Transgression In Nursing Practice

Nurses have several roles and duties in order to deliver society with the top quality of care (Peate, 2016). Different aspects such as competence, ethics, knowledge, confidentiality, responsibility are assimilated within each profession and how this can be evidence-based practice (Avery, 2016). In Australia, nurses are committed to following guidelines for professional standards and Codes given by the Nursing and Midwifery Board of Australia (NMBA, 2012) who adopted Codes of Ethics in April 2018 from the International Council of Nurses (ICN, 2012). This essay will examine the transgressions that occurred by Jane, a registered nurse (RN) who was a preceptor of a first-year Student Nurse (SN) named Dan due to their actions that violated their legal, ethical and professional responsibilities to a critical event which involved an old blind patient, Fred at MyLocalHospital in Smith place. The given scenario showed how the competencies according to the nursing viewpoint are infringed. These are official duties that become legal duties if any policy or law are breached during practice. Reflective practice is a vital aspect of nursing and this essay will further mention all possible transgressions that occurred by negligent practice as per NMBA and elaborate one/two breaches based on the given scenario with prospective implications and recommendations on what could have been done by SN and RN to avoid breaches in that situation.

A basic duty of the nurse is to certain that all care assistance is underpinned by the Principles of the national constitutions (Smolowitz et al., 2015, p. 10-136). Each standard has criteria that are interpreted in the context of each nurse's practice. Code of conduct is conventionalized set of rules for expected behaviour, whereas a Code of ethics is a committed set of guidelines poured to help them to preserve their activities as per ethical standards. Australian Health Practitioner Regulatory Agency (AHPRA) regulates accreditation and registration of all health practitioners and students in Australia in partnership with the National Boards (Australian Health Practitioner Regulation Agency, n.d.) NMBA is responsible for public protection and setting regulations for nurses. Violation of any section can lead to the cancellation of their registration. The Nursing profession has seven professional Standards, four codes of ethics, and seven Principles mentioned in four domains for the Code of conduct (NMBA, 2012). These guidelines help nurses to deal with different situations and sustain their professional relationships (Ritchie, Lorraine., 2018). These guidelines for nurses are in accordance with national laws given by APHRA and developed to help registered health professionals. NMBA makes it mandatory to follow these laws throughout practice to get continues registration (Cashin et al., 2017). This essay will critically study roles and responsibilities of RN and SN within care provision, and further discussing transgressions as a practitioner and a student in addition to their responsibilities in line with professional Codes of practice.

In the given case study, many transgressions have been noticed. However, All nurses are committed to providing quality care that is accepted, within standards, legislation, and society (Sherwood and Barnsteiner, 2017). There are foremost three functions of nurses- duty of confidentiality, accountability, and care. The first main transgression found is, RN came to duty while unfit, she didn't have full rest. Second, she took some Panadol in her pocket without notifying the medical advisory committee. This counts towards stealing drugs because all drugs are taken out of dispensaries to be signed out. Third, the RN was unable to remind information related to patients under her supervision. She couldn't involve actively with her duties, proving

RN’s ignorance about the well-being of self and the patients under her care. This is big delict of principles that guide care that need specialized plans and adapted to the needs of the individual (Riding, Glendening, and Heaslip, 2017). Fourth, RN was not allowed to leave first-year SN unsupervised, especially with a blind patient that directly breached her teaching and supervising duties which she was liable by being a preceptor. The nursing of older people requires experienced, skilled and competent practitioner (Peate, Wild, & Nair, 2014, p. 172). When professional nurses and SNs work together, this escort students to have positive learning experiences that result in elevation of their self-confidence and satisfaction levels with the learning environment (Hardy, E., Koharchik, L., & Dixon, H. 2015).

Fifth, SN disregarded reporting of adverse events to management to make sure health safety of everyone. This is an expectation for students to raise any concern which they observed. Generally, SN ignores reporting by thinking about their grades. The extent to which cases of poor care go unreported can cause extreme situations (Ion, Smith, Nimmo, Rice, & McMillan, 2015, p. 900-905). Sixth, RN asked the SN to help her in a complex vacuum dressing which infracted scope of practice for first-year nursing students. SN in their very first year is new to all clinical situations, they need full guidance and cannot help with complex practices. SN has limited theoretical and practical knowledge, they wouldn’t be able to provide quality care out of their scope (Lubbe & Roets, 2014 p. 58-64). Seventh, SN used his personal phone on duty. Using phone on duty can interrupt professional activities and risk patients (McBride, LeVasseur, & Li, 2015).

Two more transgressions above all in given instance are further explained. First transgression- RN came on duty under the influence of alcohol that condition believed her to be unfit to form and she could be regressed in her judgement ability (Global status report on alcohol and health 2018, n.d.). Our performance, reactions, concentration can be affected by a small amount of alcohol and can raise the risk of the undermined practice. This is estimated that 15-20% have consumed alcohol at levels that are life-threatening to their health and approximately 5% may be seemed as dependent on alcohol (Haber et al 2015, p. 143-162). Nurses' practice should be in a secure and competent manner that is not compromised by personal health limitations, including the utilization of alcohol or other means. RN neglected 2nd Principle of ethics of NMBA - Nurses and Practice which constitutes nurse’s duty and accountability for nursing practice. The nurse maintains standards of personal caution and work settings that encourage quality care (NMBA, 2012). She also ignored Principle 3 of ethics given by NMBA- Nurses and the profession. The nurse is dynamic in emerging and nourishing a core of professional values AHPRA provided clarification about section 140 (a) that explains the practice while intoxicated by alcohol or drugs (AHPRA, 2014). Nurses may pose danger to consumers through mismanagement of medication (In this case, RN was unable to remind medicines), impaired judgement, negligence, and unsafe practice. National law section 140a doesn’t force mandatory reporting unless this threatens safety of patients because clients cannot be placed in peril.