# Professionalism and Ethics Under the ANA Code of Nursing

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## Introduction

Professional nursing combines scientific knowledge, clinical skill, ethical judgment, legal accountability, and a commitment to human dignity. The original essay correctly identifies licensure, education, certification, autonomy, justice, accountability, advocacy, and quality care as foundations of practice. It relies on the older nine-provision version of the American Nurses Association Code of Ethics and sometimes describes a positive attitude as the principal solution to structural healthcare problems. The ANA issued a revised Code in January 2025. It retains the earlier nine provisions and adds a tenth focused on global health, humanity, and the environment. The revision also addresses racism, intersectionality, workplace safety, emerging technology, and the relationship between nurse wellbeing and patient care. This essay explains professionalism under the current Code, examines major U.S. healthcare challenges and ways nurses can create measurable change, and reflects on how prior education and experience in biology, phlebotomy, electrocardiography, and patient care can shape a future nursing career. (American Nurses Association)

## Professionalism in Nursing

Professionalism is not limited to polite behavior, a uniform, or completion of assigned tasks. It means practicing within scope, maintaining competence, using evidence, communicating honestly, protecting confidentiality, recognizing limits, and answering for decisions. A professional nurse participates in the moral and scientific work of care rather than functioning only as a person who carries out orders. Professionalism is demonstrated most clearly when conditions are difficult: when a patient refuses a recommended treatment, staffing is inadequate, an electronic system displays a questionable recommendation, or a colleague's conduct threatens safety.

## The ANA Code as a Social Commitment

The ANA Code of Ethics is a statement of the profession's obligations to patients, nurses, society, and the global community. It is not a criminal statute and does not replace a state nurse practice act, employer policy, or specialty standard. It provides an ethical framework through which those rules are interpreted. The 2025 Code contains ten provisions organized around relationships: nurse to patient, nurse to nurse, nurse to self, nurse to profession, nurse to others, and nursing to society and the global community. This relational design emphasizes that ethical practice is not an isolated personal

virtue. It is created through responsibilities among people and institutions.

## Provision 1: Dignity and Respect

The first provision grounds nursing in respect for the inherent dignity, worth, and unique attributes of every person. Nurses should not reduce patients to diagnoses, behaviors, insurance status, nationality, disability, or criminal history. Respect includes correct names and pronouns, language access, privacy, pain assessment, cultural humility, and freedom from degrading treatment. It also means avoiding paternalism. A patient's choice can be respected even when the nurse believes another option would be healthier, provided the patient has decision-making capacity and understands the material information.

## Provision 2: Primary Commitment

The nurse's primary commitment is to the recipient of nursing care, which can be an individual, family, group, community, or population. This commitment helps clarify conflicts involving employer efficiency, family demands, or financial pressure. It does not require granting every patient request. The nurse must still follow law, evidence, fairness, and safety. When family members ask staff to withhold a diagnosis from a capable patient, the nurse explores the concern and protects the patient's preferences. When discharge targets conflict with safe planning, the nurse raises the risk through appropriate channels.

## Provision 3: Rights, Health, and Safety

Nurses advocate for patient rights, health, and safety. Advocacy includes informed consent, confidentiality, protection from discrimination, access to interpreters, medication safety, reporting abuse, and escalation of clinical deterioration. It is not speaking over the patient. The nurse helps the person understand options and express values. Advocacy may require questioning an order, requesting a second review, contacting an ethics service, or using a chain of command. Documentation should record the facts, action, and response without turning the chart into a personal accusation.

## Provision 4: Authority, Accountability, and Responsibility

Nurses have authority over nursing practice and remain accountable for decisions and actions. An order does not remove the duty to assess whether a medication or intervention is appropriate. Accountability also applies to delegation. The nurse decides whether a task can be delegated

according to patient condition, legal scope, competence, and available supervision, and remains responsible for follow-up as defined by law and policy. Staffing pressure cannot transform an unsafe assignment into a safe one. Nurses must identify limits and obtain assistance rather than improvise beyond competence.

