
The Role Of Nursing In The Healthcare System

The provision of safe and high-quality care is the basic principle of the healthcare system. Nurses are at the front line for patient care and should be responsible to prevent practice errors, faulty diagnoses, wrong medicines, and other related caring issues. Responsibilities such as documentation and informed consent have both practical and legal implications for nurses and therefore must reflect the work of both a professional and safe member of the healthcare system. In this essay, I will discuss the importance of documentation and informed consent in relation to the requirements of nurses being both safe and professional health workers, reflected by the NMBA standards that ensure nurses are at a high standard for practice.

Nursing documentation is an important aspect of safe and ethical nursing care (Tajahbadi et al., 2019). According to Staunton and Chiarella (2017), documentation must reflect “accurate, brief and complete” records. As part of ensuring reports are complete, nurses should always note when a patient refuses treatment or medication or acts in a way that is contrary to healthcare advice, in case of an adverse event. Nursing documentation often lacks display of the “rational and critical thinking behind clinical decisions and interventions” (Staunton & Chiarella, 2017), a notion reflected by the Nursing and Midwifery Board of Australia (NMBA), (2016) ‘Registered nurse standards for practice. Specifically, ‘Standard 1’, which highlights the criticality of maintaining accurate, comprehensive, and timely documentation. In their study, Blair and Smith (2012) identified several factors hindering the nurse’s ability to maintain “accurate and legally prudent documentation”, their findings included factors such as time constraints, understaffed health facilities, lack of clear guidelines for completing documentation, and ambivalence towards documentation. Their evidence also proposed that nurses feel documentation is a ‘time-consuming nuisance’. Quite often it’s left until last, resulting in rushed entries lacking depth and detail, which runs the risk of not recording important patient data and therefore potentially leading to poorer patient outcomes (Blair & Smith, 2012). In order to maintain patient safety, nurses must take the importance of documentation seriously and understand the effects it can have on the patients’ health. Nurses should ‘contemporaneously report’, meaning to document incidents at the time of occurrence in order to ensure as much detail as possible is being recalled in order to achieve ‘complete’ documentation and make sure reports are legible and correct as being able to document in a clear succinct, legible and legally prudent way can significantly reduce the risk of misunderstanding and negative patient outcomes related to poor communication (Blair & Smith, 2012).

Nurses also need to understand that their documentation holds high value in the court of law, it can be scrutinised during cases of adverse events where evidence of poor documentation can then be used as proof of ‘professional misconduct’ (Blair & Smith, 2012). Documentation of care is one of the professional responsibilities of nurses and is allied with nurse accountability. The effect of false documentation professionally is that it can disturb the therapeutic process between nurses and patients, and it can also hinder collaboration between healthcare staff (Tajahbadi, Ahmadi, Sadoogi & Vaismoradi, 2019). For this reason, nursing regulatory bodies such as NMBA emphasise in standard 1, the importance of “accurate, clear, and current” documentation by nurses. Confidentiality is also a professional responsibility of nurses specified by the NMBA standards. It is expected that patients must be totally transparent with their nurses for them to be able to care for them appropriately. This often comprises the dispersal of

exceedingly personal information which patients hold trust in their nurses to not divulge any of it without their consent (Staunton & Chiarella, 2017). Therefore, it is important that the nurse respects patient information but also be aware of the exceptions to confidentiality. These circumstances may include a requirement via statute or court order to share the information or when it is “in the public interest”. However, it is the nurse’s decision to make the appropriate call that adheres with her codes of conduct and standards. Overall the expectation of nurses professionally is that they will take great care to respect the confidence entrusted to them by patients.

