

CODE OF ETHICS

OF THE NURSING PROFESSIONS



FNOPI

Approved by the Central Federation Committee and by the National Council of Orders for Nursing Professions meeting in Rome on 12th and 13th of April 2019.

A large, stylized graphic of a hand with fingers spread, holding a cross. The hand and cross are rendered in a lighter shade of teal against a darker teal background. The hand is positioned in the center-right of the page, with the palm facing left. The cross is located on the left side of the hand, near the thumb.

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Knowledge is not simply a collection of notions in which to identify, but it is the ability to critically and consciously connect information.

“To know” therefore means to connect.

The Code of Ethics recognises the nurse as a professional and as a person; it recognises the citizen as a patient and as a person but also the society in which we live and in which we would like to live. In addition, it identifies the regulations and prefigures its evolution.

Therefore, the sense of this (re)cognition encapsulated in our guiding documents is the networking, the connection and the relationships.

On the many declarations that this Code states or suggests, one is certainly lacking, but not because the Code has the function of defining it: the Code may contribute to the professional identity, but it does not represent the professional identity. At least the Code cannot accomplish it because the professional identity is both deontological, scientific and personal.

As nurses we must have a solid professional identity that depends on equally solid scientific knowledge which is constantly updated, questioned and revised: this helps us to establish a relationship with the patients. The only tool that strengthens and reinforces our identity does not have to do with technology and management, but it is the relationship with the patient which is, and must always be, from the point of view of the competences and including the care situation that arises.

We place all our heritage in our professional background: our basic training, the specialist training, the additional training, the lifelong learning, our critically reviewed and updated professional experience, our aptitudes, ambitions, past experience, our being a person and a nurse.

The profession is one, but professionalism is individual. That’s why we have 450,000 different backgrounds: because in every background there is everything we have done, what we feel we are and what we would like to be in the future as professionals. That is what allows us to establish a relationship with patients, a meeting between caregiver and patient, but first and foremost, between two people who make a strong care deal.

It is clear that our background is not unlimited: it is necessary to review often, it must be analysed, to eliminate what is no longer necessary and it must be integrated with new information in terms of knowledge, evidence, even personal growth, in a constant and never-ending development. Habit is indeed one of the greatest dangers in our path both as professionals and as people.

And this is exactly what has been done with the new Code of Ethics.

In order to read it with awareness, it is necessary to analyse its development from the perspective of the regulatory, epidemiological, social and professional contexts that have changed in the ten years since the previous edition.

The Code celebrates all our roots, but it is also committed to updating them; it explains that there is no longer a moment of care, but it is beyond any place and any space.

Above all, the Code builds the right distance with the other, it lets them live, decide, deny, assist. To cross a border, it is necessary to take a step back in order to see it better.

We cannot and should not insist on the fact that the Code should be used just when it is required and only to understand if what we are asked to do belongs to us and to our professional specification or not, as if it were an operational handbook or a pass for professional autonomy: the Code will never have that function nor will it fulfil it.

Nor can it have the function of regulating the organisation of services, the contractual institutions and labour relations.

The Code has a fundamental function: it regulates the professional behaviour, which all of us then adapt to the specificities of the clinical case or to the organisational context, in order to offer the best response in terms of health. The response cannot be found in the Code, but within the conscious and reasoned actions of all members, which the Code supports.

When we approach the patient, it is necessary to support every action and every choice with scientific data, with our discipline, with our discernment, with our own methods and tools, such as evaluation scales, diagnostic, clinical and care processes, risk analysis and complex needs evaluations. It has to be understood whether that activity is coherent with the nursing discipline or if it is an activity that the professional believes can be assigned to someone else.

The Code, for all these reasons, cannot be a prescriptive charter in a strictly operational sense.

The Code of Ethics is a fundamental instrument for the development of the professional expertise of nurses, a tool that must reach fulfilment through an important democratic process.

That's why we considered worthwhile a years-long process, with a number of temporal transitions due to the fact that the normative changed and therefore an adaptation was necessary.

