Professional ethics in nursing: an integrative review

Mari Kangasniemi, Piiku Pakkanen & Anne Korhonen

Accepted for publication 9 December 2014

Abstract
Aim. To conduct an integrative review and synthesize current primary studies of professional ethics in nursing.

Background. Professional ethics is a familiar concept in nursing and provides an ethical code for nursing practice. However, little is known about how professional ethics has been defined and studied in nursing science.

Design and data sources. Systematic literature searches from 1948–February 2013, using the CINAHL, PubMed and Scopus electronic databases to look at previously published peer-reviewed studies.

Review method. A modified version of Cooper’s five-stage integrative review was used to review and synthesize current knowledge.

Results. Fourteen papers were included in this research. According to our synthesis, professional ethics is described as an intra-professional approach to care ethics and professionals commit to it voluntarily. Professional ethics consist of values, duties, rights and responsibilities, regulated by national legislation and international agreements and detailed in professional codes. Professional ethics is well established in nursing, but is constantly changing due to internal and external factors affecting the profession.

Conclusion. Despite the obvious importance of professional ethics, it has not been studied much in nursing science. Greater knowledge of professional ethics is needed to understand and support nurses’ moral decision-making and to respond to the challenges of current changes in health care and society.

Keywords: ethics, integrative review, nurse roles, nursing, profession

Introduction
Ethics have been internationally recognized as a fundamental part of the work of nurses. The ethical questions that nurses face in their work range from the clinical issues they face every day with patients (Ulrich et al. 2010) to specific disease and treatment related decisions (Pavlish et al. 2012, Winterstein 2012). In addition, ethical questions are raised about their collaboration with colleagues (Ulrich et al. 2010) and other professions (Engel & Prentice 2013, Ewansen et al. 2013). Several studies have highlighted ethical questions that have arisen as a result of the high moral distress that nurses experience in practice (Ulrich et al. 2010, Dekeyser Ganz & Berkovitz 2012, Oh & Gastmans 2013, Wocial & Weaver 2013). For example, they have to handle the burden of balancing ethical nursing values of good and
Why this review is needed?

- The history of nursing shows that professional ethics has been an inherent part of the profession since the very early days.
- Professional ethics is changing and is affected by internal and external factors.
- Despite the fact that professional ethics is well established in nursing, there is no real synthesis understanding of ethics in nursing.

What are the key findings?

- There has been very little research focused into professional ethics in nursing science.
- In nursing, professional ethics consists of values, rights, duties and responsibilities and the overall aim is to protect patients and give nurses the guidance they need to contribute to the development of healthy society.
- Professional ethics is an integral part of nursing, but it need to be regularly re-evaluated to respond to current changes in nursing practice.

How should the findings be used to influence research and practice?

- The question of professional ethics is highly topical in nursing science and the fact that it is constantly evolving reflects changes in the profession, different codes of ethics in different countries and in societies in general. Therefore, it is important to be aware of the constant values of the profession to develop professional ethics in conscious way.
- The development of professional ethics in nursing could help to create and maintain the sustainable bridge between representatives of the same profession, both locally and globally.
- To support nurses professional ethics, more scientific discussion and nursing science studies is needed, together with educational support for nurses in everyday practice.

Background

Nursing has its own aims, like other professions, but it also has an obligation to contribute to the development of a healthy society (Aikens 1916/1943, Abbott 1983, Kasher 2005, McCurry et al. 2009). A profession refers to an occupational group that posses specialized skills that are based in some way on esoteric knowledge (Abbott 1983). The group responds autonomously, but, at the same time, it needs to meet the demands of the public it serves (Frankel 1989). The current, overall aim of the nursing profession is to promote healthy lifestyles to individuals and communities (McCurry et al. 2009, World Health Organization 2011, International Council of Nurses (ICN) 2012). However, the aim of the profession is constantly changing due to societal (Helmstadter 2009), economic (Bertoluzzi & Palese 2010) and educational influences (Bertoluzzi & Palese 2010, Carnney 2010, Palese et al. 2012). There has also been a move away from just treating disease towards promoting healthy living and disease prevention (Jirwe et al. 2009, Kristiansen et al. 2010). All of those changes raise value issues that are considered on an ethical level by each profession.

