Occupational and Environmental Health Nursing
Ethics and Professionalism

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ABSTRACT
This article provides an overview of ethical issues related to the practice of occupational and environmental health nursing and possible strategies for resolution. Also, professionalism related to professional growth and advancing the specialty is discussed.

Occupational and environmental health nursing’s basic philosophy includes a population-focused (i.e., work force) approach to protecting worker health, preventing disease and injury, conducting health surveillance, and providing a safe and healthful work environment. Contemporary occupational and environmental health nursing emphasizes health promotion, evidence-based practice, interdisciplinary collaboration, improved quality of life, and program and policy development. Environmental health, deeply rooted in nursing’s heritage, is integral to the specialty practice (Pope, Snyder, & Mood, 1995).

Many factors have influenced the evolution of occupational and environmental health nursing practice, including the changing population and work force; work and organizational factors such as downsizing, increased work demands, and significant stress; the introduction of new work processes, new biological agents, and increased use of potentially hazardous agents (i.e., nanoparticles), with a concomitant increase in hazards in the work environment; technological advances and increased regulatory mandates; emphasis on integrated health care; and an increase in complex ethical health issues at the worksite coupled with rising health care costs and workers’ compensation claims. Consequently, interprofessional approaches to address work force health problems must be emphasized. Occupational and environmental health nurses work in a variety of settings (e.g., pharmaceutical companies, furniture factories, food processing, oil refineries, cosmetic and meat packing companies, construction sites, government and insurance agencies, apparel finishing)—wherever a work force needs occupational health services. Given the changing demography of the U.S. population (i.e., aging and ethnically diverse), health care professionals will provide a wider array of services and need additional occupational health resources to meet demands (Rogers et al., 2011). Occupational and environmental health nurses can meet these challenges.

This article provides an overview of ethical issues
Sidebar 1

**AAOHN Code of Ethics**

1. Occupational and environmental health nurses provide health, wellness, safety, and other related services to clients with regard for human dignity and rights, unrestricted by consideration of social or economic status, personal attributes, or the nature of the health status.

2. Occupational and environmental health nurses, as licensed health care professionals, accept obligations to society as professional and responsible members of the community.

3. Occupational and environmental health nurses strive to safeguard clients’ rights to privacy by protecting confidential information and releasing information only as required or permitted by law.

4. Occupational and environmental health nurses promote collaboration with other health professionals, community agencies, and stakeholders to meet the health, wellness, safety, and other related needs of the client.

5. Occupational and environmental health nurses maintain individual competence in nursing practice, based on scientific knowledge, and recognize and accept responsibility for individual judgments and actions, while complying with appropriate laws and regulations.

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related to the practice of occupational and environmental health nursing and possible strategies for resolution, and a discussion of professionalism related to professional growth and advancing the specialty.

CODE OF ETHICS

Occupational and environmental health nursing practice is regulated by state nurse practice acts and guided by standards of occupational and environmental health nursing practice (American Association of Occupational Health Nurses, Inc. [AAOHN], 1999). The occupational and environmental health nurse must be knowledgeable about laws and regulations that govern the occupational health and safety of workers (e.g., Occupational Safety and Health Act, Americans with Disabilities Act, Record-keeping Standard, Hazard Communication Standard), and recommend and implement programs responsive to mandated health and safety requirements.

The occupational and environmental health nurse’s framework for practice is guided by ethical treatment of workers as documented in the AAOHN Code of Ethics (AAOHN, 2009). Many situations in the work environment create ethical dilemmas, including confidentiality of employee health records, hazardous exposures to vulnerable populations, and conflicting duties. Nurses must recognize both personal and corporate values related to occupational health and safety as these values sometimes compete. Nurses are obligated to act in the best interest of the worker and provide effective leadership skills in ethical health care. In this role, occupational and environmental health nurses not only bring expertise to occupational health dilemmas but also structure the issues so sound and deliberate decisions are made using a reasoned approach. The AAOHN Code of Ethics details five principal statements for ethical practice and behavior (Sidebar 1). The Code of Ethics should be used as a policy document and shared with management to effect better understanding of occupational and environmental health nursing practice.

