

MORAL AND ETHICAL DECISIONS IN PERSONAL LIVES AND NURSING PRACTICE

GOALS

1. Understand the meaning of “ETHICS” and “MORALS.”
2. Relate ethical and moral behavior to the expected roles of nursing.
3. Recognize ethical behavior as an expected part of the nursing profession.
4. Understand the meaning and problems related to Reactionary Behavior.
5. Recognize that our lifetime morals and ethics carry over into current nursing behaviors.
6. Understand the relationship between nursing altruism and positive egocentrism.

KEYWORDS FOR APPLICATION

1. Ethics
2. Morals
3. Altruism
4. Positive Egocentrism
5. Meta-message
6. Decisions
7. Leader
8. Leadership
9. Reactionary Decisions

MORALS VERSUS ETHICS

The word “Morals” and “Ethics” come from a Greek origin. The concepts are from a branch of philosophy that studies what is good and bad in human behavior.

The term “Morals” determines what is right or wrong as it relates to **customs**. Moral behavior (customs-related) includes:

Telling the truth, being honest, respect for the lives of others, loyalty, living by societal rules, happiness for the success of others, Altruism, Christian living, and living by the Golden Rule.

The term “Ethics” is dependent on a **situation** and can vary from person to person. Ethical behavior (situation-related) includes:

Acceptance of others as it relates to their differences (culture, race, and opinions), charity toward others, compassion for the suffering of others, responsibility for an acquired personal commitment, empathy for others, equality in the treatment of others, honest behavior, sense of fairness, and no evidence of bias.

Morals and Ethics are part of the personal behaviors that encouraged our commitment to the Science of Nursing. It forms the basic premise of our love of nursing and our caring commitment to humankind.

THE MEANING OF ETHICS IN THE NURSING DECISION-MAKING PROCESS

THE EVIDENCE OF ETHICAL BEHAVIOR INVOLVES ALWAYS DOING THE RIGHT “THING(S)” FOR ALWAYS THE RIGHT REASON(S), DEPENDING ON HOW WE PERCEIVE THE SITUATION.

Our ethics as nurses evolve from our past standards of behavior we chose to exhibit according to a situation. It provides a sense of how we are perceived by our patients, coworkers, and friends. We consistently share these values of situational kindness and respect in our lives and in all situations as our banner of decency. These consistent lifetime personal behaviors during decision-making are the essence of our genuine selves.

When we see the hurt in others, we console and nurture the individuals we encounter. When we make decisions, they are congruent with meeting the needs of others in specific situations.

By being altruistic (concerned for the situation and well-being of others), we also fulfill our positive egocentric needs (meeting our personal ethical needs) as ethical nurses. Our “Essence of Personal Ethics” directed towards others in specific situations is our constant lifetime companion. Therefore, who we are and what we present to others as caring and responsible nurses in particular situations as leaders, educators, or group participants, is a product of our past learned personal ethics. It often shows up without effort as a product of habitual concern.

PERSONAL DAILY ETHICS—THE BASIS OF OUR LIFETIME DECISIONS

Situation 1. The rancher slid the rifle into its cover on the bed, and his wife said, “Are you going hunting?” “No!” he said, “I just put Bugs down.” Now—Bugs (not the best-of-names) was a horse he had for 29 years. The vet said, “You will know when it is time.” In other words, there was an implied ethical and empathetic decision when the inevitable choice must occur to curtail the horse’s suffering during the upcoming winter. The horse had suffered a stroke, was emaciated, and had fallen in the corral the night before. Now the horse was unable to stand on a hind leg. The ethical decision to be made as a result of the situation was obvious! It was a painful but necessary ethical decision of love, concern, compassion, and a responsibility as an owner and keeper of life.

As he quietly went about his chores that morning, the rancher’s face, demeanor, and posture showed the grief of having to make a difficult decision of compassion. It was a necessary decision related to the situation—and his loss of a friend was felt. As he buried Bugs under the trees, his sadness was evident. Several days and nights followed with evidence of the grief and the need for comfort and assurance that the ethical decision was necessary, and the wife assured him that the resulting grief would abate.

The rancher had a consistent lifetime love for horses and general ethical concern for all animals. It was all so reminiscent of a person who expressed his ethical behaviors throughout his life—no matter when or what life form, decisions must occur! It exemplified Altruism (concerned for the horse's well-being, in this instance) and positive egocentric feelings (meeting his personal needs as a lover of animals).

Situation 2. There was dancing around the ballroom floor of 25 elderly/senior couples.

Only two dancers dancing together were wearing masks—and they had their vaccinations. They were both professionals—a male college professor and a female nurse. The masked female kept saying to herself, “Stay the ethical course!” Other dancers were hugging, kissing, shaking hands, and conversing in very close proximity to each other. Friends/other dancers of the masked dancing pair snubbed them. Was the reason for such personal aversion to wearing the masks or the hesitancy of close contact with others in the room?

The snubbing of the masked dancers was done by one couple who were previously immunized yet had recently experienced a “breakthrough” of their immunization by acquiring Covid symptoms. The unvaccinated person that transmitted Covid to this vaccinated couple died last week. It was hoped by the two dancers wearing masks that the death would encourage civil and ethical practice related to healthcare safety measures for everyone in the room.

Unfortunately, the *unethical* behavior was triumphant at the dance. No one but the dancing two who wore masks appeared to understand the ethical behavior toward others that could save their lives.

The reality is that teachers and nurses (the two wearing the masks) are exposed constantly to individuals who could carry a virus. Teachers and nurses could unknowingly transmit the virus to others. It was an ethical decision by the couple not to take the chance of transmitting the virus to other senior friends by wearing a mask. The *situation* determined the mask-wearing ethical decision! The *situation* warranted concern and a method to protect the other dancers. The other dancers did not respond to the seriousness of the situation, as the room was full of dancing unmasked dancers with a personal closeness that showed no concern for the dangerous situation.