After the intervention of the Law 3/2018 and the change of the legal nature of the Federation and Orders, there was a time of electoral renewal. Other regulations intervened such as Law 24/2017 (the so called Gelli law), the Law of 2019 and 2017 (the one on advanced healthcare directives and living wills), so it was a reference context that put us in a condition to reconsider what has been written up to that moment and restarting from the previous reasoning. All these changes led to a further review of the Code of Ethics.

And since for example in the Law 219 there are not many direct references to the nurse, but other professions are mostly mentioned and, in some cases also the team, in our Code we have strengthened the topics related to pain, the end of life, the will expressed by the person for the advanced directives, the relationship at the end of life trying to bridge an aspect that the law regulates less than our profession.

We must work today on what will be our profession in the next ten years because ten years pass as quickly as those years passed since the previous Code was drafted.

And we have to work on it in order to understand where we want to be, how we imagine our profession and also where it is located nowadays.

Today the profession is immersed in a demographic context that sees us, together with other professionals, increasingly older and working for more and more years. This was not the case ten years ago. The average age of nurses is changing and there will be a relevant deficit of nurses in the coming years.

The 2009 Code came at the beginning of the crisis that hit the western countries. Italy also experienced difficulties from the organisational point of view, which have to do with professional ethics: turnover blocking, a hiring freeze, blocking of employment contracts, self-employment used as a para-subordinate form with little awareness of its own potential.

The Code of Ethics of 2009 has been a victim of this context because it has been deemed to be used inadequately in order to highlight certain organisational difficulties that nurses have experienced and continue to do so. The Code has been considered devoid of fundamental steps to better direct the freelance practice, as well as lacking a behavioural connotation of the Orders.

We all know that some articles of the 2019 Code have been used inappropriately both at a case-law level and at an organisational level to confirm the methods of organisation which have nothing to do with professional ethics. This is also the reason why the update of the Code of Ethics has been necessary.

I also realised that talking about professional deontology and the development of the profession and of professionalism, when looking at the current organisational context, leads to the reflection that perhaps it is appropriate to reason about what are the not-only ethical-deontological developments for nurses. **We need to bring this issue into all institutional political agendas. For this reason, we are working at an institutional, national and regional level, since in ten years we will not only be older but so will our citizens, Italy will be an older, poorer and lonelier country and the issue of solitude is becoming key for healthcare.**

We need to think about innovative models, innovative professionalism and innovative skills, and this Code is intended to follow these ten-years of our professional path.

The years on which we have clear ideas on what we want to achieve. One of them is the issue of the development of nursing specialisations, for which we activated ministerial interlocutions at Healthcare and University level with the Conference of Regions.

On the one hand, the Federation is defining the path with all the stakeholders and on the other it must reflect on the development of professionalism and on the deontology of the profession.

So matters have to be read homogeneously and the Code must become a sort of garment that all nurses can wear and that makes them feel at ease in the relationship with the patient. But also a garment that can be flexible, which is what has been lacking over the years.

It is not possible to imagine a Code to be reviewed over such long-time spans and therefore

a permanent space for updating and discussion will be established, also thanks to the suggestions that will come from the professional community.

Relationship is a key word because if we lose the privilege that our profession has of interacting with patients, colleagues, other professions and the governing bodies, we would cease to exist. The core value of our profession is the relationship with the other.

It is no coincidence that in Chapter I, on principles, in Article 4, we included this sentence: "Relationship time is care time".

If we seek refuge in technology – an attempt that many would like to embrace – we have to be careful, because technology changes over time, because it will complement men to the point of almost replacing them in many activities, and we can see it in many fields. Technologies will greatly change the relationship between professionals, with the patient and will also change the skills of the professions: this cannot be our ultimate goal.

Technology is a tool through which nurses qualify their relationship with the patient and make it more appropriate. We have to be super-experts in technology, but we must not make it our goal, because our aim is always the relationship with the patient, which is also qualified through the use of technologies as well as the use of science and ethics.

Losing the relationship with the patient would be a serious mistake because we would lose the most important core value, where the patient recognises us as the main point of contact and interpreter of their needs.

These are the reflections that we shared with the Central Committee and which we decided to condense in the Code. All this was not assembled at a desk and with the contribution of few people. On the contrary, it has been developed gradually through 42 meetings over the years of its elaboration.