Nursing history shows that ethics has been an elementary part of the profession since the early days (Nightingleale 1952, Sellman 1997). Ethics refers to the values and principles concerning defect human conduct and professional ethics refers to the general moral norms that are acceptable in a certain occupational group (Beauchamp & Childress 2009) to deal with morally ambiguous situation (Frankel 1989) and thus prevent and avoid, ethical harm (Brecher 2014). It is intra-professional by nature and it is this enforcement of formal ethics that creates visibility and, therefore, confidence between professionals and, in particular, between professionals and the public (Abbott 1983). Professional ethics usually appear in formal codes, including references to corporate norms (Frankel 1989), obligations and perceptions of relationships between colleagues and with the public (Abbott 1983, Frankel 1989, Beauchamp & Childress 2009).

In the field of nursing, professional ethics may have had a different meaning in years gone by, perhaps referring to nurses’ personal characteristics (Sellman 1997, Dekeyser Ganz & Berkovitz 2012, Kangasniemi & Haho 2012), virtues (Begley 2010) or their etiquette and correct manner (Aikens 1916/1943, Johnstone 1987, Freitas 1990, Bradshaw 2000). In addition to individual behaviour, professional ethics currently focus on groups of professionals guided by shared ethical codes (Liaschenko & Peter 2004, Meulenbergs et al. 2004, Milton 2007, Begley 2010, Kangasniemi & Haho 2012, Brecher 2014). In this sense, professional ethics is linked to the organizational and institutional ethics guiding nurses’ everyday work (Thompson 1999, Poikkeus et al. 2014), and being linked to other healthcare professions (Liaschenko & Peter 2004, Milton 2007, Kangasniemi & Haho 2012). Thus, nursing ethics is not different from other health professions, as it includes the same rules of ethical values and norms, but the empha-
sis on ethical issues in nursing profession and the way that they have emerged over the years may be different. Although ethics is central to the nursing profession and a lot of scientific attention has been paid to the ethical questions affecting nurses, few studies have focused on professional ethics in nursing but a synthesis of findings is lacking.

The review

Aim

The aim of this study was to conduct an integrative review and synthesize primary studies of professional ethics in nursing, to deepen and clarify our discussions on the subject. Two research questions were addressed: how has professional ethics been studied and what do professional ethics in nursing comprise?

Design

Cooper’s (1982, 1984) five-stage integrative review method was used, as modified by Whittemore and Knalf (2005): problem identification, data collection, evaluation of data (quality appraisal), analysis and interpretation of data (data abstraction) and presentation of results (Cooper 1982, 1984, 13).

The first stage, problem identification, was based on preliminary literature search and the researchers’ recognition that greater understanding of professional ethics in nursing was clearly needed. Because previous knowledge was sparse and of different types, we felt that an integrative review would be an effective way to identify and synthesize the information (Cooper 1984, 19, Whittemore & Knalf 2005).

Search methods

The second stage was data collection included literature search. Purposive sampling with specific databases and years was used, limited to professional ethics in nursing (Booth 2006). Information was retrieved using electronic database searches (Cooper 1982) and conducted using the CINAHL, PubMed and Scopus databases (Figure 1). To avoid any possible bias, previous studies in all languages were looked at. Years were not restricted and all original articles since the beginning of databases, earliest 1948, until February 2013 were included. Search terms linked to the profession were used (professional ethic, work ethic and ethic of work) and ethical terms (code, value, duty, right, norm and responsibility).

Search outcome

The original 4,377 articles were selected in five stages, based on their titles ($n = 245$), abstracts ($n = 90$), full-texts ($n = 46$), removal due to duplication ($n = 32$) and by using inclusion and exclusion criteria. This resulted in 14 articles being selected (Figure 1).

Our inclusion criteria were peer-reviewed scientific papers and papers where the main focus was on nurses’ professional ethics. We excluded papers that focused on education, students or research, ethical dilemmas, decision-making and codes or other disciplines such as social work or engineering.

Quality appraisal

The third stage was evaluation of data, i.e. quality appraisal of the selected 14 articles. As usual with an integrative review method, a detailed quality appraisal criteria was not appropriate (Cooper 1984, 63, Whittemore & Knalf 2005), due to the methodological pluralism, low numbers of publications and long publishing periods. However, six descriptive criteria concerning methodological structure (modified based on Bowling 2002, Gazarian 2013) were used to illustrate the quality of the selected articles. All 14 articles were included in the review and were evaluated in six quality domains on a three-point scale as ‘yes’, ‘poor’ or ‘not reported’ (Table 1).

