice.)

> Many socio-cultural groups in Aotearoa New Zealand see the importance of the collective as equal to the needs and rights of the individual. The right of both the individual and the collective (whānau, hapū, iwi) must be respected.

Beneficence

> Beneficence is the performing of actions leading to outcomes that now, or in the future, would be regarded as worthwhile; the concept of doing good.

> The meaning and value of good can vary according to context and this can influence what we think and do when considering beneficence.

Non maleficence

> Non-maleficence is the avoidance of harm, the prevention of future harm, and minimising harm in situations where it is unavoidable.

> The meaning and value of harm can vary according to context and this can influence what we think and do when considering maleficence.

Justice
> Justice is based on the assumption that society has a responsibility to treat people fairly. Justice can be further split into three categories: fair distribution of scarce resources (distributive justice), respect for people's rights (rights-based justice) and respect for morally-acceptable laws (legal justice). > Society confirms concepts of justice in its legal frameworks. There is an inter-relationship between law and justice, which means that one does not automatically override the other. Laws are modified over time as they are applied and this increases justice in society. Different health circumstances may require different resource allocation or entitlement to achieve equity.

Confidentiality
> Confidentiality means the privacy of written or spoken information, or of observed body language, acquired through privileged access. > The concept of privacy can vary according to the situation and what laws might apply.

Veracity
> Veracity occurs when actions, speech and behaviour ensure communications between individuals and/or groups are honest and truthful.

Fidelity
> Fidelity means the obligation to remain faithful to one's commitments to others, particularly promises and when information is given in confidence.

Guardianship of the environment and its resources
> This assumes that society has a responsibility to respect and protect the environment and its resources. > How we understand and value guardianship and the relationship between person and environment can vary according to culture and context.

Being professional
> This involves the belief that nursing is a profession with a defined purpose. It has a special relationship with society, having been established by society. > There is a duty to provide health-related care for those members of society in need. > Nursing possesses a distinct body of knowledge, its own area of independent practice and is guided by the specific set of values identified here. > Nurses are accountable for their nursing practice and accept responsibility for their actions and decision-making.

Applying the principles in practice

Nursing takes place in a series of unique relationships with others: clients (including whānau), colleagues, organisations and society. The Code provides a framework around these unique relationships and how they relate to the varying ethical principles used to guide nursing practice.

The framework of the Code is summarised in the matrix below.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Rangatiratanga	Practice supports whānau to make own health decisions.	Practice and engagement are self-determined.	Leadership empowers individual practitioners and others.	Actions demonstrate willingness to stand-up against adversity and harm.
Manaakitanga	Practice enables maintenance of mana and recognises the role of kaumātua and kuia.	Action and conversation demonstrate respect and care.	Self-care enables care of others and includes reflection and debriefing.	Depth of care for society is unified and overarching.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Tika	Self-awareness and knowledge of whānau traditions enables tikanga (correct care).	Working relationships are enhanced through awareness of customs and traditions.	Practising to the highest level of integrity is enabled.	Community safety and protection is ensured by following the lead of ancestors.
Whanaungatanga	Whānau are included in planning care that honours professional boundaries.	Action and behaviour demonstrate awareness of the significance of whānau.	The concept of whānau is recognised as the foundation of well-being for clients, self and colleagues.	Understanding of whānau is reflected in caring.
Wairuatanga	Practice creates opportunities for spiritual well-being practices.	There is recognition and respect for others' spirituality.	Spirituality is enabled and supported.	Care recognises communities' spiritual dimension.
Kotahitanga	Reciprocal engagement between individual/whānau and nurse enables joint decision-making.	Positive practice environments are achieved by working in unison.	Connection through positive partnerships enables potential to be expressed.	Whānau health is supported by the collective strength of nursing to create change.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Kaitiakitanga	There is guardianship, protection and preservation of care through relationships.	Providing guardianship, protection and preservation is a shared responsibility.	Guardianship and protection aligns with care and nurturing.	Protection and guidance are provided at all levels.
Autonomy	Nurses support clients to make informed decisions, individually or collectively.	Self-awareness promotes understanding of contributions of self and others.	Nurses act individually and collectively but recognise autonomy may be limited in large organisations.	The concept of autonomy is communicated and adapted appropriately into practice.
Beneficence	Partnerships are developed that are experienced by clients as safe and beneficial and from which 'good' results.	Sharing knowledge and skill enhances professional relationships and effective care.	Nurses participate in the design, moderation and review of services that meet client care needs and protect their rights.	Research, education and innovation in consultation with the community ensure practice and standards are safe and ethical.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Non-maleficence	Clients are safe – culturally, physically, emotionally, socially.	Quality of care and harm minimisation is enhanced by peer monitoring.	Nurses contribute to an environment that is safe physically, socially, spiritually, culturally and emotionally.	Safety and protection of the vulnerable occur through monitoring services and practice.
Justice	Dignity, needs and values of clients are respected. The client defines fairness and perception of outcome.	There is awareness and acceptance of rights, values and beliefs of self and colleagues.	Nurses advocate for equitable systems and services that meet the needs of clients and colleagues.	Advocacy for accessibility to services is ensured, including the right to complain about a service.
Confidentiality	Client information is privileged and Safe-guarded against unwarranted intrusion.	Nurses protect colleagues from unwarranted intrusion – physical, social and emotional.	Nurses contribute to the organisational responsibility for safeguarding information.	A balance is achieved between legal requirements for privacy and protection from harm.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Veracity	Communication is open, honest and truthful.	Collegial relationships are promoted by openness, honesty, truthfulness.	Communication with colleagues and employers fosters a supportive and trustful environment.	Community well-being is promoted by accountability, transparency, and openness.
Fidelity	Trust is promoted by honouring commitments and providing a rationale for decisions.	Conflicting demands are managed to balance loyalties to colleagues and clients.	Role(s) are performed with commitment to practice and loyalty.	Actions and behaviours demonstrate commitment to society. Nurses are registered with the Nursing Council of New Zealand.
Guardianship of environment and resources	Practice supports conservation of resources and environment.	Practice supports conservation of resources and environment.	Practice uses human, technical, financial and natural resources efficiently and reduces use of harmful substances.	Practice conserves resources, and enhances communities' relationships with the natural environment.