In 2015 a group of experts drafted a text which was presented to the Orders at the end of 2016. Then we opened the consultations – the first time ever – and activated on our portal the way in which every nurse could comment and suggest the draft Code.

These comments came directly to the Order they belonged to, which then had the role of disseminating them to the Federation, summarising them or adapting them within a framework or even changing the way they arrived. The consultation started on the 6th of February and ended on the 31st of May 2017 and was extended for another month.

A consultation was then opened with our professional associations – closed in July 2017. Most of them are now under the Law 24/2017, scientific Societies and 14 of them have provided a direct contribution to the Federation.

During the second semester of the year, only the Central Committee worked and read, evaluated and integrated all the comments received from the consultations.

Then, between the end of 2017 and the beginning of 2018, the renewal of the Executive Board and of the Central Committee took place and afterwards, with the new Executive Boards, the work on the Code of Ethics resumed.

The indications and novelties of the various laws that have intervened in this period have been acknowledged and a cycle of depositions has been reactivated, because with the renewals many Executive Boards have changed and it was necessary to gather further contributions from the Orders, from the scientific societies and from the experts: we involved two judges, a jurist,

an expert in philosophy and in history of nursing care, two ethicists and also an inter-religious group for a discussion with the monotheistic Abrahamic religions in addition to the Catholic one. And since the Code of Ethics is the garment we should all wear in the relationship with others, we also heard from citizens' and patients' associations, who discussed in working groups and made important suggestions.

Finally, we also arranged a short hearing the day before the presentation to the National Council, with the Minister of Health presenting not the text of the Code, but the innovations that were discussed: it should be noted that the Minister of Health is the supervising body of the Federation of Orders.

With the Code we sought to safeguard nurses' freedom of conscience, to recognise nurses as people who relate to other people. It is an innovation that is rooted in our history, but it looks to the future to protect the expressed will of the person from treatments that are inconsistent or not coherent with the perception of life and health. It is an innovation with which we safeguard life.

Now the Federation and the Orders will have to be guarantor of it being respected in any place in the country. To conclude with a quote, Mark Twain said: "Always do what is right. It will gratify half of mankind and astound the other".

With the new Code we sought to satisfy the needs of those who require nurses, but also to surprise those who do not work and live, like us, professionally by their side.

Because the Code is of and for the nurses and citizens who are their first concern and their first goal. The Code represents nurses and puts in black and white their promise of caring, which they have always kept in relation to the patients.

Barbara Mangiacavalli
President National Federation Orders of Nursing Professions



CHAPTER

I

PROFESSIONAL
PRINCIPLES AND
VALUES

ART.1 - VALUES

The nurse is the healthcare professional, registered in the Nursing Professions Order, who acts intentionally, autonomously and with responsibility. They are supported by a set of values and scientific knowledge. They participate actively in the social context to which they belong and in which they practice, promoting a culture of care and safety.

ART.2 - ACTION

The nurse directs their actions towards the good of the person, of the family and of the community. Their actions are applied and developed in the areas of clinical practice, organisation, education and research.

ART.3 – RESPECT AND NON-DISCRIMINATION

The nurse cares for and takes care of the patient, respecting the person's dignity, freedom, equality, their life choices and conception of health and well-being, without social, gender, sexuality orientation, ethnic, religious and cultural distinction. They abstain from any form of discrimination and blame towards all those persons they encounter in their work.

ART.4 – THE CARE RELATIONSHIP

In their professional work the nurse establishes a relationship of care by also applying listening skills and dialogue. They ensure that the patient is never left alone, by involving, with the consent of the person concerned, their role model, as well as other professional and institutional figures. Relationship time is care time.

ART.5 – ETHICAL QUESTION

The nurse is active in the analysis of ethical dilemmas and contributes to their investigation and discussion. They promote the use of ethical consultation and discussion, also involving the Professional Order.

ART.6 – FREEDOM OF CONSCIENCE

The nurse supports the care relationship even when the patient manifests a different ethical conception. If the patient persistently expresses a task request which is contrary to the personal values, ethical and professional principles of the nurse, they must guarantee continuity of care, taking responsibility for their own abstention. The nurse may make use of the conscience clause, by constantly seeking dialogue with the patient, with other professional figures and institutions.

