ARTICLES AND ESSAYS

Duties to Self: The Nurse as a Person of Dignity and Worth

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There is a historical emphasis on duties to self, or self-regarding duties, in nursing's ethics heritage literature from the 1860s to 1965. Yet, as nursing education shifted to university settings and society and nursing moved away from a virtue-based ethics to a duty-based ethics, the emphasis on self-regarding duties was lost. In the 2001 revision of the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements*, that emphasis is reclaimed and restored. The 2015 version of the Code further develops and expands the ethical obligation of duties to self. The aggregate duty or principle of "duties to self" includes attention to personal health, safety, and well-being, preserving one's wholeness of character and integrity, maintaining competence, and continuing personal and professional growth.

Keywords: duties to self; self-regarding duties; integrity; compromise; wholeness; competence

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An ancient author, reflecting on the monotony of his life, declares, "What has been is what will be, and what has been done is what will be done; there is nothing new under the sun" (Ecclesiastes 1:9). The rediscovery of a forgotten ethical emphasis on duties the nurse owes to self certainly follows that ancient pattern. That emphasis comes roaring back in the 2001 American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) and receives greater development in the 2015 revision (ANA, 2015).

NURSING'S EARLY EMPHASIS ON DUTIES TO SELF

From the first days of modern nursing, nurse leaders and educators were declarative about a range of duties nurses owed themselves. Clara Weeks-Shaw prefaces her 1888 medical–surgical nursing textbook with a chapter on the character and duties of the nurse. She states,

> …Your duties may be classified as threefold: those which you owe to yourself, those due to the physician under whose direction you work, and such as relate immediately to the patient. Something is perhaps owing also to the school with which you are or have been connected. (Weeks-Shaw, 1888, p.15)

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Weeks-Shaw specifically emphasizes "rest, food, and exercise" (p. 16). In 1896 Harriet Camp, a female superintendent of a school of nursing in Brooklyn, New York, wrote a six-part series of articles on ethics in nursing in *The Trained Nurse and Hospital Review*, the first truly professional nursing journal in America. Her first article is devoted entirely to duties the nurse owes to self (Camp, 1889). Isabel Hampton Robb's textbook *Nursing Ethics*, published in 1900, includes a wide range of concerns under duties to self: continuing education, self-development, maintenance of health, adequate rest and recreation, leisure hours profitably spent, reading, nutrition, friendships, spiritual development, habituation of various virtues, just compensation, savings for retirement, and much more (Hampton-Robb, 1900). Charlotte Aikens's very popular 1916 textbook *Studies in Ethics for Nurses* contains a chapter, "Developing a Symmetrical Life," emphasizing the cultivation and development of the "fourfold nature" of the nurse: physical, mental, spiritual, and social (Aikens, 1916, p. 163). There is also a chapter on health, recreation, and friendship.

Over the first 100 years of modern nursing (1860–1965), approximately 100 nursing ethics textbooks (and editions) were published (Fowler, 2016). Most were written by nurses, a few by priests or physicians, and one by a psychologist. Of the works written by nurses, all addressed a collective duty of "duties to self."

There is some inconsistency in the early discussions of duties to self, or more specifically, about *why* nurses should observe duties to self. Some sources maintained that nurses who do not get proper rest, nutrition, and exercise cannot adequately fulfill their clinical duties. Others asserted that duties to self are for the benefit of the nurse, not the patient. And in some cases, the same author argues both that meeting self-regarding duties are for the nurse's benefit and the sake of good clinical performance. This question is not addressed or resolved in the early nursing literature, though later authors view self-regarding duties as an intrinsic good (i.e., for the benefit of the nurse), rather than an instrumental good.

Family and friends are essential to well-being—work-life balance should be maintained; nurses must develop "a symmetrical life."

RECLAIMING SELF-REGARDING DUTIES IN THE ANA *CODE OF ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS*

Successive revisions of the ANA *Code of Ethics for Nurses*, in 1926, 1940, 1950, 1956, and 1960, give less attention to duties to self. Mention tends to be brief or else duties to self are embedded within other duties. However, the successive iterations of the Code through 1960 do expressly indicate that there is no division between personal and professional ethics: What one is in personal life, one is in professional life.

