

# BECOMING INCLUSIVE: A CODE OF CONDUCT FOR INCLUSION AND DIVERSITY

BONNIE J. SCHMIDT, PhD, RN, CNE\*,  
BRENT R. MACWILLIAMS, PhD, RN, APNP, ANP-BC†, AND  
LESLIE NEAL-BOYLAN, PhD, RN, CRRN, FAAN‡

There are increasing concerns about exclusionary behaviors and lack of diversity in the nursing profession. Exclusionary behaviors, which may include incivility, bullying, and workplace violence, discriminate and isolate individuals and groups who are different, whereas inclusive behaviors encourage diversity. To address inclusion and diversity in nursing, this article offers a code of conduct. This code of conduct builds on existing nursing codes of ethics and applies to nursing students and nurses in both educational and practice settings. Inclusive behaviors that are demonstrated in nurses' relationships with patients, colleagues, the profession, and society are described. This code of conduct provides a basis for measurable change, empowerment, and unification of the profession. Recommendations, implications, and a pledge to action are discussed. (Index words: Nursing; Diversity; Inclusion; Code; Conduct; Pledge) *J Prof Nurs* 0:1–6, 2016. © 2016 Elsevier Inc. All rights reserved.

THE AMERICAN NURSES Association's (ANA's) Code of Ethics (2015b) describes guiding principles and values for the nursing profession. The purpose of this article is to translate nursing codes of ethics and common professional nursing values into inclusive behaviors via a code of conduct. The nursing profession has a history of exclusion in both educational programs and workplaces. Exclusionary behaviors, such as incivility and workplace violence, have been linked to increased costs and poorer health outcomes for patients and nurses (ANA, 2015a; Deans, 2004; Speroni, Fitch, Dawson, Dugan, & Atherton, 2014). Exclusive behaviors include “eating our young,” powerlessness, which breeds passive–aggressive behaviors, incivility, and workplace violence. For these reasons, the ANA (2015a) recommended a zero tolerance policy regarding these behaviors.

Miller and Katz (2010, p. 437) defined *inclusion* as, “a sense of belonging: feeling respected, valued, and seen for

who we are as individuals; and a level of supportive energy and commitment from leaders, colleagues, and others so that we- collectively and individually- can do our best work.” Inclusive behaviors have been linked to increased diversity and better outcomes in business, health care, and educational settings and as a venue to increasing diversity in the nursing workforce (Herring, 2009; MacWilliams, Schmidt, & McArthur, 2015). The purpose of this article is to propose a code of conduct for inclusion and diversity that clearly describes inclusive behaviors regarding patients, colleagues, the nursing profession, and society as a whole. This article also proposes recommendations for its implementation across settings. The code of conduct provides a basis for measurable change and the attainment of professional integrity. Every nurse is responsible for his or her behavior; to this end, the code of conduct for inclusion and diversity includes a personal pledge.

## Background

Retired nurses frequently lament the loss of esprit d'corps that was a hallmark of their experience as young nurses (Neal, 2003; Neal-Boylan, Cocca, & Carnoali, 2009). In the early 1900s, there was a high degree of student attrition from nursing programs because they were unaccustomed to the great demands and discipline nursing education required (Hodgkins, 1991). But upon graduation, nurses took pride in being part of a select

\*Assistant Professor, University of Wisconsin-Oshkosh College of Nursing, 800 Algoma Blvd., Oshkosh, WI 54901.

†Associate Professor, University of Wisconsin-Oshkosh College of Nursing, 800 Algoma Blvd., Oshkosh, WI 54901.

‡Dean and Professor, University of Wisconsin-Oshkosh College of Nursing, 800 Algoma Blvd., Oshkosh, WI 54901.

Address correspondence to Dr. Schmidt: Assistant Professor, University of Wisconsin-Oshkosh College of Nursing, 800 Algoma Blvd., Oshkosh, WI 54901. E-mail: schmidt@uwosh.edu 8755-7223

group (Neal, 2003). However, elitism and disunity began to take root early. Even in 1896, Lavinia Dock, one of the earliest nursing leaders, cautioned nurses to avoid appearing cliquish when considering the design of a national nursing organization (Dock, 1991). By 1911, the ANA and the National League for Nursing Education (now the NLN) selected their membership primarily from nurses from the middle and upper classes that had been educated at the elite schools. “Working nurses” felt disenfranchised and questioned how much these nurse leaders really understood about patient care (Neal Boylan, 2015).

