

AORN'S PERIOPERATIVE EXPLICATIONS FOR THE ANA *CODE OF ETHICS FOR NURSES*



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INTRODUCTION

Ethical decisions for the perioperative nurse are often difficult but necessary during the care of the surgical patient. Additionally, perioperative nurses need to be able to recognize ethical dilemmas and take action. Perioperative nurses are responsible for nursing decisions that are not only clinically and technically sound but also morally appropriate and suitable for the specific problems of the particular patient being treated. The technical or medical aspects of the decision answer the question, "What *can* be done for this patient?" The moral component involves the patient's wishes and answers the question, "What *should* be done for this patient?"

The strength of the ethical perspective is its resolute nature. It promotes an action guide for nurses to follow in the realm of patient care. Ethics, as a branch of philosophy, incorporates multiple approaches to take when dealing with or applying actions to real-life situations. Thus, each perioperative nurse may experience a situation differently, as well as address the situation and identify the ethical conflict issues, their feelings, behaviors, actions, analysis, and resolution of the situation differently.

Health care delivery provided via a team format, such as the surgical team, does not necessarily create ethical conflicts, but it may highlight the conflicts if the values of the team members emphasize different priorities. Additionally, new roles of health care team members may carry expectations about how members should interact with each other and how standards of care should be met.

The perioperative nurse, by virtue of the nurse-patient relationship, has an obligation to provide safe, professional, and ethical patient care. It is important that nurses know how to manage ethical decisions appropriately so that patients' beliefs can be honored without compromising the nurse's own moral conscience. Ethical practice is thus a critical aspect of nursing care, and the development of ethical competency is paramount for present and future nursing practice.

The *ANA Code of Ethics for Nurses*, updated in 2025, is composed of 10 provisions, with each provision further subdivided for additional explication. In this document, after each interpretive statement, AORN has provided perioperative explications that are illustrated with perioperative examples, to help perioperative nurses relate the *ANA Code of Ethics* to their own areas of practice. The perioperative examples provided are not all inclusive. Perioperative nurses may identify other applicable examples that are not addressed in this document.

PROVISION 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

1.1 Respect for Human Dignity

A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals; therefore, ethical nursing practice requires compassion for all humans as deserving of dignity and respect. Nurses maintain caring relationships and are committed to fair treatment, transparency, integrity-preserving compromise, building trust, and the best resolution of conflicts. The nurse is additionally committed to creating and sustaining an ethical environment where the nurse-patient relationship can flourish.

Nurses condemn dehumanization in all its forms while simultaneously affirming personhood and humanity through allyship and partnership. Allyship is an ethical duty that requires intentional interventions, advocacy, and support to eliminate harmful acts, words, and deeds. Allyship also requires that nurses create space to amplify voices that are not traditionally heard, recognized, or welcomed in order to build and sustain a culture that respects all persons. Nurses aim to mitigate all forms of bias and prejudice and their actual and potential effects. Nurses ought to recognize racism and other forms of bigotry, prejudicial bias, and discrimination (e.g., ableism, ageism, classism, heterosexism, sexism) as harmful assaults that negatively impact care and violate the human dignity of an individual. It is essential to address health disparities by providing culturally concordant care, fostering patient-centered communication, and engaging in allyship to improve patient outcomes. The nurse also recognizes that patient interactions have ethical implications and appreciates these moments as particularly salient times to practice everyday ethics. Nurses work collaboratively to alter systemic structures that have a negative influence on individual and community health.

1.1 Perioperative Explications

Perioperative registered nurses (RNs) have a moral obligation to respect the dignity and worth of all individuals, including but not limited to patients, patients' family members, colleagues, and students. Perioperative nursing care is provided to each patient undergoing an operative or other invasive procedure in a manner that preserves and protects the patient's autonomy, dignity, unique attributes, and human rights.¹ Every perioperative RN has an obligation to be knowledgeable about the moral and legal rights of their patients and to protect, support, and advocate for those rights. The patient is free to make autonomous choices including those with which the perioperative RN does not agree. In addition, patients have the right to change their minds about surgery even up to the point of beginning anesthesia on the operating bed. The perioperative RN must be respectful of the individual's choices.

Perioperative Examples

- Respects the patient's autonomous decision to have surgery.
- Respects and complies with the patient's wishes and individual choices (e.g., advance directives, end-of-life choices, refusal of blood or blood products).
- Implements and adheres to federal and state regulations and institutional policies (eg, HIPAA, advance directives, social media, observer/photography consent).
- Respects the patient's dignity by exposing only the part of the body that is the subject of the surgical procedure.
- Provides nursing care that respects and preserves the worth and dignity of the patient, regardless of the patient's diagnosis, disease process, surgical procedure, or expected outcome.¹
- Shows respect for the patient's body after a perioperative death.
- Respects the dignity of the patient undergoing organ or other types of procurement following cardiac death or brain death.
- Engages in allyship by actively supporting and advocating for the rights and well-being of marginalized or oppressed groups.²

1.2 Relationships with Patients and Recipients of Nursing Care

Nurses establish relationships of trust and provide nursing services according to need. Nurses engage in self-reflection to identify and mitigate bias or prejudice that interferes with or harms the nurse-patient relationship. The nurse recognizes that biases can exist both explicitly and unconsciously. Attributes such as the patient's culture, value systems, religious and/or spiritual beliefs, lifestyle, social support system, preferred language, and sexual identity are to be considered when planning individual, family, and population-centered care. Nurses promote health and wellness, address problems, and respect patient decisions. Respect for a patient's decisions does not require that the nurse agrees with or supports all choices made by a recipient of care. When patient choices are assessed to be dangerous, risky, or self-destructive, nurses have a moral obligation to take appropriate actions to address the behavior, and provide accurate, evidence-based education and resources. In immediately dangerous situations, the nurse focuses on modifying the harmful behavior to either mitigate or eliminate the risk.

1.2 Perioperative Explications

It is the responsibility of the perioperative RN to provide care to every patient without bias or prejudice. The care should be planned with consideration for the patient's religious or spiritual beliefs, culture, lifestyle choices, gender identity, sexual orientation, ethnicity, body habitus, socioeconomic status, and age. When the perioperative RN is opposed to an intervention or procedure based on their personal ethical, religious, spiritual, or moral beliefs, the nurse may refuse to participate in the patient's care if the refusal is made known in advance so that appropriate arrangements can be made for the patient's perioperative nursing care. If the patient's life is in imminent jeopardy, the perioperative RN is obligated to provide care for the patient, ensuring safety without abandonment, and to withdraw from the care and treatment only when alternative sources of safe nursing care are present and made available to the patient.

Perioperative Examples

- Applies standards of nursing practice consistently to all patients with sensitivity to any disability; socioeconomic status; level of education; cultural, religious, or spiritual beliefs; ethnicity; gender identity; sexual orientation; and age.¹
- Respects and advocates for patients' rights (e.g., the right to refuse treatment, the right to withdraw consent).¹
- Reports violations of patients' rights.
- Does not make derogatory comments about the patient or the patient's family members, life partner, or friends.
- Resolves personal conflicts based on moral, religious, or spiritual beliefs by seeking guidance from persons (e.g., supervisor, ethics committee, religious or spiritual authority, colleague) with appropriate authority.¹
- Uses principles of ethical analysis and moral reasoning to resolve ethical questions.
- Arranges for appropriate substitute nursing care if personal beliefs conflict with required patient care.
- Plans nursing care considering the patient's religious or spiritual beliefs, culture, lifestyle choices, gender identity, ethnicity, body habitus, socioeconomic status, preferred language, and age.
- Adheres to standards of practice for the profession; relevant federal, state, and local laws and regulations; and the employing organization's policies and procedures.

1.3 The Nature of Health

Health is a universal right and the need for it transcends all individual differences. The worth of a person is not affected by life choices or circumstances, illness, ability, socioeconomic status, functional status, or proximity to death. Nursing care is shaped by unique patient preferences, needs, values, and choices. Respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care.

Optimal nursing care enables recipients to live with as much physical, emotional, social, religious, and/or spiritual well-being as possible, aligning with their preferences, values, and determination of quality of life. Nurses lead the implementation of responsible and appropriate evidence-based interventions across the lifespan to optimize the health and well-being of those in their care. When a recipient of care no longer sees a proportional benefit from the burdens of interventions, nurses are attentive and practice shared decision-making to arrive at medically achievable goals that reflect patient values. All human beings should have access to what they recognize as a good quality of life, which is subjective. Nurses appreciate that what is right for one person may not be right for another. The nurse balances respect for values with harm mitigation and recognizes that every decision for each person is unique and situational.

1.3 Perioperative Explications

Perioperative RNs provide care that meets the comprehensive needs of the patient, appropriate to the patient's level of understanding and regardless of the patient's diagnosis. The perioperative nurse, as an individual, may bring assumptions to their practice based on their own culture and ideas about the cultures of others. To provide care that is relevant to a diverse patient population, it is vital that the perioperative RN recognize the importance of understanding each patient's beliefs, culture, and lifestyle choices and understand that the patient's choices may be different than that of the patient's family, friends, or life partner. Nurses are leaders who collaborate in altering organizational systemic structures that have a negative influence on individuals, including those within the perioperative practice setting.

Perioperative Examples

- Communicates ethically and effectively.
- If the patient or family members have a language barrier or an inability to completely understand, provides them with the resources they need to comprehend what they are being told.
- Treats all recipients of care fairly and without bias.
- Advocates for minimizing unwarranted, unwanted, or unnecessary medical treatment and patient suffering.
- Reviews advance care plans with the patient to help guide the patient's care.
- Offers empathy, support, and understanding without placing blame or judgment on perioperative team members who have experienced an unexpected adverse patient outcome, regardless of the cause.
- Understands that the ethical considerations in organ donation are complex and multifaceted, requiring a nuanced understanding and sensitive handling.
- In the case of the organ donor, protects the patient's dignity and prioritizes the patient's comfort and well-being.
- As a key member of the healthcare team, plays a pivotal role in ensuring these ethical standards are maintained, thereby upholding the integrity of the organ donation process and safeguarding the interests of both donors and recipients.
- In cases of deceased organ donation, partakes in end-of-life care, assesses the potential for organ donation, and facilitates communication between the care team, the organ procurement organization, and the bereaved family.³

1.4 The Right to Self-Determination

Respect for human dignity requires the recognition of specific patient rights, in particular, the right to self-determination. Recipients of care have the moral and legal right to determine what will be done with and to their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed decision; and to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment. They also have the right to accept, refuse, or terminate treatment without undue influence, duress, deception, manipulation, coercion, or prejudice, and to be given necessary support throughout the decision-making and treatment process. Such support includes the opportunity to make decisions with family and persons of their choosing, and to partner with nurses and other healthcare professionals.

Nurses have an obligation to be familiar with the moral and legal rights of recipients of care. Within their scope of practice, nurses preserve, protect, and support those rights by assessing the patient's understanding of the information presented and explaining the implications of all potential options. When a recipient of care lacks capacity, an alternate decision-maker should base decisions on the patient's previously expressed wishes and known values, taking into consideration the nuances associated with minors. In the absence of an alternate decision-maker, healthcare professionals make decisions that reflect the best interests of the recipient of care, considering the patient's personal values to the extent that they are known. The recipients of care should be involved in their own care at the level to which they can engage cognitively and developmentally. Age does not preclude participation in decision-making. Support of patient autonomy also includes respect for the patient's method of decision-making. Diverse cultures have a range of beliefs that affect decision-making. Nurses respect and integrate patient values and decision-making processes that are rooted in the patient's individual culture. Respecting the patient's right to self-determination can be challenging, especially when there are conflicting opinions about the best course of action.

Nurses assist recipients of care in reflecting on end-of-life decisions. Resuscitation status, advance directives, withholding and withdrawing life-sustaining treatment, palliative care, medical aid in dying, and foregoing nutrition and hydration require careful consideration. Nurses promote advance care planning conversations and should be knowledgeable about the benefits and limitations of various advance directive documents. The nurse provides interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life. Nurses have valuable experience, knowledge, and insight regarding effective and compassionate care at the end of life and should actively engage in related research, scholarship, education, practice, and policy development. Supportive care is particularly important at the end of life in order to prevent and alleviate the cascade of symptoms and suffering that are commonly associated with dying. Support is extended to the family and to significant others and is directed toward meeting needs comprehensively across the continuum of care.

The nurse recognizes that outside of public health concerns, laws restricting or impeding individual rights may be in conflict with ethical practice. Individuals are interdependent members of their communities. Nurses recognize situations in which the right to self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly the public's health. The limitation of individual rights is always considered a serious departure from the standard of care, justified only when there are no less-restrictive means available to preserve the rights of others and protect the public.

1.4 Perioperative Explications

The patient has the right to self-determination (i.e., the ability to decide for oneself what course of action will be taken in varying circumstances). The perioperative RN acknowledges and supports the patient's autonomy in the decision-making process by providing accurate, appropriate, and reasonable information to assist the patient in making an informed decision. The perioperative RN elicits the patient's responses regarding their perception of the surgical procedure and the implications of their decisions and provides the patient with access to additional and accurate information, as needed. When individual rights must be temporarily suspended or overridden in an effort to preserve the life of a patient or another person, the suspension of those rights must be considered to be a deviation for a period of time that is as brief as possible.

Perioperative Examples

- Provides information and explains, within their scope of practice, autonomous decision-making (e.g., informed consent, advance directives, do-not-resuscitate order, organ procurement).
- If the patient has no advance directive, ensures that the patient is aware of the institutional policy on advance directives and resuscitation.
- Confirms that the patient or legal guardian or representative has signed the consent form as applicable.
- Verifies that consent has been obtained (though the process of providing informed consent remains that of the anesthesiologist and surgeon) from the patient or the patient's legal guardian, health care power-of-attorney, or other surrogate for emergent or urgent surgery or when the patient is unable to consent for themselves.
- Understands, advocates for, and honors the patient's wishes with regard to advance directives, resuscitation, and end-of-life decisions.
- Supports the dignity of organ donors and their families.⁴

PROVISION 2

A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

2.1 Primary Commitment to Recipients of Nursing Care

Within the context of nursing practice, the nurse prioritizes recipients of nursing care, placing them over institutions. Every clinical encounter and plan of care reflects the fundamental commitment of nursing to the inherent dignity, worth, unique attributes, and human rights of the patient. Nurses provide patients with opportunities to participate in assessing their capacity for, planning and implementing their plan of care, and deciding what supportive services are acceptable to them.