Data abstraction

The fourth stage was data analysis and interpretation (Cooper 1984, 79). During the first stage, all original papers were read to get an overview of the content. After that data were extracted, so that all the individual articles could be tabulated according to author(s), years, countries, design and tool and sample sizes and characteristics of the study (Table 1). The next step was to analyse and interpret the content about professional ethics by following the principles of inductive content analysis (Graneheim & Lundman 2004).

Data synthesis

The fifth stage was presenting the results on all the elements of professional ethics (Cooper 1984, 113, Whittemore & Knalf 2005). Because only three qualitative and three quantitative methods were used and there were eight theoretical papers, the results of the analysis were presented as a narrative synthesis (Whittemore & Knalf 2005). The analysis was conducted by two researchers (MK, PP), up until categorizing stage (see Graneheim & Lundman 2004). During the first
phase, the researchers read selected articles several times and independently categorized the content. After that, the next drafts were developed during shared discussions in several meetings and at final the complete analysis was conducted in collaboration between three researchers (MK, PP, AK).

Results

Description of the studies

Of the 14 papers we looked at, eight were theoretical, three were quantitative and three were qualitative studies. They were all published between 1987–2010 (Table 1). The quantitative studies used standardized instruments, such as the Nursing Professional Value Scale (NPVS) (Weis & Schank 2000), The Rokeach Values Survey (Rassin 2008) and two different questionnaires developed by the authors of the studies (Altun 2002, Rassin 2008). The qualitative studies used grounded theory (Memarian et al. 2007, Vanaki & Memarian 2009) and the method developed by Collaizi (Crout et al. 2005) and were conducted with open (Crout et al. 2005) and semi-structured interviews (Memarian et al. 2007, Vanaki & Memarian 2009).

Professional ethics in nursing was the main focus of five studies (Johnstone 1987, 1989, Fowler 1993, Chadwick & Thompson 2000, Verpeet et al. 2003), while the others...
Table 1 The description of 14 eligible studies.

<table>
<thead>
<tr>
<th>Author(s) year, Country</th>
<th>Purpose</th>
<th>Design and tools</th>
<th>Sample size and characteristics</th>
<th>Quality appraisal criteria (scale: y = yes, p = poor, nr = not reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altun (2002), Turkey</td>
<td>Determine the relationship between the degree of burnout experienced by nurses and their professional values.</td>
<td>Quantitative questionnaire (developed based on literature and the Maslach Burnout Inventory scale)</td>
<td>Nurses (n = 160) from two hospitals - Median age: 20–30 (83.8%) - Median working experience: 1–5 years (83.8%) - Education: 52.5% 2-year diploma (registered) nurses, 47.5% high-school graduates (practical nurses)</td>
<td>(p) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (p) Explicit theoretical framework (y) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Chadwick and Thompson (2000), United Kingdom</td>
<td>Describe professional ethics by nurses and physicians from industrial point of view.</td>
<td>Theoretical discussion, literature</td>
<td>Literature, 41 references, published between 1971–1998</td>
<td>(nr) Aims and objectives clearly described (n) Study design not adequately described (y) Research methods appropriate (y) Explicit theoretical framework (n) Limitations not presented (y) Implications discussed</td>
</tr>
<tr>
<td>Crout et al. (2005), Australia 2005</td>
<td>To explore and describe nurses’ experiences of coming to work when ill.</td>
<td>Qualitative, individual interviews (an unstructured, in-depth interview technique), Colaizzi-method as modified by Beck for analyse</td>
<td>RN (n = 11): 10 women and one man - Age 26–45 years - Median working experience 8.25 years - Education: 73% university graduates, 9% in hospital, 18% educated overseas</td>
<td>(p) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (p) Explicit theoretical framework (p) Limitations presented (p) Implications discussed</td>
</tr>
<tr>
<td>Dobrowolska et al. (2007), Poland</td>
<td>To present a comparative analyses of codes of ethics for nurses.</td>
<td>Theoretical, comparative study and analysis, literature</td>
<td>Codes of ethics (4): - The ICN’s Code of Ethics for Nurses - The UK’s Code of Professional Conduct - The Irish Code of Conduct for each Nurse and Midwife - The Polish Code of Professional Ethics for Nurses and Midwives</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (p) Explicit theoretical framework (nr) Limitations presented (p) Implications discussed</td>
</tr>
<tr>
<td>Fowler (1993), Canada</td>
<td>Examine the role of professional association in relation to professional ethics.</td>
<td>Theoretical, literature</td>
<td>Literature, 26 references, published between 1896–1993</td>
<td>(y) Aims and objectives clearly described (p) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (p) Limitations presented (y) Implications discussed</td>
</tr>
</tbody>
</table>
Table 1 (Continued).

