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ETHICAL ISSUES RELATED TO APPROPRIATE STAFF MIXES

INTRODUCTION

Recent budget cuts and changes to the health care system have resulted in the use of different kinds and levels of health care workers. Registered nurses* across Canada are finding themselves in a challenging situation; bound by professional and ethical responsibilities, they are expected to maintain client safety in spite of lay-offs and the delegation of nursing duties to other health care workers. In order to address such changes the Canadian Nurses Association (CNA) produced two policy statements entitled: *Necessary Support for Safe Nursing Care*¹ and *Unregulated Health Care Workers Supporting Nursing Care Delivery*.² Both policy statements advocate for the nurse's role in ensuring safe, quality client care in all care settings.

There are many different views regarding changes in staff mix and the use of unregulated health care workers**. The purpose of this paper, however, is not to argue for or against a certain level of care provider in the health care system, but rather, to show how CNA's *Code of Ethics for Registered Nurses*³ can help nurses to address the ethical issues that may arise due to changing staff mixes in their practice setting. The code is a helpful tool for nurses who want to actively ensure that their clinical environment supports the use of the right provider, in the right place, at the right time, doing the right thing.

HOW CAN THE CODE HELP NURSES?

The Code of Ethics for Registered Nurses "... provides nurses with direction for ethical decision-making and practice in everyday situations as they are influenced by current trends and conditions." (CNA, 1997, p.1) It also assists nurses in addressing ethical issues related to the use of appropriate care providers in their practice settings. The code applies to *all* nurses whether they are engaged in

* In this document, nurse means registered nurse.

** In this document, unregulated health care workers will be referred to as aides.



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clinical practice, delegating care to other levels of care providers; in *education*, designing programs to prepare aides; in *administration*, making resource allocation decisions; or in *research*, developing programs to evaluate the cost- and quality-effectiveness of different skill mixes.

WHAT SPECIFIC DIRECTION IS OFFERED BY THE CODE OF ETHICS FOR REGISTERED NURSES?

The code offers guidance on two aspects of nursing that are closely related to the issue of appropriate staff mix: 1) providing care that conforms with ethical practice; and, 2) actively influencing and participating in policy development, review and revision. The code can help nurses working with different levels of care providers to promote safe, ethical care through the appropriate delegation of tasks and adequate supervision. Steps to address incompetent, unsafe and unethical care are outlined, as well as other suggestions for applying the code in selected circumstances. For nurses who wish to become actively involved in policy development, the code provides direction as they advocate practice situations that will result in safe, quality client care.

AN ETHICAL VIOLATION

The code provides prescriptive guidance for a situation in which an action or inaction would involve an *ethical violation*. It tells the nurse and others what is ethically acceptable and what is not. For example, a staff nurse might be faced with delegating a task to a care provider who has not been trained to perform the task. The value of Accountability is prescriptive in this situation. It is reflected in the responsibility statement: "*Nurses...take preventive as well as corrective action to protect clients from unsafe, incompetent or unethical care.*"

AN ETHICAL PROBLEM

The code provides advisory guidance in the case of an *ethical problem*, where no ready-made answers can be offered and thoughtful consideration is required to ensure sound decision-making. For example, a nurse administrator making a decision about the integration of aides in a given clinical setting must take into account the reduction of resources, the qualifications and abilities of current staff and the increased emphasis on client autonomy. A responsibility statement that provides direction here is again related to the value of Accountability: "*Nurses, whether they are engaged in clinical, administrative, research or educational endeavors, have professional responsibilities and accountabilities toward safeguarding the quality of nursing care clients receive. These responsibilities vary but are all oriented to the expected outcome of safe, competent and ethical nursing practice.*"

A SITUATION OF ETHICAL DISTRESS

The code provides limited direction in a case of *ethical distress*, where the nurse may feel ethically compromised and experiences a sense of guilt or anxiety. This can occur when staffing levels are changed so that nursing care is supported by other levels of care providers. The result may be fewer nurses employed per shift, with those few assuming a greater role in supervising the care provided by others. Even though nursing care is maintained at a minimally **safe** level, the nurse experiences ethical distress because diminished time with clients limits the nurse's ability to conduct thorough assessments and provide adequate client teaching and support that would promote a high **quality** of nursing care. A responsibility statement that provides guidance in such a situation is under the value of Practice Environments Conducive to Safe, Competent and Ethical Care: "Nurses practise ethically by striving for the best care achievable in the circumstances. They also make the effort, individually or in partnership with others, to improve practice environments by advocating on behalf of their clients as possible."