CHAPTER

II

CARE
RESPONSIBILITY

ART.7 – HEALTH CULTURE

The nurse promotes the health culture, fostering healthy lifestyles and environmental protection from the perspective of health determinants, the reduction of inequalities and planning specific educational and informative interventions for individuals, groups and communities.

ART.8 – EDUCATING TO BE A PROFESSIONAL

The nurse, in their different roles, is actively involved in the education and professional training of students and the integration of new colleagues.

ART.9 – SCIENTIFIC RESEARCH AND EXPERIMENTATION

The nurse recognises the value of scientific research and experimentation. They develop, conduct and participate in research in the clinical care, organisational and educational fields and make the results available.

ART.10 – KNOWLEDGE, TRAINING AND UPDATING

The nurse bases their own work on knowledge validated by the scientific community and updates skills through study and research, critical thinking, reflection based on experience and good practice in order to guarantee the quality and safety of the activities. They plan, carry out and participate in training activities and fulfil the obligations stemming from the Continuing Medical programmes.

ART.11 – SUPERVISION AND SAFETY

The nurse trains and seeks supervision where there are new activities or where there are limited cases, and in any case whenever the need arises.

CHAPTER

III

PROFESSIONAL
RELATIONSHIPS

ART.12 – COOPERATION AND COLLABORATION

The nurse is committed to supporting cooperation with professionals who are involved in the care process, adopting a loyal and collaborative behaviour with colleagues and with other professionals. They recognise and give value to their specific contribution in the care process.

ART.13 – COMPETENT ACTION, ADVICE AND SHARING INFORMATION

The nurse acts according to the level of competence and seeks advice and the intervention of expert nurses or specialists if necessary. They provide advice, knowledge and abilities to their own and others' professional communities and institutions. They participate in the care process and ensure that the patient has the information shared with the team, which is necessary for their living needs, and can contribute to the decision of the proposed care processes.

ART.14 – PROTECTION POSITION

The nurse who detects a psycho-physical alteration of a professional or other worker in their duties, at any level of responsibility, should protect and safeguard the patients, the profession and the professional, by making the proper notifications.

ART.15 – PROVIDING INFORMATION ABOUT HEALTH CONDITIONS

The nurse ensures that the patient or the caregiver, receives precise, complete and timely information about the health condition, shared with the care team, respecting the needs and adopting precise cultural methods. The nurse does not replace other professional figures in providing information that is not relevant to them.

ART.16 – INTERACTION AND INTEGRATION

The nurse recognises intra- and interprofessional interaction as important elements in responding to the person's needs.

CHAPTER

IV

RELATIONSHIP
WITH
PATIENTS

ART.17 – RELATIONSHIP WITH THE NURSE IN THE CARE PROCESS

In the care process the nurse values and welcomes the contribution of the person, their point of view and emotions and facilitates the expression of pain. The nurse informs, involves, educates and supports the patient and, with their free consent, the caregiver, in order to promote adherence to the care process and to evaluate and activate the available resources.

ART.18 - PAIN

The nurse prevents, detects and documents the patient's pain during the care process. They work and apply good practices for the management of pain and the correlated symptoms, respecting the person's will.

ART.19 – CONFIDENTIALITY AND PRIVACY

The nurse guarantees and protects the confidentiality of the relationship with the patient and the privacy of data related to them throughout the entire care process. They collect, analyse and use data appropriately, focusing only on what it is necessary to the nursing care, respecting the person's rights and the current legislation.

ART.20 – REFUSAL OF INFORMATION

The nurse respects the explicit will of the patient not to be informed about their health condition. If the refused information is necessary to prevent a health risk of third parties, the nurse works to make the patient responsible, providing information about the risks and the potentially harmful behaviour.

ART.21 – STRATEGIES AND COMMUNICATIVE METHODS

The nurse supports the relationship with the patient that is in a condition that limits the expression, through effective strategies and communicative methods.

