PREFACE

The *Code of Ethics for Nurses* (*Code*) establishes the ethical standard for the profession and provides a guide for nurses to use in ethical practice and decision-making without dictating a specific framework or method. The *Code* is a nonnegotiable moral standard of nursing practice for all settings. It arises from the long, distinguished, and enduring moral tradition of modern nursing in the United States. It is foundational to nursing theory, practice, and praxis in its expression of the values, virtues, ideals, and obligations that shape, guide, and inform nursing as a profession. The *Code* is both normative and aspirational, and, while its values are stable, the knowledge, scope, and context of nursing develops and changes, and thus requires that the *Code* be revised to meet the evolving needs of nursing practice. The *Code* is revised and amended periodically through formal processes established by the American Nurses Association (ANA). Nursing encompasses the protection, promotion, and optimization of health, abilities, and well-being; the prevention of illness and injury; the facilitation of healing and the alleviation of suffering through the diagnosis and treatment of human response to health and illness; and advocacy in the care of individuals, families, groups, communities, and populations. All of this is reflected, in part, in nursing's persisting commitment both to the welfare of the sick, injured, and vulnerable in society and to social justice. Nursing is committed to the right to health; nursing acts to change those aspects of social structures that detract from health and well-being.

Individuals who become nurses, as well as the professional organizations that represent them, are expected to embrace the values, moral norms, and ideals of the profession and to embody them as a part of what it means to be a *good nurse*. A code of ethics for the nursing profession makes explicit the primary obligations, values, and ideals of the profession and informs every aspect of the nurse's life. While nursing seeks to realize its own moral values and ideals, there are moments where the profession falls short. Moral failures, while unacceptable or grievous, are cause for reflection and correction, consistent with the values of our profession and the *Code*. Nursing has a responsibility to

acknowledge moral failures, strive toward accountability and transparency, and build trust to maintain the social covenant it has with nurses and society. The ethical tradition of nursing is self-reflective, enduring, and distinctive, reaching back to the beginnings of modern nursing while moving its values forward into nursing's future.

Statements that describe activities and attributes of nurses in this *Code* with its interpretive statements are to be understood as normative, prescriptive and proscriptive statements expressing expectations of ethical behavior. The *Code* also expresses the ethical ideals of the nursing profession. Although this *Code* articulates the ethical obligations of all nurses, it does not dictate how those obligations are to be met. In some instances, nurses meet those obligations individually; in other instances, a nurse will support other nurses in their execution of those obligations; and at other times, those obligations can and will only be met collectively and in collaboration with other disciplines. The *Code* addresses the ethical expectations of individuals as well as collective nursing.

This *Code* codifies the moral standards of the profession. Additional ethical guidance on specific issues can be found in the position and policy statements of ANA, its constituent member associations, and affiliate organizations that address clinical, research, administrative, educational, public policy, or global and environmental health issues.

Since the inception of modern nursing to the present, nursing ethics has been grounded in a relational structure. The number and designation of those relationships have changed and been reconfigured over the course of 150 years of modern nursing, in reflection of the movement of nursing practice from the home to hospitals, medical centers, public health settings, and beyond. Our continued focus on the reciprocal relationships of nursing reminds us that the profession's concern for health engages with the whole of humanity, and the environment that sustains us, in relationships that encompass the individual, family, groups, communities, nations, the world, and the natural environment. The origins of the *Code* reach back to the late 1880s in the foundation of ANA, the early ethics literature of modern nursing, and the first nursing code of ethics, which was formally adopted by ANA in 1950. In the 75 years since the adoption of that first professional ethics code, nursing's art, science, and practice have evolved. Society itself has changed, as has the awareness of ways in which social structures affect national and global health. The *Code* reflects the rich ethical heritage of nursing and is a guide for all nurses now and into the future.

INTRODUCTION

The revised 2025 *Code of Ethics for Nurses* (*Code*) kept what was current and changed what was necessary from the 2015 *Code.* The nine provisions of the 2015 *Code* have been retained and edited, with both additions and deletions. A tenth provision has been added to focus on ethical issues for nursing that are global in nature. Together, the ten provisions retain an intrinsic relational motif of six relationships: nurse to patient (Provisions 1–3), nurse to nurse (Provisions 4 and 6), nurse to self (Provision 5), nurse to profession (Provision 7), nurse to others (Provision 8), nurse/nursing to society (Provision 9), and nursing to the global community (Provision 10). We understand these relationships to be inherently reciprocal. The structure of this revision also retains interpretive statements for each provision that provide more specific guidance for practice, illuminate the current context of nursing, and situate nursing's concerns in relation to health. Together, the provisions and interpretive statements constitute the *Code*.

In any work that serves the whole of the profession, choices of terminology must be made that are intelligible to the whole community, are as inclusive as possible, and yet remain as concise as possible. As in past revisions, the choice was made to continue the use of the commonly understood term *patient* as the most universally intelligible term, while recognizing that alternative terms such as *recipient(s) of [nursing] care* provide nuances that are important. The terms *patient* and *recipient(s) of [nursing] care* refer to all who receive nursing—whether individuals, families, communities, or populations—recognizing the reciprocity in each of the relationships. We need alternative terms for *patient* because *patient* does not adequately represent all those nurses serve. *Recipient(s) of [nursing] care* has been used intentionally to identify those who receive nursing care, including those left outside the established healthcare systems (e.g., persons who are undocumented, unsheltered, un- or underinsured). We know that every encounter a nurse has is not with an individual with an illness or problem. Nurses practice in many roles and in many settings, whether paid or volunteer. *Practice* includes all the ways in which nurses influence the health of

society. Specific roles (nurses in educational, leadership, or research roles) are included in specific provisions because they have distinct ethical obligations inherent in their roles.

