

Professionalism and Ethics Under the ANA Code of Nursing

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Introduction

Professional nursing combines clinical knowledge, technical skill, ethical judgment, legal accountability, communication, and a sustained commitment to human dignity. The American Nurses Association's 2025 *Code of Ethics for Nurses* provides a current framework for those responsibilities. The revised Code retains and updates the previous nine provisions and adds a tenth provision addressing nursing's responsibilities to global health, humanity, and the environment. It also gives greater attention to racism, structural inequity, workplace safety, emerging technology, and the relationship between nurse wellbeing and safe care. Professionalism therefore cannot be reduced to a positive attitude, polite behavior, or completion of assigned tasks. It requires nurses to practice within scope, maintain competence, protect confidentiality, question unsafe conditions, respect patient autonomy, use evidence, and accept accountability for decisions. My preparation for a future [nursing career](#) includes an Associate Degree in Science, planned study in Biology, phlebotomy and electrocardiography experience, and direct patient-care work, all of which provide a foundation that must continue developing through nursing education and supervised clinical practice.

The 2025 ANA Code and the Meaning of Professionalism

The first four provisions place the nurse's relationship with the recipient of care at the center of professional practice. Provision 1 requires respect for the dignity, worth, and unique attributes of every person, which includes privacy, cultural humility, language access, and freedom from degrading treatment. Provision 2 makes the recipient of nursing care the nurse's primary commitment, helping clarify conflicts among patient needs, family requests, organizational pressure, and financial considerations. Provision 3 emphasizes advocacy for rights, health, and safety, while Provision 4 connects professional authority with accountability for nursing decisions, actions, and delegation. These principles mean that following an order does not remove the duty to assess its safety. Professional [nursing practice](#) includes recognizing limits, obtaining help, documenting accurately, protecting informed choice, and using the chain of command when necessary. Advocacy should help patients understand and express their preferences rather than substituting the nurse's values for the

patient's own goals.

Provisions 5 through 7 expand professionalism beyond the immediate nurse-patient interaction. Provision 5 recognizes duties to self, including integrity, competence, safety, growth, and wellbeing. This does not mean that resilience exercises can replace adequate staffing, rest, psychological support, or protection from workplace violence; organizational conditions remain part of ethical practice. Provision 6 addresses the ethical work environment, including teamwork, psychological safety, discrimination, incivility, leadership, equipment, staffing, and the way mistakes are handled. A just culture examines system factors while distinguishing human error from reckless conduct. Provision 7 concerns advancement of the profession through scholarship, research, standards, education, policy, and administration. Nurses do not all need to become academic researchers, but they should be prepared to revise practice when credible evidence changes. Participation in quality improvement, mentoring, simulation, professional associations, or evidence reviews can all contribute to this responsibility when the work is connected to measurable improvement in care (American Nurses Association, 2025).

Social Responsibility, Global Health, and Emerging Technology

Provisions 8 and 9 connect nursing with human rights, collaboration, health equity, and the profession's responsibilities to society. Nurses work within social conditions shaped by housing, food, education, labor, environmental exposure, disability, discrimination, violence, and access to care. Collaboration with public health, social work, schools, community organizations, and other professions can therefore be necessary for effective care. Provision 10 extends this responsibility to [global health](#), humanity, and the environment. Infectious disease, climate change, migration, conflict, supply chains, and environmental contamination cross national borders and affect health unequally. The 2025 Code also recognizes the ethical challenges created by digital health and artificial intelligence. Electronic records, predictive tools, telehealth, and generative systems can improve access and efficiency, but they also create risks involving privacy, bias, cybersecurity, hallucinated information, and unclear accountability. Nurses must verify clinically important outputs and use technology as support for judgment rather than as a substitute for professional responsibility.