Nurses facilitate informed decision-making as members of the healthcare team. Informed decision-making involves attending to language needs, other accommodations, and the disclosure of all options, including interventions not available at an institution or organization. Nurses have honest discussions providing information within their scope of practice in a nondirective manner about treatment options. Addressing patient interests requires recognition of the patient's values, preferences, and commitments within their family and other important relationships. When the patient's wishes are in conflict with those of others, nurses help to resolve the conflict and advocate for additional resources as needed. Where conflict persists, the nurse's commitment remains to the patient. There are instances when patients seek treatment that is within the standard of care, but institutions or organizations have limited treatment options. Nurses act to preserve life and promote health as determined by the patient's values. Nurses appropriately escalate concerns when needed, such as in states where laws prohibit treatment for persons who are pregnant, undocumented, uninsured, gender diverse, or otherwise disenfranchised, marginalized, or socially stigmatized.

2.1 Perioperative Explications

The perioperative RN supports both the interdependence and the individual rights of the patient who is making decisions about their care. The perioperative RN collaborates with the patient in a manner that preserves and protects the patient's autonomy, dignity, and human rights. When it is necessary to temporarily override an individual's rights (e.g., to preserve the life of the patient or of another person or to adhere to regulatory requirements), the suspension of those rights should be restored as soon as possible.¹

Perioperative Examples

- Collaborates with the patient regarding health care whenever possible and is respectful of the patient's autonomous decision for surgical intervention.
- Collects and protects the patient's health data.
- Analyzes assessment data to formulate a nursing diagnosis and nursing care plan.
- Includes family members, life partner, and all others identified by the patient in planning for the patient's care.
- Seeks to provide for spiritual comfort to the patient, family members, and others.
- Acts as an advocate for the patient and patient's family members.
- Provides the patient, life partner, family members, and all others identified by the patient with an interpreter when necessary.
- Respects the patient's decisions to choose or refuse care or interventions and advocates for the patient's decisions if the patient is unable to speak for themselves.⁵

2.2 Conflicts of Interest and Conflicts of Commitment in Nursing

Nurses may experience conflicts of interest and/or conflicts in their commitments during the practice of nursing in any setting. Nurses examine and identify their actual or perceived conflicts of interest and follow professional guidance and other policies in the workplace.

Conflicts of interest and commitment are closely related and require careful examination. Both may exist whether a nurse is actually influenced by the competing interest, or there is only the appearance of a conflict. Conflicts of interest occur when a nurse's personal, business, entrepreneurial, commercial, political, academic, research, or financial interests interfere with the nurse's professional responsibilities or a patient's interests. Nurses who bill for services, have budgetary responsibilities, or receive bonuses, sanctions, endorsements, or other incentives tied to financial targets should be especially aware of the potential for conflicts of interest. Dual agency in nursing occurs when nurses are required to fulfill their professional healthcare duties while also adhering to the mandates of another authority, such as a correctional facility or military organization. This dual responsibility can create a conflict when nurses have to balance their commitment to patient care with the directives of the governing institution.

Conflicts of commitment occur when the focus of the nurse's time and attention is not on the recipients of care. This inattention interferes with the nurse's ability or willingness to perform the full range of responsibilities associated with their position. Potential or perceived conflicts, regardless of type, should be managed in ways that protect both the nurse and the recipient of care.

Nurses disclose when a conflict interferes with their ability to provide nursing care, to prioritize the patient's values, or to meet the standard of care. When there is a conflict, nurses can request a second opinion from a qualified or expert nurse, refer care to a nurse colleague, escalate to those in leadership roles, consult with professional organizations, or seek a safe transfer of care.

2.2 Perioperative Explications

Conflicts may arise from financial considerations in the perioperative setting that may contribute to conflicting loyalties. While perioperative nurses need to be fiscally responsible, their primary responsibility is to ensure that the patient's safety is maintained. The perioperative RN does not endorse any advertising, promotion, or sale of commercial products or services in a manner that may be interpreted as reflecting the opinion or judgment of the profession as a whole. The perioperative RN is encouraged to provide honest evaluation of products to promote the safety and welfare of patients. However, the perioperative RN must not allow their personal preferences to overshadow or undermine the patient's expressed wish for or against treatment.

Perioperative Examples

- Identifies and resolves conflicts of interest effectively.
- Abstains from influencing purchasing decisions in an effort to make financial gains.
- Does not solicit or accept gifts or gratuities that reasonably could be interpreted by others as influencing impartiality.

2.3 Professional Boundaries

The work of nursing is inherently personal. Nursing therapeutic relationships seek to navigate illness and injury to promote, protect and restore health, and/or to alleviate pain and suffering. Nurses develop professional boundaries to protect the patient and to mitigate power imbalances with recipients of care. Nurses examine their behaviors and actions to ensure they are functioning within their professional role. Nurses pay careful attention when they are at risk of deviating from the therapeutic relationship by becoming over- or under-involved with recipients of nursing care or others involved in their care. Nurses identify behaviors and actions that could compromise the professional boundaries in relationships with colleagues, patients, or patients' identified important persons or alternate decision-makers. Nurses compassionately enforce and restore professional boundaries when they are in jeopardy or become compromised and escalate when additional support is needed. Nurses should be aware of the policy in the practice setting and use approved channels of communication with and about recipients of care. Tokens of gratitude may be offered by patients, and some may reflect a particular cultural practice. Nurses should be mindful of this and follow institutional policy.

2.3 Perioperative Explications

The perioperative RN promotes and maintains professional relationships with patients, peers, coworkers, and all members of the surgical team. The perioperative RN is aware of the intimate nature of nursing care, the highly stressful nature of the surgical environment, and the collegial nature of the surgical team. The perioperative RN respects professional boundaries in the nurse-patient relationship and does not exert undue influence on the patient's decisions. The perioperative RN plays a critical role in providing information to the patient so that decisions affecting the patient's care will be informed and effective. The perioperative RN seeks the assistance of peers or supervisors, without hesitation, when professional boundaries are unclear or in jeopardy. The perioperative RN delivers patient care in a nondiscriminatory and nonjudgmental manner according to published legal, agency, professional, organizational, accreditation, and regulatory standards.

Perioperative Examples

- Plans for substitute nursing care if their personal, emotional, ethical, religious, spiritual, or moral beliefs conflict with required care.
- Displays professional behavior toward patients, coworkers, students, colleagues, and other health care professionals.
- Recognizes the professional nature of the nurse-patient relationship and its inherent boundaries.

2.4 Issues of Safety in the Nurse-Patient Relationship

The nurse-patient relationship may be negatively impacted by a lack of safety or safety measures in a given environment or situation. Nurses evaluate safety in every interaction, considering physiological (e.g., infectious diseases), physical (e.g., acts of violence), psychological (e.g., acts of verbal abuse), and emotional (e.g., acts of intimidation) threats to the nurse, the recipients of care, or others. Unsafe behaviors or actions must not be tolerated and must be addressed in a timely manner to restore safety and to help the patient safely participate in healthcare encounters.

2.4 Perioperative Explications

Perioperative nurses should feel comfortable speaking up without fear of retaliation, if they are made aware of an error, near miss, or adverse event, irrespective of whether it can or did result in harm to the patient or others. Open and honest communication is essential to maintaining and restoring trust with the health care team and to providing ongoing care to the patient. Just as the patient and family are affected by an error, so too are the caregivers. They should be provided with support that will allow them to recover.

Perioperative Examples

- Elevates or takes action to protect the surgical patient (eg, Nurses may advocate for cancelling a case for a patient who has early onset Alzheimer's and is not lucid and has no durable power of attorney for health care).
- Collaborates with facility risk managers and follows organizational policies related to safety.
- Demonstrates awareness of the healthcare organization's risk policy/legal procedures in such cases and makes appropriate contacts as required.

PROVISION 3

The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

3.1 Privacy and Confidentiality

Within the context of the nurse-patient relationship, information about the whole of a patient's life may be communicated to nurses. Nurses exercise moral discernment to distinguish between clinically relevant information and personal information that does not need to be shared. Nurses protect recipients of care from unwanted or unwarranted intrusion. Privacy is the right of the recipient of care to control access to, and to disclose or not disclose, information pertaining to oneself and to control the circumstances, timing, and extent to which information may be disclosed. Nurses safeguard the right to privacy for individuals, families, and communities. The nurse creates an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Recipients of care may disclose sensitive information regarding abuse or trauma during clinical care or research processes. With consent from the patient, the nurse may advocate for a referral for supportive services. Nurses also participate in the development and maintenance of policies and practices that protect both personal and clinical information within organizational and public domains.

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse-patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical, in the work setting and off duty in all venues, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses maintain vigilance regarding all forms of media that intentionally or unintentionally breach their obligation to maintain and protect patients' rights to privacy and confidentiality.

Personal information relevant to clinical care may need to be disclosed for continuity of care under defined practices, policies, or protocols. Information disclosed for education, peer review, professional practice evaluation, and other quality improvement or risk management mechanisms may be disclosed once anonymized, if anonymization does not hinder required processes. When using electronic communications or working with electronic health records, nurses make every effort to maintain security related to items within their control, including preventing external attempts to breach data security and adhering to best practices by using secure internal portals.

Public health-related mandatory reporting is designed to protect the public from communicable or contagious diseases and a broad range of abuse, neglect, or other safety issues for individuals, families, and communities. Prior to reporting safety concerns, nurses carefully consider potential ramifications and the context and impact of social determinants of health when assessing criteria and consequences of reporting.

Nurses increasingly encounter legislation regarding mandatory reporting, unrelated to public health, that may conflict with a patient's best interest. While the law in some states mandates the nurse report, it is ethically justified for the nurse to protect the privacy and confidentiality of the patient seeking care. Nurses may find themselves in situations in which they face conflicting interests between ethical constructs of the profession and state and/or institution's reporting mandates. In these situations, the nurse understands either decision holds consequences for the patient and the nurse. Nurses ought to be compassionate, truthful, forthcoming, and transparent when communicating their mandatory reporting obligations with recipients of nursing care.

3.1 Perioperative Explications

The perioperative RN has an obligation to protect the patient from undue exposure or unwarranted invasions of privacy. Maintaining the patient's privacy is essential to preserving the trust developed in the nurse-patient relationship. Actions demeaning the dignity of the individual could destroy this relationship and jeopardize the patient's welfare. Maintaining the patient's privacy is reflected by securing mechanisms to protect the patient's physical privacy, all forms of identifiable personal information (i.e., verbal, written, electronic), personal belongings, and valuables.

In concert with patient privacy, it is the professional responsibility of the perioperative RN to safeguard the confidentiality of the patient's personal information, including oral, written, and electronic forms. Information pertinent to the patient's treatment and welfare is shared only with members of the health care team directly concerned with the patient's care.

While providing safe care necessitates that relevant patient information be shared with the health care team in an expeditious manner, the patient must have trust and confidence in the nurse that information related to their care will be protected. Safeguarding private information about patients is a core belief of nursing.¹ If a breach of patient privacy or confidentiality occurs, the nurse must report it through the appropriate channels within the organization and to other regulatory bodies, such as the state board of nursing, as required.

Perioperative Examples

- Avoids needless exposure of the patient's body.
- Keeps doors to the operating or procedure room closed except during movement of patients, personnel, supplies, or equipment.
- Restricts access to patient care areas to authorized personnel only.
- Provides cover, warmth, and comfort during transfer from one perioperative area to another.
- Provides and maintains respect for the deceased.
- Provides a private area for family members and significant others to view the deceased.
- Provides auditory privacy for patient and staff conversations to ensure that confidential discussions do not occur in areas where they can be overheard by others.
- Maintains confidentiality of patient information within scope of practice (e.g., does not post the patient's name or identifiers in areas where such information is visible to others who should not have such access).
- Closes the patient's record and logs off whenever leaving the computer unattended.
- Follows facility policies regarding electronic information documentation and storage.
- Complies with local, state, and federal privacy and security regulations.
- Limits access to the patient's record and information (e.g., surgery schedule) to appropriate members of the health care team.
- Shares and discusses the patient's information only with those directly involved in care.
- Protects all forms of confidential patient information (i.e., verbal, written, electronic).
- Secures the patient's records, belongings, and valuables.
- Maintains the patient's record according to facility policy, procedure, or protocol.
- Releases patient information only to properly identified individuals and in compliance with established policies, mandates, or protocols.
- Uses information for quality improvement purposes in a manner that protects the patient's confidentiality.
- Follows policies and regulations that pertain to use of social media and refrains from posting images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patient's rights to privacy and confidentiality.
- Reports breaches of confidentiality.

3.2 Advocating for Persons Who Receive Nursing Care

When providing care, nurses consider the circumstances and recognize that some persons seeking or considering receiving care are vulnerable. Nurses work as members of the interprofessional team, within their scope of practice, to support ethical informed consent. All persons who are considering their options for care should be free from undue influence and be assisted in making decisions consistent with their values. The process of consent includes consideration of social and structural determinants of health, the complexities of the healthcare system, and generational and cultural preferences that influence access and consent processes. Consent requires explaining information, providing options, answering questions, and respecting the right to refuse treatment. Persons receiving care, or their alternate decision-makers, must be provided with sufficient and relevant information in their preferred language, at a suitable literacy level that accounts for their cognitive function and developmental level, to enable them to make care decisions. Information needed for informed consent includes the purpose, risks and benefits, available alternatives to the proposed treatment, and expected outcomes.

Nurses build trust through relational consent, partnering with patients to determine agreement or refusal in all care encounters. Nurses set aside bias and are attuned to relational consent in all contexts. Trust is promoted in the nurse-patient relationship through transparency and attention to patient responses to life and health experiences.

As technology increasingly influences healthcare, nurses establish and maintain trust by balancing clinical and ethical judgment with the use of augmented intelligence or artificial intelligence (AI) in nursing practice. Nurses lend their expertise and influence the integration of augmented intelligence and AI in clinical encounters.

3.2 Perioperative Explications

Perioperative nurses demonstrate advocacy and build trust through relational consent, partnering with patients to determine agreement or refusal in all care encounters.

Perioperative Examples

- Advocates for an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature.
- Respects and advocates for patients' rights (e.g., the right to refuse treatment, the right to withdraw consent).
- Advocates for the patient and the patient's friends and family members.
- Obtains and maintains knowledge of practice and technology needed to support advocacy.

3.3 Responsibility in Promoting a Culture of Safety

Nurses participate in the development of, implementation of, review of, and adherence to policies that promote patient health and safety, reduce errors, and establish and sustain a culture of safety. When errors or near misses occur, nurses immediately assess the patient and report events to the appropriate authority, according to professional and/or institutional guidelines. Communication should start at the level closest to the event and should proceed to a responsive level as the situation warrants. Respect for persons requires responsible disclosure of errors to patients.

