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Moral Distress and Resilience in Nursing: The Code is the Cor

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Abstract

The profound impact of continued moral distress in nursing has led the profession and nurse educators to search for an effective means to alleviate the insidious plague of pain and anguish that nurses carry due to moral residue. The *Code of Ethics for Nurses with Interpretive Statements* proves to be the very heart of nursing and the foundation upon which the profession builds its moral resilience. Nurse educators must strive to incorporate ethics and the *Code of Ethics for Nurses with Interpretative Statements* throughout the nursing curriculum to further the full moral development and resilience of nursing students.

Keywords: education, nursing; moral distress, nursing; resilience, nursing

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Moral Distress and Resilience: The Code is the *Cor*

A career in nursing is the culmination of moments in time. Nurses are witnesses to moments of joy, pain, and suffering. These moments belong to others and to the nurse. Over time, the culmination of these moments defines who the nurse is both personally and professionally. In these defining moments, the nurse comes to realize that the call to *be* a nurse and the work of *being* a nurse are truly one in the same. Prepared with an array of skills and knowledge from the arts and sciences, the new graduate nurse is qualified to demonstrate aspects of both the art and the science of the nursing profession. Unfortunately, this preparation may prove to be insufficient for nurses confronting the most oppressive aspect of nursing: moral distress.

Moral distress and its resulting anguish and devastation can be described as an insidious plague affecting all healthcare providers, including those in the nursing profession. Inadequately prepared and encountering unimaginable moral and ethical dilemmas, the nurse is often left feeling bewildered, alone, and dismayed. Without a strong ethical foundation to prevent damage to the nurse's moral integrity, some nurses make the decision to simply walk away from the profession.

As nurse educators, we understand the profound impact that morally distressing situations have on our practice and our profession. We must prepare our nursing students to accept the paradox that exists in nursing; nurses are expected to promote healing and health, and suffering and death are not usually perceived as being integral to healing and the wholeness of life. The American Nurses Association's (ANA, 2015) *Code of Ethics for Nurses with Interpretive Statements* (hereafter, the Code) provides the heart (in Latin, *cor*) and the ethical foundation that

nurses require to practice with moral integrity. According to the ANA (2015), the Code "informs every aspect of the nurse's life" (p. vii).

This paper addresses the phenomena of moral distress and resilience. Background information about moral distress and its significance in nursing will be discussed, followed by the definition and effects of moral distress. The nurse educator's role related to the experience of moral distress will be presented, including professional standards that guide nurse educator practice. Theoretical considerations related to moral distress will be described using the Neuman Systems Model. Finally, recommendations for nurse educator practice will be offered to address the experience of moral distress in nursing and the importance of resilience, focusing on the pivotal role of the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) as the heart of nursing practice and the foundation upon which to build resilience.

Literature Review

Moral distress and resilience are concepts in nursing that have been the focus of many articles and research studies. In order to present the most current literature relevant to the topic of this paper, a search was conducted using Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medline databases. The keywords used in the search included *moral distress, moral distress in nursing, moral distress in nursing practice, resilience,* and *resilience in nursing*. The initial search yielded 869 articles. Duplicate studies were removed. Inclusion and exclusion criteria were established to identify relevant articles. Selected inclusion criteria were United States or developed countries, research conducted between 2011-2016, full text article, English language, and academic journal. Exclusion criteria were burnout, research older than 5 years, non-English language.

After applying exclusion criteria, 203 articles remained for screening. After further review, 75 full text articles were assessed for eligibility and evaluated for relevancy. Fifty-three articles were again excluded for lack of relevancy to moral distress; 22 articles remained for screening. After further screening, 19 articles were selected for inclusion in the literature review including one integrative review. The themes of these articles related to moral distress, moral residue, moral crescendo, ethics, nursing education, and the development of resilience. It should be noted that an additional literature search was conducted using CINAHL and Medline databases using the keywords *code of ethics, code of ethics for nurses with interpretative statements,* and *distress* and *moral distress*. The initial search queries did not yield any results for the combination of these search terms.