After the 1960 iteration of the Code, with the exception of continued professional learning, mentions of the nurse's personal life and duties to self waned and lay fallow for almost 40 years. This reflected a general societal shift away from a virtue-based ethics toward a duty-based ethics; nursing followed this trend. It is a pendulum swing away from what we are to *be* as moral agents to a focus on what we are to *do* as moral persons. However, the ethical literature is not silent. In 1987 and forward, both Jameton and Fowler write about duties to self (Jameton, 1987), though there is little else written on the topic.

As the process of revision of the 1985 Code began in 1995, Fowler pressed for the inclusion of a provision on duties to self; the task force for revision agreed. Fowler took the lead in writing the provision for the task force's consideration.

The ANA Code of Ethics is the non-negotiable ethical standard for the profession and an expression of nursing values, obligations, virtues and ideals.

The task force included a provision (Provision 5) on duties to self; Provision 5 and a new provision on nursing association and social ethics, Provision 9, proved to be bones of contention at the ANA House of Delegates meeting to approve the Code revision. The 2001 Code's Provision 5 on duties to self is more robust than previous limited or vague expressions. Between the 2001 Code and the 2015 revision, nurses came to fully embrace the provision on duties to self, which then allowed for a deeper and more exacting expression in the 2015 revision. The 2015 Code, then, reclaims the full expression of duties to self that was found in the first 100 years of the nursing ethical literature.

CODE OF ETHICS, PROVISION 5: THE NURSE OWES THE SAME DUTIES TO SELF AS TO OTHERS

The current Provision 5 states: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (ANA, 2015, p. 19). The underlying argument for this provision is that if all persons are beings of worth and dignity that must be affirmed by the nurse, then the nurse, too, is a being of worth and dignity that must be affirmed.

This is an absolute repudiation of the notion that a nurse is in any way less worthy than any other person on the team or that nursing judgments are any less valuable. The nurse is a person of worth and dignity who must be respected by others and by nurses themselves. Such an affirmation leads many places, not the least of which is to an utter rejection of any abuse or degradation directed toward nurses.

To fully understand this Provision, it is important to peruse the interpretive statements:

5.1 Duties to Self and Others
5.2 Promotion of Personal Health, Safety, and Well-Being
5.3 Preservation of Wholeness of Character
5.4 Preservation of Integrity
5.5 Maintenance of Competence and Continuation of Professional Growth
5.6 Continuation of Personal Growth (ANA, 2015, p. 19-22)

Interpretive Statement 5.1, Duties to Self and Others

This IS gives a brief introduction to the provision. It states that "the same duties that we owe to others we owe to ourselves," so that if we are to do good for others, not inflict harm; see people as ends in themselves and not as means to other ends; and the like, we should apply these same precepts to ourselves. The remainder of the IS prescribes ways in which we can meet these ethical demands.

Interpretive Statement 5.2, Promotion of Personal Health, Safety, and Well-Being

This IS may in some ways be personally more difficult for many. It demands that nurses "practice what we preach" with regard to health, safety, and well-being. While it is expressed in more modern language, this section has a close affinity

with the early ethics literature that commanded nurses to attend to personal "rest, food, and exercise." But there is specific application to nursing practice as well. Nurses must protect themselves from the risky aspects of nursing, such as exposure to pathogens, and not cut corners. Nurses must be alert to signs of compassion fatigue within themselves and take care to address it. Breaks and meals are important and should not be skipped. Family and friends are essential to well-being—work-life balance should be maintained. As Aikens asserted in 1916, nurses must develop "a symmetrical life" (p. 163). Family, friends, and colleagues are a part of achieving a symmetrical life.

Competence certainly has an effect on the quality of patient care, but it is self-regarding in that it has a profound effect on moral self-regard, self-respect, and self-esteem, and plays a role in the meaningfulness of work.