Principles Context	Nurse-client/whānau relationship	Nurse-colleague relationship	Nurse-organisation relationship	Nurse-societal relationship
Being professional	Sound judgment and practice meets professional standards. Services for clients are advocated.	Practice review and innovation is evidence-based.	Maintenance and review of practice standards are achieved in co-operation with colleagues.	Actions and behaviours foster communities' trust in the profession.

Ethical decision-making

A number of different decision-making tools can help inform nurses facing ethical decisions. Each has its own merits and differing situations may benefit from the application of a different tool.

The four box method (Jonsen, Siegler, & Winslade, 2010)

This is useful for addressing clinical ethical issues by asking us to allocate specific items of information within four boxes that each focus on different aspects of care planning. The four-box method recognises that even after reflection we may still disagree on which moral theory is ultimately correct. The alternative of not making a decision, is not morally neutral and is itself open to moral appraisal. Therefore we must find a way to reach a decision we can agree is rational and ethical. The four-box method is a tool which helps us achieve this.

CLINICAL ISSUES	PATIENT PREFERENCES
The principles of beneficence and non-maleficence What is the patient's medical history/diagnosis/prognosis? What are the treatment options? What are the goals of treatment? What is the benefit to the patient?	*The principle of respect for autonomy* What are the patient's expressed preferences for treatment? Is the patient competent? What would they want done? What is in their best interests?
QUALITY OF LIFE	CONTEXTUAL FEATURES
The principles of beneficence and non-maleficence and respect for autonomy Prospects of survival with and without treatment? Various effects on patient of treatment? What are the plans for comfort and palliative care?	*The principles of loyalty and fairness* How does this affect others: family/whānau and team? Cost to health system? Cultural/religious issues? Law and policy?

Find out more at https://depts.washington.edu/bioethx/tools/4boxes.html

Johnstone's moral decision-making model (Johnstone, 2019)

Megan-Jane Johnstone's model resembles the nursing approach in that it is based around a five-step decision-making process.

1. Assess the situation (consider the relevant facts and values associated with the issue).
2. Diagnose or identify the moral problem(s).
3. Set moral goals and plan an appropriate moral course of action.
4. Implement the plan of moral action.
5. Evaluate the moral outcome of the action implemented.

Johnstone notes the importance of ensuring that deliberations appeal to reason, emotion, intuition and life experience to inform the decision-making process as much as to the facts. She also notes the need for reflection and imagining possible moral futures and solutions to problems (Johnstone, 2019).

Māori ethical decision-making models

Guidance on ethical decision-making for Māori may be sought from local and/or organisational kaumātua or kuia. The Health Research Council's publication *Te Ara Tika: Guidelines for Māori research ethics* (Hudson et al., 2010) also provides a useful framework for decision-making for those who are engaged in research, are on ethics committees, or who engage in consultation or advice about Māori ethical issues from a local, regional, national or international perspective.

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa New Zealand through participation in health and social policy development.