ART.22 – DEPRIVATION, VIOLENCE AND MISTREATMENT

Except in the case of reporting obligations, the nurse detects and highlights deprivation, violence or mistreatment of the patient and takes action to ensure a rapid intervention for the patient's protection.

ART.23 – CHILD'S WILL

The nurse, taking into account the age and the maturity level observed and ensures that the child's opinion is considered in relation to the care, aid and experimental choices in order to enable the expression of the child's will. The nurse, when the child consciously refuses the treatment, makes an effort to resolve the conflict.

ART.24 – END OF LIFE CARE

The nurse provides nursing care until the end of life of the patient. They recognise the importance of the caring action, of the shared care planning, of the palliative care, of the environmental, physical, psychological, relational and spiritual comfort. The nurse supports the family and the caregiver of the patient in the final evolution of the disease, at the time of loss and in the grieving phase.

ART.25 - WILL TO LIMIT INTERVENTIONS

The nurse protects the will of the patient to limit interventions that they believe are not proportionate to their clinical condition or consistent with the conception of quality of life, also expressed in advance by the person.

ART 26 - BLOOD, TISSUE AND ORGAN DONATION

The nurse promotes information about the donation of blood, tissue and organs as an act of solidarity; they educate and support donors and the recipient.

ART.27 – PROFESSIONAL SECRECY

The nurse always respects professional secrecy not only from the perspective of a legal obligation but based on the intimate conviction and concrete expression of the relationship of trust with the patient. The death of the patient does not exempt the nurse from respecting professional secrecy.

CHAPTER

V

COMMUNICATION

ART.28 – COMMUNICATION

The nurse in communication, also through the use of information technology and social media, behaves with decorum, correctness, respect, transparency and truthfulness; they protect the privacy of persons and patients, taking particular care when publishing data and images that may harm individuals, institutions, the decorum and the image of the profession.

ART.29 – VALUES IN COMMUNICATION

The nurse, also through the use of information technology and social media, communicates in a scientific and ethical way, seeking dialogue and interaction in order to contribute a constructive discussion.

CHAPTER

VI

ORGANISATION

ART.30 – RESPONSIBILITIES IN THE ORGANISATION

The nurse at the various levels of care, management and educational responsibilities participates in and contributes to the organisational choices, to the definition of care, educational and managerial models, to the equal allocation of resources and to the enhancement of the nursing function and of the professional role.

ART 31 – EVALUATION OF THE ORGANISATION

The nurse evaluates the organisational, managerial and logistic context in which the patient is located in order to protect them. They document and communicate the result of the evaluations in order to improve the context itself.

ART 32 - PARTICIPATION IN CLINICAL GOVERNANCE

The nurse participates in clinical governance, promotes the best safety conditions of the patient, embraces the pathways of risk prevention and management, including infectious risk, and actively adheres to the operational procedures, the methodologies for analysing the events that have occurred and the ways of informing patients.

ART 33 - CLINICAL DOCUMENTATION

The nurse is responsible for the accurate preparation of the clinical documentation for which they are responsible, emphasizing the importance of its completeness and truthfulness, also for the purpose of the patient's conscious expression of consent or denial to nursing care.

ART 34 - CONFLICT RESOLUTION

The nurse, if the organisation requests or plans clinical, managerial or educational activities that are counter to the principles, values and norms of the profession, at all levels of responsibility, reports the situation to the appropriate authorities and takes action to suggest alternative solutions.

ART 35 - RESTRAINT

The nurse recognises that restraint is not therapeutic. It is exclusively of a precautionary nature, of exceptional and temporary nature; it can be implemented by the team, or in cases of urgency, by the nurse if the conditions require it, in order to protect the safety of the patient, of other persons and of the professionals. The restraint must be motivated and noted in the clinical care documentation, must be temporary and monitored over time to verify whether the conditions that justified its implementation persist and whether it has negatively affected the health condition of the patient.

ART.36 – SUPPORTING PROFESSIONALS

The nurse at various levels of clinical and managerial responsibility plans, supervises and verifies for the safety of the patient the activity of the supporting professionals who are present in the care process and entrusted.