WHO ELSE CAN PROVIDE ASSISTANCE TO NURSES?

Quality nursing care is theory-based and directed toward attaining individual client outcomes that can be measured. It is provided within the context of the nursing process of assessment, problem identification, planning, intervention and evaluation (CNA, 1995).

Provincial nursing associations and nursing regulatory bodies provide a great deal of guidance to registered nurses and those who make decisions about the distribution of human resources, including different roles of care providers in meeting the needs of a variety of clients. They may also have existing programs to help agencies examine decisions that impact on their practice environments. With the goal of ensuring *safe* client care, many organizations create decision guides that describe steps needed to assess *what* is the most appropriate level of care provider in a given health care situation. Nursing unions play an essential role, as well as a liaison and resource for staff nurses who want their concerns about safe staffing relayed to management decision-makers.

Standards of nursing practice guide registered nurses in their practice. Nurses also have access to a documentation process, either through their professional association, or their union, which helps guarantee safety and quality of care. The ability to document concerns about the quality and safety of care is a necessary competency for all registered nurses. Documenting such concerns protects client well-being and minimizes the nurse's professional and legal liability.

When faced with the issue of providing safe, quality care, nurses often worry not only about their professional and ethical responsibilities, but also about their legal liability. Nurses may access the services of the Canadian Nurses Protective Society (CNPS) or legal services offered through their professional association*** to discuss their concerns about legal liability.⁴ *The following case examples show how the Code of Ethics for Registered Nurses, along with other information, can be used to address two situations in which nurses, both in groups and on their own, can take action to promote competent, safe and ethical care.*

CASE STUDIES

As you read through the cases, you may also want to refer to the study guide Everyday Ethics: Putting the Code into Practice,⁵ which includes more information that could be used to help nurses respond to the situations described.

CASE 1: WORKING TOGETHER FOR QUALITY CARE

This case is examined by referring to the "Steps to address incompetent, unsafe and unethical care," included on page 26 of the code.

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As part of a large, tertiary care centre's restructuring, a model of care is proposed that includes the use of patient care aides (aides). Their role is to assist with client care activities as delegated by, and under the supervision of registered nurses in all clinical areas. Licensed practical nurses (LPNs) will no longer be part of the client care team.

Examples of activities aides are to carry out include: bathing clients, making beds, taking vital signs and performing simple dressing changes. The aides will be drawn from housekeeping staff, porters and orderlies. They will receive four weeks of on-the-job training.

This restructuring will increase the client to nurse ratio from 5:1 to 8-10:1 on the wards and from 1-2:1 to 3:1 in critical care areas. All of the LPNs and many RNs will lose their jobs as a result of these changes.

The nurses of the hospital are upset and angered by the proposed changes. Job security is certainly one of their worries, but they are also concerned about maintaining safe and quality client care. A meeting of all RNs has been organized by the union local representatives to discuss how they might address the situation.

The first step that the nurses take is to "gather the facts about the situation and ascertain the risks" associated with the proposed staffing changes. They know that the hospital is in a difficult financial situation and that something more than bed closures has to be done to bring the budget in line. American consultants were brought in to help with the restructuring, and this move to "patient-focused care" was initiated based on their recommendations. The nurses decide to read up on the use of aides in large American hospitals, and familiarize themselves with some of the literature supporting the role of the registered nurse in providing safe, quality client care.⁶

The primary issue they identify is client safety. They fear that introducing aides could result in a practice situation that fails to guarantee the safety of client care. Nurses are concerned that they will be held accountable for client care over which they have no control. They know all too well that hospital clients consist increasingly of the very ill who require complex care. They fear that using aides will result in less hands-on nursing time with clients, thus compromising safety and quality of nursing care.

*** Nurses who are members of participating professional associations are eligible for professional liability protection from CNPS for incidents that arise out of the provision of nursing services. Tel. 1-800-2673390. Members of the Registered Nurses Association of British Columbia (RNABC) have liability protection through the RNABC Captive Insurance Corporation. Contact RNABC at 1-800-565-6505.