Nurses are accountable for individual practice and adhere to standards of care and institutional policies. Nurses collaborate with the interprofessional team to design and engage in processes to investigate causes of errors or near misses. Reporting errors according to institutional policy is critical to maintaining a safe patient care environment. The interprofessional team identifies system factors that may have contributed to the error and advocates for necessary systems change by the healthcare organization. Nurses who commit an error should be supported and advised, while at-risk behavior should be corrected or remediated. Disciplinary action for errors should only be taken if warranted and after consideration of system or process failures. Nurses and their organizations should engage in just culture practices, recognizing that blaming the individual may cause undue harm and discourage prompt reporting and system improvement. The onus for establishing and supporting a just culture does not lie solely with nurses. When an error occurs, whether it is one's own or that of a colleague, nurses may neither participate in, nor condone through silence, any attempts to conceal the error.

3.3 Perioperative Explications

All employees in the perioperative area should feel comfortable speaking up without fear of retaliation, if they are made aware of an error, near miss, or adverse event, irrespective of whether it can or did result in harm to the patient or others. The surgical "time out" is just one example of a time when everyone on the surgical team has an obligation to speak up if something is not consistent with the planned procedure.

Open and honest communication is essential to maintaining and restoring trust with the health care team and to providing ongoing care to the patient. Errors include serious errors, minor errors, and near misses. An error can be a technical error, a clinical error, or a system failure. When errors or near misses occur, the perioperative RN follows institutional guidelines in reporting such events to the appropriate authority and must ensure responsible disclosure of errors to patients.

Perioperative nurses must establish processes to investigate causes of errors or near misses and to address system factors that may have been contributory. The conversation with the patient and/or family members should occur as soon as it is recognized and the patient is physically and psychologically ready to receive the information. Just as the patient and family are affected by an error, so too are the caregivers. They should be provided with support that will allow them to recover.

Perioperative Examples

- Ensures that all providers follow the time-out process as specified in the organization's policies, reports when this does not occur, and completes the appropriate documentation.
- Follows established protocols for reporting errors.
- Follows any organizational policy, if one exists, that addresses apology and disclosure.
- Collaborates with facility risk managers and follows organizational policies that pertain to management of error.

3.4 Protection of Patient Health and Safety by Acting on Practice Issues

Nurses are alert to and intercede in all instances that place the rights or interests of the patient in jeopardy or that violate practice standards, the Code of Ethics for Nurses (Code), or employer policies. To function effectively, nurses are knowledgeable about the Code, including interpretive statements; standards of practice for the profession; relevant federal, state, and local laws and regulations; and the employing organization's policies and procedures. When nurses become aware of professional practice concerns, nurses express those concerns to the person involved when time and conditions allow, focusing on the patient's interests as well as on the integrity of nursing practice. When practices threaten the welfare of the patient, nurses express their concern to the responsible manager or administrator and escalate as indicated. If practice concerns are not corrected, nurses report the problem to appropriate external authorities such as licensing boards and regulatory or accreditation agencies. Nurses should use established processes for reporting and handling professional practice concerns. Nurses should support whistleblowers who identify practice concerns that are factually supported to reduce the risk of reprisal against the reporting nurse. State nurses' associations and state boards of nursing may be a resource to provide nurses with advice and support in the development and evaluation of such processes and reporting procedures. Factual documentation and accurate reporting are essential for all such actions. Reporting practice concerns, even when done appropriately, may present substantial risk to the nurse; however, such risk does not eliminate the obligation to address threats to patient safety.

3.4 Perioperative Explications

Care providers in the perioperative environment should provide health services within the scope of legitimate and ethical practice and safeguard the health and safety of their patients. The perioperative RN is responsible for meeting the facility's professional and regulatory standards.

It is the ethical obligation of the perioperative RN to identify and report questionable practices by any member of the health care team. There should be an established process for reporting and handling incompetent, unethical, or illegal practice within the employment setting so that such reporting can be done through official channels without fear of reprisal. The perioperative RN should be knowledgeable about the process and be prepared to use it if necessary. Written documentation of the observed practice or behaviors must be available to the appropriate authorities.

When incompetent, unethical, or illegal practice on the part of anyone concerned with the patient's care is not corrected within the employment setting and continues to jeopardize the patient's welfare and safety, the problem should be reported to other appropriate authorities, such as practice committees of the pertinent professional organizations or the legally constituted bodies concerned with licensing of specific categories of health workers or professional practitioners.

Perioperative Examples

- Acts as an advocate by protecting the patient from incompetent, unethical, or illegal practices.
- Questions care that appears inappropriate or substandard.
- Expresses concern to the person carrying out the questionable practice.
- Reports incompetent, unethical, or illegal practice accurately and objectively to the responsible administrator.
- Consults with colleagues and supervisors to resolve concerns.
- Documents observations and occurrences accurately and in an objective manner according to institutional policy.
- Complies with institutional policies in resolving problems.
- Reports verbal, psychological, and physical harassment or abuse to the appropriate person(s).
- Intervenes appropriately to protect patient safety.

3.5 Protection of Patient Health and Safety by Acting on Impaired Practice

Nurses protect the patient, the public, and the profession from potential harm when practice appears to be impaired. Nurses extend compassion and caring to a colleague whose job performance may be adversely affected by mental or physical states, fatigue, substance misuse, or personal circumstances. Nurses in all roles should be knowledgeable about the risks and signs of impaired practice and are responsible for identifying and reporting signs of impairment. Nurses who report those whose job performance creates risk are acting in an ethically appropriate manner and should be protected from retaliation (e.g., exclusion, harassment, or bullying), reprisal (e.g., unfavorable personnel action), or other negative consequences. Nurses support remediation, recovery, and restoration to nursing practice, when possible. Care ought to be taken in identifying any impairment in one's own practice and in seeking immediate assistance.

To protect patients, nurses follow policies of the employing organization and should be aware of guidelines outlined by the profession and relevant laws. Nurses in leadership roles should identify legal structures for intervention programs to assist nurses whose practice may be impaired. If workplace policies for the protection of impaired nurses do not exist or are inappropriate nurses may obtain guidance from professional associations, state peer assistance programs, employee assistance programs, or similar resources.

3.5 Perioperative Explications

The perioperative RN has an ethical responsibility to protect the patient, the public, and the profession from potential harm that could result from a colleague's impairment. It is both caring and compassionate to take action to protect the patient and ensure that the impaired person receives appropriate assistance. The perioperative nurse follows guidelines outlined by the profession and the policies and procedures of the employing agency.

Perioperative Examples

- Takes appropriate action to ensure patient safety.
- Uses institutional procedural mechanisms to report substance abuse or impairment of colleagues.
- Confronts the individual in a supportive, caring manner.
- Helps the individual access agency resources for treatment and care.

PROVISION 4

Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

4.1 Responsibility and Accountability for Nursing Practice

Nurses are responsible for delivering competent, compassionate, person-centered care within their scope of practice. Responsibility and accountability in nursing practice are inseparable concepts. Ethical responsibilities are grounded in the profession's values and goals. Nurses are accountable for fulfilling their ethical responsibilities. This includes choices to take or not take action. Systems and technologies that assist in clinical practice are adjunct to, not replacements for, the nurse's knowledge and skill. Therefore, nurses are accountable for their practice even in instances of system or technology failure. Nurses are always accountable for their judgments, decisions, and actions; however, in some circumstances, responsibility may be borne by both the nurse and the institution, organization, or public entity. Nurses' acceptance or rejection of specific role demands and assignments cannot be arbitrary but should be factually based on their education, knowledge, competence, and experience, as well as their assessment of the level of risk for patient safety.

Nurses ought to bring forward for discussion and review difficult issues related to patient care and/or institutional constraints upon ethical practice. The nurse acts to promote inclusion of appropriate individuals in all ethical deliberation. When patient care issues and institutional constraints are beyond nurses' ability to remedy, they access resources such as ethics services, nursing organizations, and relevant literature as aids. Nurses have a responsibility to combat the dissemination of health misinformation and disinformation.

Nurses should be aware of regulatory documents relevant to their practice setting and region. Regulatory documents include nurse practice acts, standards of care, and state and federal laws. Nurses should seek advice when these regulations conflict or seem to conflict with patient or community interests. Nurses remain accountable for the outcomes of their decisions whether the impact is on patients, colleagues, and/or institutional operations. Nurses are also responsible and accountable for maintaining professional standards, engaging in professional development activities, and contributing to quality patient care endeavors such as staffing plans, institutional credentialing, and quality improvement.

4.1 Perioperative Explications

Licensed professional perioperative nurses protect the public by ensuring that they maintain the basic competencies for RN practice. They are responsible for nursing decisions made regarding care and are accountable for their actions. Moreover, nursing, as a profession, regulates its own practice. The perioperative nurse bears primary responsibility for perioperative nursing care and is individually accountable for their own practice.

Perioperative nursing practice may include direct patient care, delegation, teaching, research, or administration.

Perioperative Examples

- Maintains nursing licensure.
- Maintains certification as required.
- Assumes responsibility for continuing education, including specific workplace requirements such as mandatory competency verification and the completion of required education.
- Accepts responsibility and accountability for their perioperative nursing practice (e.g., reporting near misses).
- Uses principles of delegation to delegate as appropriate within the scope of practice.
- Adheres to state and federal acts and regulations as well as AORN's *Guidelines for Perioperative Practice*.
- Adheres to other safety issues and concerns such as implementing a speak up culture and time-out procedures.
- Supports quality care initiatives.
- Delivers competent, compassionate, person-centered care within their scope of practice.

4.2 Addressing Barriers to Exercising Nursing Practice Authority

Nurses are responsible for identifying and navigating negative influences on patient care. They work individually and collectively within their expertise and scope of practice. Nurses often face challenges in exercising their authority due to hierarchical structures, rigid protocols, and other oppressive influences in healthcare systems. Economic priorities and institutional interests focused primarily on profit, efficiency, or budgetary constraints can lead to inadequate human and material resources that interfere with the nurse's ability to provide optimal nursing care. Nursing practice authority can be constrained by social, environmental, political, legislative, and economic factors. Contemporary examples include the extraordinary demands of managing emerging infectious diseases and system pressure to discharge patients to unsafe environments. Nurses who experience workplace violence, aggression, or hostility may have difficulty exercising their nursing practice authority. Nursing practice authority can also be affected by technological advances such as the implementation and use of augmented intelligence or artificial intelligence (AI), especially when integrated without careful consideration of potential harmful consequences. To maintain nursing practice authority, nurses address barriers surrounding rapid and evolving technologies; lack of experience, exposure, and knowledge; poor representation by those in leadership roles; and unsupportive work environments.

Given the complexity and changing patterns of healthcare delivery, emerging evidence, and ongoing nursing knowledge development, the scope of nursing practice and authority continues to evolve. Nurses build inclusive, supportive environments and engage in team and institutional decision-making to exercise their authority. Nurses in leadership roles should be aware of recurring problems in order to support and encourage nurses to articulate their perspectives. When institutional constraints are beyond nurses' abilities to remedy, resources such as relevant literature, other members of the interprofessional team, healthcare ethics experts, and nursing organizations may provide guidance. Nurses seek a meaningful voice in decision-making processes with health systems. When nurses' perspectives are not considered, patient care, the work environment, and systems that impact healthcare cannot flourish.

4.2 Perioperative Explications

Accountability refers to being answerable to oneself, patients, peers, the profession, and society for judgments made and actions taken as a perioperative RN. Neither physicians' orders nor the employing agency's policies relieve the perioperative RN of accountability for their actions and judgments. Professional accountability to society is reflected in the *ANA Code of Ethics for Nurses*, standards of practice, educational requirements for practice, certification, and performance evaluation.

Perioperative Examples

- Provides safe and competent patient care.
- Practices according to the *ANA Code of Ethics for Nurses*, AORN's *Guidelines for Perioperative Practice*, and the health care organization's policies and procedures.
- Practices within their scope of practice as defined by state and federal legislation and professional practice guidelines.
- Practices to the full extent of their scope.
- Evaluates their own performance and solicits peer review.
- Questions orders that appear incorrect or inappropriate.
- Participates in professional nursing governance in the workplace and in professional nursing practice.
- Maintains professional standards, pursues professional development, and contributes to quality patient endeavors.

4.3 Ethical Awareness, Discernment, and Judgment

Ethical awareness involves understanding that all nursing actions have ethical implications to the extent that they support or detract from nursing goals of providing an ethical good or end. Moral identity as a nurse entails the internalization of moral values and virtues, dispositions, obligations, relational maturity, and ethical comportment. In the process of educating nurses, the moral norms of nursing are instantiated during the formation of the moral identity of the nurse as a nurse. These norms arise from within the tradition, narrative, and community of nursing and find expression in the everyday ethical comportment of nurses in every nursing relationship. In the nurse-patient relationship, for example, ethical judgment is inseparable from clinical know-how. Here, ethical discernment and judgment are an embodied enactment of nursing's norms that is attuned and responsive to the context, changing status and circumstances, and subjective experience (human responses) of patients to their health situation. In the nurse-to-society relationship, nurses' ethical awareness, discernment, and judgment engage with social structures that positively affect health and seek to alter forces and uproot structures that damage health. Ethical awareness, discernment, and judgment, then, are expressions of the good intrinsic to nursing, its values, virtues, obligations, and ends, with a vision for the health and well-being of patients, for the health and well-being of society, and for the common good. For nursing, ethical discernment and judgment exist within the everyday ethical comportment of nurses (e.g., compassion, attentiveness), in every relationship, under changing circumstances and demands; they are not fundamentally decisional-, problem-, or conflict-focused. In situations of dilemma or conflict, nurses draw upon a range of ethics resources to inform their judgment. Additionally, when ethical problems have their roots in social disadvantage or political movements, nurses use their education and knowledge to influence change through professional collaboration and advocacy. For nurses, ethical discernment and judgment are a way of being-a-nurse toward the recipients of nursing care and toward those in need of nursing.

4.3 Perioperative Explications

Nurses have responsibility for their actions as nurses and their moral agency and accountability is associated with this responsibility. Nurses are answerable for judgments and actions under their control. This applies to carrying out the duties associated with perioperative nursing. Evidence-based guidance for practice decisions is provided in AORN's *Guidelines for Perioperative Practice*. The acceptance of responsibility for care is determined by an individual's educational preparation, professional competence, and work experience.

