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Research Article

IMPACT OF NURSES ON PATIENT ETHICAL CARE AND QUALITY OF MANAGEMENT

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Abstract:

Nursing is a vital component of all healthcare services and has the potential to have a significant and lasting impact on the health outcomes of an aging global population. Over time, nurses have gained additional tasks and adopted expanded roles. Thus, this review aims to review the ethical care and quality management that can be affected by nurses. By searching the literature for all published studies that are relevant to review topic up to the middle of 2022. The patient is observed to assume a passive role, while the nurse assumes a maternalistic expert role. This relationship, along with others, defines the patients' decision-making autonomy. The nurse-patient interaction should not seek to alter the patient's values and traditions, but rather place the nurse as a witness to the health and disease experience of the patient and family.

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INTRODUCTION:

The objective of health care equity is to guarantee that everyone has access to high-quality health care. As demonstrated in Social Determinants of Health and Social Needs, health care is a downstream driver of health; yet, differences in health care access and quality can worsen disparities caused by upstream and midstream determinants of health outcomes [1].

Access to quality health care is defined by Healthy People 2020 as the ability to enter the health care system through health insurance, geographic availability, and access to a health care practitioner. The definition of health care quality is "the extent to which health care services for individuals and populations increase the likelihood of desired outcomes and are compatible with current professional knowledge" [2]. The Agency for Healthcare Research and Excellent (AHRQ) defines quality health care as "doing the right thing for the right patient, at the right time, in the right way, to get the best results achievable" [3]. By providing care that is safe, effective, person-centered, timely, efficient, and equitable, nurses provide high-quality care [4].

As previously said, frameworks for social determinants of health (SDOH) situate the health care system downstream, frequently operating in response to sickness, rather than upstream, influencing the root causes of health outcomes [1,4]. Consequently, health care does not address the majority of upstream factors, or root causes of illness, that affect health equity; upstream social factors such as economic and housing instability, discrimination and other forms of racism, educational disparities, and inadequate nutrition can affect an individual's health before the health care system [1]. Some estimates imply that only a small proportion of health outcomes are attributable to health care, whereas equity in health care is a significant element contributing to health equity [5,6]. Ethics are vital for all healthcare professionals. The word ethics derives from the Greek word *ethos*, which means character. Ethical values are universal norms of conduct that give a practical basis for defining activities, intents, and motives that are valued [7]. Ethics are the moral principles that guide a person's or group's behavior or conduct. The emphasis is on right and bad behaviors and the decision-making process that determines the eventual consequences of those activities [8]. Each individual has their own set of ethics and values. The importance of ethics in healthcare stems from the fact that healthcare professionals must recognize ethical issues, make sound decisions based on their principles, and adhere to applicable regulations. To work competently and

with integrity, nurses, like all other healthcare professionals, require regulation and supervision from their profession [9].

The origins of nursing ethics date back to the late 19th century. At the time, it was believed that ethics required physician loyalty, a strong moral character, and obedience [9]. Since then, the nursing profession has developed, and nurses are now integral members of the healthcare team and patient advocates. In the 1950s, the first explicit Code of Ethics for the nursing profession was developed. Developed and published by the ANA, it guides nurses in their everyday work and establishes the profession's primary goals and ideals. Its purpose is to provide a concise description of the ethical standards and responsibilities of all individuals entering the nursing profession. It establishes a non-negotiable ethical standard and articulates the nursing profession's commitment to society. Over time, the Code of Ethics has been amended. The latest version reflects technological advancements, societal shifts, the growth of nursing practice into advanced practice positions, research, teaching, health policy, and administration, as well as the creation and maintenance of healthy work environments [9].

DISCUSSION:

Ethical care is a separate moral theory approach that emphasizes the significance of duty, concern, relationships above outcomes, and regulations. In the past three decades, ethical care has had a prominent position in nursing. Care that adheres to ethical standards is crucial to providing effective and secure care [10]. It is believed that nursing is an ethical profession, and nearly every decision a nurse makes has an ethical component [11]. Nursing activities are predicated on an ethical commitment to deliver quality and safe care, and this ethical commitment is essential to the performance and continuation of nursing activities [12].

However, nurses confront numerous obstacles when providing ethical care to their patients. Limited time and a heavy workload are among the obstacles that can impede nurses' ability to offer ethical care, tire them emotionally, and lessen their ethical awareness when caring for patients [13]. In recent years, one of the issues faced by nurses has been coping with COVID-19, a disease whose global prevalence and international concern have increased as a life-threatening risk [14]. Given the variety of treatment choices, the majority of which are still in clinical trials and have contradictory outcomes, nurses are concerned about delivering ethical care to their

patients in the current environment. Barlow et al. [15] observed that nurses base their ethical thinking and decisions on their views and values, and that they solve the ethical difficulties provided by political and organizational macro- and micro-decisions, as well as the complex and costly treatment options. Therefore, they intervene in accordance with ethical frameworks and theories such as ethical care and virtue ethics [15].

As previously mentioned, COVID-19's consequences on patients, families, and the health care system have ethical implications for nurses. Concerns regarding patient safety and access to personal protection equipment, as well as the availability of ventilators and medications required to support COVID-19 patients, are among the challenges that cause nurse's tremendous ethical anguish. Concerns about delivering ethical treatment to critically ill patients place nurses under tremendous physical and psychological stress and diminish the quality of their professional lives, according to Kim et al. [16]. During the global epidemic of MERS-CoV, nurses frequently endure substantial physical and psychological discomfort due to a sense of professional obligation and ethics [17]. Nonetheless, a study revealed that during the MERS-CoV outbreak, emergency nurses encountered ethical issues due to their avoidance of patients. This avoidance was influenced by their perceptions of social stigmatization, their agreement with infection control efforts, and their perceptions of danger [17].

