

# *Provision 5:* Self-Care & COVID-19

## Code of Ethics for Nurses

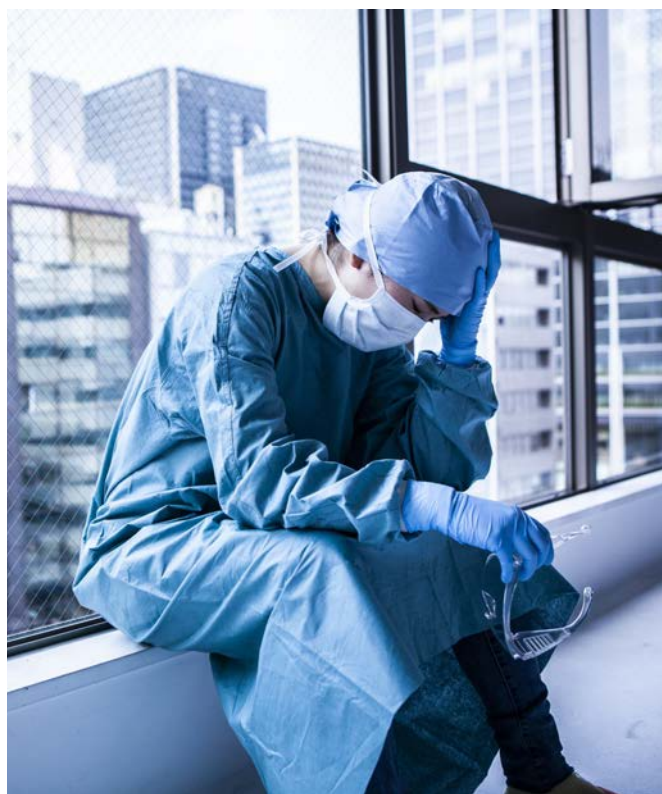
The COVID-19 pandemic has caused unprecedented disruption and destabilization. The American Nurses Association *Code of Ethics for Nurses with Interpretive Statements* remains our unshakable foundation, providing invaluable guidance in this proverbial storm. Nurses can and should draw on Provision 5 when questions about our duty to care and duty to ourselves arise, and to tap into advocacy for the ethical practice of self-care at this time.

# CODE OF ETHICS FOR NURSES

## THE CODE & COVID-19 PANDEMIC

The COVID-19 pandemic has distressed nurses in innumerable ways which need much more recognition and comprehension. Among reported sources of distress are:

- insufficient staffing and training
- questionable, evidence-lacking use of personal protective equipment (PPE) due to insufficient supplies
- forced separation from loved ones
- isolation and loneliness
- furloughs, loss of wages
- homeschooling and full-time care of children while still working
- unexpected care of family members who are frail and vulnerable, possibly trying to keep them out of institutional long-term care because of the risk of contagion there
- stress on relationships from being seen as a possible source of infection
- forced overtime
- seeing colleagues become ill, suffer, and possibly die from a preventable pandemic
- witnessing the too-often deadly result of longstanding structural racism as a deplorable social determinant of health





## **I HAVE A DUTY TO MYSELF**

**"The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."**

**-Provision 5 of the Code of Ethics for Nurses**

Nurses don't always recognize that the duty to care for others and the duty to attend to one's own well-being are equal ethical obligations. As this nurse revealing her mask scars shows, it is crucial to attend to our duty to self during these challenging times so that the profession can sustain itself, and so we are able to care for others.

The duty to care has been draped in a familiar, but potentially harmful and misleading archetype during our national response to COVID-19: Nurses as heroes. There is a strong association within and outside of the profession that nurses are heroic. Nurses' professional commitments are deeply virtuous, including compassion, courage, clinical competence, integrity, fairness, trustworthiness, wisdom, and many others, but heroism is not on the list. Heroes encounter and overcome obstacles, seek and achieve goals, strive for justice – as do nurses – but the hero myth centers on additional requirements for the archetype to be fulfilled. Heroes must put themselves at extraordinary risk, face dangers so great that death is likely, and ceaselessly pursue a quest to prove him or herself. This construct risks harm to nurses. Nurses are not obligated to take on extreme risks to prove their value. Unconscious adoption of heroism blurs the ethical edge of professional practice and the important distinction that nurses must preserve their own well-being in order to care for others.

While describing nurses as "heroes" is clearly intended to express affirmation and appreciation, there is an often-overlooked and unintended consequence of implicit coercion - that nurses must take unnecessary risks for themselves and their loved ones in order to be a hero at work. At times, a nurse's job demands a duty to care for patients even in undesirable conditions, but U.S. health care should not be so risky that it requires heroism.

# UNSAFE ASSIGNMENTS & WORK ENVIRONMENTS

## GUIDANCE FROM PROVISION 5

The nursing profession's foundational documents obligate nurses to assume responsibility for competent practice, to safeguard their moral integrity and wholeness of character, and to promote their own health and safety. The ANA's "[Nurses, Ethics and the Response to the COVID-19 Pandemic](#)," (2020) states that nurses may make an ethical choice not to respond in the COVID-19 pandemic if:



they are in a vulnerable group



they feel physically unsafe in the response situation due to a lack of personal protective equipment or inadequate staffing



there is inadequate support for meeting the nurse's personal and family needs



the nurse is concerned about professional, ethical, and legal protection for providing nursing care in the COVID-19 pandemic

Additionally, nurses can refuse unsafe assignments or those that contradict deeply held moral beliefs but need to do so as outlined in the [Code of Ethics for Nurses](#) so as to avoid patient abandonment. Most states' licensing boards clarify that patient abandonment does not occur until a nurse accepts a patient assignment at shift change and subsequently does not deliver the relevant standard of nursing care after accepting the risky assignment. Refusing an unsafe assignment may result in an employer's punitive action, including termination, but does not result in disciplinary action that could place the nurse's license at risk. These considerations and decisions are difficult, but shame should not be associated with a nurse's decision to prioritize personal values and obligations over the duty to care in an environment that is beyond what is ethically required.