Perioperative Examples

- Provides competent perioperative nursing practice.
- Consults other health care providers for assistance when necessary.
- Assumes responsibility for continuing education through personal study and academic achievements; attending institutional education programs, staff orientation workshops, seminars, and AORN chapter and other professional meetings; and reading the *AORN Journal* and other professional journals.
- Identifies personal learning needs and goals and actively seeks assistance to obtain the necessary education.
- Identifies and develops a plan for education as corrective action related to deficits and limitations in knowledge.
- Remains current on new knowledge affecting practice, such as procedures, processes, technology, medications, guidelines, laws, and regulations.
- Maintains competency in professional knowledge and technical skills.
- Assesses when the care required is beyond the individual's knowledge and reports it to the appropriate support person.
- Knows how to access ethics consultation.
- Maintains certification as required.

4.4 Assignment and Delegation

Nurses are accountable and responsible for the assignment and the delegation of nursing activities. Such assignment or delegation must be consistent with nursing standards of practice and organizational policy. Nurses must make a reasonable effort to assess individual competence when delegating selected nursing activities. This assessment includes the evaluation of the knowledge, skill, experience, and qualifications of the individual to whom the care is assigned or delegated; the complexity of the tasks; and the nursing needs of the recipient of care.

Nurses are responsible for monitoring the activities and evaluating the quality and outcomes of the delegated care provided by other staff. Nurses may delegate nursing assessment and evaluation only to other qualified nurses. Nurses should not knowingly assign or delegate nursing assessment and evaluation to any non-nurse member of the interprofessional team or any technology-based interface. Employer policies or directives do not relieve the nurse of responsibility for making assignment or delegation decisions.

Nurses in leadership roles have a responsibility to foster a safe and ethical environment that supports and facilitates appropriate assignment and delegation. This environment includes adequate and flexible staffing; orientation and skill development; licensure, certification, continuing education, and competency verification; and policies that protect both the patient and the nurse from inappropriate assignment or delegation of nursing responsibilities, activities, or tasks. Nurses in leadership roles should facilitate open communication with nurses, allowing them, without fear of reprisal, to express concerns or even to refuse an assignment for which they feel unprepared.

Nurses are responsible and accountable for providing oversight of student nurses to ensure their knowledge, skill, and comportment are sufficient to provide the assigned nursing care. Nurses in an educator or preceptor role have a reasonable expectation that they will be provided with appropriate institutional support to allow for supervision of students without compromising patient safety or well-being or incurring conflicts of commitment.

4.4 Perioperative Explications

There are core aspects of perioperative nursing that cannot be delegated to non-RN team members or technology interfaces. Employer policies or directives do not relieve the nurse of responsibility for making assignment or delegation decisions.⁶

The perioperative RN is accountable for the assignment of nursing responsibilities to other nurses and for the delegation of nursing care activities to other health care workers. The nurse retains accountability for patient outcomes resulting from delegated nursing tasks. The perioperative RN plans and directs the nursing care of every patient undergoing an operative or other invasive procedure. The core activities of perioperative nursing are assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The perioperative RN may delegate certain nursing care tasks, but the core nursing activities that cannot be delegated are assessment, nursing diagnosis, outcome identification, planning, and evaluation.

Perioperative nurse leaders have a responsibility to foster a safe and ethical environment that supports and facilitates appropriate assignment and delegation. This environment includes adequate and flexible staffing.

The perioperative RN is accountable for patient outcomes resulting from nursing care rendered during the perioperative experience. The perioperative RN must be aware of specific state legal definitions and guidelines regarding assignment and delegation. The perioperative RN follows facility policies or directives in delegating functions, but these do not relieve the nurse of accountability for making judgments about the competency of personnel and the appropriateness of delegated activities. Before delegation of patient care tasks, the perioperative RN uses professional clinical judgment to decide to whom and under what circumstances to delegate certain patient care activities.

Perioperative Examples

- Uses critical thinking and professional judgment and incorporates the “Five Rights of Delegation,”⁷ to be sure that the delegation or assignment is:
 1. The right task
 2. Under the right circumstances
 3. To the right person
 4. With the right directions and communication
 5. Under the right supervision and evaluation
- Follows state regulations and definitions regarding assignment and delegation.
- Follows organizational guidelines regarding assignment and delegation.
- Assigns nursing functions to RNs.
- Allows assistive personnel to perform delegated nursing tasks only when competency has been established and when the task is within that person's scope of practice as designated by the state.
- Bases assignments and delegation of tasks on the individual's competency, the patient's acuity, the complexity of the procedure, the predictability of outcomes, the amount of supervision required, staffing patterns, and staff availability.
- Follows institutional policies for modifying patient care assignments that the nurse or other health care provider does not feel competent to perform.
- Supervises the training of assistive personnel to perform the delegated care tasks.
- Recognizes that students need supervision and creates a welcoming environment for all learners.

PROVISION 5

The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

5.1 Personal Health and Safety

Nurses have a duty to take care of their own health and safety. Nurses define health, determine level of risk tolerance, and determine work-life balance for themselves. A nurse's professional performance and personal life may be affected by the extraordinary demands of care, and may result in fatigue, weathering, or even burnout. Nurses must be alert to the signs and symptoms that their own health and well-being have been negatively affected.

Health and safety of nurses and patients are intertwined. There is no ethical expectation nor obligation inherent in the nurse's duty to care that requires nurses to unreasonably sacrifice or trade their own safety or health for the benefit of others. Nurses need a safe work environment and supportive working conditions. Nurses must be treated with respect and need never tolerate verbal and other forms of abuse by patients, family members, or coworkers. Nurses must also consider effects that are detrimental to mental health, paying specific attention to the experience of psychological stress that results in or exacerbates negative psychological effects such as depression, anxiety, insomnia, or suicidal ideation. Nurses should seek remedies that best address their individual situations and personal needs.

5.1 Perioperative Explications

Perioperative nurses deliver care in a manner that is respectful not only to patients but also themselves and to colleagues. The perioperative nurse identifies areas for personal and professional development and assists others in their development. The nurse participates actively in educating the community about surgery, invasive procedures, and perioperative nursing and corrects misinformation and misunderstanding about perioperative patient care.

Perioperative Examples

- Promotes an environment that does not tolerate harassment, bullying, and abuse by reporting such abuse and actively speaking out against it.
- Models the same health maintenance and health promotion measures they teach.
- Obtains health care when needed.
- Avoids taking unnecessary risks to health or safety in the course of their professional and personal activities.
- Eats a healthy diet, exercises, gets sufficient rest, maintains family and personal relationships, engages in adequate leisure and recreational activities, and attends to spiritual or religious needs.
- Supports an environment that optimizes the occupational health and safety of all employees by speaking up to prevent and/or report health and safety issues in the workplace.
- Recognizes situations that can negatively affect their mental health.
- Holds work and personal life in balance to promote and maintain their own health and well-being.
- Advocates for mental health awareness and prioritizes personal mental well-being.

5.2 Wholeness of Character

The concept of wholeness of character highlights the duty of nurses to be their authentic selves in their practice of nursing. Wholeness of character requires that nurses acknowledge their uniqueness, individual creativity, perspectives, moral points of view, and their specific life experiences. This ethical concept acknowledges that in addition to prioritizing those entrusted to their care, nurses are moral agents influenced by distinct cultural, political, religious and/or spiritual, and social values. Courage and vulnerability are required for nurses to be fully who they are as individuals. This helps ensure that nursing, as a profession, mirrors the populations we serve. Prejudicial discrimination within the nursing profession ought not be tolerated. Nurses' individuality is respected, and their contributions should be honored. This fosters a safe space where individual expression is supported in the professional work environment. Nurses create a moral milieu in which moral perspectives may safely be expressed, values are clarified, issues that impact health equity are identified, and difficult and intentional conversations occur. This space does not extend to prejudicial behavior that belittles, bullies, or demeans; opinions that are inconsistent with nursing values or not rooted in scientific fact; or acts that promote structures designed to marginalize, dehumanize, disadvantage, or harm specific groups. The ethical construct of wholeness of character provides nurses with the opportunity to create the personal-professional boundaries they require, while promoting intentional presence and human connection in the workplace.

When nurses care for those whose health conditions, attributes, lifestyles, or situations are stigmatized, or encounter a conflict with their own personal beliefs, nurses ought to and must render compassionate, respectful, and competent care. A nurse may not object to care due to a patient's unique attributes that are part of the patient's identity. At times, nurses may feel their personal values conflict with their professional values. Examples may include disagreements around when life begins and how life ends. Additional examples include the role of the nurse with respect to mandatory reporting of reproductive healthcare decisions, economically driven care, or gender affirming care. Conscience-based objection is an important right in order to promote personal integrity but must be balanced with the patient's right to care and dignity. Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness. Acts of conscience-based objection may be acts of moral courage and may not insulate nurses from formal or informal consequences. Nurses who decide not to participate on the grounds of a conscience-based objection must communicate this decision in a timely and appropriate manner. Such refusal should be made known as soon as possible, in advance and in time for alternate arrangements to be made for patient care. Seeking support may be helpful when facing the inner and external conflicts brought about by these fraught situations.

5.2 Perioperative Explications

Perioperative nurses must be genuine, open, and honest in interactions with patients and other health care providers. Nurses are aware of their influence and offer their opinions based on scientific principles, evidence-based practices, and clinical experiences. Patients may feel vulnerable with regard to their health conditions and have varying levels of understanding and knowledge of health care procedures, and treatments.

Perioperative Examples

- Respects the views of others but clarifies misinformation.
- Applies standards of nursing practice consistently to all patients regardless of disability; socioeconomic status; level of education; cultural, religious, or spiritual beliefs; ethnicity; gender identity; sexual orientation; or age.
- Balances personal beliefs with patients right to care and dignity.
- Seeks to recognize and mitigate personal biases that may impact patient care.
- Expects that their individuality will be respected and their contributions honored.
- Fosters a safe space where individual expression is supported in the professional work environment.
- Understands that conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness.
- Understands that acts of conscience-based objection may be acts of moral courage and may not insulate nurses from formal or informal consequences.
- Seeks support as needed when facing internal and external conflicts.

5.3 Integrity

Personal integrity is an aspect of wholeness of character that requires reflection and discernment; its maintenance is a self-regarding duty. Acting with integrity is not the same as following rules, carrying out orders, following commands or adhering to laws/policies without moral discernment. Nurses may face threats to their integrity in any work environment. Such threats may include requests or requirements to deceive patients, withhold information, falsify records, or misrepresent research aims.

Nurses have a right and a duty to act according to their personal and professional values and to accept compromise only if reaching a compromise preserves the nurse's moral integrity and does not jeopardize the dignity or well-being of the nurse or others. While there are shared values in nursing, nurses are not expected to hold the same personal values as one another. Nurses have an obligation to express their concern individually or collectively when their integrity is compromised by patterns of institutional behavior or professional practice norms that erode the ethical environment, causing emotional and moral distress. These threats also undermine nurses' ability to exercise their moral agency, which is tied to their moral identity and the trust required of their relationships.

5.3 Perioperative Explications

Perioperative nurses do not compromise professional or personal integrity. In addition, the perioperative RN knows that the use of the title Registered Nurse (RN) is granted by state licensure and carries with it the responsibility to act in the public interest. The title RN and all other symbols of academic degrees or other earned or honorary professional symbols of recognition may be used in all ways that are legal and appropriate.

Integrity in business and cost management is also a part of the perioperative RN's practice. Perioperative RNs can be financially prudent and at the same time discharge their clinical, educational, and administrative duties in a manner that is consistent with ethical principles. When the perioperative RN is ethically and morally opposed to interventions or procedures in a particular case, the nurse is justified in refusing to participate if the refusal is made known in advance and in time for other appropriate arrangements to be made for the patient's nursing care. When the patient's life is in jeopardy, the perioperative RN is obliged to provide for the patient's safety, to avoid abandonment, and to withdraw only when assured that appropriate sources of nursing care are available to the patient.

Perioperative Examples

- Assists the patient in formulating decisions affecting care, as appropriate.
- Confirms that the patient's questions and concerns are addressed by coordinating and collaborating with the appropriate care providers, surgeons, and anesthesia professionals.
- Facilitates the patient's participation in the perioperative plan of care.
- Documents patient charges accurately.
- Uses and maintains supplies and equipment according to manufacturers' instructions.
- Embraces and implements the use of a surgical conscience at all times.
- Plans for an appropriate substitute care provider if personal beliefs conflict with required care.
- Recognizes that moral distress may be associated with aspects of health care, such as do-not-resuscitate decision-making, and seeks support as needed for themselves, health team members, and others.

5.4 Professional Competence

Competence is a self-regarding duty. It affects not only the quality of care rendered but also one's self-respect and self-esteem, and the meaningfulness of work. Nurses must maintain professional competence and strive for excellence in their nursing practice, whatever the role or setting. Nurses in leadership roles are responsible for developing criteria for the evaluation of nursing practice and for using organizational support of those criteria in both peer and self-assessments.

Professional growth requires a commitment to career-long and lifelong learning. Such learning can be formal or informal. Career-long learning involves keeping abreast of technological and scientific advances in nursing as well as developing a nuanced approach to human relationships, human experiences, and the recognition of who people are as individuals. Reflective learning can be personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement.

5.4 Perioperative Explications

To practice incompetently is to practice unethically. The perioperative RN as an individual maintains a level of competence to provide optimal and quality patient care. This is demonstrated via performance review, peer evaluation, and completion of competency verification activities. The requirement for competency is inherent in all areas of perioperative nursing practice. In addition, the requirement exists along each nurse's career continuum.

Perioperative Examples

- Facilitates a working environment conducive to learning, teaching, and education.
- Accepts responsibility and accountability for perioperative nursing practices.
- Is aware of limitations and accepts assignments only when competent to function safely.
- Observes peers and assesses their practice to ensure competent performance.
- Participates in peer review within the nurse's scope of practice.
- Seeks education about current practices and new developments in perioperative nursing and health care.

5.5 Human Flourishing

Flourishing is an aspirational state, not an emotion. At its core, it is about a life well lived, both as an individual and in community with others. It is neither a stand-alone nor a simple ethical concept and is inextricably tied to virtue, goodness, community, and practice. Nursing recognizes that persons are inherently relational, rational, vulnerable, and in need of care. We depend on the care of others and the health of the natural and social environments to survive and thrive. This dependence should prompt nurses to nurture social relationships that embrace meaning and purpose as well as advocate for healthy environments. Each person belongs to a range of personal and professional communities in which they have sustaining, though at times unequal, relationships of giving and receiving that support the growth and development of reason and virtue and frame one's duties and obligations. It is a network of relationships-in-community that serve the common good.