There was a lack of intellectual understanding (and lack of personal performance) in this situation from others who do not fully understand the germ/virus theory. Regardless of the lack of knowledge of others related to the spread of disease in a specific situation, we, as nurses, practice our moral and ethical responsibility to protect others in specific situations. The ethical practice of responsible nursing moves the honorable nurse to be concerned for the health of ourselves and others.

As nurses, we never feel afraid (or ashamed) to show ethical strength regarding our commitment to the health of humankind in all situations—regardless of the thoughts, shunning, nonconformance to health standards, or misinformation of others.

ETHICAL NURSING BEHAVIORS IN PROBLEM-SOLVING

Do difficult (or small) decisions in our lives ever cease? Some ethical decisions related to specific situations are more difficult than others! The answer is, “No”, they never end! Every day each small to big decision impacts and results in life changes on a minute-to-minute basis for someone. The significance of our ethical decision related to the problem is, most likely, the factor that makes a

difference in our lives and the lives of others. A very small or large decision about a situation automatically requires a follow-up decision congruent with the first ethical decision because the feedback from the first ethical decision is personally rewarding.

Some nursing problems cause little thought, and others demand our full attention to make sure that the impact of a problem/situation is lessened by thoughtful and ethical nursing behavior. Some unfortunate “people” make decisions with negative and tragic consequences. These painful unethical decisions fall at the nurse’s feet (so-to-speak) with no recourse but to move ahead, trying to manage the “spoils” left by others. However, nurses with ethics tend to triumph by helping to make “right” the “wrongs” of others.

As nurses, our ethical decisions are supported by a lifetime of ethical practice as we educate students in the Science of Nursing. Continual decisions *must* occur. Yes, I did say, **MUST** occur. Decisions (and hopefully civil decisions) dictate daily (according to the situation) what we say, how we look, what we write, what we do, and even our inferences—known as the meta-message. Meta-message inferences are nonverbal communications that we don’t intend to transmit, but they come across covertly to others. When analyzed (written or verbal), the unstated meta-messages are *very real and can easily represent the unspoken ethical components of a person’s intent and personality—or shall we say “soul.”*

THE PERSONAL QUESTIONS WHEN ATTEMPTING TO MAKE A NURSING ETHICAL DECISION

1. What is the impact of your nursing ethical decision on another person or other’s situation?
2. Are you professionally, emotionally, and experientially prepared and competent as a nurse to make an ethical decision related to the situation?
3. What are your available ethical choices that are appropriate for the situation?
4. To what extent will/should any other healthcare professional support your ethical nursing decision or be involved in your nursing ethical decision?
5. What are the family’s documented wishes (if any) related to the situation and your nursing ethical decision?
6. Have/should other nurses had/have an opportunity to provide input and understand your nursing ethical decision?
7. Whose needs are met as an outcome of understanding the situation and making your nursing ethical decision—yours or the patient you are attempting to serve?
8. Is there a facility/corporate policy about the situation that supports your ethical nursing decision?
9. If you have made a similar ethical decision(s) in the past, what did you learn from the experience that promotes the accuracy of your current ethical decision?
10. According to the ethical decision you intend to make, will it set a positive precedence for future ethical nursing behaviors according to similar situations?

SETTING THE ETHICAL STANDARD FOR LEADERS

Reactionary Decisions are made by leaders based on a happening(s) or verbal response(s) regarding a situation or communication. The leader’s remarks/behavior elicits positive or negative visceral feelings from group members. Therefore, leaders are encouraged to measure carefully their spoken words and written comments so as to be taken as a positive and ethical intent.

A leader's choice of words or observed behavior is intended to occur and tends to be habitual (frequently occurring). The leader's decision related to communication or behavior presents a personal determination of their behavior choice that they usually show regularly.

The leader's behavior or communication is self-determined. It usually has inferences of either *authoritative* or *democratic* overtones. It sends the hidden message and an air of audacious superiority or respectful democratic decision-making with leadership support. The leader of ethical standards and democratic inclusion sets precedence for future positive group communication. The leadership decision to behave consistently with kindness and concern responds with nurses responding in like-behaviors. That is, nurses tend to *mimic the behavior witnessed on their behalf by leaders*. Therefore, a nurse leader's lifetime carry-over of positive habitual civil behaviors sends a strong message of expected kindness and tolerance toward all patients and nursing staff.

As nursing leaders (in many roles), it is our responsibility to increase our awareness and expected situational civility by all nursing staff. Conversely, it is our responsibility as group participants of unethical leadership to know our expectations of a leader's ethical behavior. How true it is that we are the ethical navigator of our lives and the expected ethical role of leaders. Unethical Reactionary Decisions expose a weakness to do the right thing in all situations by all concerned!

The leader who knowingly and overtly exhibits unethical decisions broadcasts personal insecurity, lack of communal trust and promulgates examples of habitual unethical behaviors that transcend over time.

Nursing employees often recognize unethical behaviors by leaders and soon begin to dismiss the efforts of unethical leadership. Ethical nurses often consider these general tendencies of exhibiting negative reactions and decisions by a leader to be an unsuccessful leader's attempt to project self-importance and self-promotion.

MORAL AND ETHICAL NURSING—THE BEST NURSES HAVE TO OFFER HUMANKIND!

The ethical nurse refuses to accept nothing but the best of all healthcare providers and nursing leaders. We are the exhibitors and transmitters of morals, civility, and ethical behaviors in all situations. The presence of nursing ethics demands the best in all nurses. It requires us to set aside our personal needs and care for others. It also requires us to request the civil best in all others who make nursing decisions and represent the caring aspects of the Science of Nursing.

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