<table>
<thead>
<tr>
<th>Author(s) year, Country</th>
<th>Purpose</th>
<th>Design and tools</th>
<th>Sample size and characteristics</th>
<th>Quality appraisal criteria (scale: y = yes, p = poor, nr = not reported)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnstone (1987), Australia</td>
<td>To focus on the phenomenon of professional ethics.</td>
<td>Theoretical discussion, philosophical analysis, literature</td>
<td>Literature, 49 references, published between 1957–1986</td>
<td>(nr) Aims and objectives clearly described (p) Study design adequately described (y) Research methods appropriate (nr) Explicit theoretical framework (nr) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Johnstone (1989), Australia</td>
<td>Examine the failure of professional ethics to prevent patients’ rights’ abuses in health care contexts.</td>
<td>Theoretical discussion, literature</td>
<td>Literature, 16 references, published between 1953–1989</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (nr) Explicit theoretical framework (nr) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Kangasniemi et al. (2010), Finland</td>
<td>To examine and structure nurses’ rights.</td>
<td>Theoretical discussion, literature</td>
<td>Literature, 35 references, published between 1998–2009</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (p) Limitations presented (p) Implications discussed</td>
</tr>
<tr>
<td>Liaschenko and Peter (2004), United States</td>
<td>To discuss limitations of the concept of professional ethics and the contribution of ethics of work.</td>
<td>Theoretical discussion, literature</td>
<td>Literature, 41 references, published between 1900–2003</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (p) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Memarian et al. (2007), Iran</td>
<td>To identify the factors influencing clinical competency in nursing.</td>
<td>Qualitative, Grounded Theory, semi-structured individual interviews</td>
<td>Nurses (n = 36), including clinical nurses, nurse educators, hospital managers and members of Nursing Council in Tehran 2005 - Age 38–65 years - Clinical experience 8–24 years - Nursing experience 8–35 years - Education: Bachelor degree (n = 15.42%), master level (n = 11.31%), PhDs (n = 10.28%)</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (p) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Author(s) year, Country</td>
<td>Purpose</td>
<td>Design and tools</td>
<td>Sample size and characteristics</td>
<td>Quality appraisal criteria (scale: y = yes, p = poor, nr = not reported)</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------</td>
<td>-----------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Rassin (2008), Israel</td>
<td>Measure professional and personal values among nurses.</td>
<td>Quantitative, two questionnaires (<em>The Rokeach Values Survey</em> and questionnaire relied on values expressed in the Israeli nurses' code of ethics 1996–2004)</td>
<td>Nurses (<em>n</em> = 323): 82% women and 18% men -Average age 39 years -Education: RN with Bachelor degree (42.5%), Master degree (13.3%), no further qualifications (33%), licensed vocational nurses (11.3%)</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (p) Explicit theoretical framework (y) Limitations presented (p) Implications discussed</td>
</tr>
<tr>
<td>Vanaki and Memarian (2009), Iran</td>
<td>To highlight nurse’s clinical competency and to explain the process which clinical competency was acquired.</td>
<td>Qualitative, grounded theory, individual semi-structured open-ended interviews</td>
<td>Nurses (<em>n</em> = 36), (including clinical nurses, nurse educators, hospital managers and members of <em>Nursing Council in Tehran</em> 2005 -Age 38–65 years -Clinical experience 8–24 years -Nursing experience 8–35 years -Education: Bachelor degree (<em>n</em> = 15, 42%), Master level (<em>n</em> = 11.31%), PhDs (<em>n</em> = 10.28%)</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (y) Limitations presented (y) Implications discussed</td>
</tr>
<tr>
<td>Verpeet et al. (2003), Belgium</td>
<td>To prove and illustrate legal and professional documents reflection of professional ethics.</td>
<td>Theoretical discussion, content analysis, literature</td>
<td>Literature, 30 references, published between 1980–2002</td>
<td>(p) Aims and objectives clearly described (p) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (p) Limitations presented (p) Implications discussed</td>
</tr>
<tr>
<td>Weis and Schank (2000), United States</td>
<td>To describe the Nursing Professional Values Scale (NPVS) and its development.</td>
<td>Quantitative, Nurses Professional Values Scale questionnaire</td>
<td>Nurses (<em>n</em> = 599) -Education: including Baccalaureate and Masters’ students and practicing nurses</td>
<td>(y) Aims and objectives clearly described (y) Study design adequately described (y) Research methods appropriate (y) Explicit theoretical framework (y) Limitations presented (y) Implications discussed</td>
</tr>
</tbody>
</table>
looked at the relationship between professional ethics and clinical competency (Memarian et al. 2007, Vanaki & Memarian 2009), work ethics (Liaschenko & Peter 2004, Crout et al. 2005) and nursing codes (Dobrowolska et al. 2007). Four studies focused on the values of professional ethics in nursing (Weis & Schank 2000, Altun 2002, Rassin 2008, Kangasniemi et al. 2010). Three of the studies were conducted in Australia (Johnstone 1987, 1989, Crout et al. 2005), two in Iran (Memarian et al. 2007, Vanaki & Memarian 2009), two in the USA (Weis & Schank 2000, Liaschenko & Peter 2004) and one each in Belgium (Verpeet et al. 2003), Canada (Fowler 1993), Finland (Kangasniemi et al. 2010), Israel (Rassin 2008), Poland (Dobrowolska et al. 2007), Turkey (Altun 2002) and the UK (Chadwick & Thompson 2000).