Added to this chasm between strictly academic nurses and strictly clinical nurses is the culture of horizontal violence that is so prevalent in the literature within academic and clinical organizations and between nurses in the same organization (ANA, 2015a; Cipriano, 2015). *Horizontal violence* is a term that has been used in nursing to describe aggressive and hostile behaviors directed horizontally within an oppressed group (Duffy, 1995). Nurses provide professional and compassionate care to their patients but struggle to care for each other. The ANA's new incivility policy (2015a) helps frame this discussion by highlighting the prevalence of these behaviors.

The profession continues to have multiple points of entry that also contributes to further fragmentation (Neal-Boylan, 2013). This disunity within the nursing profession has widened during the last several decades and has weakened the voice of nursing in decisions that impact them. Nursing has emerged as both a vocation and profession creating dissonance within the membership; the result has been oppression, disempowerment, and exclusivity. Exclusive behaviors include incivility and workplace violence.

Within academic environments, competition between tenured and tenure track faculty and a growing cadre of adjuncts required to supplement them may lead to behavior that is not conducive to moving forward. Similarly, concerns about getting promoted or, in some cases, rehired from year to year can magnify tensions among instructional staff. These concerns about promotion are mirrored within the clinical setting. Added to the mix are new graduates who may expect more from the experienced nurses with whom they work than they have a right to expect resulting in resentment on both sides (Neal-Boylan, 2013).

### Values and Ethics

Core professional values have been documented in nursing and support respect, dignity, autonomy, integrity, justice, and altruism as common values in the profession (American Association of Colleges of Nursing [AACN], 2008; ANA, 2015b; Horton, Tschudin, & Forget, 2007; International Council of Nurses [ICN], 2012; Perry, 2005; Schmidt, 2014; Shahriari, Mohammadi, Abbaszadeh, Bahrami, & Fooladi, 2012). AACN (2008) further defined each of those values. Most notably, they identified *integrity* as “acting in

accordance with an appropriate code of ethics and accepted standards of practice” (p. 27).

The ANA code of ethics (2015b) has helped professional nurses identify core values and provide ethical guidance for inclusive decision making. Nursing codes of ethics outline important responsibilities and values of the profession (Verpeet, Meulenbergs, & Gastmans, 2003). In addition, nursing codes of ethics address relationships, describe standards, and offer guidance for nurses when making decisions (ANA, 2015b; Numminen, van der Arend, & Leino-Kilpi, 2009).

The nursing profession should consider moving beyond codes of ethics to a code of conduct based on measurable behaviors. Some other professions, such as lawyers and accountants, have established codes of conduct (American Bar Association, 2016; American Institute of Certified Public Accountants, 2014). Benner, Sutphen, Leonard, and Day (2010) identified the need to focus on ethical behaviors in nursing education. Pattison (2001) argued that nursing codes of ethics fail to generate ethical awareness and behaviors. Numminen et al. (2009) found that nurses' behaviors depended on personal experience and environmental contexts rather than nursing codes of ethics.

A code of conduct is a set of rules about how to behave and do business with other people (Cambridge Dictionary, 2015). Codes of conduct provide explicit descriptions of how ethical frameworks should be demonstrated in nursing practice. Some health care organizations have clearly written codes of conduct. For example, Kindred Healthcare (2010) incorporated expected behaviors that apply to all aspects of their operations into their code of conduct.

A code of conduct can include expectations for how individuals treat others from diverse backgrounds. Inclusive behaviors have been identified as a means to increase diversity in education and business settings (Lee, 2007; Williams, Berger, & McLendon, 2005). The Nursing and Midwifery Council of the United Kingdom (2008) and The Nursing Council of New Zealand (2012) have codes of conduct that address inclusion and diversity. In addition, the Nursing Council of New Zealand (2012) requires that nurses complete continuing education on their written code of conduct.

### Justifying a Code of Conduct for Inclusion and Diversity

America is becoming increasingly diverse. The AACN (2008, p. 37) defined *diversity* as “The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background.” Over 50% of children one-year-old and younger are now from non-White racial and ethnic groups. One in three Americans are members of a racial and/or ethnic minority, and it is projected that by 2043 there will be no majority population in the United States (The Sullivan Alliance, 2014; U.S. Census Bureau, 2012). Leaders have

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