Language is a living entity that changes over time—terminology evolves, and the meaning of specific words may change based on context. For example, the once firm and clearly understood distinctions between *may* and *can*; *will* and *shall*; and *ought*, *should*, and *must* have faded in everyday language and have come to be used interchangeably in both speech and writing, except in rare instances in which the nuance is essential to an argument. However, the meaning of terms in everyday language may differ from their use in ethics. For example, the term *ought* in everyday language denotes a permissiveness and choice. In ethics the foundational term *ought* calls for autonomous moral discernment and judgment and implies a moral imperative. In this revision of the *Code*, *ought* was deliberately used to signify autonomous moral agency when necessary and important. *Should* was carefully chosen to express obligations or expediencies that do not necessarily carry a moral imperative. *Must* was employed to denote obligations, duties, or necessities that may or may not be intrinsically moral and reflect the expectations of nurses in practice. Each term was intentionally woven into the fabric of the *Code*. In another example, the term *good* in ethics is juxtaposed by *evil*, not by *bad*. A *good nurse* in the moral sense is the nurse who is evaluated by the moral norms, values, virtues and ideals of the community and traditions of nursing, and is contrasted with the *evil nurse*, not the *bad nurse*. This *Code* understands the *good nurse* in its moral meaning.

Applied ethics wrestles with questions of *right*, *wrong*, *good*, and *evil* in a specific, socially defined realm of human action, such as nursing, business, or law. All these aspects of ethics are found in the nursing literature. However, the fundamental concern of a code of ethics for nursing is to provide normative moral guidance for nurses in terms of what they *ought* to do, be, seek, and embody in everyday nursing.

The *values* of nursing arise from the community, tradition, and practices of nursing and are the basis of nursing moral norms and evaluation. These *values* are the *ends* (*telos, teloi*) and *goods* (things that are *good* in themselves or *instrumental goods* necessary to realize a desired *end*) that nursing seeks. That is to say, the community of nursing regards their absence (that is, failure to seek them) in practice to be wrong, inadequate, and morally blameworthy. The values of nursing are part of what makes *good nursing* and must be enacted in every nurse's practice and exemplified by the whole profession. There is no specific list of values that nursing seeks; they are the innumerable values of the nursing community and include values such as justice, equity, inclusiveness, integrity,

dignity, cultural humility, care, comfort, compassion, trust, commitment, and health—all that is *good* to seek. The values of nursing also underpin nursing's need to articulate and advance the notions of *good* and *health* within a society. A *good society* balances justice and compassion, while supporting the opportunity for its members to coexist and strive to flourish individually and collectively.

The *virtues* of nursing also arise from the community, tradition, narratives, and practices of nursing. Like the values, the community of nursing would immediately recognize and regard their absence as unacceptable. Ancient perspectives on virtues considered them to be fixed aspects of moral character that were learned by habitual practice. Newer perspectives on virtue theory understand virtues not as a possession of the person but instead as a possession of the community and as arising from the inner *identity* of the person grounded in the narrative, tradition, and practices of a specific community. For nursing, virtues are grounded in a *nursing identity* and are *a contextual expression of moral character* of the nurse grounded in the moral expectations of the nursing community. They would include, for example, compassion, caring, kindness, responsiveness, attentiveness, attunement, integrity, trustworthiness, and more.

When considering *moral identity formation*, both the values and virtues of the profession are *instantiated* (interiorized and demonstrated); that is, the person *internally incorporates the values and virtues of the profession* to act, think, and feel like a nurse and expresses those values and virtues in the context of practice. As the nurse becomes an expert practitioner, the values and virtues increasingly, and with greater precision and nuance, emerge as needed in the relationships, according to the specific needs, circumstances, and ever-changing condition of the patient. By having values and virtues reside within the narrative and tradition of the community of nursing, they are a normative moral standard, a referent, and the moral expectation of the nursing community for nurses and nursing practice.

Nursing ethics holds many values and obligations in common with international nursing and health communities. For example, the *Sustainable Development Goals* of the United Nations (UN); the World Health Organization (WHO) policies and documents on health, midwifery, and nursing; the Declaration of Helsinki and Belmont Report; and the *ICN Code of Ethics for Nurses* (International Council of Nurses) are documents that are historically and contemporaneously important to U.S. nurses and nursing's ethics.

It was the intent of the Revision Panel to revise the *Code* in response to the complexities of modern nursing and to societal change, with its pressing sociopolitical issues of race, class, sexual identity, social division, and structures that harm or disadvantage. This revision also attempts to address current and emerging changes in caring science, health science, nursing humanities, and

technology. As with every successive revision of the *Code*, it is intended to be responsive to the needs of nurses for a clear articulation of nursing values in ways that anticipate the moral complexities of nursing and the health care needs of society.

—Co-Chairs, 2025 *Code of Ethics for Nurses* Revision Panel