

# CODE FOR NURSES AND MIDWIVES



SINGAPORE NURSING BOARD



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## INTRODUCTION

The Code for Nurses and Midwives (“The Code”) sets out the professional conduct, ethical values and practice standards that every nurse and midwife in Singapore must act upon and uphold. The Code serves as a guide to assist in ethical decisions faced by nurses/midwives and provides a framework for the regulation of nursing/midwifery practice in Singapore. In the event of professional misconduct, Singapore Nursing Board may take disciplinary action against the nurse/midwife.

Nurses/midwives render health services to the individual, the family and the community (ICN, 2012), collectively referred to as “People”. Nurses and midwives must conduct themselves in ways that are consistent with the requirements of The Code whenever they are providing care or applying their nursing and midwifery knowledge and skills in other roles, including management, education, policy, regulation and research.

There are four key ethical and regulatory provisions of The Code:

- Nurses/midwives and People;
- Nurses/midwives and their practice;
- Nurses/midwives and their profession and
- Nurses/midwives and co-workers.

Within each provision there are key principles and accompanying practice statements. The Code’s goal is to ensure that the interests and safety of People come first and that nursing/midwifery practice is safe, effective and promotes public trust in the profession.

Upon registration and/or enrolment with the Singapore Nursing Board, nurses and midwives commit to upholding the professional requirements set out in The Code.

Employing organisations should support their staff in upholding The Code to ensure that a high level of trust that the public and regulators have in the quality and safety of nursing/midwifery practice is maintained.

Educators can use The Code to help nursing/midwifery students and trainees understand the significance of The Code and its impact on their professional roles.

The Code supplements the requirements of the Nurses and Midwives Act (Cap 209) (2012 Revised edition). It integrates all aspects of expected professional conduct and practice standards into one document and replaces the Singapore Nursing Board's Code of Ethics and Professional Conduct (1999), Code of Practice for Midwives (2001) and Standards of Practice for Nurses and Midwives (2011).

*REGISTRAR  
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## ***NURSES/ MIDWIVES AND PEOPLE***

### **Principle 1: Respect People's values, needs and rights**

*Nurses/midwives provide care that is determined by People's values, needs and rights, without any unfair or prejudicial discrimination, whether on the basis of gender, ethnicity, religion, age, social or economic status, or other profile, attribute or preference. Of utmost priority is the safety and well-being of everyone who requires nursing or midwifery services.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- treat People with respect, compassion and kindness
- consider cultural sensitivities when responding to People's personal and health needs
- consider People's needs, values, wishes and feelings when determining a plan of care/service
- render appropriate care to support a dignified and peaceful death at the end of life

## **Principle 2: Respect and promote People's autonomy and right to self-determination**

*Nurses/midwives respect that People have the right to self-determination. People have the right to determine what will be done with and to themselves; to be given accurate information in a manner that facilitates an informed decision. They have the right to voluntarily accept, refuse or terminate treatment.*

### **Practice Statements**

To achieve this, nurses/midwives must, to the best of their available knowledge and ability:

- inform People under their care of the care options that are available
- assist People to obtain the relevant information from reliable and/or official sources
- consider whether it is likely for a person without decision-making capacity to regain capacity at some time in the future to make the decision in question and when it is likely to happen
- permit and encourage a person to participate, or to improve her or his ability to participate, as fully as possible in any act done for the person or any decision affecting her or him
- seek, where applicable or appropriate, the consent of a legally authorised representative when a person is incapable of decision-making
- ensure that the rights and best interests (both clinical and non-clinical) of those who lack mental capacity or are otherwise vulnerable to harm or exploitation are always at the centre of the decision-making

### **Principle 3: Safeguard People's right to privacy and confidentiality**

*Privacy is the right to control access to oneself, including the circumstances, timing and extent to which information is to be disclosed. Confidentiality pertains to the nondisclosure of personal and clinical information. Nurses/midwives have a duty to safeguard privacy and maintain confidentiality of all information pertaining to People under their care. However, only relevant information may be shared with others directly involved in, and necessary for, the provision of care.*

#### **Practice Statements**

To achieve this, nurses/midwives must:

- respect People's right to privacy and dignity in all aspects of their care
- safeguard and maintain confidentiality unless there is sound justifications for disclosure to be made without the person's consent; such justifications include disclosure that is mandated by law or necessary in order to protect the person or others from a serious risk of harm
- respect that a person's right to privacy and confidentiality continues after death

## **Principle 4: Advocate for and in the best interest of People**

*Nurses/midwives advocate for People by speaking up in favour or support of their rights, values, interests and wishes.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- safeguard People from undue influence to accept or change a particular course of action, if they do not choose to do so voluntarily
- be alert to and take appropriate action when the rights, well-being or safety of People are in jeopardy
- report unsafe clinical practices that could potentially compromise People's safety

