



Chapter 6

Workplace Behavior Ethics and Legal Concepts

Factors That Influence Workplace Behavior

- 1. Philosophy and Standards of the organization.
- 2. Leadership style of supervisors
- 3. How meaningful or important the work is.
- 4. How challenging the work is for the person
- 5. How the person fits in with coworkers
- 6. Personal characteristics of a worker such as abilities, interests, aptitudes, values, and expectations.

How Values Influence Interactions

- Values formed by age 6
- Parents, siblings, extended family, friends, peers, teachers, work supervisors influence our values.
- Emotional events in our lives change our values.
- Experiences can change what we view as most important.
- Values affect how we relate to others.
- Values are what we think about, chooses, feels for, and acts on.
- Our values may cause problems in our interactions as a HUC. (ex. Feelings regarding alcoholics in book pg. 81)
- A patient's values could also influence our behavior when it conflicts with ours. (ex. Pg 82 regarding blood transfusion)

Good Work Ethic Traits

- **Dependability** – adequate sleep, refrain from drugs.
- **Accountability** Take responsibility for your actions
- **Consideration** of others
- **Cheerfulness** – leave personal problems at home
- **Empathy**: See things from the viewpoint of others
- **Trustworthiness**: Refrain from gossip about others
- **Respectfulness**: Values and beliefs may differ
- **Courtesy**: Address by name, use please and thank you, don't interrupt
- **Tactfulness** – Be sensitive to problems and needs of others.
- **Conscientiousness** – Be alert, careful, and accurate. Do only what you are trained to do.
- **Honesty** – Never attempt to cover up an error.
- **Cooperation** – Be a team player
- **Attitude** – Be positive about your job and the contribution you make.

**The Health Insurance Portability And
Accountability Act of 1996 and Privacy Rule
Regarding Confidentiality**

- Implemented April 14, 2003- mandates all patients be provided a copy of privacy policies.
- Protects patient health information
- Hospital provides opt-out form to be off hospital directory.
- Chart to be labeled *no information/no publication(NINP)*
- **HIPPA Privacy Rule** mainly addresses physical safeguards and protecting patient information in paper documents.
- The Security Rule addresses electronic information solely and will be implemented in April 2005.
- See Facility Directory OPT OUT form page 83 in book.

Ways to Maintain Confidentiality

- Don't discuss patient information
- Conversations outside of hearing distance
- Don't discuss medical treatment
- Don't discuss general patient information
- Don't discuss hospital incidents away from unit
- Refer reporters, police, legal agencies to nurse.
- If in doubt about the authenticity of a telephone caller, obtain information from the caller so you may return the call. After confirming the caller's identity, call them back.

Confidentiality of Chart

- Follow policy for duplicating portions of patient's chart.
- Control access to patient's chart: only authorized personnel can have access to chart. Relatives/friends can't see chart.
- Patient can see own chart, after doctor writes order and nurse or doctor goes over it with them.
- Ask outside agency personnel for picture identification
- Control transportation of chart: don't let patient hold chart while being transported .

Workplace Appearance Guidelines

- Female – fit well, be modest in length and style, clean, mended and wrinkle free. Color and design of undergarments should not be visible through your clothes or uniform. Denim usually not acceptable. Socks or stockings should be worn with a skirt or dress, sculptured nails and nail polish are not acceptable, makeup should be modest in amount and color.
- Male – Slacks and shirt or sweater should fit well, clean, mended, wrinkle free, socks should be worn, aftershave should be unscented.
- Male and Female – Perfumes and colognes should not be worn. Hairspray should be unscented. Shoes should be clean, and no open toes or heels are allowed. Jewelry should be modest, body piercing and tattoos usually not acceptable. Hair should be clean and well groomed. Long hair should be controlled to keep it out of your face and off of your collar.

Sexual Harassment

- Unwanted behavior that is sexual in nature.
- Quid pro quo: involves making conditions of employment contingent on providing sexual favors
- Hostile working environment: abusive
- Often not reported, fears retaliation or abuser, or thinks no action would be taken.
- Advise the person to stop, document comments and behavior, file a complaint with your supervisor or management.

Violence in the Workplace

- Restraining orders
- NINP, alias may be used to avoid visitor suspicion
- Code word or phrase given to patient's family
- Call security immediately if:
 1. Verbally expressed anger or frustration
 2. Body language such as threatening gestures
 3. Signs of drug or alcohol use
 4. Presence of a weapon
 5. Presence of a person that has a restraining order that prohibits them from being there.

Agencies that Investigate Abuse

- CPS
- APS
- A social worker must show HUC photo ID to view charts of abused patients.
- Remain nonjudgmental when interacting with the family members of suspected abuse cases.

Employee Performance Evaluations

- After being hired, during and after training an employee will be evaluated.
- Ongoing process of evaluating the employee.
- Provides both positive feedback, and suggestions on improvement.
- Helps decide compensation or salary increases.
- HUC should keep a diary of accomplishments, classes taken, and in-services attended.
- This will help your nurse manager complete your eval.