## Provision 5: Duties to Self

The nurse owes duties to self as well as others, including safety, integrity, competence, wholeness, and personal growth. The 2025 revision emphasizes that self-care and patient care are connected. This principle should not be reduced to resilience workshops offered instead of adequate staffing. Nurses need rest, psychological support, protection from violence, healthy schedules, and the ability to raise concerns. Individual practices such as sleep, exercise, reflection, and boundaries are valuable, but organizations remain responsible for conditions that make safe practice possible.

## Provision 6: Ethical Work Environment

Nurses contribute to and share responsibility for an ethical work environment. The environment includes staffing, leadership, teamwork, psychological safety, discrimination, equipment, communication, and how errors are handled. A just culture distinguishes human error, risky behavior, and reckless conduct while examining system factors. Incivility, bullying, racism, and retaliation damage both staff and patients. Nurses can model respect and intervene, but leaders must establish reporting, investigation, and accountability that do not leave individuals to solve organizational misconduct alone.

## Provision 7: Advancement of the Profession

Nurses advance the profession through research, scholarly inquiry, education, standards, policy, and administration. Bedside observations can identify research questions and quality-improvement needs. Participation may include collecting reliable data, evaluating a protocol, mentoring students, joining a professional association, or contributing to policy. Evidence-based practice integrates research with clinical expertise and patient preferences. It does not require every nurse to become a researcher, but it requires openness to revising practice when credible evidence changes.

## Provision 8: Collaboration for Human Rights

Nurses collaborate with other professionals and the public to protect human rights, promote health diplomacy, and reduce disparities. Health is influenced by housing, food, education, labor, environment, immigration conditions, discrimination, and violence. A nurse treating repeated asthma exacerbations can provide medication while also helping identify mold or pollution exposure.

Collaboration extends beyond the hospital to schools, public health, social work, law, community organizations, and policy. Nurses should not claim expertise they do not possess; effective collaboration respects the knowledge of other disciplines and communities.

## Provision 9: The Profession's Social Responsibility

The nursing profession must articulate its values, maintain integrity, shape policy, and address health inequity. Professional organizations influence standards, licensure, education, labor conditions, public health, and access to care. Nurses can participate through voting, testimony, research translation, union or association activity, and public education. Political participation should be evidence-based and transparent. The profession's credibility depends on applying ethical commitments consistently, including when policies affect marginalized groups with limited political power.

## Provision 10: Global and Environmental Ethics

The new tenth provision affirms nursing's responsibility to global health, human wellbeing, and the environment. Infectious disease, climate change, migration, conflict, supply chains, and environmental contamination cross borders. Nurses may respond through disaster care, vaccination, heat preparedness, sustainable clinical practice, humanitarian standards, and advocacy for clean air and water. Global ethics does not mean imposing one country's model on another. It requires partnership, cultural humility, fair distribution of resources, and recognition that environmental degradation affects health unequally.

## Licensure and Scope

Licensure protects the public by defining entry requirements and legal scope. State nurse practice acts regulate assessment, delegation, medication, supervision, and discipline. The ANA Code provides ethical direction, while the law determines enforceable authority. A nurse must know the rules of the jurisdiction and setting. Employer need does not expand legal scope, and an employer can impose narrower requirements. Professionalism includes checking current standards rather than assuming that a procedure learned elsewhere is automatically authorized.

## Education and Competence

Graduation and licensure establish initial eligibility, not lifelong competence. Nurses must maintain knowledge as medicines, devices, evidence, and patient populations change. Competence involves knowledge, skill, judgment, and the ability to recognize when consultation is needed. Continuing education should address real practice needs rather than become a collection of certificates. Simulation, case review, peer feedback, and specialty certification can strengthen practice when

connected to measurable capability.