## ***NURSES/ MIDWIVES AND THEIR PRACTICE***

### **Principle 5: Practise in a responsible and accountable manner**

*Nurses/midwives are responsible and accountable for their judgments, decisions and actions. They ensure that People receive safe, effective and ethically appropriate care.*

#### **Practice Statements**

To achieve this, nurses/midwives must:

- recognise and work within the limits of their competence, scope of practice and take into account their own safety
- escalate concerns when asked to practice beyond their scope, experience and training
- ensure that practice is carried out in accordance with ethical principles, institutional policies and requirements
- identify and reduce risk to promote work place safety and health for co-workers and those receiving care
- alert the appropriate authority of any situations which may endanger the health or safety of People
- provide accurate, relevant and evidence-based information when speaking on nursing/midwifery or health-related matters
- use judgment regarding a nurse/midwife's competencies when accepting and delegating responsibilities.
- ensure that research is conducted in accordance with ethical principles and institutional guidelines and, where appropriate, approved by the appropriate institutional review board and/or regulatory authority

## **Principle 6: Maintain competency in the care of People**

*Nurses/midwives constantly evaluate their knowledge and skills as well as the effectiveness of care they provide. They maintain their competency through continuing education, quality improvement activities and lifelong learning. They practise evidence-based nursing/midwifery.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- ensure that their practice is based on prevailing clinical practice guidelines
- keep abreast with professional advances and developments by participating in continuing education activities
- complete necessary training and achievement of competency prior to carrying out a new role/assignment
- provide honest and constructive feedback to colleagues in order to help them improve their practice and performance
- obtain and reflect on feedback to improve practice and performance

## **Principle 7: Maintain clear and accurate records**

*Nurses/midwives ensure that all records are complete, accurate and timely.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- complete all documentation/records at the time or as soon as possible after an event
- ensure their entries made are clear, dated, timed and signed/initialled
- exclude the use of unauthorized abbreviations, jargons or speculations
- ensure that all records are kept securely
- abide by legislative and institutional guidelines

## ***NURSES/ MIDWIVES AND THEIR PROFESSION***

### **Principle 8: Promote professionalism and uphold public trust**

*Nurses/midwives have a duty to uphold the reputation of the profession at all times. They should persistently strive to preserve public trust and confidence.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- uphold and abide by the standards and values set out in this Code
- be conscious at all times how their behaviour and conduct can affect and influence others and the profession
- maintain objectivity with clear professional boundaries (refer to Appendix 1) at all times with People
- be respectful, responsible and accountable at all times when using all forms of spoken, written, and digital communication, including social media and networking sites (refer to Appendix 2)
- never misuse the professional status or practice in a way that could bring the profession to disrepute or seriously undermine public trust or confidence
- ensure that any publications or published/submitted materials produced are accurate, responsible, ethical and reflect their relevant skills, experience and qualifications.
- adhere to institutional policies and guidelines where available, with regard to the acceptance of gifts, monies, hospitality or inducements from clients and/or companies, or to otherwise avoid becoming beholden to any person and organisation and/or allegations of professional misconduct

## **Principle 9: Practise self-regulation**

*Nurses/Midwives are responsible and accountable to self, People, and the profession for maintaining competence and continued personal and professional growth, fitness to practise and a valid license to practise. They are responsible for their own health, safety and well-being.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- maintain a valid Practising Certificate
- comply with all regulatory policies and guidelines
- practise within their own level of competence and scope of practice
- ensure continuing competency in the relevant areas of practice
- maintain their own physical, psychological and emotional fitness
- uphold personal integrity

## ***NURSES/ MIDWIVES AND CO-WORKERS***

### **Principle 10: Work collaboratively with all members of the healthcare team**

*Nurses/midwives work collaboratively and respectfully with co-workers in nursing and in other related fields, as the context or situation requires. They contribute to a collaborative and supportive environment that prioritises the best interests of People.*

### **Practice Statements**

To achieve this, nurses/midwives must:

- promote respectful interactions and mutual peer support
- maintain clear, concise and timely communication with co-workers
- respect the skills and expertise of co-workers, and when appropriate, refer matters to them for advice
- advocate ethical healthcare delivery and safe practices as a team
- share knowledge and experience to resolve ethical issues