Interdependence and reciprocity are tied directly to flourishing as both members of the world community and members of the nursing community. As a member of the world community, nurses' expression of self, unique talents, and lived experiences benefit the nursing profession, lending innovation, transformation, and guided direction. As a member of the nursing community, nurses are afforded the opportunity to engage in fluid, reciprocal, professional relationships built upon networks of giving and receiving support, education, mentoring, and fulfillment, to reinforce our purpose as nurses. This means nurses ought to embody values such as inclusivity, compassion, and ethical comportment to strengthen the nursing community and foster one's own flourishing.

5.5 Perioperative Explications

Perioperative nurses experience and advocate for relationships of giving and receiving that support human flourishing. As nurses develop caring relationships, aspects of human flourishing come to the forefront. Perioperative nurses advocate for the embodiment of values and staff engagement which promote and enhance professional development and human flourishing.

Perioperative Examples

- Seeks opportunities for personal and professional development and growth.
- Looks for ways to give back to the perioperative nursing profession (e.g., teaching, mentoring, networking with others).
- Understands that interdependence and reciprocity are related to flourishing as nurses of both the nursing community and the world community.
- Asserts nursing values.
- Challenges structural oppressions
- Communicates the inherent dignity and worth of each person.
- Advances a nursing vision of a good and healthy society.

PROVISION 6

Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

6.1 The Environment and Virtue

Virtues in nursing and caring practices are learned, habituated attributes of moral character developed in the context of nursing practice, education, and identity formation. Virtues predispose persons to behave in ways that meet their moral obligations as understood by the moral community of nursing; these virtues grow with experience as the nurse moves from novice to expert practice. Virtuous nursing expresses core values, including compassion, caring, dignity, integrity, and respect. As a profession that serves the public, there are certain attributes of moral character nurses ought to possess. These include the application of knowledge and skill in pursuit of wisdom, humility, and moral fortitude. Additionally, virtues are necessary for the affirmation and promotion of the values of human dignity, well-being, health, and other ends that nursing seeks.

For virtues to develop and be operative in nurses, nurses have a reasonable expectation that they will be supported by a moral milieu that enables them to flourish. Nurses contribute to the environment to foster virtuous nursing. Such a moral milieu promotes mutual caring, generosity, kindness, veracity, moral equality, and transparency.

6.1 Perioperative Explications

Perioperative nurses are responsible for developing a safe, caring, and inclusive environment that promotes the well-being of patients. The nurse provides a compassionate and therapeutic environment by fostering respectful and collaborative interactions with colleagues. This includes recognizing and addressing barriers that may affect team dynamics, ensuring that the practice environment is supportive, equitable, and conducive to high-quality patient care.

Perioperative Examples

- Interacts with the patient in a compassionate, culturally sensitive, and equitable manner.
- Displays empathy, sensitivity, and patience in all aspects of perioperative practice, including during difficult or stressful situations.
- Treats all persons with dignity and respect.
- Develops a relationship with the patient that supports mutual involvement in planning care.
- Advocates for the patient before, during, and after the surgical experience.
- Answers the patient's questions related to their care.
- Listens attentively and, when appropriate, refers the patient to other resources.
- Reflects on their own virtues, behaviors, and practice to promote continual personal and professional improvement and growth.

6.2 The Environment and Ethical Obligation

Knowledge of the *Code of Ethics for Nurses (Code)* and associated ethical position statements is foundational to a moral community and work environment. Many factors contribute to a practice environment that can either present barriers or foster ethical practice. These include but are not limited to government licensing regulations, compensation systems, disciplinary procedures, access to ethics services, grievance mechanisms that prevent reprisal, health and safety initiatives, organizational processes and shared governance structures, performance standards, and policies addressing discrimination and incivility. Nurses act as moral agents to transform environments where barriers limit the ethical practice of nurses.

Establishing a moral milieu requires intentionality. When social norms in a particular setting have been established that negatively affect the ethical environment (e.g., incivility, bullying, mobbing, cultural insensitivity, prejudicial discrimination, racism), rectification is necessary. Environments constructed for equitable, respectful, dignified, and just treatment of all reflect the values of the profession and nurture excellence in nursing practice. Nurses ought to engage in self-reflection to recognize biases that may cause harm to colleagues and the nursing profession. They also seek education and training to identify, mitigate, and change detrimental practices. Nurses in an education or a leadership role work to provide non-judgmental, inclusive spaces for nurses and time for self-reflection. Nurses in all roles ought to strive to create a culture of inclusiveness, belonging, harmony, connection, and community, and uphold practice environments that support nurses and others in the fulfillment of their ethical obligations. Nurses are committed to creating and sustaining an ethical environment where nurse-to-nurse relationships can flourish.

6.2 Perioperative Explications

The perioperative RN creates, maintains, and contributes to a work environment that supports individuals in their nursing practice. This environment is controlled by policies, procedures, guidelines, and standards for practice. The nurse is knowledgeable about the various processes and committees that support and promote a professional working environment and is willing and able to participate in such. When negative social norms such as incivility, bullying, cultural insensitivity, or bias arise, the nurse promotes an equitable and respectful environment by addressing barriers, engaging in self-reflection, and working to recognize and mitigate behaviors that undermine professional practice.

Perioperative Examples

- Follows processes for addressing unsafe practice and unsafe conditions and advises the appropriate personnel in the practice environment.
- Advocates for and follows processes for addressing ethical issues.
- Participates in developing policies, procedures, and standards of performance.
- Serves on departmental or organizational committees, councils, or task forces, as able.
- Adheres to organizational policies and procedures.
- Takes action when there is a breach of policy or procedures in practice.
- Maintains knowledge of the *Code of Ethics for Nurses* and applies it in perioperative practice.
- Promotes a positive, inclusive, and equitable environment that supports an experience of respect and psychological safety.
- Facilitates a working atmosphere that is conducive to education and learning.
- Welcomes, encourages, and mentors new staff, colleagues, and students, fostering inclusivity and supporting professional growth.
- Promotes evidence-based practice by integrating current research and clinical guidelines into perioperative care.

6.3 Responsibility for the Healthcare Environment

Nurses are responsible for contributing to an environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues that may have potential ethical implications. This includes advocating for more substantial ethics content in nursing education programs as well as ongoing professional development in ethics. Nurses in leadership roles have a particular responsibility to ensure that nurses are treated fairly, safely, and justly, and that they are involved in decisions related to their practice and working conditions. Nurses in leadership roles must respond to concerns and work to resolve them in a way that preserves the integrity of nurses. They ought to seek to change enculturated activities or expectations in the practice setting that are morally objectionable. Nurses practicing in every area must play an active role in shaping professional practice environments to meet the expectations outlined by the *Nursing Scope and Standards of Practice*, recognizing that these environments directly or indirectly impact health outcomes.

Unsafe or inappropriate activities or practices must be rectified. Organizational changes are difficult to achieve and require persistent, collective efforts. Nurses throughout an organization should take steps to advocate for the recognition of problems at an institutional level and explore potential resolutions. Participation in collective and interprofessional efforts that strengthen the commitment to an ethical environment is appropriate.

Nurses should address concerns about the healthcare environment through appropriate channels and/or regulatory or accrediting bodies to ensure a safe and ethical environment. After repeated efforts to bring about change fail, nurses may feel a moral obligation to resign from healthcare facilities, agencies, or institutions where there are sustained patterns of violation of patients' rights, where nurses are required to compromise standards of practice or personal integrity, or where the leadership is unresponsive to nurses' expressions of concern. Given the possibility of organizational reprisal and financial hardship, if nurses choose to stay in an ethically compromised organization, they should continue to be vocal advocates for improving working conditions for nurses and improving unit and institutional practice for ethical patient care. By remaining in such an environment, even if due to financial necessity, nurses risk becoming complicit in ethically unacceptable practices and may suffer adverse personal and professional consequences. When nurses decide to resign or are terminated without just cause, they should pursue reasonable efforts to report and expose injurious actions that threaten nurses, patients, and the delivery of safe, high-quality care. Deciding to resign is often a challenging decision. If individual moral integrity is seriously compromised, or the nurse feels unable to act in accord with ethical values, or all attempts to pursue resolution have failed, resignation may be necessary. The needs of patients or external pressure may never be used to obligate nurses to remain in persistently morally unacceptable work environments. Despite its risk, nurses need to acknowledge the potential benefits of collective action, whether through bargaining, voting, and/or striking. Nurse-led entities should represent nurses in addressing unjust practices. Resumption of work after a collective action often requires intentionally rebuilding the ethical environment and nurses' relationships with colleagues, the interprofessional team, the institution, and the community.

A working environment that prioritizes nurses' professional fulfillment minimizes moral distress, strain, and dissonance. Nurses create an ethical environment and culture of civility and kindness, treating all people with dignity and respect. They collaborate to meet the shared goals of providing compassionate, transparent, and effective health services. Through advocacy and allyship, the collective power of the nursing profession, and collaboration with nursing organizations, nurses can help secure the just economic and general welfare of nurses, safe practice environments, and a balance of interests. These organizations advocate for nurses by supporting legislation; publishing position statements; maintaining standards of practice; maintaining the *Code*; and monitoring social, professional, and healthcare changes.

6.3 Perioperative Explications

The perioperative RN treats colleagues and peers respectfully and fairly. The nurse, in all roles, participates in decisions that will affect practice and working conditions. The perioperative RN identifies and supports perioperative environments that promote practice in accordance with AORN guidelines. As a moral agent, the nurse should seek employment elsewhere if the work environment does not routinely support high-quality patient care and safe practice. Nurses, whether individuals or groups, have the ethical obligation to question unfair workplace practice issues or concerns. The perioperative RN addresses concerns about the work environment through appropriate channels as needed. The perioperative RN may participate in collective activities (eg, collective bargaining, workplace advocacy) as needed to address concerns about patient care, the work environment, or just compensation. These activities should be consistent with state nurse practice acts, the *ANA Code of Ethics for Nurses*, and *AORN's Explications for Perioperative Nurses*.¹

Perioperative Examples

- Follows the organizational chain of command.
- Promotes an environment that addresses incivility, harassment, bullying, or dismissive behaviors in the perioperative environment, particularly during high-stress situations (e.g., time outs, counts, emergencies).
- Takes action, whether individual or collective, to ensure that inappropriate behavior is addressed.
- Facilitates a work environment that is conducive to learning.
- Promotes a welcoming and open environment so that all can practice without feelings of discomfort or fear of ridicule.
- Collaborates openly and honestly with all health care team members.
- Identifies and reports unsafe patient practices.
- Remains alert to changes in the environment that could compromise patient care or safe practice.
- Reports concerns as they are identified and anticipates the possible effects of change to proactively prepare for potential safety concerns.
- Participates in strategic planning and development of departmental and institutional goals.
- Promotes empowerment by advocating for all health care providers to be able to perform to the full extent of their scope of practice.
- Seeks membership in the state nursing organization.
- Maintains membership in AORN.
- Advocates (within labor relations frameworks) for measures that protect patient safety, such as fair and safe on-call schedules, ensuring nurses have adequate rest and recovery between shifts.
- Promotes responsible conservation of healthcare resources by ensuring judicious use of supplies and equipment.

PROVISION 7

Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

7.1 Contributions through Knowledge Development, Research, and Scholarly Inquiry

All nurses are engaged in knowledge production that informs nursing practice. Nursing knowledge draws from and contributes to the sciences and humanities. Nurses engage in research and scholarly inquiry designed to expand the body of nursing knowledge through theory, philosophy, ethics, science, and practice.

Nurses develop knowledge using a diversity of methodologies derived from the natural sciences, the social sciences, and the humanities. Multiple ways of knowing provide varied insights that contribute to nursing knowledge. The body of knowledge from non-nursing disciplines is also important to advance nursing knowledge. This includes historical, philosophical, and ethical approaches. The integration of the arts also broadens nursing's knowledge base and contributes to nurses' understanding of the human experience. Nursing knowledge and practice benefit from a plurality of perspectives and knowers.

Understanding how rigorous and ethical research enables the integration of findings into practice protocols and guidelines, advances health outcomes, and shapes policy development to support nursing practice. Some nurses are directly involved in empirical research as principal investigators or lead nurse scientists, research coordinators, or other members of the research team. The incorporation of research findings in clinical practice benefits patients who are the recipients of a nurse's expert knowledge, skill, and care. Research may or may not directly benefit the individual enrolled in a research study but advances knowledge for the future treatment of patients and is a gift of the consenting participants.

Nurses increasingly come in contact with research procedures in the delivery of nursing care. All nurses ought to understand the elements of what makes research ethical: social value, scientific merit, informed consent, fair subject selection, independent review, favorable risk-benefit ratio, and respect for enrolled participants. Evidence-based practice is generated from research and other quality improvement processes and improves the care provided in all settings.

7.1 Perioperative Explications

The perioperative RN has an obligation to the patient and to society to engage in activities that promote scholarly inquiry to identify, verify, and expand the body of perioperative nursing knowledge. Perioperative nursing includes investigating to further knowledge, participating in research, and applying theoretical and empirical knowledge. The perioperative RN can support the research process as a content expert, data collector, research participant, research assistant, or principal investigator. The perioperative RN also has the responsibility to contribute to the advancement of the profession by translating research into practice. Research is used as evidence to support or change policies and procedures for perioperative practice. Perioperative RNs should seek education regarding practice-related research. Involvement in research activities allows perioperative nurses to enhance their practice.

Perioperative Examples

- Translates evidence into nursing practice.
- Serves as a principal investigator or co-principal investigator on research studies.
- Actively participates in local and national research initiatives.
- Actively seeks the opportunity to be involved in research-related activities.
- Disseminates research findings to colleagues.
- Reads and/or reviews research in professional journals.
- Supports research and research utilization in perioperative practice.
- Advocates for and protects human participants in research occurring in the perioperative environment.
- Uses research findings to support and improve clinical practice.
- Fosters an environment of intellectual curiosity.
- Identifies problems amenable to the research process.

7.2 Protection of Human Participants in Empirical Research

All nurses have a professional and ethical obligation to protect those who participate in research and uphold the ethical conduct of research. Informed consent is an important ethical requirement intended to respect the choices of individuals, their preferences, and their goals of research participation. Informed consent is not a one-time event. It is a process that requires ongoing consideration of capacity, engagement, and understanding. Individuals have the right to choose whether to participate in research. Participation must be free from coercion or exploitation. Participants or alternate decision-makers must be provided with sufficient and relevant information in their preferred language, at a suitable literacy level to make decisions consistent with the participant's values. Part of this process involves allowing time for decision-making, addressing any misconceptions, and answering questions. Informed consent must also include the understanding of the right to decline to participate or to withdraw at any time without fear of adverse consequences or reprisal.