Health Care Ethics

- The National Association of Health Unit Coordinators (NAHUC) has an established code of ethics derived from a set of basic principles that define the concepts of right or wrong for that profession. See pg 87.
- Patient's Bill of Rights - JACHO requires that all hospitals have a bill of rights posted at prominent places throughout the hospital, and a copy given to each patient upon admission. May vary among hospitals. See pg 87

Ethical Principles for Patient Care

- Respect – Provide services with respect for human dignity and the uniqueness of each patient.
- Autonomy – Patient is free to make own decisions.
- Veracity – Requires that both the health professional and the patient tell the truth.
- Beneficence – Any action a health professional takes should benefit the patient.
- Nonmaleficence – a Health Care Professional will never inflict harm on a patient.
- Confidentiality

Interconnection Between Ethical and Legal Issues

- A situation that is at odds with your personal system of values.
- Conflicts occur between what is legal and what is ethical.
- Learn to reason through ethical dilemmas rather than reacting to them emotionally.
- Usually situations involving the privacy rights of patients or unprofessional conduct of a fellow health care worker.
- **REMEMBER THAT YOU HAVE THE RIGHT TO REFUSE TO PARTICIPATE IN CARE THAT IS AGAINST YOUR MORAL BELIEFS.**

Standards of Practice for HUC

- See pg 88
- Education
- Policy and Procedure
- Standards of performance
- Communication
- Professionalism and Ethics
- Leadership

The Health Insurance Portability and Accountability Act of 1996 and Privacy Rule Regarding Confidentiality

- Implemented April 14, 2003
- Mandates patients receive a copy of privacy policies
- Facility directory OPT OUT Form – Patient decides if they want to be listed in hospital directory.
- NINP: no information/no publication on chart.
- All Health Care Personnel will sign a confidentiality agreement.

Legal Concepts

- **Law derived from three sources:**
 1. The **constitution** (federal and state)
 2. **Statutes** written laws from legislature
 3. **Common Law** case by case by judge
- Common law is especially changeable because each case presented to a judge is different.
- Most medical malpractice is derived from common law.
- Therefore medical negligence law is in a constant state of change.

**Medical Negligence or Malpractice Law
(changes constantly)**



- **Common Law** - judge determines case-by-case what is fair given a set of facts. Especially changeable.
- **malpractice/negligence** - common law. 98,000 Americans die each year from malpractice.
- **HUC**- may be held legally responsible for judgments..
- **Standard of care** - responsible for performing @ level of competence of other HUC's with same experience and education.
- **expert witness testimony** - trained HUC testifies what a reasonably prudent HUC would have done under circumstances in question.
- **Standards of care** found in texts/journals, NAHUC, policy/proced manuals, JCAHO, PDR's

NEGLIGENCE



- Someone didn't perform legal duty, and someone was injured.
- Can be omission or commission.
- Example- A HUC did not transcribe doctor's orders properly.

LIABILITY



- You are responsible for your own acts.
- Hospital is also liable when your negligence occurs on the job and within your scope of practice.
- If your negligence occurred out of your scope of practice **YOU** alone are responsible.
- The *respondeat superior* or hospital becomes an additional party for the injured to hold responsible.

CONSENTS



- HUC witness signatures of persons consenting to procedures or surgeries.
- **Informed consent**- mandatory prerequisite for any invasive procedure or surgery.
- Person is informed of the risks/characteristics and understands them.
- HUC witness the signature and verify that the person signing is **competent, alert, coherent**.
- Emergency is exception to rule.
- Special consent situations - AMA, sterilization, telephone consents, further precautions may be necessary.

Permanent Legal Documents



- Medical record/chart permanent legal documents - property of hospital.
- Must be in ink, no erasures, legible, specific, accurate, current recording.
- Only authorized people may read medical charts and only for health care related reasons. Not curiosity!

ETHICS



- Philosophy determines right/ wrong.
- HUC has a code of ethics
- **Principles of Medical Ethics:**
autonomy to implement one's decisions
ex. The right to refuse treatment
pg. 87 "A Patient's Bill of Rights"
- Veracity both the patient and care provider must tell the truth.
- Beneficence any action taken by healthcare provider will benefit the pt.
Ex. Is it of benefit to maintain a vegetative patient on life support???
- Nonmaleficence never inflict harm.
Ex. Error in transcription could harm pt.
- HUC who breach confidentiality of Medical Record violate the law.

Ways to avoid legal problems



- Proper training before assuming position.
- Know your job description.
- Keep current of policies/procedures.
- Keep current in your practice.
- Continue your education.
- **DON'T ASSUME ANYTHING.** Question orders, policies, ask questions
- Don't perform nursing tasks.
- Be aware of relationships with patients truly care and help your patients to the best of your ability.

SUMMARY

- By understanding confidentiality, your legal duty and ethical responsibility, you will be able to legally and morally fulfill your professional obligations.