During informed consent, protecting patient autonomy is a key nursing role (Cook, 2016). According to Cook (2016), the nurse’s role during informed consent is to “preserve, protect, and support” the patient’s autonomy by assessing their comprehension of both the procedure information and the risks associated. While obtaining informed consent can often be the role of the health procedure provider, nurses have an ethical obligation to act as advocates of the patient’s autonomy within the process of obtaining informed consent (Cook, 2016). In some cases, it is the nurse’s duty to ensure they are giving the patient both the adequate and appropriate amount of information before obtaining consent. This includes presenting the information in a way that helps the patient understand the reasons for intervention, it also includes informing the patient of the potential risks and withholding information when appropriate, for example, if the doctor believes the information may seriously harm the physical or mental health of the patient (Staunton & Chiarella, 2017). Though informed consent does provide the nurse with protection against legal accusations, Staunton and Chiarella (2017) argue this isn’t the ‘most important reason’, as informed consent also holds a large role in protecting the “bodily and psychological integrity” of the patient, via supporting important ethical considerations. Similarly, Kozier and Erb (2015) also stress the importance of properly informing patients as misunderstanding procedures and expected recovery can lead to “unnecessary stress” to the patient, so therefore the nurse holds an important duty to engage in safe practice and advocate for their patient by ensuring they comprehend the information given to them. The NMBA also highlights the nurse’s role to ensure patient safety in ‘Standard 2.5’, which highlights the nurse’s responsibility to “advocate on behalf of people in a manner that respects the person’s autonomy and legal capacity” (NMBA, 2016). This includes the nurse assessing the patient for the adequate “legal capacity” required to give valid informed consent meaning the patient holds enough understanding and intelligence to understand the proposed treatment and consequences of that treatment (Kozier & Erb, 2015). This relates to taking alternative precautions if the patient is affected by mental health, intellectual disability, or life-threatening situations, which all have governing legislation and authority to consent on the behalf of the patient if they are judged incompetent where such consent may be unsafe to the patient (Kozier & Erb, 2015). Thus, Cook (2016) says the principles of informed consent legally recognises that nurses have a duty to protect patients by proceeding with “invasive” or “high-risk” treatments only after authorisation has been obtained.

Nurses also hold a professional responsibility when it comes to obtaining valid consent from their patients. The NMBA Standard 2 reflects the nurse’s role during informed consent which specifies that nurses must engage in “therapeutic and professional relationships” with the patient, which including establishing mutual trust and respect within professional relationships. This involves obtaining consent without the use of “fraud, duress, or coercion” forced via the nurse (Staunton & Chiarella, 2017). Though this expresses the obvious unacceptable and unprofessional use of deception, a professional nurse must also be aware that they may unintentionally be forcing consent. For example, patients may feel obligated to consent to the

procedure proposed to them by the nurse being perceived as a part of an authoritative role and knowing “what’s best for their patient”. Thus, nurses hold a professional duty to ensure the patient the consent given was voluntary, authentic and the person requiring care was competent in comprehending the information given to them (Kozier & Erb, 2015). In relation to this, nurses are also required to inform the patient in “broad terms” of the nature of the procedure. Staunton and Chiarella (2017) believe this element gives the “greatest concern” to nurses, mainly because of the number of problems that ascend relative to consent forms. Depending on the procedure the nurse’s responsibilities during informed consent may vary. Kozier and Erb (2015) urge nurses to stray from explaining procedures they are not directly responsible for to prevent ‘professional misconduct’ or being deemed liable for giving incorrect information, incomplete information, or interfering with the patient-doctor relationship. Therefore, it’s important that nurses follow strict precautions when delivering information as a part of informed consent to reflect the notions of a professional nurse (Staunton & Chiarella, 2017) and NMBA standard 6 which identifies the nurses’ obligation to adhere to the relevant nursing guidelines, standards, regulations, and legislations.

In summary, the nurse holds an important role in ensuring that their practice is both safe and professional during the documentation process and process of obtaining informed consent. Regarding documentation, Nurses must ensure it is accurate and complete to confirm that the correct information is communicated to other nurses taking over patient care to reduce the chance of poor patient outcomes (Tajahbadi et al., 2019). They must also ensure confidentiality to protect the patient’s privacy and autonomy and uphold their duty within informed consent to make sure patients are both competent and understand the information given to them. Essentially the goal is to ensure that patient records contains an ongoing account that reflects both a safe and professional healthcare experience (Staunton & Chiarella, 2017).