Nurses, whether acting as principal investigators or as part of a study team, are often responsible for obtaining informed consent from potential study participants. This includes discussing with individuals the voluntary nature of the study, the elements of the research study, its potential benefits and risks, alternatives to participation, and the right to withdraw or refuse to participate. Nurses are also in a position to answer any questions that participants might have and to continually assess their willingness and ability to participate in research.

Research or scientific integrity encompasses values of honesty, accountability, collegiality, and transparency in all aspects of the research process from developing research questions to dissemination of the data that help cultivate trust in science. Nurses have an ethical responsibility to disseminate their research findings and other scholarly activities, including negative findings. This dissemination is ethically required in order to honor the participation of study participants. Misconduct can, and does, occur in nursing research or other types of scholarly inquiry. Misconduct has traditionally been defined by the following acts: plagiarism (using another person's ideas without appropriate attribution), falsification (misrepresenting research through manipulation of data) and fabrication (making up data or results). Misconduct can also be considered anything that violates the norms of integrity, accountability, collegiality, and transparency.

A community-based participatory approach is key to designing, implementing, and disseminating scholarly inquiry that supports and further advances the interests of the community, avoids harm to these communities and individuals, and builds trust with communities of interest. As nurses produce and apply nursing knowledge, it is incumbent upon them to consider the assumptions, strengths, and flaws built into the evidence base. Health sciences research frequently reproduces unchecked assumptions about historically- and presently-minoritized populations, giving rise to underrepresentation of some groups and overrepresentation of others in research, leading to an evidence base distorted by oppression. Nurses ought to be alert to research that is not value-neutral. Marginalized and socially disadvantaged or disempowered communities and groups have been exploited and harmed by researchers who perpetuated prejudices and flawed findings. Nurses ought to recognize that the existing evidence base reflects a history and record of unjust research practices, which reflects researcher and social biases.

7.2 Perioperative Explications

Perioperative nurses are essential contributors to scholarly inquiry and must uphold the highest standards of ethical research practice. This includes a firm commitment to maintaining the privacy of research participants, obtaining and respecting informed consent, and ensuring that participants fully understand the nature, risks, and benefits of their involvement. Throughout all phases of research, the perioperative RN acts with integrity, avoiding all forms of misconduct.

Perioperative Examples

- Serves as a member of an institutional review board.
- Identifies problems amenable to the research process.
- Verifies that consent is given freely, without coercion, and that participants know they can withdraw at any time.
- Advocates for consent processes that respect language, literacy, and cultural differences; monitoring standards of practice pertinent to the nurse's role(s); and fostering optimal standards of practice at the local, regional, state, and national levels of the health care system.
- Demonstrates awareness of biases and injustices embedded in historical research and promotes equitable representation and inclusivity.
- Designs protocols that de-identify research participant information when possible.
- Maintains CITI (Collaborative Institutional Training Initiative) certification.
- Disseminates research findings to advance evidence-based practice, improve patient outcomes, and contribute to the broader nursing and surgical communities.

7.3 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards

Professional practice standards evolve with the ongoing development and implementation of nursing knowledge and must reflect ethical, competent practice. Research, scholarly inquiry, and knowledge generation guide the development of the *Nursing Scope and Standards of Practice*, which evolve to address advances in ethical reflection, science, technology, and practice. Nursing identifies its own scope of practice shaped by relevant social, cultural, and historical values as well as the profession's values, as articulated by the *Code of Ethics for Nurses (Code)* and other foundational documents. Nurses should understand their obligations to the practice environment, profession, and public, informed by nurse practice acts. Nurses who are educators establish and promote standards of education and practice to foster and ensure the development of knowledge, skills, and the moral dispositions essential to nursing.

7.3 Perioperative Explications

The perioperative RN is responsible for monitoring practice standards relevant to the nurse's roles and for fostering optimal practice at the local, regional, state, and national levels of the healthcare system. Perioperative educators and managers share responsibility for promoting an environment and conditions that support the implementation and use of standards and recommended practices, enabling nurses to practice according to accepted standards.

Perioperative Examples

- Uses AORN and other professional organizations' practice standards and guidelines to support nursing practice and patient care.
- Contributes to the work of AORN committees and projects.
- Reviews and critiques practice guidelines (e.g., reviews new and revised guidelines posted for public comment and provides thoughtful and professional feedback).
- Participates in quality and process improvement initiatives.
- Participates in multidisciplinary reviews of patient outcomes.
- Participates in nursing professional governance activities (e.g., unit-based shared governance).

7.4 Contributions through Nursing, Health, and Social Policy Development

Nurses are engaged in shaping institutional, community, and social policies. Given their ethical commitments and body of knowledge, nurses have important contributions to make in health-related policy. This includes policies related to transit, climate, clean water, firearm safety, healthcare, food, and more. Nurses are encouraged to share their evidence-based knowledge with the public by serving on shared governance boards and professional, governmental, and community-based committees within local, regional, state, national, and global associations as well as practice settings.

Foundational to this participation is robust professional, political, and civic education. Nurse educators have a particular responsibility to model and foster commitment to the full scope of nursing practice and informed perspectives on health policy for students. Mechanisms of accreditation and assurances of minimum safe practice should reflect this priority. Nurses in leadership roles should foster institutional policies that empower evidence-based practice and enhance ethical comportment. This includes supporting continuing educational opportunities and dedicated time and resources that allow for institutional service and the importance of including nursing's voice on interprofessional improvement committees. Nurse researchers and scholars contribute expertise to the development and implementation of evidence-based nursing, health, and social policies.

7.4 Perioperative Explications

Various activities within the workplace and through local, state, and national organizations allow perioperative nurses to contribute to the profession. Perioperative educators and managers create an environment that encourages nurses' participation in activities that promote the advancement of the profession. Nurses support the development of their field and healthcare policy by engaging in civic activities.

Perioperative Examples

- Serves as a member, leader, or mentor for a committee.
- Seeks education related to changing health care policy at local, state, and national levels.
- Participates in defining and revising the scope of practice acts.
- Consults and collaborates with individuals who shape health care policy.
- Actively seeks to be involved in new product selection, patient safety initiatives, strategic planning, risk management and risk reduction strategies, infection control surveillance, and the facility ethics committee.
- Reviews and critiques practice guidelines (e.g., reviews new and revised guidelines posted for public comment and provides thoughtful and professional feedback).
- Participates in nursing professional organization legislative advocacy (eg, forums and calls).

7.5 Considerations Related to Ethics, Technology, and Policy

The practice of nursing requires the integration of technology. New technologies enter, proliferate, and change healthcare at a rapid pace and the scale ranges from the molecular (e.g., genomics) to the infinite (e.g., machine learning [ML] and augmented intelligence or artificial intelligence [AI]). Nurses contribute to decisions involving the development and adoption of technologies in the provision of nursing care and conduct of research through multiple routes including engagement with ethics committees. In addition to weighing the viability and efficacy of technologies' end products and deliverables, nurses also consider the ways in which technologies are developed and their impact on knowledge production and nursing practice. Developing and adopting cutting-edge technologies may stratify care in ways that exclude those who are unable to afford potential options. Conscientious use of informatics and healthcare technologies requires consideration of health equity principles and an emphasis on transparency in development tactics and application processes.

Although it is impossible to account for every nuance of every technological development and predict how technology will be used in healthcare in the future, nurses should appreciate that ML, augmented intelligence, and AI are already deeply embedded in healthcare. Common examples include algorithms designed to support clinical decision-making and diagnostic programs used in radiology and pathology. Nurses need to grasp the broader implications of their input on downstream data, clinical decision-making, clinical decision support rules and alerts, and electronically transmitted information into subsequent records. Nurses recognize the potential for ML, augmented intelligence, and AI to expand nursing capacity but ought to also acknowledge that technologies may cause harm. The ability to reverse data permissions or delete data must be considered throughout the development of these technologies. For example, it is not always clear when ML, augmented intelligence, and AI are being used to collect or use data, making opting-out difficult for both nurses and patients. Considerations for reversibility, or the ability to withdraw permissions to access data or to remove data entirely, must continually be explored before, during, and after the development of data-collecting technologies. Augmented intelligence or AI also may result in wage inequalities and amplify inequities inherent in big data. Balancing the risks and benefits of technologies requires that nurses stay informed about developments, acknowledge the potential benefits and harms, maintain the dignity of the recipient of care, complement the relational nature of nursing, and ensure the voice of nursing is present when decisions are made in healthcare systems.

Advancements in genetics and genomics research and their technologies, such as whole genome and exome sequencing, raise similar concerns (e.g., informed consent, risk-benefit ratio, privacy, and confidentiality) as well as unique ethical concerns. Ethical questions that nurses should continue to consider and reflect on include who has access to these technologies, how will they be used and by whom, how will genetic information affect historically- and currently-oppressed or resource-poor communities, what approaches can be used to minimize harm to families, and when is there a duty to return results or disclose incidental findings.

Nurses ought to ensure the ethical and responsible use of evolving technologies by critically questioning the underlying assumptions of technologies and the implications of their use in research. Nurses who are educators ought to emphasize the centrality of technology in the provision of nursing care as they educate the next generation of nurses, considering the benefits and challenges of technologies in supporting patient care. By critically questioning the underlying assumptions of these innovations, nurses may affirm that they reflect the values, principles, and goals of the profession.

7.5 Perioperative Explications

Perioperative RNs must have a voice in the adoption and integration of emerging technologies into both nursing care and research. These technologies include, but are not limited to, genomics, machine learning, augmented reality, and artificial intelligence. It is essential that perioperative nurses understand the potential benefits such innovations offer—such as improved patient outcomes, enhanced decision-making, and streamlined workflows—while also recognizing the ethical and practical risks, including data privacy concerns, algorithmic bias, and unintended harm.

Perioperative nurse educators carry an additional responsibility: to teach the importance of technology in supporting care activities, while fostering critical thinking about the benefits and challenges that technological inclusion presents. This includes preparing nurses to evaluate technologies through the lens of patient safety, equity, and evidence-based practice. By engaging in these conversations and educational efforts, perioperative nurses help ensure that technological advancements are implemented responsibly, ethically, and inclusively.

Perioperative Examples

- Provides feedback to information technology teams creating electronic health record perioperative documentation templates.
- Advocates for patient safety and privacy while using AI technologies (e.g., surgical site infection risk, anesthesia reaction risk).
- Participates in or lead augmented reality and virtual reality–based training for surgical procedures and emergency scenarios.
- Understands and follows evidence-based practices and guidelines when incorporating technology that uses AI.

PROVISION 8

Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

8.1 Collaboration Imperative

Many health and health system issues cannot be addressed by one discipline alone. Nursing must collaborate to achieve the profession's broader and more complex goals. Collaboration includes networking, advocacy, leadership, and diplomacy. It occurs among nurses and other healthcare and non-healthcare disciplines, recipients of care, the communities that are impacted by specific issues, the general public, and elected representatives. Nurses collaborate at many levels to address institutional, community, and legislative challenges. Collaborative efforts for nurses focus on diverse issues such as healthcare system problems, planetary health initiatives, and policies and laws that threaten health equity. The complexity of healthcare requires collaborative effort that has strong support and active participation of an interprofessional team and involves the recipient of care. Collaboration optimally requires listening, mutual trust, recognition, respect, transparency, shared decision-making, accountability, and open communication among all who share concern and responsibility for health outcomes. It extends to everyday relational ethics when intraprofessional, interprofessional, and nurse-patient collaboration is necessary. Nurses are uniquely positioned to elicit patient's values, beliefs, and wishes and communicate them to the team. Collaboration also includes collective advocacy, leadership, transformational change, leverage of nursing expertise, amplification of voices that are typically silenced, and construction of a shared understanding that includes the unique perspective of nurses. Partnerships and networks created by multiple disciplines and communities enhance collective power to address issues that require a bold approach.

Nursing organizations and relevant parties have a moral obligation to address workforce sustainability. Academic institutions, healthcare agencies, businesses, and policy makers must collaborate to consider the wide spectrum of healthcare delivery systems, from urban medical centers to rural communities. Nursing, with its partners, should ensure the education and distribution of nurses to sustain the nursing workforce. Systemic solutions must be central to any discussion about improving staffing and nursing education. Sustainability initiatives include shared governance, workplace safety, transformational leadership, and the implementation of evidence-based transition-to-practice programs. Workforce shortages occur at all levels of nursing and place insurmountable pressure on the profession. Collaboration is essential to alleviate the burden placed on nurses working within an under-resourced and complex healthcare system.

8.1 Perioperative Explications

Collaboration recognizes that health is interconnected and nurses must work with others to pursue justice and human dignity. Issues like poverty, climate change, pandemics, and unequal access to care are too complex for one discipline or profession to solve. A single nurse's voice is powerful, but collective voices across health systems, governments, and international organizations carry greater influence in shaping policies and protecting human rights. Collaboration ensures diverse perspectives are included, especially from marginalized communities.

Perioperative Examples

- Collaborates with members of other professional organizations at international, national, and state levels.
- Communicates with elected officials about health care needs.
- Educates elected officials and other personnel in governmental organizations about the impact of the perioperative RN and the perioperative environment.
- Donates to health care-related charities and organizations as able.
- Participates in international nursing societies.
- Recognizes the interdependence and collaboration of all health care workers to provide quality health care to everyone.
- Volunteers perioperative nursing knowledge and skill at local, state, national, and international levels (e.g., local health fairs, medical mission trips).
- Works with social workers, community advocates, and global organizations to address the social determinants of health (e.g., housing, nutrition, safety, education).
- Elicits patients' values, beliefs, and wishes and communicates them to team members.
- Partners with physicians, public health officials, policy makers, educators, and community leaders to create sustainable solutions.

8.2 Collaboration to Uphold Human Rights, Mitigate Health Disparities, and Achieve Health Equity

The nursing profession holds that physical and mental health are universal human rights. Thus, the need for nursing is universal. Where there are human rights violations, nurses ought to and must stand up for those rights and demand accountability. To transform unjust structures and directly address social and structural determinants of health, nurses must partner directly with communities of interest to advocate for community-based organizations, promote innovative models of care, and advance legislative proposals for safe and sustainable communities for all people.

The nurse collaborates to ensure care delivery that is person-centered, holistic, trauma-informed, and culturally responsive. With the healthcare team, nurses identify and work to procure resources that support individual, family, and community health. Nurses educate and work with others to prevent, treat, and control prevailing health problems and identify emerging health threats. For example, issues of human trafficking and environmentally sustainable healthcare cannot be addressed by nursing alone. Nurses, with the healthcare team, advocate for equitable access to immunizations and reproductive healthcare, effective injury prevention, public education concerning health promotion and maintenance, and prevention and control of locally endemic diseases and vectors. Advances in technology, genetics, and environmental science require a robust response from nurses, in concert with others. Teams need to develop creative solutions and innovative approaches that are ethical, equitable, and respectful of human rights. Additionally, researchers from every discipline ought to ask the difficult questions, and collectively and honestly expose inequities in health outcomes.