Background and Significance

Researchers suggest poor communication and differing perspectives and role expectations between nurses and physicians are a cause of moral distress (Hylton Rushton, 2016). The debate over the narrow definition of moral distress due to constraints, as well as the very existence of moral distress, continues to be examined by those in nursing, ethics, and health care. One particular area of debate relates the nurse's ability to know what the "right" thing to do is as they encounter ethical decisions that conflict with the nurse's own values and beliefs.

Moral Distress

The phenomenon of moral distress has existed for decades. Moral distress in nursing was first identified and defined by Andrew Jameton in 1984 (as cited in Epstein & Delgado, 2010). Jameton defined moral distress as arising when the nurse knows the right thing to do, but due to constraints, cannot act accordingly (Epstein & Delgado, 2010). The Code defines moral distress as, "the condition of knowing the morally right thing to do, but institutional, procedural or social

constraints make doing the right thing nearly impossible; threatens core values and moral integrity" (ANA, 2015, p. 44). Constraints may be internal (personal) or external (institutional) and prevent the nurse from taking action perceived to be morally right (Epstein & Hamric, 2009). Moral distress occurs as a result of the nurse's perception that his or her values and/or beliefs are being violated in the course of action required. As a result, the nurse experiences feelings of "frustration, anger, guilt, anxiety, withdrawal, and self-blame" (Epstein & Hamric, 2009, p. 330). Lewenson and Truglio-Londrigan (2008) state that ethical dilemmas and the resultant moral distress cause the most pain for nurses and describe this type of dilemma as appearing distorted like a holographic image. This analogy paints a picture that perfectly depicts how the situation often appears: confusing, surreal, and distressing.

Jameton further describes moral distress as having two parts: the acute, initial distress that occurs in the moment and reactive distress, which remains afterward (as cited in Epstein & Hamric, 2009). Reactive distress is referred to as moral residue, those feelings that linger after the acute moral dilemma has passed (Epstein & Hamric, 2009). According to Hylton Rushton (2016), "Unacknowledged or unjustifiable moral compromises can lead to deterioration of one's moral integrity and possibly one's moral agency" (p. 42). Without the ability to act on moral judgments, the nurse suffers emotional exhaustion and depersonalization towards patients. These repeated morally distressing experiences leave an invisible weight carried by the nurse; moral distress builds and becomes an invisible backpack (analogy inspired by work of Dr. Peggy McIntosh, 1988).

Moral Residue and the Crescendo Effect

Webster and Bayliss (as cited in Epstein & Hamric, 2009) capture the very essence of moral residue as, "that which each of us carries with us from times in our lives when in the face

of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised" (p. 332). Each episode of moral distress builds upon the existing invisible layers of moral residue from past experiences. With an inconsistent pattern of development, moral residue gradually compounds and results in both personal and professional consequences. As each separate instance of moral distress adds another layer of moral residue, anxiety, depression, patient avoidance, and burnout ensue. The moral residue the nurse carries further evolves and the backpack fills.

Epstein and Hamric (2009) proposed the existence of the crescendo effect, which evokes lingering distress. Like a quiet piece of music gradually increasing to its loudest moment, moral residue is no longer invisible. Suddenly, an increase in moral distress provokes an increase in moral residue that becomes difficult for the nurse to ignore. Moral distress and moral residue reach their loudest moments; one accelerates the other. As the moral residue and the crescendo effects amplify, the nurse reminisces over past morally distressing moments with increased clarity and intense, negative emotions; the backpack becomes too heavy to carry and overflows. How do nurse educators prevent nurses from bearing this burdensome weight alone and prevent the crescendo effect to minimize moral residue experienced by the nurse?