## Ethical Decision-Making

A structured ethical process begins by clarifying the clinical facts, urgency, patient preferences, capacity, legal rules, stakeholders, and available options. The nurse identifies conflicting values, considers benefits and harms, seeks expertise, and documents the reasoning. Ethics consultation is useful when disagreement persists or authority is unclear. Ethical dilemmas do not always have one painless answer, but they should not be decided solely by hierarchy, personal belief, or financial convenience.

## Challenge 1: Access and Affordability

The United States spends heavily on healthcare while many people face inadequate insurance, high out-of-pocket cost, delayed treatment, or medical debt. Nurses encounter these effects when patients ration insulin, miss follow-up, or cannot obtain equipment. A positive attitude cannot solve affordability. Nurses can screen for barriers, connect patients with assistance, design realistic plans, document harmful delays, support navigation, and advocate for policies that improve access. Care instructions should be evaluated against the patient's actual resources.

## Challenge 2: Fragmentation

Patients move among hospitals, clinics, specialists, pharmacies, rehabilitation, and home care. Records and responsibilities may not follow smoothly. Fragmentation creates medication discrepancies, duplicated tests, missed results, and unclear follow-up. Nurses can improve transitions through accurate reconciliation, teach-back, standardized handoff, direct communication, and confirmation that services are available. Care coordination is not clerical work; it is a patient-safety intervention.

## Challenge 3: Staffing and Burnout

Insufficient staffing and high workload can produce missed care, fatigue, injury, turnover, and moral distress. Nurses can report unsafe conditions, participate in staffing committees, use workload data, and support colleagues. They should not normalize chronic impossibility as dedication. Leaders and policymakers must address recruitment, retention, education capacity, scheduling, workplace violence, and compensation. Self-care matters, but it cannot compensate for systems that repeatedly require unsafe work.

# Challenge 4: Health Disparities and Racism

The 2025 Code explicitly addresses structural oppression and identifies racism as a public-health crisis. Disparities can arise through access, environmental exposure, communication, pain treatment, maternal care, algorithms, and institutional policy. Nurses should examine their own assumptions while also challenging system patterns. Equity work includes collecting disaggregated data, using qualified interpreters, respecting disability, improving maternal warning response, and involving affected communities. Treating everyone identically can preserve inequity when barriers differ.

# Challenge 5: Digital Health and Artificial Intelligence

Electronic records, telehealth, predictive tools, and generative AI can improve access and information, but they also create privacy, bias, cybersecurity, alert fatigue, and accuracy risks. Nurses must verify clinically important outputs and understand the intended role of a tool. Copying an AI-generated summary without checking the record can spread error. Organizations need governance, validation, training, and reporting of unsafe performance. Technology should support judgment rather than obscure accountability.

# Challenge 6: Patient Safety

Medication errors, infection, falls, pressure injury, diagnostic delay, and communication failures remain major concerns. Nurses create positive impact through assessment, standard precautions, reconciliation, escalation, barcode and pump use, patient education, and participation in quality improvement. Checklists are helpful but cannot replace attention to context. A professional nurse reports near misses and hazards so the system can learn before a patient is harmed.

# Challenge 7: Aging and Chronic Disease

An aging population and high prevalence of diabetes, cardiovascular disease, dementia, cancer, and respiratory illness increase care complexity. Patients may manage multiple medications and specialists while relying on family caregivers. Nurses can support self-management, functional goals, caregiver education, advance-care planning, and prevention of avoidable hospitalization. Care should focus on what matters to the person, not only disease-specific targets that become burdensome when combined.

# Challenge 8: Public Health and Misinformation

Vaccination, infection control, reproductive health, and chronic-disease prevention are affected by misinformation and distrust. Nurses are often trusted messengers, but credibility requires listening and honesty. They should explain uncertainty, correct false claims without humiliation, and identify reliable sources. Public communication must remain within competence and should not expose patient information. Community partnership is more effective than assuming that resistance results from ignorance alone.