Perioperative Explications

All nurses commit to advancing health, welfare, and safety. This nursing commitment reflects the intent to achieve and sustain health as a means to the common good so that individuals and communities worldwide can develop to their fullest potential and live with dignity. Ethics, human rights, and nursing converge as a formidable instrument for social justice and health diplomacy that can be amplified by collaboration with other health professionals. As representatives of perioperative nursing, it becomes imperative for perioperative nurses to lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering. Such partnerships must raise health diplomacy parity with other international concerns like commerce, treaties, and warfare. Human rights must be diligently protected and promoted, and may be interfered with only when necessary and in ways that are proportionate and in accord with international standards.

8.2 Perioperative Examples

- Volunteers to teach and provide services in the community (e.g., health fairs, wellness classes, vaccination clinics).
- Educates members of the community about perioperative nursing.
- Collaborates with consumer, service, and support organizations related to health care.
- Fosters education of the public on local, state, and national health care issues.
- Prepares for disasters and threats to the community and volunteers as able to assist during disasters and pandemics.
- Provides explanations and answers to questions in the patient's primary language (i.e., uses translation services as needed).
- Incorporates the patient's requests regarding religious preferences into practice as much as possible.
- Integrates the patient's cultural differences into the plan of care.
- Incorporates requests for alternative therapies into care and advocates for alternative therapies in the workplace, as appropriate.
- Seeks to increase awareness of issues and to change structures and processes that are unjust and could detract from the provision of compassionate health care and creates a moral environment that is open to diverse values.
- Strives to be as knowledgeable as possible regarding cultural and social conditions that affect both health and illness.
- Adheres to state and federal laws and regulations that protect the community (e.g., reporting of communicable diseases).
- Understands communicable disease reporting, helmet laws, immunization requirements, mandatory reporting of abuse, quarantine, smoking bans, human trafficking, environmentally sustainable healthcare, and advances in technology, genetics, and environmental science.
- Endeavors to address the context of health, including social determinants of health such as poverty, access to clean water and clean air, sanitation, human rights violations, hunger, nutritionally sound food, education, safe medications, and healthcare disparities.

8.3 Partnership and Collaboration in Complex, Extreme, or Extraordinary Practice Settings

Nurses bring attention to human rights violations. Genocide, abuse, sexual assault, rape as an instrument of war, hate crimes, human trafficking, oppression, the global feminization of poverty, the exploitation of migrant workers, and all other such human rights violations are of grave concern to nurses. The nursing profession joins in solidarity with many other professions when these violations are encountered. Human rights may be jeopardized in extraordinary contexts related to fields of battle, pandemics, political turmoil, regional conflicts, environmental catastrophes, or disasters where nurses must necessarily practice in extreme settings, under altered standards of care. Nurses stress human rights protection with particular attention to preserving the human rights of disenfranchised, marginalized, or socially stigmatized groups.

All actions and omissions risk unintended consequences with implications for human rights. Thus, nurses ought to engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating clear moral justifications for their actions. Only in extreme emergencies and under exceptional conditions, whether due to forces of nature or to human action, may nurses subordinate human rights concerns to other equally weighted considerations. This subordination may occur when there is both an increase in the number of ill, injured, or at-risk patients and a decrease in access to resources and healthcare personnel. Climate change, with its direct temperature-related impacts and other climate disruptions, including rising sea levels, floods, droughts, wildfires, infectious disease outbreaks, hurricanes, and tornadoes, causes devastation and has a disproportionate impact on poor and marginalized populations. Nurses engage in collaborative and collective action to counter structural, institutional, and political drivers of climate change.

Nurses work with others to promote transparency, protect the public, consider proportional restrictions of individual needs, and advocate for fair stewardship of resources. With interprofessional teams, nurses consider guidance of international emergency management standards and collaborate with public health officials and communities throughout an event.

8.3 Perioperative Explications

The perioperative RN is an integral member of the surgical team and works collaboratively to ensure optimal patient care. The practice environment can change during times of disaster, pandemic illness, and war. During extreme conditions or emergencies, there may be situations in which perioperative nurses have conflicting responsibilities that may prevent them from participating in patient care. Perioperative nurses must assess their ability to participate and collaborate during extreme situations that may be complex and require extraordinary practice. The extreme conditions or emergencies should be identified early and discussed in collaboration with the perioperative RN's manager or administrator in an effort to examine alternative plans for safe patient care.

Perioperative Examples

- Provides care and nursing service for those populations in need.
- Advocates for social justice in health care.
- Creates and supports a moral practice environment.
- Participates in open discussions on issues such as diversity, socioeconomics, and inequality or disparity in health care.
- Advocates for human rights in health care.
- Volunteers, as able, to assist or provide care in extreme emergencies or conditions (e.g., extreme weather or natural or man-made catastrophic events).
- Collaborates with appropriate supervisory personnel regarding ability to participate in extreme conditions or emergencies.

PROVISION 9

Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

9.1 Assertion of Nursing Values

Professional nursing organizations ought to exemplify the values of nursing and respect the inherent dignity, worth, unique attributes, and human rights of all individuals. The need for and right to health is universal, transcending all individual differences. It is the shared responsibility of professional nursing organizations to speak for nurses collectively in shaping healthcare and to promulgate change for the improvement of health and healthcare rooted in humanistic and social justice principles.

Nurses and professional nursing organizations condemn dehumanization in all its forms while simultaneously affirming the intrinsic dignity of all people through advocacy and allyship. Nurses recognize this as an ethical duty, enacted through intentional interventions and support to eliminate harmful acts, words, and deeds. Nurses create spaces that amplify voices not traditionally heard, recognized, or welcomed, in order to create a culture that respects all persons. Nursing values instill a sense of duty beyond individual careers, emphasizing the collective impact the profession can have on societal well-being. Professional organizations acting in solidarity is a formidable force and strengthens the ability of the profession to influence social justice and global health.

9.1 Perioperative Explications

AORN's mission is to support perioperative RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. In pursuit of this mission, AORN is dedicated to excellence through education, advocacy, and the development of research-based, current, and practical standards. The organization also supports legislation that advances social justice, reduces health inequities, and fosters an inclusive perioperative environment built on respect for all.

Perioperative Examples

- Participates in educational programs and other learning activities to promote lifelong learning.
- Reads professional journals and newsletters.
- Incorporates AORN's *Guidelines for Perioperative Practice* into practice.
- Uses the Perioperative Nursing Data Set (PNDS) to link perioperative nursing care to positive patient outcomes.
- Applies "patient safety first" principles to perioperative patient care.
- Provides consultative and other services to support perioperative nursing and patient care.
- Engages in legislative initiatives at the local, state, and national levels to advance perioperative nursing, enhance patient care, and promote social justice within a culture of respect.
- Promotes interaction with regulatory agencies (e.g., US Food and Drug Administration, Centers for Medicare & Medicaid Services) to advance safe, quality patient care.
- Maintains membership in AORN.
- Participates in AORN chapters, state councils, specialty assemblies, and other organizational units to support AORN and perioperative nursing.

9.2 Commitment to Society

Society establishes a reciprocal covenant with nursing and grants authority to nursing to provide care for the health and well-being of all members of society. Nurses are trusted to provide competent and compassionate care grounded in ethics. The goals of the profession are achieved through nursing's fidelity to the enduring nurse-to-patient and nurse-to-society relationships rooted in trust. Economic priorities and pressures, corporatized and for-profit healthcare, overreliance on technology, and emphasis on the performative nature of professionalism or technique threaten to undermine nursing's social covenant, resulting in an emphasis on the transactional rather than the relational aspect of the profession. Individual civic engagement and nursing's civic professionalism embody nursing's covenant and affirm the mutual expectations and responsibilities between nursing and society.

To fulfill nursing goals for a healthy and just society, nursing education ought to provide sustained opportunities for the development of skills that facilitate civic engagement and foster societal flourishing. Nursing curricula and formation, research and healthcare policy education, and professional development should prepare nurses to address unjust systems. The nursing profession upholds the public's trust, in part, by its deliberate and intentional education in advocacy and allyship to create just systems.

9.2 Perioperative Explications

AORN's mission is to support perioperative RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures by uniting perioperative nurses in a shared commitment to advancing the highest standards of professional practice. This commitment reinforces the trust placed in nursing and affirms its authority to provide care that promotes the health and well-being of all members of society. AORN collaborates with other professional associations, health care facilities, universities, industries, technical societies, research organizations, and governmental agencies to advance its mission and goals, while promoting advocacy, allyship, and public trust in the perioperative nursing profession.

Perioperative Examples

- Practices perioperative nursing that incorporates AORN's *Guidelines for Perioperative Practice*.
- Conducts or participates in nursing research.
- Collaborates with other professional organizations.
- Collaborates with other nursing organizations to enhance the nursing profession.
- Identifies partnering opportunities with educational, healthcare, governmental, payer, business, and professional organizations to promote mutually beneficial patient care initiatives, advocacy, and allyship.
- Partners with academic institutions to promote inclusion of perioperative nursing in curricula and clinical experiences for students.

9.3 Advancing the Nursing Vision of a Good and Healthy Society

It is the shared responsibility of all people and nurses in particular to articulate and advance the notions of *good* and *health* within a society. Nursing has a vision for a good society that arises from the values at the core of the profession. A good society is one that treats everyone with respect and dignity, balances justice and compassion, and regards humanity without hierarchy. Nursing strives to create and maintain a good society that supports the opportunity for its members to coexist and flourish. Goodness and flourishing do not require a perfect universe. Individual nurses work toward goals for which they are best equipped, consistent with their knowledge, skills, interests, and commitments. Attainment of a good and healthy society requires that nursing recognize the imperfections in society and focus on sustainable changes that reflect nursing's virtues and values.

Nurses leverage their specific roles and expertise within varied settings to advance the vision of nursing. Nurses contribute to this vision individually and collectively. Through the power of professional organizations, nursing works to dismantle structural barriers to a good and healthy society. It is essential that nursing regularly and systematically assess strategic plans and the articulated mission and values of professional nursing organizations to ensure the organizations remain aligned with the values of nursing. Advancing the vision of a good and healthy society can occur through professional organizations that support nurses to influence and transform social and structural determinants of health and policy that impact communities and society.

More specific examples of influencing good and health through professional organizations include addressing: the increasing complexity of healthcare; the failure to employ less costly community health models of care; that healthcare is driven more by profit than by ethics; the realities of food insecurity, shrinking water resources, and energy production choices; the consequences of gun violence; disinformation and misinformation; discrimination in all forms; and climate change and environmental justice.

9.3 Perioperative Explications

The *ANA Code of Ethics for Nurses*, together with the *AORN Explications for Perioperative Nursing*, expresses the values and ethics of perioperative nursing. The use of the title RN carries with it the individual's responsibility to act in the public's best interest and to promote social justice by advocating for patients, while recognizing imperfections in society and focusing on sustainable change that reflects the virtues and values of perioperative nursing. By staying informed, perioperative nurses can be a valuable source of education, including to the public, on the causes of health inequities and their impact on people's lives.

Perioperative Examples

- Treats all patients equally, regardless of socioeconomic status, sexual orientation, age, ethnicity, citizenship, or disability.
- Understands how inequities and personal prejudices may adversely affect patient outcomes.
- Understands the responsibility to intervene with the appropriate persons if it is known that the patient is being discharged to an environment that is unsafe or unhealthy.
- Leads by example to promote equity and social justice.
- Incorporates the *ANA Code of Ethics for Nurses* and the *AORN Explications for Perioperative Nursing* into daily practice.
- Strives to create and maintain a good society that supports the opportunity for its members to coexist and flourish.

9.4 Challenges of Structural Oppressions: Racism and Intersectionality

To effectively promote and advocate for social justice, nurses and professional nursing organizations ought to and must first address the history of racism in nursing, take accountability for ongoing harms, and identify specific, measurable plans for creating more inclusive, diverse, and equitable professional organizations that meet the needs of all people. Dismantling structural racism includes understanding and mitigating the harmful impact of racism, recognizing the devastating challenges of structural racism and the resulting power imbalances, and building inclusive coalitions representative of the public.

Nurses ought to and must condemn all forms of oppression and demonstrate intentional efforts to reflect and act upon social justice issues that influence health outcomes and healthcare equity. Systems of oppression stem from governmental, educational, housing-related, judicial, carceral, and healthcare institutions, among others. These systems contribute to, reinforce, and perpetuate the oppression of socially constructed groups based on their ability, age, ancestry, citizenship, class, health status, housing status, marital status, national origin, primary language, race, religion, or sexual identity. Oppressive systems are often not mutually exclusive, and the concept of intersectionality provides a lens to understand the dynamics within discriminatory practices. Intersectionality underscores the necessity of comprehending the compounding and cumulative effects of these interconnected characteristics, promoting a more comprehensive understanding of the challenges faced by individuals and groups in society. Nurses ought to and must advocate for more inclusive and equitable approaches in healthcare.

Racism, a pernicious force that impacts how people receive and access healthcare, is a public health crisis. Nurses must recognize that racism can impact care through direct discrimination and bias in everyday interactions, as well as through institutional policies and laws that perpetuate systemic racism. To this end, it is imperative that nurses work toward becoming anti-racist. The nursing profession historically lacks an ethical analysis of racism, and moving forward must articulate and center anti-racism and equity as nursing values. Meaningful change requires nursing to recognize racism, not race, as the central force at the core of health disparity, inequity, and injustice.

Nursing ought to engage in ongoing self-reflection and critical self-analysis through a lens of anti-racism, equity, and intersectionality. Self-reflection and centering equity must lead to concrete practical changes in nursing organizations. These changes include the ongoing evaluation and transformation of organizational leadership structures, external checks and balances for organizations, the redistribution of power to reflect equity-centric organizational aims, and the consideration of organizational policies and statements that may unintentionally harm marginalized groups of people.

9.4 Perioperative Explications

To promote and advocate for social justice, addressing the history of social injustice in nursing and health care, AORN will be accountable for creating a more inclusive, diverse, and equitable professional organization that meets the needs of all members. AORN promotes the healthcare, welfare, and safety of all individuals. Nurses require adequate representation to support effective healthcare delivery; individual patients and society as a whole benefit from nursing participation in healthcare decisions.