Moral Resilience

The inability to act according to one's moral values becomes detrimental to the nurse and to patient care. Moral resilience is defined as "the capacity of an individual to sustain or restore [his or her] integrity in response to moral complexity, confusion, distress, or setbacks" (Hylton Rushton, 2016, p.44). As Hylton Rushton discusses, in order to empower nurses to become resilient, the nurse must understand that moral distress is an "indicator of moral conscientiousness rather than of moral failure" (p. 45). The nurse recognizes there has been a

threat to and/or violation of their human dignity. Moral distress becomes the catalyst for change and in building resilience in nursing (Hylton Rushton, 2016). Within this catalyst lies an opportunity for growth through the development of moral resilience. Before the nurse can effectively use moral distress as a catalyst for change, the nurse must have the ability to see the potential impact that his or her actions will have on others; moral sensitivity is required.

Development of moral sensitivity, defined as "awareness of both a patient's vulnerability and the moral implications of making a decision on her or his behalf (Hylton Rushton, 2016, p. 43), becomes imperative in protecting both the patient and the nurse. Feelings of helplessness cloud the nurse's professional judgment and ability to connect with the patient. Disconnectedness places the patient at greater risk for harm. These morally distressing moments threaten the nurse's "core values and integrity and put them at risk for not adhering to the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretative Statements*" (Hylton Rushton, 2016, p. 42). Empowerment of nurses who experience feelings of helplessness and victimization is crucial to the survival of the nurse and the patient. Increasing resilience and the capacity to cope "decreases the intensity and frequency of moral distress" (Hylton Rushton, 2016, p. 45).

Evidence suggests that nurses with ethics education demonstrate increased confidence in their ability to recognize and address morally distressing events (Hylton Rushton, 2016). Ethics education is paramount in building a solid foundation of resiliency. The Code (ANA, 2015) provides the essential building blocks of the nurse's solid ethical foundation. Nurse educators become an essential link between the nursing student and the Code and the practicing nurse. Teaching students to "tuck" what they have learned about the Code in nursing school into a moral resilience "pocket" near their heart becomes an essential tool for developing moral

resilience as the nurse learns to unpack the invisible backpack of moral distress (analogy inspired by work of Dr. Peggy McIntosh, 1988).

Significance to Nurse Educator Practice

Epstein and Hamric (2009) suggest the problem with the continued existence of moral distress in nursing is "a lack of meaningful ethical discussion that includes all perspectives and all relevant stakeholders" (p. 331) including nurses. The inability to be heard causes nurses to believe that they must act in an "ethically inappropriate manner" (Epstein & Hamric, 2009, p. 331). The experience of moral distress encompasses far more than simple recognition of the distress. Concerns related to perceived ethical violations that remain unaddressed build over time and lead to an "erosion of moral integrity" (Epstein & Hamric, 2009, p. 331). Reflecting further on these morally distressing situations causes suffering and feelings of inauthenticity on the part of the nurse. Ultimately, this reflection leads to feelings of personal and professional failure and often diminishes the nurse's integrity and their identity.

Nurse educators play a crucial role in the development of resilience in nursing students throughout their education and moral formation as nurses. As Benner, Sutphen, Leonard and Day (2010) state, nurse educators have the strength and skills to teach and coach for ethical comportment. Ethical comportment refers to ethical conduct, behaviors, or the ethical manner in which the nurse acts. The nurse educator and student must both recognize "formation of dispositions, skilled know-how, and perceptual skills occur in *every* aspect of a nursing student's education" including ethical comportment (Benner et al., 2010, p. 166).

Teaching for moral imagination is an essential aspect of the nurse's education, which requires interpersonal and relational skills developed through thoughtfully designed curricula and the art of pedagogy (Benner et al., 2010). Learning to internalize ethical comportment is as

significant in nursing as learning "how to use knowledge and develop skilled know-how" (Benner et al., 2010, p. 167). Benner et al. (2010) further articulate how nursing students broaden their moral imagination of these abstract principles and skills through literature, bioethics, the ethics of care and responsibility, and nursing knowledge. "Nurses need to be as skilled at responding ethically to error as they are in making ethical decisions and solving problems" (Benner et al., 2010, p. 28).