**ETHICAL ISSUES AND PRACTICE**

Ethical issues in occupational health settings are often subtle and insidious rather than overt (Rogers, 1988). Based on research, issues related to balancing costs and benefits, privacy of employee health information, truth telling, worker notification and right to know, worker health screening, substance abuse by both employees and health care providers, mandatory vaccination, workplace discrimination, professional competence and unethical or illegal acts (e.g., fraudulent credentials), and whistleblowing are challenges occupational health professionals face in an effort to protect and improve worker health (Rogers, 2001, 2003). In addition, health literacy, cultural differences, and work force diversity present ethical complexities related to effective transmission of information necessary to protect workers from hazardous exposures. In corporate environments where the primary mission is to produce successful products while ensuring corporate survival and profitability, conflicts may be created if health and safety issues compromise the profit goal (Rest, 2010).

Fry (2000) states that the nurse, as a moral agent, is concerned with values, choices, priorities, and duties for the “good” of the individual, society, and the profession. In the delivery of occupational and environmental health nursing services, nurses provide comprehensive professional health care to individuals, groups, and work forces, respecting human dignity and self-worth while promoting client accountability. Occupational and environmental health nurses have the primary responsibility to advocate for worker health and safety while honoring ethical, cultural, spiritual, and corporate beliefs. For many industries, health services may be of secondary importance, inasmuch as health care providers do not generate income, but rather cost companies money. Nurses can assist management to recognize the human benefits of occupational health programs, which promote employee mental and physical well-being and result in improved productivity and quality.

Within a values framework, occupational and environmental health nurses practice autonomously, maintain self-integrity, and demonstrate leadership in decision making. In most occupational health settings, occupational and environmental health nurses manage occupational health units and provide direct health services. Thus, nurses have dual responsibilities and act as agents of the company, but, more importantly, as advocates for workers. Occupational and environmental health nurses...
are involved in many workplace issues having direct effects on the health and well-being of individual workers and the work force. For example, issues related to access to health records may present conflicts if the principle of confidentiality is not shared by others (i.e., company management). When conflicts arise, occupational and environmental health nurses must decide to act with courage, sometimes at their own risk (Rest, 2010). Nurses must adhere to professional standards and codes that guide and direct safe and ethical care for which they are accountable. Management, occupational and environmental health nurses, and other health care professionals must respect each others’ roles and confront issues that threaten worker health and safety. Differences between professions must be discussed and resolved. The tenets in Sidebar 2 can provide guidance.

Beauchamp and Childress (2008) described the most widely observed ethical principles of autonomy, nonmaleficence, beneficence, and justice, which have wide application in occupational health settings (Rogers, 2003). Autonomy, characterized by self-determination, relates to issues such as informed consent, confidentiality and right to privacy, right to refuse treatment, right to know about potential workplace health hazards, and worker inclusion in decision making. This principle denies paternalism (i.e., when one claims to know what is best for another) in decision making and thereby precludes health professionals or others from making decisions for employees without their input and consent.

Potential dilemmas include the use of hazard pay for dangerous jobs; access to or denial of exposure information and long-term consequences by employers; access to medical records by management personnel, which may result in denial of promotion, loss of job, or other punitive or coercive behaviors; and the maintenance of confidentiality for a substance-abusing employee who handles heavy equipment that can harm other workers. Of significant concern is the use of predictive or genetic screening to identify genetic risk factors in workers and then using that information for employment decisions. Who will have access to this information? Will individuals be denied employment or access to select jobs based on these data? The potential to violate the right of autonomy is significant in these situations (National Institute for Occupational Safety and Health, 2009).