ART.37 – GUIDELINES AND GOOD CARE PRACTICE

The nurse, due to the high level of professional responsibility, follows the guidelines and good clinical practices and ensures their correct application, promoting their continuous updating.

ART.38 – REPORTS TO THE PROFESSIONAL ORDER

The nurse reports the inappropriate nursing care that lacks a basis, scientific evidence and validated results to the professional Order.

CHAPTER
VII

PRIVATE
PRACTICE

ART.39 – PERFORMING PRIVATE PRACTICE

The nurse, performing private practice, ensures that fair competition is respected and values their own work through the principle of fair remuneration.

ART.40 – CARE CONTRACT

The nurse, with transparency, correctness and respect of the regulations, formalises with the patient a special care contract that highlights the adequate and appropriate care needs, what the person expresses in terms of informed consent/dissent regarding what is proposed, the explicit elements of personal data protection and the elements that compose the professional fee.

ART 41 – SAFETY AND CARE CONTINUITY

The nurse that performs private practice protects the safety and care continuity of the patients, respecting their bio-physiological recovery time.

CHAPTER

VIII

FINAL

PROVISIONS

ART 42 – FREEDOM FROM CONSTRAINTS

The nurse and the professional order ensure that the professional is free from improper influences and interests as well as from undue pressures from third parties, including reference persons, other professionals, companies and associations.

ART.43 – CONFLICT OF INTEREST

Any nurse who finds themselves in a situation of conflict of interest shall declare it.

ART.44 – COUNTERING THE ABUSIVE PRACTICE OF THE PROFESSION

Nurses and the Professional Order counteract and denounce the abusive practice of the nursing profession and the undeclared work.

ART.45 - DECORUM

The nurse cares for their own person and personal decorum.

ART.46 – PROFESSIONAL REPRESENTATION AND ADVERTISING COMMUNICATION

The nurse exercises the function of representation of the profession with dignity, correctness and transparency. They use expressions and adopt behaviours that support and promote the decorum and the image of the professional community and of their institutional workers. They observe the indications of the Professional Order in the advertising communication and information.

ART.47 – OBLIGATION TO RESPECT REGULATIONS

The nurse respects the administrative, legal and ethical rules and obligations concerning the profession, also by following the guidelines of the Professional Order.

ART.48 - CONSULTANCY AND EXPERT ACTIVITIES

The nurse does not perform consultancy and expert activities if there is no possession of the specific skills required by the case.

In any case, this activity must be conducted respecting the ethical principles which characterise the profession, avoiding any conflict of interest and the situations in which their independence is limited.

The nurse, exercising their expertise, interprets the evidence according to the scientific knowledge of the period, providing opinions based on a careful evaluation of the behaviour of those persons involved.

ART.49 – LIMITED NATURE OF THE ETHICAL REGULATIONS

The ethical norms in the Code of Ethics are limited for all members of the Nursing Professional Order; failure to comply with them is sanctioned by the Professional Order, taking into account the voluntary behaviour, the severity and the recurrence of it, contrary to professional decorum and professional dignity.

ART.50 – PROFESSIONAL ORDERS. SUBSIDIARY INSTITUTIONS OF THE STATE

The Professional Orders acknowledge and implement the regulatory indications inherent to their subsidiary institutions of the State.

ART.51 – PROFESSIONAL ORDERS. CODE OF ETHICS

The provincial Nursing Professional Order is required to adopt this Code and to ensure compliance with the norms, within the framework of the guiding and coordinating action exercised by the National Federation of Nursing Professional Orders; it is also required to officially deliver or send the Code of Ethics to the members of the Associations and to hold periodic updating and in-depth courses on ethical subjects.

ART.52 – PROFESSIONAL ORDERS AND OTHER PUBLIC ROLES

The Professional Order does not interfere in relation to nurses engaged in institutional and political assignments in the performance of their duties.

ART.53 – FINAL CLAUSE

Any other behaviour that breaches decorum and professional dignity is sanctioned by the Order.




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The background is a solid teal color. In the center, there is a faint, light-colored graphic of a hand with fingers spread. To the left of the hand, there is a small, dark teal plus sign (+).

These regulations will be constantly monitored by the FNOPI in order to ensure that they are updated if necessary.

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