According to Benner et al. (2010), the skill of ethical reflection assists the nurse in discerning moral dilemmas and becomes a moral resource for nurses who must understand a variety of ethical theories. Learning to integrate knowledge, skills, and ethical comportment into practice becomes part of building the nurse's foundational core skills and is critical to developing moral resilience. Moral formation and the development of a moral compass require that nurse educators "foster and cultivate" the virtues and values espoused by the nursing profession which become "integral to the lives of nurses-to-be" (Fowler, 2015, p. 77). It is this process of integration and full moral formation into a moral being that leads the nurse to "come to find their identity in nursing" (Fowler, 2015, p. 77). As Der Bedrosian (2015) eloquently pronounced, "Nurses have to find a way to reconcile their own moral values with the obligations of their profession" (p. 4). Faced with the reality that moral distress in the nursing profession continues to exist, nurse educators must seek meaningful methods of assisting their students in developing resilience.

Professional Nursing Standards

Code of Ethics for Nurses. Extensive research exploring moral distress, moral residue, the crescendo effect, and resilience in nursing has been conducted for nearly three decades. A review of the articles revealed extensive research about the definition, cause, and effects of moral

distress, moral residue, and the crescendo effect. However, existing research offers limited suggestions about how to prepare nurses to survive and thrive while practicing in an environment of perpetual moral distress.

A small number of studies briefly refer to the Code (ANA, 2015), specifically Provision 5 and Provision 6, as a source of resolution and solace to the nurse during times of moral distress. This unsung nursing resource identifies the "central moral motif of the profession: the ideal of service" as the very principle upon which the nurse builds an ethical foundation for practice (Fowler, 2015, p. 73). Fowler (2015) suggests the nurse reflect on the basis of the practice of nursing and the Code, and proposes that Provision 5 be conceptualized as "The Nurse as Person of Dignity and Worth" (p. 73). The nurse then comes to appreciate the *duties to self* as being essential to having the capacity to fulfill the nurse's duty to others: service.

According to Fowler (2015), Interpretative Statement 5.3 of the 2015 Code incorporates the three aspects of duty to self from the work of Andrew Jameton: identity, integrity, and self-regarding duties. *Identity* refers to the integration of the personal and professional self--"what I am morally as a person, I am morally as a nurse" which includes participating in moral judgment in the practice of nursing (Fowler, 2015, p. 78). *Integrity* also refers to wholeness of character. *Self-regarding duties* are those duties that have aspects that affect or apply to the nurse primarily. The full moral formation of the nurse occurs through interpretation and integration of the Code in all aspects of one's life both personally and professionally. The duty of the nurse educator to cultivate and nurture this interpretation and integration of the Code requires that the nurse educator embody the Code.

***Core Competencies of Nurse Educators*.** Academic nursing education has its own defined values and beliefs, which are presented in the National League of Nursing's (NLN,

2012) *Hallmarks of Excellence in Nursing Education*. These values and beliefs relate to students, faculty, continuous quality improvement, curriculum, teaching/learning/evaluation strategies, resources, innovation, educational research, environment, and leadership. Specifically, the values and beliefs of the nurse educator include the ability to think critically, reflect thoughtfully, and emphasize the development of values and ethical behaviors in students through development and socialization of the student nurse all of which encourage moral comportment of the nurse (NLN, 2012).

The scope and standards of practice for academic nurse educators describe the responsibilities for the nurse educator and are outlined by the NLN's (2012) *Core Competencies for Nurse Educators with Task Statements*. Four of the eight core competencies are particularly relevant for nurse educators who seek to promote student understanding of moral distress and their development of moral resilience.