The second principle, nonmaleficence, is often referred to as the “no harm” principle. Foundational to most professional ethical codes, this precept encompasses the concepts of both harm and avoidance of harm. For example, an employee with a known hearing loss should not be placed in a job situation that will further compromise hearing, and a pregnant employee should not be exposed to potential or known teratogens that may jeopardize her health or that of her fetus. The results of preplacement, periodic, and mandatory examinations are used to identify work-related hazards and protect the health of employees.

Beneficence, the third ethical principle, requires that health care professionals act in the best interest of the worker. Health promotion and health protection interventions (i.e., wellness, screening, and health surveillance programs) exemplify this principle. Examples include the installation of engineering control devices such as needle or sharps containers in patient rooms or clinic areas, the use of non-latex gloves when latex is not needed, the development of a back injury prevention program for workers with back problems or previous injury, or workplace walk-throughs by the occupational and environmental health nurse to identify health and safety hazards and recommend risk reduction programs. Mandatory screening programs and the availability of test results demand cautious evaluation to ensure worker autonomy and protect confidentiality and right to privacy. For instance, should urine drug screening be required of all or some employees, how should data be obtained and stored, and what are the repercussions of unreliable testing procedures?

The fourth principle, justice, focuses on treating employees fairly, equally, and without discrimination, including providing equal opportunity for disabled workers to be hired and promoted, assuring individuals they will not endure discrimination because of a health condition (e.g., diabetes) if they are able to perform the job. This concept is embodied in the Americans with Disabilities Act. Sexual or alcohol history as well as the general health status of employees may be considered risk information with respect to potential discrimination (D’Arruda, 2001). Singling out particular individuals or work groups to perform unpleasant or hazardous jobs also violates this principle.

### Sidebar 2

**Tenets to Support Occupational Health and Safety**

1. Worker rights and treatment related to principles of self-determination and non-discrimination including diversity, and the receipt of quality health care while protecting employee confidentiality is respected.
2. Promotion and protection of health throughout the work community are obligations of all parties.
3. Occupational health and safety professionals’ decisions, such as holding health information confidential, are honored.
4. The benefits of the occupational health service to the worker population and company, with the appropriate level of resources, are supported.
5. The competence and continuing professional development of the staff, including recognition of legal and ethical considerations and accountability for practice, is expected.
6. Collaborative multidisciplinary relationships that support and enhance worker health and safety, including the relationship of the occupational health service to the community, are essential.
Sidebar 3

Professionalism and Leadership

Professionalism includes providing leadership and acting in a leadership role. Leadership is provided in several ways, including, but not limited to:

1. Influencing and developing policy for occupational health and safety programs and initiatives in the work organization.
2. Influencing governmental legislation and regulation.
3. Influencing and empowering peers to become involved in occupational health and safety issues.
4. Participating in leadership activities in the work organization, external publics, and professional societies, and advancing the specialty.
5. Engaging in leadership election opportunities in professional societies, voluntary organizations, and government.

Issues related to health care costs and benefits cut across all ethical principles. Cost containment is never a substitute for quality health care delivered to all employees. No employee should receive substandard care. All employees should have equal access to care options within the scope of their benefits at the most reasonable cost.

To resolve ethical problems, occupational and environmental health nurses must recognize both personal and corporate values, and identify when these values compete. The consequences of addressing organizational ethical issues can be unpleasant (e.g., one can be punished or fined, one’s career can suffer, or one can be ostracized) (Nielsen, 1989). However, several strategies can be employed. For example, clarification of legal requirements or restrictions such as the Americans with Disabilities Act, Bloodborne Pathogens Standard, Family and Medical Leave Act, or Health Insurance Portability and Accountability Act can lead to educational opportunities for all workers and management regarding required confidentiality of health information.

Occupational and environmental health nurses must build alliances with other health care providers, professionals, and company leaders to institute an ethical organizational change, promoting health care organizational integrity rather than acting individually. This work may involve whistle-blowing and significant risk, particularly if company culture demands conformity. However, working with employees, health care professionals, and management to create a health care bill of rights for all employees can build trust within the organization. The bill of rights should be displayed at key locations within the company and also in the occupational health unit. The AAOHN Code of Ethics can also be displayed and given to management as a guide for developing policies related to occupational health and safety.