Next, the nurses “review relevant legislation, policies and guidelines” associated with the issue of the change in skill mix that is proposed by the hospital. One document they find particularly helpful is the guide provided by their professional association describing the most appropriate level of care provider given varying client complexity and practice settings. Based on this material, they determine that aides can safely provide certain aspects of care to stable clients.

As well, using the material available to them through their collective agreement, the nurses familiarize themselves with the process for reporting and documenting situations of unsafe client care. Many nurses are surprised to learn that they are *obligated* to report such incidents to an appropriate authority as part of the professional responsibility clause of their collective agreement.

The third step that the nurses take is to “consult as appropriate with colleagues, other members of the [health care] team, and the professional nurses’ association in their province.” They consult their professional association and union representatives who advise them on how to best express their concerns to the nurse managers of the institution. The nurses then approach their nurse managers for assistance in communicating their concerns to the decision-makers of the institution. The nurse managers organize an open forum to provide time for the nurses to voice their concerns and to provide clarification regarding the proposed changes. After summarizing and documenting the nurses concerns, the nurse managers decide to make a presentation to the next level of management.

The nurse managers’ actions reflect an attempt to “resolve the problem as directly as possible consistent with the good of all parties.” After considerable debate, the decision is made that aides will be employed as part of the new model of care delivery and skill mix. However, it is decided that aides will not be employed in critical care areas, and that taking vital signs and doing dressing changes will be removed from the aide job description.

The staff nurses proceed to “advise the appropriate parties regarding unresolved concerns,” in particular that the aides and the nurses be adequately prepared for their new roles. The nurses, through their unit councils, relay their request to the nurse educators and managers for in-service education regarding their role and responsibilities in delegating to, and supervising aides. As well, the nurses want to ensure that an evaluation process is in place to assess the use of aides, looking at cost-effectiveness, clinical outcomes, and client and staff satisfaction. This is raised as a priority issue for the hospital and unit quality assurance committees to address.

CASE 2: INDIVIDUAL ACTION FOR SAFE CARE

Discussion of the following case study includes the use of the Circle Model for Ethical Decision-Making developed by Janet Storch in 1992 . This model is useful in ethical situations that involve many different “layers” of decision-making, where the situation may have to be re-examined and re-evaluated in light of previous decisions. Ethical issues are viewed through a “lens” that incorporates personal, professional, social, ethical and legal considerations. The circle model is described in greater detail in the study guide Everyday Ethics: Putting the Code Into Practice.

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Ruth is a nurse manger at a long-term care facility. In recent years the client population has become older and more frail. Today, many of the elderly residents require medical treatments such as intravenous therapy, urinary catheters, and respirators. The current staff mix at the facility consists of registered nurses, registered practical nurses, and nurses’ aides. This seems to work very well in the provision of safe, quality care. The director of the facility has asked Ruth to consider changing the staff mix to reduce costs. He has suggested that the nurses’ aides be trained to assume more functions, including administering medications to the stable residents. Once the aides have been trained, they will replace the registered practical nurses.

While Ruth is quite aware of the necessity of being careful with the budget, she feels that she cannot ethically agree with the director’s proposal.

1. Information and identification

Ruth attempts to clarify the *problem*. She recognizes that the facility is in dire financial straits, and that some cutbacks have to occur if they are going to be able to continue to function without raising costs to the residents. Ruth knows that the director’s proposed changes will reduce the financial costs of providing care, but what effect will it have on the quality of care for the residents and quality of worklife for the staff?

The *people* involved and affected by this decision include the staff and residents of the facility, the management of the facility, and the family members of the residents living there.

The *ethical components* in this decision include: 1) putting safe, quality client care at risk; 2) not consulting residents and their family members regarding the proposed staff mix changes; and, 3) putting nurses’ aides in a position of accepting client care responsibilities that they may not be prepared to take on.