The analysis revealed five categories relating to professional ethics: the aims, values and professional ethics of regulation, the role that codes play in professional ethics and the changing nature of professional ethics.

The aim of professional ethics in nursing

Our results show that professional ethics in nursing has been described as a branch of care ethics (Johnstone 1987) and has been linked to the intra-professional (Liaschenko & Peter 2004, Verpeet et al. 2003, Vanaki & Memarian 2009) and holistic approach to care, including professional rules and regulations. Professional ethics is based on personal commitment and accountability in the nurse’s role. They involve self respect and self-evaluation and help to form nurses’ respective relationships with patients, nurse managers and other stakeholders (Vanaki & Memarian 2009).

Professional ethics in nursing includes the description of professional responsibilities and duties that support and maintain the societal purpose of the profession (Verpeet et al. 2003, Liaschenko & Peter 2004, Vanaki & Memarian 2009). It includes demanding that professionals provide services and carry out care competently, effectively and in a way that will not cause avoidable harm to the patient (Johnstone 1989).

The relationship between professional ethics and clinical competence has been recognized (Chadwick & Thompson 2000, Weis & Schank 2000, Liaschenko & Peter 2004, Dobrowolska et al. 2007, Memarian et al. 2007, Vanaki & Memarian 2009). Professional ethics, in terms of accountability and responsibility, influence clinical competence (Memarian et al. 2007, Vanaki & Memarian 2009) and result in nurses observing rules, regulations and patient rights (Memarian et al. 2007). They also require continual learning (Vanaki & Memarian 2009).

Values in professional ethics

Professional ethics is based on professional (Chadwick & Thompson 2000, Weis & Schank 2000, Liaschenko & Peter 2004, Dobrowolska et al. 2007, Memarian et al. 2007, Rassin 2008) and personal values (Rassin 2008). Professional nursing values are human dignity, equality (Altun 2002, Rassin 2008), preventing suffering (Rassin 2008), honesty (Weis & Schank 2000) and responsibility (Weis & Schank 2000, Vanaki & Memarian 2009). They create the basis for nurses’ duties and rights, which help to achieve the goals of the profession (Dobrowolska et al. 2007, Kangasniemi et al. 2010). Nurses have professional duties (Chadwick & Thompson 2000, Weis & Schank 2000, Liaschenko & Peter 2004, Dobrowolska et al. 2007, Memarian et al. 2007) and obligations (Liaschenko & Peter 2004) towards the patient, the nursing profession, their colleagues, other health professionals and society (Liaschenko & Peter 2004, Verpeet et al. 2003). Nurses’ professional rights (Dobrowolska et al. 2007, Kangasniemi et al. 2010) are based on legislation and professional values, and so-called earned rights based on particular education or experience (Kangasniemi et al. 2010). Nurses have the professional right to be respected by society, act as an advocate for patients and refuse to take part in-patient care if it is against their own values (Chadwick & Thompson 2000, Weis & Schank 2000, Liaschenko & Peter 2004, Dobrowolska et al. 2007, Memarian et al. 2007, Kangasniemi et al. 2010).

Professional ethics is also related to an individual’s personal experience of values (Rassin 2008) and is influenced by many factors, including individual issues, such as age and sex/gender and work-related issues, such as work experience, a nurse’s position in the unit, the working environment (Memarian et al. 2007, Rassin 2008, Vanaki & Memarian 2009) and the nursing specialty (Rassin 2008).