- Core Competency I: Facilitate Learning requires that the nurse educator practices "communication that reflects an awareness of self and others" and "models critical and reflective thinking" while creating "opportunities for learners to develop their critical thinking and critical reasoning" (NLN, 2012, p. 14) which lead to the full moral development of nurses.
- Core Competency II: Facilitate Learner Development and Socialization includes "socialization to the role of the nurse and facilitates learners' self-reflection" which further contribute to the moral comportment of the nurse (NLN, 2012, p. 16).
- Core Competency III: Use Assessment and Evaluation Strategies includes the assessment of the student's affective domain. Learning in the affective domain contributes to the development of the student's feelings, emotions, attitudes, and motivations. Learning in the

affective domain is nurtured over time through socialization into the profession of nursing. Through this socialization process, nurses learn to internalize the values and morals of the profession and embrace the beliefs that are characteristic of the profession. Embracing the values and morals of the profession contributes to the full moral development of the student and high professional standards as the student develops a sense of professional identity, judgment, and critical thinking.

- Core Competency VI: Pursue Continuous Quality Improvement in the Nurse Educator Role requires knowledge of "legal and ethical issues relevant to higher education and nursing education" as a foundation for "influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment" (NLN, 2012, p. 20).

Used as a guiding resource in this manner, the *Core Competencies of Nurse Educators* becomes a framework that enables nurse educators to become a living example of and witness to the Code.

Being a living exemplar for the Code for the nursing student provides the student with a beginning sense of solidarity in the profession. Every human being has the desire to feel needed and to have a sense of belonging. Creating a sense of belonging in the learning environment builds a community between nurse educators and among the students themselves. Creating a sense of warmth, welcome, and hospitality for students leads to the development of community and collaboration. Nurse educators contribute to this sense of community by creating an environment that fosters collaboration and respect by positively regarding each student. Each student is a member of the educational community and offers valuable insight. Together, nurse educators and students work as a "team" that contributes to the sense of community within the

educational institution. Students who have a sense of belonging and community further develop the freedom to grow into the persons they were intended to become.

Nurses who are prepared to advocate for the specific needs of those experiencing moral dilemmas become resilient. Nurse educators must embrace the ideal that the education and empowerment of nurses are significant contributing factors to changing the future of the profession of nursing and healthcare. Through the education of nurses and the empowerment of nursing as a profession, nurse educators can influence changes in healthcare policy and positively impact patients and the nurses who care for them.

Each person is unique and created with psychological, emotional, physical, and spiritual needs that must be met and kept in harmony and balance. Each person has a unique life story. It is this life story that patients desire to have heard and understood. When nurses come to understand this story, they are able to treat each patient with an unconditional positive regard. This unconditional positive regard allows nurses to provide truly meaningful and competent care in order to meet the psychological, emotional, physical, and spiritual needs of another. When nurses come to know and understand their patients as human beings on these levels, they can provide the care they seek and deserve and become resilient. Sharing this holistic nursing philosophy with nursing students is the nurse educator's greatest obligation and privilege.

The Essentials for Baccalaureate Education in Professional Nursing Practice. *The Essentials for Baccalaureate Education in Professional Nursing Practice* (hereafter, the Essentials; American Association of Colleges of Nursing [AACN], 2008) is a framework for the educational preparation of the professional nurse. The framework is designed to provide professional nurses with the knowledge, skills, and attitudes to practice effectively in the evolving global healthcare system. The nine baccalaureate essentials are designed to strengthen

professional nursing practice's ability to provide patient-centered care with a focus on improving outcomes (AACN, 2008). In particular, Essential VIII: Professionalism and Professional Values offers an additional source of guidance for building a strong ethical foundation in the nursing student. "Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing" (AACN, 2008, p. 4). The Essentials provides support for the Code as the *cor* through the development and refinement of the knowledge, skills, and attitudes of the profession in nursing school, which enables the student to transition into the practice of professional nursing. This transition to practice also requires a holistic understanding of the human condition and its many interwoven systems. The Neuman Systems Model (Neuman & Fawcett, 2002) supports the nurse in providing care to self and to others that harmoniously marries all of these systems.