Interpretive Statement 5.3, Preservation of Wholeness of Character

The next IS emphasizes that nurses are integrated beings; there is no separation between personal and professional—we are one and the same person. Nurses are persons who have core values that come from both personal and professional lives; these core values give rise to particular moral points of view. Nurses are free to express their moral point of view and, in instances of ethical issues that arise in the course of work and as members of what the Provision calls a "community of moral discourse," have a duty to express their moral perspective. Wholeness of character acknowledges that nurses are moral agents with specific values, but they are also social, political, cultural, and ethnic beings with a variety of perspectives that make up who they are as individuals. When patients ask for nurses' views on the weather, the economy, broccoli, or "How about them Phillies?," nurses are free to respond with their personal perspective. The caution is that such expression must avoid undue influence on the patient and must remain within the bounds of compassionate, respectful, and competent care.

Interpretive Statement 5.4, Preservation of Integrity

This IS is the longest in this provision. It focuses on the preservation of integrity as one aspect of wholeness of character. It recognizes that a wide range of threats to integrity may arise in the course of practice. Nurses are sometimes instructed to lie to patients, to falsify records, and more. There are two reasons not to obey these instructions: They are simply wrong; but also, the consequence of these actions can harm one's own moral self-regard. This interpretive statement also recognizes the threat of abuse, perhaps even violence, that nurses may face. No one may abuse a nurse—no one. It does not matter whether the abuser is a patient, a family member, a physician or other health professional, or another nurse: no one may abuse a nurse. Immediate action must be taken to stop the abuse and report it. Practice environments can also place nurses in situations in which staffing patterns, colleagues, or low work-group standards may compromise nursing values and ideals or may be an outright violation of the Code. The Code is the non-negotiable ethical standard for the profession and an expression of nursing values, obligations, virtues, and ideals (ANA, 2015, p. vii). While compromise is the nature of human interaction (not to mention marriage and legislation), there are limits to compromise. Compromise must be integrity-preserving; it may not extend to compromising the standards of the Code, and it should not involve compromising deeply held personal values.

Where an intervention is legal, yet regarded differently on moral grounds, nurses may refuse to participate if such participation would violate their moral values.

Nurses may always refuse to participate in that which is unethical or illegal or would harm the patient. However, there are differing moral evaluations of some clinical interventions, such as abortion and gender reassignment surgery. Where an intervention is legal, yet regarded differently on moral grounds, nurses may refuse to participate if such participation would violate their moral values. This is at the heart of what the Provision calls "conscientious objection." Note that this term speaks to refusing to participate in a specific treatment: it does not extend to caring for a patient who had the intervention. The interpretive statement makes note of the proper procedures for indicating either moral objection or conscientious objection to specific interventions. Finally, the interpretive statement addresses instances in which nurses might find themselves employed in a morally impoverished setting that will not, and whose inhabitants do not intend to, change. What is the nurse to do? Leave. Leave before you are either compromised morally, to your own harm and detriment, or you are implicated as complicit in the unethical activities.

Interpretive Statement 5.5, Maintenance of Competence and Continuation of Professional Growth

This short but important IS identifies competence as a self-regarding duty rather than as a means to adequate patient care. Competence certainly has an effect on the quality of patient care, but it is self-regarding in that it has a profound effect on moral self-regard, self-respect, and self-esteem, and plays a role in the meaningfulness of work. Continuing competence means continuing education. In short, it means that nurses must be committed to lifelong professional learning. Lifelong learning and competence are part of professional growth and have been seen as such since the earliest nursing ethics literature.

Interpretive Statement 5.6, Continuation of Personal Growth

The last IS in this provision is about continued personal growth. It draws upon the understanding, noted above, that we are integrated persons, and that the personal and professional are united within us. Therefore, what causes us to grow professionally affects us personally, and what causes us to grow personally affects us professionally. In this section, then, we come full circle: the nurse is an integrated being of dignity and worth.

CONCLUSION

Provision 5, on duties to self, had a rough road to acceptance in the Code, yet it fully reflects the ethics heritage literature of nursing. While there was some vacillation on whether duties to self were for the sake of the nurse or the sake of good patient care, contemporary nursing ethics lands on the side of nurses' self-care as an end in itself. It affirms the need for nurses to treat themselves with the same respect, regard, and dignity that they would accord patients, families, and colleagues. The nurse is a person of dignity and worth.

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