If occupational and environmental health nurses know how to lead, corporate management is reasonable, the degree and severity of risk is understood, and changes can be made within a reasonable time frame, leading an organizational change can be an effective, safe approach. In the final analysis, occupational and environmental health nurses must make their own decisions and live with the consequences (Rest, 2010).

As health care professionals, nurses must often evaluate ethical dilemmas, questioning what ought to be done in a health situation from an ethical standpoint. Dilemmas are difficult problems that have no easy solutions; however, using ethical theories and principles can classify the decision-making process to arrive at resolution. Rogers (2003) developed a model for ethical decision making to guide an organizational change through deliberate and rational decision making.

HONESTY AND ETHICS IN THE PROFESSIONS

Each year, the Gallup organization conducts a survey rating the honesty and ethical standards of professions. The 2010 poll, conducted through telephone interviews of a randomly selected national sample of 1,037 adults, found that the top three professions rated high or very high in honesty and ethical standards were nurses (84%), U.S. military (73%), and druggists/pharmacists (71%).

Health care provided by nurses is of high quality and consistent with professional codes and standards that reflect the values of caring, advocacy, and accountability; the public recognizes this. As advocates, nurses speak for or in support of the best interests of clients, including populations at risk (Rogers, 2003).

PROFESSIONALISM IN OCCUPATIONAL AND ENVIRONMENTAL HEALTH NURSING

To support the role functions and advance the specialty of occupational and environmental health nursing, professional development, competency enhancement, and professional growth are essential. Occupational and environmental health nurses must maintain a current and evolving scope of practice and use ethical judgment regarding practice issues. To accomplish this, occupational and environmental health nurses benefit from membership in AAOHN, the professional society for nurses engaged in the practice of occupational and environmental health nursing. Among many of its activities, AAOHN supports the professional development of occupational and environmental health nurses. Within this context, AAOHN defines the scope of practice and sets standards and competencies for practice; develops the AAOHN Code of Ethics; promotes and provides continuing education; and develops tools and resources to support occupational and environmental health practice. However, the primary responsibility for continued competence in an evolving scope of practice and work responsibilities rests with individual occupational and environmental health nurses.

MENTORING AND LEADERSHIP

Mentoring is an essential component of professionalism; professional growth and development provide guid-
anc and assistance for occupational and environmental health nurses in developing skills and abilities. Role modeling and mentoring are professional behaviors that assist new occupational and environmental health nurses to develop a network of colleagues and that provide opportunities to enhance decision-making skills and increase self-confidence and independence. As mentors, occupational and environmental health nurses benefit from the satisfaction of knowing that the success of others has been promoted and these individuals will assume positions of influence and leadership (Sidebar 3).

ADVANCING THE PROFESSION, PRACTICE, AND DISCIPLINE

As part of professionalism, nurses are accountable for their own professional development to enhance professional growth and competency and contribute to scientific knowledge to improve practice. Professional development is accomplished through lifelong learning and development of evidence-based practice. Lifelong learning needs are based on self-assessment and initiation of a plan to meet identified needs through academic and continuing education. Nurses may earn additional academic qualifications and certifications needed for improved job performance or personal and professional achievement.

Nurses should actively integrate research findings into practice and identify researchable practice problems that can be studied to add new knowledge or improve specialty practice.

SUMMARY

The practice of occupational and environmental health nursing is comprehensive. It requires an interdisciplinary knowledge base guided by nursing science. Occupational and environmental health nurses are strong advocates for workers, and approach ethical issues using rational decision making guided by ethical principles and the AAOHN Code of Ethics. As professionals, occupational and environmental health nurses benefit from membership in their professional association, AAOHN. All occupational and environmental health nurses are obligated to maintain professional competence; many resources exist to support this obligation. Career and professional growth will be the outcome.

REFERENCES