Nurses who seek to successfully promote their own personal integrity and well-being are well served by learning how their jurisdictions:

- [regulate or prohibit mandatory overtime for nurses](#)
- prevent retaliation for whistle-blowing on illegal or unethical employer practices
- address refusal of assignments

Nurses may find useful information from their licensing boards, state nursing organizations, health related sections of their state bar associations (attorneys), or local attorneys ([such as growing numbers of nurse attorneys](#)) who represent nurses facing disciplinary actions. Initial consultations with attorneys are often free of charge.

# ACCEPTING RISK AND CHALLENGE, NOT DANGER

## ACCEPTING EXTRAORDINARY RISK

Just as the hero myth is misplaced, so is the statement that nurses accepted or "signed up for" extraordinary risk when they chose to practice nursing. Throughout every nurse's education and skill development, safety - to self and patients - is stressed. Nurses are never expected to sacrifice or trade their own safety for the benefit of others. Martyrdom is certainly not ethical, obligatory, nor inherent in the nurse's duty to care.

The problem with the "accepting risk" argument is that it wrongly shifts the health care organization's moral responsibility to the nurse to keep employees safe. As with informed consent, any agreement to accept risk must be fully informed and voluntary. Nurses who know they will be disciplined, fired, or otherwise retaliated against for refusing to accept extraordinary risk of harm cannot be said to have voluntarily or willingly assumed the risk to their own health, safety, integrity, or that of their loved ones. Nurses have perhaps "signed up for" and assumed extraordinary risk if they freely choose to work with COVID-19 patients despite full knowledge of the danger involved, willingly accept the increased risk of infection for themselves and their loved ones, and recognize and accept departures from evidence-based practice.

**Martyrdom is certainly not ethical, obligatory, nor inherent in the nurse's duty to care.**



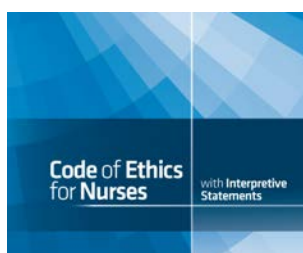
## ACCEPTING EXTRAORDINARY CHALLENGE, NOT DANGER

The pandemic presents a unique challenge for the nursing profession in that the weight of moral adversity and distress falls on nurses in all settings. Nurses in all roles are profoundly challenged at this time. Nurses may respond to the distress they suffer in many ways, ranging along a spectrum of healthy and unhealthy coping mechanisms. Grace, sensitivity, and respect for our own and others' experiences are crucial. At the same time, nurses in all settings and roles, from direct care to system administration, must be vigilant in their duty to self at all times, including during these problematic periods.

## So often overlooked is the nurse’s obligation to care for oneself. It is crucial for nurses, and their employers, to fully consider the importance of taking care of physical, mental, and emotional needs.

Nurse leaders are well-positioned to fulfill the moral obligation to frontline nurses’ safety and must foster balancing work with health and well-being within their organizations. Organizational support for the registered nurse is a "non-negotiable necessity". Nurse leaders, administrators, and managers can welcome discussions that address and resolve duty to care concerns. According to ANA’s *Nursing Administration: Scope and Standards of Practice*, (2016) “The nurse administrator must support a milieu in which nurses at all levels can deal openly with moral and ethical questions and intra- and interprofessional quality and safety concerns”. Leaders who model transparent decision making, self-care and advocate for nurses’ safety, well-being and resiliency meaningfully inform healthy work environments. So often overlooked is the nurse’s obligation to care for oneself. It is crucial for nurses, and their employers, to fully consider the importance of taking care of physical, mental, and emotional needs. This holistic approach to self-care will aid nurses in providing their patients with the highest quality of care.

Resources to support nurses in all roles and settings are abundant. ANA Enterprise’s *Healthy Nurse Healthy Nation™* social movement initiative gives practical guidance and strategies that promote self-care of the whole nurse. Additionally, the American Nurses Foundation launched the *Well-Being Initiative* that gives tools and resources for nurses to engage in routine and purposeful self-care. By adhering to one’s duty to self, a nurse can feel empowered to exercise moral courage that may reject the hero orientation and, in turn, sustain both the profession's health and those who entrust their own health to it.



Code of Ethics for Nurses with Interpretive Statements  
[nursingworld.org/code-of-ethics](https://nursingworld.org/code-of-ethics)



ANA COVID-19 Webinar Series [bit.ly/2XMf0GP](https://bit.ly/2XMf0GP)



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American Nurses Association  
Center for Ethics and Human Rights  
[@ANAEthics](https://twitter.com/ANAEthics)  
[ethics@ana.org](mailto:ethics@ana.org)