# How Nurses Create System Change

Nurses create change at bedside, unit, organizational, and policy levels. At bedside, they advocate and educate. At unit level, they analyze workflow and quality data. In organizations, they serve on ethics, safety, informatics, and governance committees. In public policy, they provide testimony and community evidence. The profession’s large workforce gives it insight into how policy operates in practice. Impact becomes stronger when nurses combine experience with data and collaborate with patients rather than claim to speak for them automatically.

# My Previous Education

My Associate Degree in Science and planned bachelor’s degree in Biology provide a foundation in anatomy, physiology, microbiology, chemistry, scientific method, and the interpretation of evidence. This background can strengthen understanding of disease mechanisms and treatment. Scientific knowledge must be translated into patient-centered communication. A nurse does not demonstrate competence by using complex vocabulary; competence includes explaining the relevant information in language a patient can use.

# Phlebotomy Experience

Phlebotomy experience develops patient identification, infection prevention, specimen labeling, communication, and attention to order and timing. It also provides repeated encounters with people who fear needles, have difficult access, or feel vulnerable. These skills transfer to nursing, but the nursing role is broader. I will need to expand from performing one procedure to integrating the result with assessment, medication, education, and the patient’s goals. The experience offers confidence while also teaching that a routine task can become unsafe when identification or communication fails.

# Electrocardiography Experience

EKG training provides familiarity with lead placement, artifact, cardiac rhythm, and the importance of timely recognition. In nursing, I can build on this foundation by connecting a tracing with symptoms, vital signs, medication, electrolytes, and escalation. A technician may acquire the test accurately; a nurse must also assess the person and act within scope when findings are concerning. Previous skill is therefore a starting point for deeper clinical judgment.

# Patient Care Technician Experience

Working as a patient care technician at Rosedale Medical Center and Patterson Medical Center exposed me to direct care, teamwork, workflow, and patient vulnerability. Assisting with basic needs can reveal changes that are not obvious in a laboratory value: new confusion, weakness, fear, skin change, or loss of independence. This experience can help me value fundamental nursing care rather than see it as work beneath a licensed professional. It also teaches the importance of delegation and respectful collaboration with assistive personnel.

# Professional Strengths

Motivation, compassion, teamwork, and willingness to learn can support a nursing career. They do not replace competence. I will need to demonstrate knowledge, accept feedback, recognize bias, and respond reliably under pressure. Motivation is most useful when it produces preparation and follow-through. Compassion is most useful when it respects patient autonomy rather than assuming I know what is best. Teamwork includes speaking up when safety is at risk and listening when another professional identifies a limitation in my plan.

# Growth Areas

Transitioning 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 detached or overwhelmed. Seeking supervision and admitting uncertainty are professional behaviors, not signs of inadequacy. A development plan can use simulation, reflective practice, evidence review, mentoring, and measurable competency goals.

# My Future Ethical Identity

I want my nursing identity to be grounded in respect, accountability, advocacy, and continual learning. The ANA Code can guide decisions when personal values, patient preferences, organizational policy, and resource constraints conflict. I should not wait for a dramatic ethical dilemma to use it. Ethics appears in ordinary actions: protecting a conversation, verifying identity, responding to pain, correcting an inaccurate assumption, and refusing to hide an error. Consistent small choices build professional trust.

# Conclusion

The 2025 ANA Code of Ethics defines nursing through ten provisions connecting nurses with patients, colleagues, self, the profession, society, the global community, and the environment. Professionalism requires dignity, advocacy, accountability, competence, ethical workplaces, scholarship, collaboration, social justice, and global responsibility. U.S. healthcare challenges involving affordability, fragmentation, staffing, inequity, technology, safety, chronic disease, and misinformation cannot be solved by attitude alone. Nurses create impact through reliable bedside care, quality improvement, coordination, leadership, evidence, and policy advocacy. My education in science and experience in phlebotomy, EKG work, and patient care provide valuable foundations, but they also create a responsibility to expand procedural skill into comprehensive judgment. A future in nursing will require compassion joined with competence and motivation joined with accountability. The Code offers the moral framework for that growth. (Institute for Healthcare Improvement, 2024)

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