## REFERENCES

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## GLOSSARY OF TERMS

Accountability	Being answerable and responsible for the outcome of one's professional actions (includes any judgment, decision or action taken or omitted in nursing practice). Nurses/midwives are accountable to people, their employer and the Singapore Nursing Board.
Advocacy	Speaking up in favour or support of people's rights, values, interests and wishes.
Autonomy	The right of adults to determine their actions and destinies based on their values, interests and wishes.
Client(s)	An individual or group who seeks or receives professional care, health services or advice from a nurse/midwife.
Competence	The ability of a nurse to demonstrate the knowledge, skills, judgment and attitude required to perform activities within the defined scope of practice at an acceptable level of proficiency.
Confidentiality	The obligation not to disclose certain types of information without appropriate consent or justifications.
Consent	Permission given by people for a procedure or action to be carried out upon them by their attending nurse/midwife.
Dignity	Treating people with respect and consideration for their rights.
Evidence-based nursing	The process of reviewing current research findings (evidence) published in scientific journals or other data sources. Evaluating the relevance of this evidence to current nursing practice. Modifying existing practice where indicated and evaluating the impact of the modified practice.
Healthcare team	Co-workers in nursing, healthcare and other related fields; may extend to volunteers and others who play a role in providing health services.
Integrity	An internal quality (a cluster of attributes) within oneself. Manifested externally as honesty and moral consistency: consistency with one's values, convictions, beliefs, knowledge, commitments and obligations.

**GLOSSARY OF TERMS**

Midwife	A person who has completed a course in midwifery and is licensed by the Singapore Nursing Board to practise as a Registered Midwife.
Nurse	A person who has completed a pre-registration or pre-enrolment nursing course and is licensed by the Singapore Nursing Board (SNB) to practise as a Registered Nurse or Enrolled Nurse.
People	Individuals (clients, patients), family members, significant others and the community who receive care and health-related services from nurses and midwives.
Professional Misconduct	Defined as any act or omission that: <ul style="list-style-type: none"> <li>• constitutes a deviation from the Code</li> <li>• abuses the professional relationship with the client</li> <li>• brings the nursing profession into disrepute</li> </ul>
Responsibility	Obligation to properly carry out duties which are expected of a nurse/midwife and for which they can be held accountable.
Relevant authority	A person or entity having legal, regulatory or administrative power and control pursuant to legislation or regulation, including regulatory guidelines or policies.

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**Professional Boundaries: Guidelines for Nurses & Midwives**

*(Adapted from National Council of State Boards of Nursing (2014) A Nurse's Guide to Professional Boundaries)*

**Professional boundaries** are the spaces between the nurse's/midwives' power and the client's vulnerability. The power of the nurse/midwife comes from the professional position and access to sensitive personal information. The difference in personal information the nurse/midwife knows about the client versus personal information the client knows about the nurse/midwife creates an imbalance in the nurse–client relationship. Nurses/midwives should make every effort to respect the power imbalance and ensure a client-centred relationship.

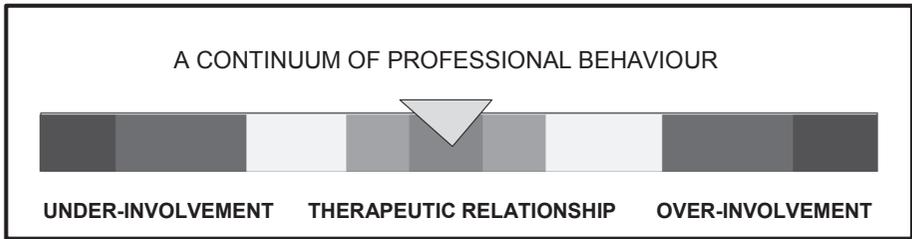
**Boundary crossings** are brief excursions across professional lines of behaviour that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the client. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse/midwife for potential adverse client consequences and implications. Repeated boundary crossings should be avoided.

**Boundary violations** can result when there is confusion between the needs of the nurse/midwife and those of the client. Such violations are characterised by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the client, which may not be recognised or felt by the client until harmful consequences occur.

A nurse/midwife's use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse/midwife's own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of client confidentiality or privacy, as well as a boundary violation.

**Professional sexual misconduct** is an extreme form of boundary violation and includes any behaviour that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the client. Professional sexual misconduct is an extremely serious, and criminal violation.

## Boundaries and the Continuum of Professional Nursing/Midwifery Behaviour



*Every nurse–patient relationship can be plotted on the continuum of professional behaviour illustrated above.*

The nurse's/midwife's responsibility is to delineate and maintain boundaries.

The nurse/midwife should work within the therapeutic relationship; examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.

Variables such as the care setting, community influences, client needs and the nature of therapy affect the delineation of boundaries.

Actions that overstep established boundaries to meet the needs of the nurse/midwife are boundary violations.

The nurse/midwife should avoid situations where he or she has a personal, professional or business relationship with the client.

