Becoming Inclusive: A Code of Conduct for Inclusion and Diversity

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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 measureable 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 33:102–107, 2017.
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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

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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

placed greater emphasis on diversity in educational and business settings. Research findings have linked a more diverse workforce with better outcomes (Coffey, 2011; Herring, 2009).

Experts have recommended that the health care workforce mirror the population it serves (Institute of Medicine, 2010). AACN (2008, p. 7) stated that the "increasing globalization of healthcare and the diversity of this nation's population mandates an attention to diversity in order to provide safe, high quality care."

The nursing profession needs to become more inclusive in order to attain diversity and improve patient and nurse outcomes. The ANA (2015a) has called for a culture of dignity, respect, and inclusion. We, as nurses, echo the ANA's's (2015a) statement that our patients, colleagues, profession, and society will benefit through self-regulation of our behaviors. The Wisconsin Diversity Assessment Tool presents a framework for connecting diversity and inclusion in both nursing education programs and health care workplaces (MacWilliams et al., 2015) and is receiving national recognition as an instrument for assessing inclusion. Nursing programs, workplaces, and society can be transformed by embracing differences and valuing the voices of others. We further envision the unification and empowerment of the nursing profession through inclusion.

Developing a Code of Conduct for Inclusion and Diversity

An evidence-based approach was used to explore ethical codes, values, and behaviors in nursing. First, the literature was thoroughly reviewed related to values in nursing, in both educational and workplace settings. The literature review for the Wisconsin Diversity Assessment Tool (MacWilliams et al. (2015) provided a starting point and incorporated key words related to diversity, inclusion, and nursing. The key phrases *code of ethics*, *code of conduct*, and *nursing values* were also used in the literature search. The search was confined to the last 10 years because of recent concerns about incivility and calls for diversity. The literature was reviewed regarding nursing codes of ethics, particularly the ANA Code of Ethics (2015b) and the International Code of Ethics (ICN, 2012). In addition to revealing professional values, nursing codes of ethics provided a helpful framework when constructing a code of conduct. Codes of ethics address nursing responsibilities and relationships in four areas: patients, colleagues, profession, and society (Numminen et al., 2009; Verpeet et al., 2003).

Lastly, the authors searched existing codes of conduct for inclusion as defined earlier by Miller and Katz (2010). Inclusive behaviors were addressed in codes of conduct in business settings (AARP, 2012). No nursing codes of conduct specific to inclusion could be found in the literature. General codes of conduct for nurses were identified and reviewed (Kindred Healthcare, 2010; Nursing and Midwifery Council of the United Kingdom, 2008; Nursing Council of New Zealand, 2012). Inclusive behaviors were identified, and new behaviors were

described for nurses pertaining to relationships with patients, coworkers, the nursing profession, and society as a whole.

Some values, like respect, confidentiality, and justice, are widely accepted in nursing (Schmidt, 2014). Recognizing that values translate to behaviors (Sagiv & Schwartz, 2000), some of the behaviors defined in the code of conduct were derived from the values in codes of ethics. Some of the behaviors in the code of conduct represented inclusive behaviors in existing general nursing codes of conduct.

A Proposed Code of Conduct for Inclusion and Diversity

Nurses must attain or maintain professional integrity in their interactions and relationships with others:

Patients

1. Treat others impartially without regard to ethnicity, age, gender, disability, sexual orientation, nationality, language, economic status, geographic factors, religious/spiritual beliefs, and political beliefs. (AACN, 2008). Example: Avoidance of stereotyping, discrimination, prejudice
2. Interact with others in ways that reflect the uniqueness and worth of others (ANA, 2015b; Nursing Council of New Zealand, 2012). Example: patient-centered care
3. Actively listen without interrupting imposing own opinions
4. Elicit and acknowledge feedback from others. Example: express willingness to learn from others
5. Communicate in an open, compassionate, and positive manner. Examples: transparent and kind communication, avoiding negative tone
6. Acknowledge and respect different beliefs, values, and practices (ANA, 2015b; Nursing Council of New Zealand, 2012). Examples: holistic care; agreeing to disagree
7. Provide honest, accurate, and understandable information to others (Nursing Council of New Zealand, 2012)
8. Involve others as partners in decision-making and support the rights of others to make choices for themselves
9. Advocate for others when they are unable to advocate for themselves or in instances of prejudice or discrimination (Nursing and Midwifery Board of Australia, 2013)
10. Attend to the needs of others in a compassionate and safe manner
11. Follow-up on commitments made to others (ANA, 2015b)
12. Correct one's own actions or make change in behavior when needed
13. Engage in reflection and self-critique: consider

consequences to others before acting

14. Collaborate with patients/families to resolve complaints or conflicts in an honest and respectful manner (Nursing Council of New Zealand, 2012)
15. Avoid aggressive behavior toward patients/families, including mental, physical, and verbal abuse. Examples: nonthreatening communications; absence of passive–aggressive behaviors
16. Keep personal information confidential unless permitted to share (ICN, 2012)
17. Protect privacy during patient care