Major Healthcare Challenges and the Nurse's Role in Change

Several U.S. healthcare problems cannot be solved through individual attitude alone. Affordability affects patients who delay medication, ration supplies, or miss follow-up because of cost. Fragmentation creates medication discrepancies, repeated tests, missed results, and unsafe transitions between hospitals, specialists, pharmacies, rehabilitation, and home care. Staffing

shortages and excessive workload contribute to fatigue, injury, missed care, burnout, and turnover. Health disparities may arise through access, environmental exposure, communication barriers, maternal care, pain treatment, disability, racism, or biased technologies. Nurses can create measurable change by screening for barriers, performing accurate medication reconciliation, using teach-back, escalating deterioration, reporting unsafe conditions, participating in staffing and quality committees, and collecting data that show where processes fail. Patient-safety work also includes infection prevention, fall prevention, pressure-injury prevention, correct use of pumps and barcode systems, and reporting near misses. System change becomes stronger when bedside observations are translated into evidence and combined with patient and community perspectives rather than presented as professional authority alone.

An aging population and high prevalence of chronic disease further increase the importance of coordinated nursing care. Patients may manage diabetes, cardiovascular disease, respiratory disease, dementia, cancer, pain, and multiple medications while depending on family caregivers and several specialists. Nurses can support self-management, functional goals, advance-care planning, caregiver education, and prevention of avoidable hospitalization. Public-health misinformation creates another challenge because nurses are frequently trusted sources of health information. Credibility requires listening, acknowledging uncertainty, correcting false claims respectfully, and distinguishing strong evidence from emerging research. The same professionalism applies to online communication and AI-generated content. A nurse should not copy an automated summary into the record without verifying it, nor present a social-media claim as established science because it is popular. Professional influence grows when the nurse is transparent about evidence, limits, and uncertainty. These responsibilities reflect the Code's broader view that nursing practice connects individual care with institutions, communities, and public trust.

How My Education and Clinical Experience Prepare Me

My Associate Degree in Science and planned bachelor's degree in Biology provide a foundation in anatomy, physiology, microbiology, chemistry, scientific reasoning, and interpretation of evidence. That background can support understanding of disease mechanisms and treatment, but nursing competence also requires translating technical information into language that patients can use. Phlebotomy experience has taught me the importance of patient identification, infection prevention, specimen labeling, communication, and the fact that a familiar procedure can become unsafe when identification or timing fails. Electrocardiography experience gives me familiarity with lead placement, artifact, rhythm patterns, and timely recognition, while nursing will require me to connect an EKG with symptoms, vital signs, medications, electrolytes, and escalation. Working as a patient care technician at Rosedale Medical Center and Patterson Medical Center has also exposed me to direct care, teamwork, workflow, patient vulnerability, and subtle changes such as confusion, weakness, fear, or loss of independence that may not be obvious from laboratory results alone.

Professional Growth and My Future Ethical Identity

Motivation, compassion, teamwork, and willingness to learn are useful strengths, but they do not replace clinical competence or accountability. My transition into nursing will require development in comprehensive assessment, medication administration, prioritization, delegation, care planning, documentation, and interprofessional communication. I will also need to manage emotional exposure without becoming either overwhelmed or detached. Seeking supervision, admitting uncertainty, and accepting feedback are professional behaviors because patient safety depends on recognizing limits. I want my nursing identity to be grounded in respect, advocacy, accountability, and continued learning. The ANA Code should guide ordinary actions as well as dramatic ethical dilemmas: protecting a private conversation, verifying identity, responding to pain, correcting an inaccurate assumption, refusing to hide an error, or raising concern about unsafe staffing. Consistent small choices build trust over time. A development plan using simulation, reflection, evidence review, mentorship, and measurable competency goals can help turn prior technical experience into broader nursing judgment rather than assuming that familiarity with procedures is equivalent to readiness for independent practice.

Conclusion

The 2025 ANA Code of Ethics defines nursing through ten provisions that connect the nurse with patients, colleagues, self, the profession, society, the global community, and the environment. Professionalism requires dignity, advocacy, accountability, competence, ethical work environments, scholarship, collaboration, social responsibility, and attention to global and environmental health. Healthcare problems involving affordability, fragmentation, staffing, inequity, technology, chronic disease, safety, and misinformation require both individual skill and organizational reform. Nurses can contribute through reliable bedside care, care coordination, quality improvement, evidence, leadership, and policy engagement while respecting patients as partners rather than speaking for them automatically. My science education, phlebotomy and EKG experience, and patient-care technician work provide useful preparation, but they are starting points rather than substitutes for nursing competence. My goal is to develop these experiences into an ethical professional identity in which clinical judgment, humility, patient dignity, and lifelong learning remain connected throughout my career.

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