Nursing Theory: The Neuman Systems Model

The Neuman Systems Model (Neuman & Fawcett, 2002) is founded upon the philosophy of Betty Neuman and incorporates five system variables which are intertwined and encompass health and wellness: physiological, psychological, sociocultural, developmental, and spiritual. The Neuman Systems Model supports the coalescence of these five system variables into a holistic nursing model in which nurses are "helping each other live" (Neuman & Fawcett, 2002, p. 328). In order to truly help each other live, nurses must also learn to help themselves and one another to live, to survive, and to thrive in the profession of nursing.

The nurse is expected to "bounce back," to stand alongside the patient and family, and to be a comforting presence, the calm during the storm, and a skilled guide through the darkest moments in the lives of others. The ability to facilitate the healing and well-being of others requires that the nurse be adaptable and resilient in the face of adversity. The Neuman Systems

Model is a holistic perspective that recognizes and focuses on the stressors that can cause harm to the patient's (and the nurse's) health and well-being. The Neuman Systems Model integrates methods that reduce the impact that stressors have on the overall health of the patient as well as the nurse. The Neuman Systems Model has the goal of reducing or relieving stressors through primary, secondary, or tertiary interventions (Turner & Kaylor, 2015). How then does the Neuman Systems Model apply this same holistic perspective and framework to moral distress in nursing? According to Turner and Kaylor (2015),

> In applying the Neuman Systems Model to the concept of resilience in nurses, one must consider the individual nurse as the client system and explore the interacting physiological, psychological, sociocultural, developmental, and spiritual variables that contribute to system wellness (resilience-building characteristics) or system distress (resilience-lacking characteristics). (p. 214)

According to the Neuman Systems Model, these complex intrinsic and extrinsic protective mechanisms affect the nurse's response to distress, which becomes evident in the strength of the nurse's lines of defense and resistance (Turner & Kaylor, 2015). It is the interaction of these protective resources that act as the line of defense for the nurse. The Neuman Systems Model considers resilience to be a part of the nurse's adaptive response to stressors and is a part of the line of defense that can either strengthen the lines of defense which are concentric, normal, and flexible or simply act as a buffer (Turner & Kaylor, 2015). The Neuman Systems Model supports the notion that resilience strengthens the nurse's ability to respond to stressors while maintaining harmony and balance while directly influencing the individual variables to reach a state of stability and well-being (Turner & Kaylor, 2015). "In this sense,

resilience can be conceptualized as a protective factor within the Neuman Systems Model to manage, reduce, and prevent stress reactions" (Turner & Kaylor, 2015, p. 214).

Teaching resilience as a protective factor in nursing requires that nurse educators seek meaningful and innovative ways to connect teaching about ethics and the Code into the daily lives and education of nursing students who are beginning their professional development. With omnipotent wisdom, Betty Neuman declared, "As catastrophic sociopolitical events affect health care, multidisciplinary involvement related to the human condition often will be required" (Neuman & Fawcett, 2002, p. 319). The Neuman Systems Model continues to have relevance for understanding the human condition of all persons, including nurses and patients. The Neuman Systems Model has universal application for all human persons precisely because of its holistic perspective on healing and health.

Recommendations for Nurse Educator Practice

It is imperative that nurse educators teach nurses to live with suffering and death. The relationship between learners and educators is a symbiotic one. Both learners and educators depend upon one another to create a balance between them, which allows for both to evolve and flourish. Development of a sense of collaboration and commitment to working together to share knowledge of the Code is required for the success of the nurse. According to Kathleen Kalb (personal communication, March 30, 2017), nurse educators have an obligation to integrate the Code of Ethics as a living document that is essential to clinical practice. Studies suggest structured, interdisciplinary debriefing sessions, interdisciplinary discussions which explicitly address morally distressing cases, and dialogues that foster mutual understanding improve nurse-physician communication that encourages exploration of different perspectives (Hylton Rushton, 2016).