Perioperative Examples

- Considers participation in the electoral process and in lobbying efforts affecting health care at local, state, national, or international levels.
- Considers support of political candidates who advance health care issues.
- Participates in institutional decision-making.
- Volunteers, as able, in community health services.
- Considers support of political candidates, governmental programs, and legislative agenda for improving patient care.
- Educates members of the community about perioperative nursing (e.g., through health fairs, Perioperative Nurse Week activities, educational programs).
- Collaborates with the public, industry, and health care workers regarding environmental and cost-containment issues.

9.5 National Policies, Programs, and Legislation

Nurses and nursing organizations should actively engage in the political process, particularly in addressing legislative and regulatory concerns that most affect the public's health and related social and structural determinants. Nurses ought to take an active role in the democratic process, including through robust civic engagement and legislative and political advocacy. Nurses and their representative professional organizations work in concert to study and disseminate values- and evidence-based efforts to promote social justice and advance a nursing agenda in health and social policies. Further, nurses and nursing organizations have an obligation to speak against legislation and social policy that undermines health, equity, human flourishing, and the common good.

Nurses have a role at every level of the democratic process. This includes informed voting in local and national elections; running for office; combating voter suppression; and working closely with local, state, and federal elected officials to develop, promote, and facilitate the passage of health and social policy change. Other means include activism and protest to facilitate engagement and social awareness and inspire legislative transformation in the interest of health and nursing's professional goals. As members of society, activism and protest are not without risk. Nursing unity strengthens the voice of nurses and helps mitigate both personal and professional risk, while furthering the ends that nursing seeks. Nurses have to be vigilant and build wide coalitions and influence leaders, legislators, and governmental, and non-governmental organizations in all related-health affairs to address the social and structural determinants of health and social well-being.

9.5 Perioperative Explications

AORN encourages perioperative nurses to actively engage in the political process to address public health and social and structural determinants of health. Nurses are urged to stay informed about issues at all levels of government and to influence leaders, legislators, and organizations that shape policies impacting health and social well-being.

Perioperative Examples

- Stays informed about legislation, public health issues, and candidates at local, state, and federal levels.
- Communicates with policy makers through letters, emails, or participation in advocacy days.
- Participates in professional organizations and advocacy groups, including AORN's initiatives.
- Educates peers and the community on healthcare policies and social determinants of health.
- Supports initiatives that promote nursing, patient safety, and health equity.
- Collaborates with stakeholders through interdisciplinary teams, community organizations, or advisory boards to influence policy and advance social well-being.

PROVISION 10

Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

10.1 Global Nursing Community

Nursing champions universal health through support of nursing global engagement and the global nursing workforce. The human right to health and well-being is universal, thus the need for nursing is universal. The development and advancement of nursing knowledge, education and practice are global concerns.

Nursing supports the global community in fostering shared nursing values and disseminating knowledge, education, theory, practice, and standards. All nurses in all global communities are recognized, supported, and included in these efforts. Nursing leverages participation with global initiatives, including International Council of Nurses (ICN) and the nursing office and other offices at the World Health Organization (WHO), to represent the distinctive voice, values, perspectives, and knowledge of nurses and nursing to advance global health and promote public health. Nursing, as part of the global community, works to create and disseminate scientific and scholarly findings, share practice advances, collaborate on projects of shared interests and concern through research and scholarship, attend congresses, and where beneficial, engage in consultation and mutual exchange among educators, researchers, scholars, practitioners, and students. Nursing should work to address the root causes of non-voluntary (non-contractual, coerced) nurse migration that create global maldistribution of nurses and collaboratively develop courses of action to ameliorate nursing shortages in underserved areas.

10.1 Perioperative Explications

Perioperative nurses understand and support the engagement of nursing on a global level. They make connections and share information with other perioperative nurses, international nursing journals, and nursing organizations around the world. They understand that the lived experiences of inequality, poverty, and social marginalization contribute to the deterioration of health globally.

Perioperative Examples

- Networks with nurses from other countries.
- Accesses international nursing journals.
- Seeks out education related to global nursing practice.
- Participates on task forces, work groups, and committees to better understand and assist the global nursing community.

10.2 Global Nursing Practice

Well-resourced countries ought to create a sustainable national nursing workforce. Nurse migration increases the cultural diversity of the U.S. workforce, bringing diversity of work experience and enriching the caring experience for patients. However, care must be taken so that well-resourced countries are not relying on recruiting nurses from other nations due to shortages in their own countries. Policies and practices must respect the autonomy of nurses who choose to migrate and avoid harm to the healthcare, health, and well-being of the people of other nations by drafting their nursing workforce. Nurse migration should benefit the nursing and health of both the source and destination nations. Nursing works against the challenges of undue inducements in recruitment and provides a welcoming environment for all nurses irrespective of their educational background and country of origin. This includes internationally-educated nurses who voluntarily migrate to other countries, international nurses who migrate to the U.S., and U.S.-educated nurses.

Nurses from the U.S. also work with international agencies such as WHO, health or disaster organizations, faith-based groups, and humanitarian NGOs. Nurses working in these settings (employed or as volunteers) should prepare for such service by developing basic language skills and familiarity with the history, customs, laws and norms of the community and nation. Nurses in communities or nations outside the United States show respect for patients' way of being in the world, understandings of health and illness, and health and illness practices, without imposing their own cultural norms. Nurses serve as learners, listeners, and health partners who seek to earn the trust and goodwill of the community. Nurses in the military face unique challenges in a range of settings, including armed conflict zones, combat arenas, or humanitarian missions, each with different ends and distinctive challenges. Nursing care of enemy combatants, at times hostile enemy combatants, poses diverse clinical and interpersonal challenges and risks. Nurses strive to affirm the personhood of all patients, including enemy combatants, and provide care according to the individual needs of the patient.

Nurses practicing in global settings often face language and cultural barriers that affect patient choices and care. In the care of civilians or during humanitarian efforts, nurses, whether military or civilian, prepare themselves in advance, as much as possible, to cross language and cultural barriers in order to provide respectful and compassionate care that affirms the individuality and dignity of the patient. In disaster zones, there are particular challenges when resources are limited, the risk of injury is present, and there is a necessity for triage. Nurses engage in triage equitably and without partiality in accord with the canons of triage decision making and observance of international wartime conventions.

10.2 Perioperative Explications

Perioperative nurses provide care to diverse populations whether in their hometown or while on a global mission. Perioperative nurses demonstrate advocacy and build trust through relational consent, partnering with patients to determine agreement or refusal in all care encounters.

Perioperative Examples

- Participates in perioperative global missions as able.
- Respects and advocates for patients' rights (e.g., the right to refuse treatment, the right to withdraw consent).
- Advocates for ethical practice environments locally, regionally, nationally, and globally.
- Supports use of translation methods so as to ensure best practice for people of all cultures.
- Reviews position and policy statements from the ANA or its constituent member associations and affiliate organizations that address clinical, research, administrative, educational, public policy, or global and environmental health issues.
- Evaluates practice in other countries to address shortages (e.g., international perioperative traveling nurses) and ensures preparation for the type of healthcare system with a standardized level of education/training.

10.3 Nursing Vision for Global Health

Nursing advances a vision of a good and healthy global society and sustainable environmental practices. Nurses are involved in activities that further societal and environmental health through policy development and implementation, program development and evaluation, political engagement, global health and nursing research, and health diplomacy. These activities address the political determinants of health; support health, broadly understood as encompassing both human and environmental health and their inter-relatedness; and address issues of climate change and planetary health. Nurses and nursing organizations work toward the realization of the Sustainable Development Goals (SDGs) of the United Nations (UN) and other global-based benchmarks as they affect health and well-being. The United Nations SDGs include:

The eradication of poverty, hunger, and malnutrition, and the diseases they foster; a positive agenda toward the realization of health and well-being including the reduction of maternal and child morbidity and mortality; universal literacy and education; and universal gender equality. Nursing and nurses also work to bring about access to clean water, safe food and milk supplies, sanitation, affordable clean energy; healthy cities and communities; ecological protection through responsible consumption, production, and shared natural resources; climate-related advocacy; conservation of oceanic and terrestrial life, waters, and lands; peace, justice, human rights, and strong institutions; and global partnerships to further these goals.

In accordance with their knowledge, skills, interests, and commitments, individual nurses work toward the goals to which they are most committed and for which they are best equipped.

10.3 Perioperative Explications

Global health, as well as the common good, are ideals that can be realized when all nurses unite their efforts and energies. Social justice extends beyond human health and well-being to the health and well-being of the natural world. Open and honest communication is essential to maintaining and restoring trust with the health care team and to providing ongoing care for the patient.

Perioperative Examples

- Promotes and demonstrates the values of respect, fairness, and caring within the national and global nursing communities in order to promote health in all sectors of the population.
- Advocates for global safety practices, such as the World Health Organization (WHO) Surgical Safety Checklist, infection prevention strategies, and safe anesthesia standards that mitigate preventable harm.
- Ensures that providers are knowledgeable of and follow best practices (e.g., the time-out process as specified in related policies and practices).

10.4 Global Nursing Solidarity

Nursing organizations work in solidarity as the collective voice of nursing to challenge and mitigate harms that threaten human or environmental life, health, and well-being. Nursing has a role in a world fraught with conflict, inequality, terror, racism, tribalism, crime, and injustice. The combined voice of millions of nurses, nationally and internationally, is a formidable force for change. To that end, nursing organizations and nurses work to strengthen nursing as a united voice of knowledge, experience, expertise, and global healing.

Nursing is a necessary voice to advance the centrality of caring to human and environmental life and to claim its crucial place at the center of social and political life. Immense global issues such as genocide and racial hatred, displaced persons and refugees, human trafficking, war and war crimes, political damage to social safety nets; and economic policies that disadvantage less-wealthy nations; affect health and fall within the purview of nursing's ethical concern. These are persistent and seemingly intractable issues that profoundly affect health and well-being and require a transnational, engaged nursing voice that is prepared to speak and act in concert.

Globally, nurses represent and embrace the full spectrum of human plurality, diversity, cultures, traditions, languages and more. Nevertheless, nurses share in a concern for health and well-being that is the basis for unity-in-diversity and solidarity of voice. Nursing is positioned to pursue expert, evidence-based and ethically-informed care as a core value among the competing values that affect international relations. Care ought not be relegated solely to the domain of individuals and families. Nursing and nurses have a collective obligation to pursue care as a political and social requirement to be shared by all.

10.4 Perioperative Explications

Perioperative nurses provide health services within the scope of legitimate and ethical practice and safeguard the health and safety of their patients. The perioperative RN is responsible for meeting the facility's professional and regulatory standards, promoting health and human functioning, facilitating healing, preventing illness and injury, alleviating suffering, and advocating for all in need of nursing in recognition of all humanity.

Perioperative Examples

- Participates in international nursing societies.
- Promotes health and perioperative care from a holistic understanding of health that encompasses the environment.
- Participates in mission trips and/or related events.
- Acts in solidarity with the profession of nursing to influence social justice and global health.

10.5 Global Nursing Health Diplomacy

Nursing is a global force positioned to develop programs, shape policies, and pursue legislation that supports individual and environmental health. There are many opportunities to reach out and connect in various roles as liaisons, researchers, educators, mentors, advisers, government representatives, elected officials, and participants in health diplomacy.

Local concerns are now global concerns. Global security is perpetually jeopardized by pandemics, terrorism, natural disasters, and human exploitation including trafficking. Beyond security, health is a major element in economic welfare, human rights, social justice, foreign policy, and geopolitical decisions. Health can no longer be subservient to other values, specifically profit. Successful health outcomes are achieved when foreign policy is aligned with identified health needs. Health diplomacy does not stand on its own. It is the knowledge that is generated by nursing practice, research, teaching, scholarship, and theory that informs nursing health diplomacy. Thus, all nurses have a role to play in supporting those who lead health diplomacy as they allocate resources and develop policies to address global health challenges.

Human life and health are profoundly affected by the state of the natural world that surrounds us. Planetary health challenges include environmental degradation, aridification, exploitation of Earth's resources, ecosystem destruction, climate change, waste, microplastics, forever chemicals, and other environmental assaults. These disproportionately affect the health of the poor and ultimately affect the health of all humanity. Nursing advocates for policies, programs, legislation, and practices that maintain and sustain the natural world. Nurses who are knowledgeable about complex social and global issues and skilled in policy or a variety of forms of activism should represent a voice of nursing in relation to these concerns. Multiple perspectives should be respected within the community of nursing.

As nursing seeks to promote health and human functioning, facilitate healing, prevent illness and injury, alleviate suffering, and advocate for all in need of nursing in recognition of all humanity, it does so from a holistic understanding of health that encompasses the environment.

Nurses are present at the beginning of life, at the end of life, at the bedside, and in homes and communities; in prisons, schools, hospitals, birthing centers, faith-based centers, telehealth, and mobile clinics; in natural and human-made disasters, amid armed conflict; in flight, in transport, on the ground. Nursing is everywhere in the midst of human joy, concern, and suffering, bringing comfort, compassion, expertise, and skill.

Nursing brings to the world a uniquely intimate knowledge of the human condition and its interaction with the environment, and is well-positioned to address the social, economic, political, and institutional causes that inhibit health and well-being. Nursing works to undermine those social and political forces that harm, and strengthens those forces that foster health and flourishing, and repair and heal the world.

10.5 Perioperative Explications

Perioperative nurses may serve in many roles in addition to those in the perioperative setting. Roles such as liaison, researcher, educator, adviser, government representative, and elected official provide opportunities for them to participate in health care at many levels including globally. Health care is considered a part of human rights, social justice and foreign policy. Just as nurses in all roles are impacted by global issues, perioperative nurses are also impacted by global concerns such as pandemics and human exploitation and need to be able to act on such issues.

Perioperative Examples

- Takes appropriate action to ensure health and human safety as applicable on a global level.
- Supports or participates in healthcare related policies/legislation which address global health challenges such as environmental health initiatives, global security and human rights.
- Participates in international collaboration—through organizations like the WHO, Red Cross, or global nursing alliances that allow nurses to contribute to disaster relief, disease prevention, and humanitarian aid.

CONCLUSION

The *ANA Code of Ethics for Nurses* applies to all nurses in all settings and in all roles. Because the Code is also incorporated into the nurse practice acts of a number of states, it has regulatory status in those states. Perioperative RNs must be familiar with the ethical issues inherent in their practice. The *Code of Ethics* provides guidelines for behavior with others. Such guidelines are both important and necessary when dealing with issues in the context of health care. To effectively deal with ethical situations in practice, nurses must be cognizant of limitations in scope of practice and never jeopardize patient care. Nurses need to realize that they have a personal accountability for the care of the patient. There are many resources available to nurses, including the *ANA Code of Ethics for Nurses*. Ultimately, the perioperative RN is responsible for providing safe, competent, and ethical care for all patients.

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