Colleagues (items 1–13 above also apply)

1. Protect privacy and confidentiality of colleagues unless permitted to share. Example: avoid gossip
2. Refrain from disruptive, passive–aggressive, or aggressive behaviors including lateral or vertical violence (New York State Nurses Association [NYSNA], 2011). Examples: bickering, undermining, unduly criticizing, harassing, bullying, demeaning, scapegoating, or dismissing colleagues or subordinates.
3. Acknowledge the opinions, skills, and contributions of others (Nursing Council of New Zealand, 2012; Nursing and Midwifery Council of the United Kingdom, 2008)
4. Give honest feedback to others in a compassionate and respectful manner
5. Discuss and resolve conflicts directly with others unless safety concerns warrant intervention at a higher level (ANA, 2015b)
6. Advocate for self or disempowered colleagues and subordinates by intervening in instances of workplace violence (NYSNA, 2011). Example response to "code pink" episode of bullying or other disruptive behaviors
7. Provide encouragement, help, support, or mentorship to colleagues when needed (Nursing Council of New Zealand, 2012; Nursing and Midwifery Council of the United Kingdom, 2008)

Profession (above items also apply)

1. Educate colleagues to respond appropriately to violence (NYSNA, 2011)
2. Involve nurses in leadership and decision-making positions
3. Communicate and collaborate with members of other disciplines
4. Contribute to the professional development of students and fellow nurses (Nursing and Midwifery Board of Australia, 2013)

5. Report unethical or illegal behavior of colleagues through appropriate channels (ANA, 2015b)

Society (above items also apply)

1. Advocate for underrepresented populations (ANA, 2015b)
2. Demonstrate stewardship and fair allocation of resources

Pledge

Every nurse must be held accountable for inclusive behaviors. Pledges have been successfully used as a venue to empower employees, transfer values into behaviors, and improve the culture of a business (Values Coach, Inc.). Therefore, a pledge for inclusion is presented and recommended in order to promote accountability in nursing education and the workplace (see Appendix A).

Implications

The proposed code of conduct for inclusion and its accompanying pledge have implications for education, practice, research, and policy. A code of conduct will help address incivility, bullying, and horizontal violence. These behaviors are prevalent in the nursing profession and create a systemic exclusionary environment. Shifting the focus from a code of ethics to a code of conduct serves to shift expectations for behavior from implicit to explicit and can contribute to a climate of inclusion. In this way, diversity can be promoted in the nursing profession. The code and pledge could be introduced at the orientation of all new faculty and staff in both academic and clinical settings. Students should be introduced to the code in their first nursing class and be required to take the pledge and apply the code to case studies in nursing leadership classes. Staff and students alike should be reminded of the code and its importance during evaluation periods and experience consequences if and when it is violated. These consequences may simply include completion of an on-line module about civility, attendance at a program about conflict resolution, or a loss of grade points in a class. Within clinical and other practice settings, the code could be enforced by managers during leadership training, performance reviews, disciplinary actions, and through peer pressure. Consequences may vary by context and setting. Researchers might use the code as a conceptual framework for studies that measure nurse burnout and attrition. Policy or larger systemic issues can contribute to an exclusionary environment and, although not the focus of this article, should be identified and addressed. As the nursing profession continues to encourage nurses to sit on executive boards and to have a voice in health policy, the code can become emblematic of how nurses represent themselves and the profession and serve to help unify our vast numbers. Lastly, it has been said that "you are what you measure" (Ariely,

2010). The code of conduct for inclusion and diversity provides a basis for the measurement of inclusive behaviors.

Conclusion

Clearly, we have need of a code of conduct given all of the reasons described in this article. The key will be whether nurses embrace the code and live by it as a living, breathing document and not just a list of words or phrases. It is important that we see ourselves and that others see us as professionals who not only treat our patients with care and compassion but who also value each other and are committed to a future of inclusion and collaboration. Let us model for our students, new graduates, practicing nurses, and all those with whom we interact, that the most trusted profession has earned that trust from both within and without.

Appendix A. Pledge For Nurses: A Commitment To Inclusion

As a professional nurse, I commit to inclusive behaviors with my patients, students, colleagues, the profession, and society as a whole. The values underlying these behaviors are dignity, autonomy, altruism, justice, and integrity. I believe that I can achieve professional integrity by acting in a legal, ethical, and fair manner and through self-regulation. By signing below, I promise to abide by the ANA's Code of Ethics and the behaviors outlined in the Code of Conduct.

Printed name
Signature

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