The *Code of Ethics for Nurse Educators* (Rosenkoetter & Milstead, 2010) portrays the role of the nurse educator as mentor, guide, facilitator, and role model for high standards and expectations; to provide students with the necessary knowledge, skills in ethical analysis, and full moral development needed to resolve moral conflicts that exist within nursing practice and the profession itself. Use of simulated learning, case studies, and discussion can help nursing students to develop a sense of salience from morally distressing situations (Benner et al., 2010, p. 94). Incorporating ethical issues in all courses further assists nursing students to see the ethical components that exist in all of nursing practice and in all of life.

All human beings are created with equal moral value and are therefore deserving of the opportunity to learn and grow. According to Day and Benner (2002), "ethical comportment is prereflective, socially embedded practical knowledge that is rational, even though it is not based on rational calculation (i.e., based on formal criteria)" (p. 77). Ethical comportment requires that nurses are engaged in the situation and develops through dialogue with others. This dialogue is based on ethical theories with the understanding that ethical comportment is "lived and embodied in practices that are not based on formal theoretical precepts" (Day & Benner, 2002, p. 77). Therefore, it is the professional and ethical obligation of nurse educators to provide opportunities and a safe learning environment for nursing students to reflect upon and develop and to integrate the empiric, esthetic, personal, and ethics patterns of knowing into their own patterns of knowing in nursing (Carper, 1978).

According to Carper (1978), the ethics pattern of knowing evolves from having an understanding of morality and ethics as it relates to others, the profession of nursing, and to oneself. It requires that the nurse understand his or her own values, beliefs, and ethics in order to provide holistic care for patients. It is this pattern of knowing that allows the nurse to combine

the empiric, esthetic, and personal patterns of knowing in the care that each human being deserves. The nurse uses ethical knowing when caring for patients who make informed decisions based upon their own ethics, values, and beliefs. This type of knowing allows the nurse to care for patients who have values and beliefs different than their own. As Carper (1978) states, "The moral code that guides the ethical conduct of nurses is based on the primary principle of obligation embodied in the concepts of service to people and respect for human life" (p. 29). Therefore, it is necessary that nurse educators integrate the Code in the nursing curriculum as "the profession's nonnegotiable ethical standard" and "the definitive framework for ethical analysis and decision-making" (ANA, 2015, back cover).

Summary

Integrating the *Code of Ethics for Nurses with Interpretative Statements* (ANA, 2015) into nursing curriculum provides nursing students with the solid ethics foundation needed to survive and to thrive as caregivers and nurturers of healing. Education leads to knowledge acquisition. Knowledge leads to empowerment of nurses and the profession, and indirectly, to patients. Education and empowerment of nurses allows them to fulfill their moral, ethical, and professional obligations to patients, the profession, and themselves.

The Johns Hopkins: Berman Institute of Bioethics (2014) asserts that student nurses must be prepared during their formal education to handle ethical challenges by building upon the students' personal values and by being grounded in the ANA and National Student Nurses' Association (NSNA) codes of ethics. The NSNA code of ethics is a solid resource of support for developing the moral comportment of nursing students. Nursing students must have the foundational ethical knowledge that allows them to "actively promote the highest level of moral and ethical principles and accept responsibility for our actions" (NSNA, 2009, para. 19). "Ethics

is the elephant in the room" (Johns Hopkins, 2014, para. 13); nursing school is the time to start talking it, and even more importantly, living it!

Conclusion

The role of the nurse educator is to provide opportunities for the sharing of knowledge and wisdom not only specific to the profession but also of the human experience in the realm of patient care. The realm of ethical and moral dilemmas in patient care must not be minimized in the nurse's education. The nurse educator is entrusted with the responsibilities of enlightening and empowering those who will enter the profession in a humble and holistic manner. The nurse educator invites the learner to engage fully with the *Code of Ethics for Nurses with Interpretative Statements* (ANA, 2015) and to comprehend the depth and breadth, the beauty, truth, and goodness of the Code as it informs the nursing profession and the ethical practice of every nurse.

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