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## Moral Integrity for Nurses

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Concern for one's moral integrity is often a part of discussions about moral conflicts in health care. The presumption is that moral integrity is good, even though the full meaning of the concept and its relative worth are not completely understood.

The word "integrity" comes from the Latin *integritas*, which referred to a state of completeness or wholeness and a quality of purity. The subject of *integritas* included all of life. More recent understandings of integrity are limited in scope to specific areas of life, though the early meaning of an unimpaired condition has survived. But the scope of integrity is commonly limited to a firm adherence to a code of moral standards.

An application of the notion of moral integrity to nurses and nursing involves at least two foci. First, one must consider the personal values, principles, and rules which form the general moral framework of an individual's life. Second, one must consider the professional moral values, principles, rules, and practices of nursing which serve to guide professional conduct. Ideally, these two sets of moral commitments are compatible. Realistically, however, there may be instances in which they conflict with one another or with the moral standards of a third party (person or institution).

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This essay identifies factors that deserve consideration in role-related situations where the moral integrity of the nurse is threatened. The discussion is necessarily brief. Minimally it indicates the complexity of the problem of role-related moral conflict and suggests the practical difficulty of a solution satisfactory to all concerned. Optimally it contributes to a clearer understanding of the nurse's moral responsibilities in situations of moral conflict.

### Morality

Morality in the United States is pluralistic. There is a broad and general subscription to a collection of moral values, rules, principles, and practices which define the nation's moral character, contributes to social order, and facilitates social intercourse. Within this framework and as a part of the societal moral fabric, individuals and groups freely make their own moral commitments. The source of these convictions may be religious, secular, or some combination of the two.

In addition to personal and social-group moral commitments, one may subscribe to a code of conduct or code of ethics associated with the practice of a certain profession. Professional groups, such as nurses, promulgate and enforce codes of conduct within the limitations of law and general morality to preserve the credibility of their profession and contribute to the pursuit of its goals. The assumption is that those individuals who enter and practice the profession agree with the norms embodied in its code of ethics.

In order for moral pluralism to exist,

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a mutual respect for the moral standards, sensitivities, and reasoned judgments of others is essential. The fact of diverse individual, group, and professional moral commitments means that moral conflicts are inevitable and that different and opposing moral opinions may be advanced. In situations of moral disagreement, attempts are made to persuade others of the validity of one's own position. The parties to the dispute generally are not free to coerce others into agreement, although not all actions or judgments are free from some form of coercion.

The effect of coercion on moral responsibility is recognized in the principle of alternate possibilities. This prin-  
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