Professional ethics related to the regulation and codes

Professional ethics has been guided and documented in legislation, advisory documents, nursing ethics textbooks and codes and is linked to the current era and the legislation at that time (Johnstone 1987). General legislation defines the aim of the profession on a national and societal level (Kangasniemi et al. 2010), but there are also laws focused on nursing and health care (Verpeet et al. 2003).

In many countries, national or international advisory documents help to inform policies, provide a professional identity and regulate the nursing profession. Professional ethics is also covered in nursing ethics text-books, which
provide guidance for ethical nursing practice and professional identity. (Verpeet et al. 2003.) Professional ethics is formulated and condensed in professional codes (Verpeet et al. 2003), that focus on individual professions. These codes combine the contents of professional ethics (Weis & Schank 2000, Liaschenko & Peter 2004, Dobrowolska et al. 2007, Memarian et al. 2007) and aim to support clinical care and guide the professional ethic (Verpeet et al. 2003, Liaschenko & Peter 2004, Dobrowolska et al. 2007).

The changing nature of professional ethics

Society and surrounding culture affect the values of professional ethics and the way that is implemented (Rassin 2008), but society also creates an environment where professional ethics can be maintained and fulfilled (Liaschenko & Peter 2004, Verpeet et al. 2003, Vanaki & Memarian 2009). Variations in values emerge when it comes to different generations of nurses, their position in the workplace and the type of unit they work in. Culture, education, age, length of work experience, professional position and field of expertise also affects nurses’ values (Rassin 2008). Professional ethics has to be taught in an educational setting, not just as ethical theories and how they should be applied (Johnstone 1989), together with contextual issues relating to the surrounding culture, education and professional environment (Rassin 2008).

Discussion

Based on our results, professional ethics in nursing is a well-known, but relatively unstudied, area of nursing science. Professional ethics is based on professional and personal commitment, including rights, duties and responsibilities. They lay down the values and principles that regulate the conduct of professionals in relation to their patients and clients, colleagues, other professions and organization. The aim of professional ethics is to protect patients and give nurses guidance they need to contribute to the development of a healthy society. Professional ethics in nursing is often formulated in codes of ethics. They are related not only to international nursing values but also reflect national legislation. The nature of professional ethics in nursing is changing, reflecting the current era and societal context.

In this discussion, we will focus on four topical scientific questions. The first question is what is the purpose of professional ethics in nursing? According to our results, this purpose can be divided into the internal and external needs of the profession. Internally, the main role of professional ethics is to define ethical ideology and provide nurses with guidance how to work in a morally accepted way. This includes describing values, responsibilities and duties (Chadwick & Thompson 2000, Liaschenko & Peter 2004, Verpeet et al. 2003, Dobrowolska et al. 2007, Memarian et al. 2007, Rassin 2008, Vanaki & Memarian 2009) and combining them with professional rights (Dobrowolska et al. 2007, Kangasniemi et al. 2010).

The external requirement for professional ethics must be recognized (Liaschenko & Peter 2004, Kasher 2005). The main purpose of this is to provide a ‘trade description’ for general public, which describes nurses’ rights, duties and responsibilities, tells people how they can expect to be treated and cared for by nurses and helps profession to achieve its goals in society. Rights and duties in professional ethics describe nurses’ responsibilities and expects to execute them in the best interests of patients (Johnstone 1989, Kangasniemi et al. 2010).

The balancing act between the internal and external aims of professional ethics can be seen throughout its written history. Internally, ethics have been formulated to support nurses entering the profession for charitable, religious and career reasons. Arguments for internal and external requirements have varied from the religious (Nightingale 1952, Bradshaw 2013) to the biological (Aikens 1916/1943) and society’s expectations of the nurses’ role (Radsma 1994, Helmstadter 2009). However, the key focus has been on nurses’ choices and characteristics (Freitas 1990).

The external expectations of the nursing profession are topical and obvious and these include pressure from the ethically and legally improved position of patients and increases organizational and economical pressures. The role of the nurse is also changing, with the move towards advanced nursing practices and nurse-led hospitals, where nurses can diagnose problems and issue prescriptions. This means that the rights and duties in relation to their patients need to be reconsidered (Kangasniemi et al. 2010) and those between professions and the ethical responsibilities of the profession need to be clarified.