2. Clarification and evaluation

Ruth reflects on the *ethical principles* of autonomy, beneficence, nonmaleficence and justice in order to identify what is at stake from an ethical perspective. She considers *autonomy* to be an issue for residents and their family members who may not be fully informed and involved in the decision regarding the type of caregiver that will be carrying out certain tasks. She also considers the autonomy of the nurses and their concerns for providing quality nursing care for the residents with whom they have a relationship based on trust. In her reflection about *beneficence* and *nonmaleficence*, Ruth considers the potential risks to the residents, and the commitments of the staff to benefit the residents. The principle of *justice* is also relevant, given that the entire issue revolves around adequate resources being allocated for safe, quality, nursing care.

The *social expectations* that are important for Ruth to consider include the trust that families and residents place in both she and the facility to provide safe, quality care. Residents and families have expressed concern that the care required by clients is increasingly complex and that families are expected provide more and more of the informal nursing care. As well, the nursing staff in the facility has just become accustomed to the current care delivery model. Many nurses were dissatisfied with an earlier decision to introduce nurses’ aides and to allow registered practical nurses to give medications.

Legal requirements are a concern because a registered nurse is accountable for the outcome of the nursing care provided. Ruth recognizes that if the worker has the necessary competencies (knowledge, skill, judgement and attitude) to provide safe and cost-effective care, Ruth's staff should not have to be concerned. As she reflects on the legal concerns, she feels comfortable that the aides could likely have a degree of competency for some of the tasks that the director of the home suggests they deliver, but not for all.

There are a number of **professional practice standards** that influence Ruth's decision-making. She considers the *Code of Ethics for Registered Nurses*, which specifically states that: "Nurse managers intervene...to prevent future harm when client safety is threatened due to inadequate resources..." (CNA, 1997, p. 27) Values in the code that support Ruth's actions with regard to this situation include Health and Well-being, Choice, Fairness, Accountability, and Practice Environments Conducive to Safe, Competent and Ethical Care.

Other professional practice standards that Ruth consults include provincial Standards of Nursing Practice, and guidelines provided by her professional nursing association that outline the appropriate level of care provider for a given client and clinical situation.

The **values conflict** that Ruth is experiencing is between her values and those of the staff and the director. Ruth is certain that the values of the nursing staff and most of the residents and family members are similar to her own values and motivated by the desire to ensure quality, safe care. She believes that the director's priority is to deliver care at the lowest cost, and she wonders if they might be able to discuss this conflict in an attempt to understand each other's values and resolve the problem.

Ruth sees four options for her current problem: 1) She can go to the director with her concerns, 2) She can go to the Board of Trustees and make a presentation to them regarding safe, quality care, in the hope of influencing their decision making, 3) She can generate other solutions for cost savings and present them to the director and the board, or 4) She can resign.

3. Action and review

Ruth decides that the first step is to express her concerns to the director. Although he remains convinced that his solution is the only possible option for the facility, he does listen to Ruth's clearly expressed concerns. While unwilling to alter his proposal, he agrees to include Ruth's concerns when he makes his presentation to the governing body of the organization. They will be presented as "challenges to be overcome." At the Board of Trustees' next meeting, the director presents the financial concerns the facility faces and his proposed changes to the staffing complement. Ruth provides an overview of the increasing care requirements of the residents, the roles and responsibilities of the care providers and her concerns related to the impact of the proposed changes on the facility's ability to provide safe care. Given Ruth's concerns for resident safety, the board agrees to consider other solutions for reducing costs before making the suggested change in staff mix and responsibilities. Ruth recognizes that their decision reflects a temporary postponement of increasing budgetary restrictions. Ruth holds meetings with the nursing staff and the Residents' Council to discuss the need for further cost savings and to generate alternative solutions, which she then presents to the director. The outcome is still evolving.

CONCLUSION

This paper focuses on an issue that faces many Canadian nurses; practice situations that may not have the appropriate mix of care providers to provide safe, quality client care. Case examples show how *The Code of Ethics for Registered Nurses* and an ethical decision-making model can be used to guide nurses in addressing difficult practice situations. The cases describe some of the actions nurses may take in response to situations where they believe inappropriate decisions are made about staff mix and responsibilities. It is important for nurses to recognize that they may seek support and resources from their professional associations, unions, and CNA in addressing issues related to the use of different levels of care providers. As well, nurses must always keep in mind that their *Code of Ethics for Registered Nurses* gives them the power and responsibility to act on behalf of clients in promoting and protecting safe and quality care.

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