Each patient has the right to make decisions in accordance with their own views and values [18]. This is referred to as autonomy. The desire for autonomy of a patient may conflict with treatment guidelines or recommendations that nurses and other healthcare professionals perceive to be optimal. A person has the right to decline medication, treatment, surgery, and other medical procedures, regardless of the potential benefits. If a patient chooses not to receive a potentially beneficial treatment, the nurse must respect that decision.

[18] Healthcare professionals have a responsibility to refrain from mistreatment, minimize injury, and promote the good of patients. This obligation of special care exemplifies beneficence. This is demonstrated by their provision of a balance of advantages and hazards to the patient. Assisting patients with chores they are unable to complete on their own, maintaining side rails for fall prevention, and administering prescriptions promptly are all examples of beneficence.

All patients have the right to receive fair and equal treatment from others. Justice is how individuals are treated when their interest's conflict with those of others [19]. Patients have the right to receive no harm. Nonmaleficence demands nurses to refrain from bringing patients harm [20]. This guideline is arguably the most challenging to adhere to. The nurse is placed in a morally difficult situation when life support is discontinued or when a patient refuses to take medication that could save their life.

Nurses should be aware of their profession's Code of Ethics as well as their own integrity and moral character. Nurses should have a clear awareness of fundamental ethical principles. The nursing profession must uphold patient care while pushing for patients' rights to self-identify their own needs and cultural norms. Although complex, ethical issues in nursing reflect a true integration of the art of patient care [20]

According to nurses, compassionate and humanitarian care exemplifies the ethical standards of their profession. In some situations, technological advances, outcome measures, decreased resources, and staff shortages may overshadow empathetic and humanistic nursing; however, the results of the present study demonstrated that in the COVID-19 crisis, nurses risked their lives to save their patients because the patients' recovery was their top priority. This shows that nurses have a keen understanding of the humanistic and empathic aspects of care and are attentive to the ethical care needs of patients with serious illnesses [20]. In research of humanistic nursing in acute care, [16] found that professional values, situational sensitivity, and the availability of time and support as essential prerequisites of care promotion all play significant roles in the adoption of a humanistic approach in nursing. Moreover, Khademi et al. [21] note that nurses are sensitive to the concepts of humanistic care despite the fact that nurse supervisors frequently violate their professional rights. According to Watson, the activities of nurses, such as attempting to be closer to the patient, holding the patient's hand, and expressing feelings, foster an atmosphere of mutual empathy between the nurse and the patient [22]. In this context, Mercer et al. (2002) have underlined that ethical considerations such as altruism and ethical behavior should not be neglected in therapeutic treatment. However, the most focus is paid to the cognitive and behavioral elements of empathy [23].

In addition, responsibility was regarded as a crucial element in the development of professional values. Despite the stress of overtime and lengthy shifts, our

research revealed that nurses maintained their professional and social conscience. During an outbreak, nurses' sense of duty motivates them to develop their professional talents and promote ethical treatment. Additionally, it enhances their psychological adjustment to the problem. Due to their organizational identification and dedication to the profession, nurses are more likely to undertake challenging assignments, exert extra effort, and remain on the job, according to Wu et al. [24]. In addition, the experience of New Zealand nurses during the Influenza A (H1N1) epidemic demonstrates that despite their stress and weariness, nurses had a strong feeling of duty and were willing to work extra shifts [25].

One of the major themes of the nurses' experiences was the need to improve intra- and inter-professional communication, as well as communication between the nursing profession and society. These modifications enabled nurses to deliver ethical treatment. Interprofessional and interprofessional cooperation have flourished as a result of the nurses' intimate and healthy work environment. Not only are intra- and inter-professional relationships crucial for nurses, but also for the entire healthcare organization. Poor inter- and intra-professional interactions would result in work dissatisfaction, quitting the profession, unhappiness, and a reduction in patient safety [26,27]. In such severe working conditions, nurses believed that such a culture may improve patient care and safety, as well as safeguard healthcare professionals from physical tiredness and disease. A study revealed that the nature of interprofessional relationships alters when teams experience crises. During the pre-crisis period, relationships are built on mutual respect for knowledge. During the crisis time, hierarchical interactions are expected and a degree of incivility is permitted. Nonetheless, during the post-crisis period [28], health professionals' perspectives diverged. In accordance with the findings of other research, our study demonstrates that the medical team strengthened teamwork and adapted more successfully to difficult working situations during epidemics through mutual support and kindness [21,24]. During epidemics, nurses may also receive support from recovering patients, family members, the government, and the community. Therefore, community support for nurses is crucial during epidemics [29,30].

CONCLUSION:

Nurses owe it to themselves, their profession, and their patients to uphold the highest standards of ethics. Numerous organizations have ethics boards to examine ethical issues. All practice levels of nurses should participate in the ethics review of their

specialized area. It is essential to advocate for patient care, patient rights, and ethical practice considerations. The nurse-patient relationship is an interaction between both parties based on the patient's autonomy in decision-making after receiving professional guidance. Regarding relationship quality, it appears to be a component that influences the professional's promotion of patient-centered care. The nurse continually justifies all care decisions, for the patient's benefit, without allowing them their liberty. In clinical situations, specialists base their decisions on scientific facts.

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