It is noteworthy that nurses’ should remain constant, even through their responsibilities in society may change and their values and principles may be affected by changes in individualization or globalization. Being aware of the content of professional ethics gives us an opportunity to differentiate the stable elements from the changing ones, so that nurses can put the constant elements into practice. For example, under the current economical pressures, nurses’ are required to prioritize care in practice (Hunter 2007, Langeland & Sørlie 2011), but they still have to conform
to the professional ethics that require them to take care of patients and protect their human dignity. Thus, the awareness of the nature of values of professional ethics provides an opportunity to evaluate, influence and develop professional ethics in a conscious way.

The second question is, what are the changes in the profession and in health care, that influence professional ethics? The nursing profession is shaped by professional ethics that is based on current and shared international values (International Council of Nurses (ICN) 2012). Those values are reflected in ethical codes at national level, such as in South Africa (South African Nursing Council (SANC) 2005), Canada (Canadian Nurses Association (CNA) 2008) and Great Britain (Nursing & Midwifery Council 2008), that represent variations between countries and influence professional ethics. These include the description of the degree of autonomy (Tadd et al. 2006) and the weight of such values as responsibility and beneficence. In addition, professional ethics is also affected by changes with nursing, such as increased multiculturalism (Xiao et al. 2013), values held by different generations (Sherman 2006) and the variation in nursing philosophies around the world. Ethics can also be affected by an individual nurse commitment to their career (Wang et al. 2012), which could threaten their adherence to professional ethics. However, these all provide opportunities to highlight the importance of shared values beyond time-related challenges. The development of professional ethics in nursing could help to create and maintain the bridge between representatives of the same profession, both locally and globally.

The inter-professional approach to professional ethics needs to be highlighted, in relation to the changes in profession and health care (Engel & Prentice 2013, Ewashen et al. 2013). Inter-professional working is required to achieve high-quality patient care, but the risk is that barriers to multi-professional collaboration in ethical issues might be ignored (Poikkeus et al. 2014). Work ethics have been presented as a way of focusing on the shared multi-professional goal, instead of individual professional interests. It could help to avoid hierarchical comparison between tasks and professions (Liaschenko & Peter 2004, Thylefors 2012). Joint working by different professions is very topical, as health problems have been seen as multi-dimensional in western countries and globally. This means that professionals need to take a wider view about ethics in health care and social services.

The third question is how well do nurses understand their own role and responsibilities in relation to their professional ethics? Traditionally, nurses have taken responsibility for acquiring professional ethics during education and clinical practice and following these ethics throughout their work (Verpeet et al. 2003, Liaschenko & Peter 2004, Dobrowska et al. 2007). In addition, nurses have reported that they feel morally distressed, due to major challenges in current healthcare practice (Oh & Gastmans 2013). They say they cannot practice their profession as ethically as they would like due to limited economical and human resources. Perhaps it is time that nurses saw promoting and even forcing, professional ethics as part of their role and responsibilities. This requires more scientific discussion and nursing science studies, together with educational support for nurses in everyday practice.

As a result, professional ethics are not static, but are influenced by several changes during any given era (Liaschenko & Peter 2004, Meulenbergs et al. 2004, Milton 2007, Begley 2010, Kangasniemi & Haho 2012). Nurses’ scientific, evidence-based knowledge influences not only their work but it is also affected by changes in society and global sense (Viens 1989, Liaschenko & Peter 2004, Meulenbergs et al. 2004). The nursing profession is pressured to adapt to external expectations and the content of professional ethics needs to be frequently evaluated. However, there needs to be a balance between the core and static values and principles and those that are changing. For example, individual patient’s wishes have to be taken into account, while ensuring that the profession’s high ethical standard to protect and promote human dignity is met. The real challenge is to balance these two requirements in professional ethics.

The fourth question is why we found such an unexpectedly low number of previous primary studies on professional ethics in nursing, as we only identified 14 studies? Although it is well-established concept, research on the context of professional ethics is missing (Kasher 2005). Understandably, the most frequently used methodological approach has been theoretical examination. There is an obvious need for increased and advanced knowledge of professional ethics, in the field of ethics and empirical knowledge is needed. However, the current requirement for producing evidence-based knowledge about effectiveness is often inappropriate. More conceptual and philosophical research is needed to update professional ethics and gain and deeper understanding of the patient (Dobrowska et al. 2007, Kangasniemi et al. 2010, Brecher 2014). In addition, awareness of professional ethics is reported to be inadequate in practice (Schank et al. 1996, Liaschenko & Peter 2004, Gonzalez-de Paz et al. 2012), implying that there is a need for improved empirical research and education. In future, literature reviews that cover the basic values of nursing and other healthcare professions, and
inter-professional ethics, are needed to deepen our understanding of the nature of professional ethics.

More discussion is needed about how to use and combine data published over a long period of time and how to evaluate quality in articles from different decades. It is particularly noteworthy that the methodological rigour and evaluation of theoretical studies in the field of moral research is insufficient or challenge to assess.

Limitations

The limitations of this review concern the search strategies and the heterogeneity of the selected studies (Whittemore & Knalf 2005). As Whittemore and Knalf (2005) reported, electronic search on databases are effective, but they may only identify about half of the eligible studies, because of inconsistent search terminology and indexing problems. Thus, the search bias of this study could have been avoided by using both ancestry and descendency approaches (Cooper 1982) by manual searches (Evans & Kowanko 2000), and using unpublished material (Petticrew 2001). However, to improve validity, the broadest possible search terms were used and all possible studies that covered the research topic were included (Cooper 1982). The methodological rigour of search strategies was improved by consulting an informatician and the studies were selected with the collaboration of all the authors. To avoid publishing and language bias, no specific years or language limitations were used. Although we placed no limitation on the language that the paper was published in all the original papers in our searches included at least the title and/or the abstract in English. All the selected full texts were available in English, but our selection was not based on language, just on our inclusion and exclusion criteria.

The variety of research methods and the fact that publication search spanned several decades could imply that there was not sufficient consideration given to their quality. Scientific writing and academic journal requirements have changed radically during that period. Early articles were less structured, research questions were fragmented and methodology was poorly reported. However, excluding papers from the early days of nursing science could lead to publication bias and the risk that we could miss important information. In particular, ethical questions are contextual by nature and synthesis of previous knowledge requires recognising earlier publications. However, this historical sensitivity is not taken into account by quality criteria, as they tend to focus on their current requirements.

In this review, quality criteria with general methodological aspects were used, which mainly aimed to describe and evaluate selected articles. For this reason, all the studies featured in this review were selected because of their contribution to the knowledge of the professional ethics.

Conclusions

Professional ethics in nursing is rarely studied and the problems are poorly examined. Professional ethics create a basis for the nursing profession. It comprises the values, rights, duties and responsibilities of nurses when interacting with patients and clients, colleagues, other professions and organization. The overall purpose of professional ethics is to guide how nurses contribute the development of healthy society. Professional ethics is changing, due to the status of profession, current legislation and regulation. Without me research, there is a risk that professional ethics in nursing will become static unable to guide professionals in practice. By neglecting our scientific responsibility to focus on professional ethics in nursing, we are not making nurses aware of the issues or supporting their ethical decision-making in an environment of continuously changing health care. That is why more research on professional ethics in nursing is needed in future, to help nurses provide high-quality care for patients and contribute to the development of a healthy society.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the IC-MJE (http://www.icmje.org/ethical_1author.html)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

References


© 2015 John Wiley & Sons Ltd
The *Journal of Advanced Nursing* (JAN) is an international, peer-reviewed, scientific journal. JAN contributes to the advancement of evidence-based nursing, midwifery and health care by disseminating high quality research and scholarship of contemporary relevance and with potential to advance knowledge for practice, education, management or policy. JAN publishes research reviews, original research reports and methodological and theoretical papers.

For further information, please visit JAN on the Wiley Online Library website: www.wileyonlinelibrary.com/journal/jan

**Reasons to publish your work in JAN:**

- **High-impact forum**: the world’s most cited nursing journal, with an Impact Factor of 1·527 – ranked 14/101 in the 2012 ISI Journal Citation Reports © (Nursing (Social Science)).

- **Most read nursing journal in the world**: over 3 million articles downloaded online per year and accessible in over 10,000 libraries worldwide (including over 3,500 in developing countries with free or low cost access).

- **Fast and easy online submission**: online submission at http://mc.manuscriptcentral.com/jan.

- **Positive publishing experience**: rapid double-blind peer review with constructive feedback.

- **Rapid online publication in five weeks**: average time from final manuscript arriving in production to online publication.

- **Online Open**: the option to pay to make your article freely and openly accessible to non-subscribers upon publication on Wiley Online Library, as well as the option to deposit the article in your own or your funding agency’s preferred archive (e.g. PubMed).