Post-termination relationships are complex because the client may need additional services. It may be difficult to determine when the nurse–client relationship is completely terminated.

Be careful about personal relationships with clients who might continue to need nursing/midwifery services (such as those with mental health issues or oncology clients).

## Red Flag Behaviours

Some behavioural indicators can alert nurses/midwives to potential boundary issues for which there may be reasonable explanations, however, nurses/ midwives who display one or more of the following behaviours should examine their client relationships for possible boundary crossings or violations.

Signs of inappropriate behaviour can be subtle at first, but early warning signs that should raise a “red flag” can include:

- Discussing intimate or personal issues with a client
- Engaging in behaviours that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a client
- Believing that you are the only one who truly understands or can help the client
- Spending more time than is necessary with a particular client
- Speaking poorly about colleagues or your employment setting with the client and/or family
- Showing favouritism
- Meeting a client in settings besides those used to provide direct client care or when you are not at work

Clients can also demonstrate signs of over involvement by asking questions about a particular nurse/midwife, or seeking personal information. If this occurs, the nurse/midwife should request assistance from a trusted colleague or a supervisor.

The nurse/midwife needs to be prepared to deal with violations by any member of the health care team. Client safety must be the first priority. If a health care provider’s behaviour is ambiguous, or if the nurse/midwife is unsure of how to interpret a situation, she/he should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner.

Nurses/midwives need to practice in a manner consistent with professional standards. They should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. They should examine any boundary-crossing behaviour and seek assistance and counsel from their colleagues and supervisors when crossings occur.

## **Use of Social Media: Guidelines for Nurses & Midwives**

### **Introduction**

Social media is a beneficial tool when used wisely. It fosters professional connections, promotes timely communication, and educates people and healthcare professionals. The use of social media, however, can pose a risk as the ease of posting allows little time for reflective thought, verification or authentication, could be misinterpreted or misappropriated and that information once posted, has the potential of rapid circulation. Moreover, deleted contents are often still accessible and recoverable. Hence, nurses need to pay attention to the following guidelines in order to reduce risks to members of the public and the healthcare profession.

The purpose of this guide is to provide advice to nurses on using social media.

### **Definition**

“Social media” describes the online and mobile tools that people use to share opinions, information and experiences, images and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to: social networking sites such as Facebook and LinkedIn; personal, professional and anonymous blogs; WOMO, True Local and micro blogs such as Twitter; content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

### **Common expectations for nurses include:**

#### **1. Benefits and Risks**

Know the benefits and risks of social media. Build your competence. Know the technology and have the skills and judgment to use it appropriately and ethically. Be aware of social media’s evolving culture and changing technology. Reflect on the intent and possible consequences of your online behaviour – before you blog, post or tweet.

#### **2. Professional Image**

Use the same level of professionalism in your online interactions as you do face-to-face. Keep your personal and professional lives separate. Use different accounts for personal and professional activities.

### **3. Confidentiality**

Do not share any client information on social media sites. Leaving out details when you post information or images does not protect client confidentiality. Report confidentiality breaches to the right person, immediately.

#### EXAMPLE

Jane has been working in the cancer ward for the last six years. She is “friends” on Facebook with her patient Mary. One day, Mary posted about her depression. As her nurse, Jane wanted to provide support, so she posted, “I know the past month has been difficult and trying. Hopefully the new anti-depressant will help. The morphine dose has been increased and should make you more comfortable. I will see you next Friday.” On Jane’s Facebook profile page, she has listed herself as an Oncology trained nurse working in an Oncology Ward.

Jane had Mary’s best intentions at heart when she offered her words of support. However, she inadvertently disclosed Mary’s condition on a social media site. Everyone who read that post now knows Mary’s medication, increase in morphine and possibly even her cancer diagnosis, violating her right to privacy and confidentiality.

### **4. Privacy**

Set and maintain your privacy settings to limit access to your personal information. Be aware of your privacy settings and know that even if you use the highest privacy settings, others can copy and share your information without your knowledge or permission.

#### EXAMPLE

Julia, a newly graduated nurse, took a photo of William, an elderly patient seated in a chair beside his bed. Julia had asked William if she could take his photo and he immediately consented to it. Julia took his photo with her personal hand phone and posted in on Facebook with the following caption: “My favourite cute patient, the one who is always so thankful despite suffering from his liver failure. I pray he will be better soon!” In the photo, William’s face was turned sideways. However, the bed number on one of the bedside board showed “3A”, and a uniformed nursing colleague was in the background”.

One of Julia’s friends saw the photo that night and advised her that she had breached patient’s confidentiality. Julia told her that her post is private and accessible only by intended recipients. Nevertheless, Julia immediately removed her posting. However, it was too late as her photo had been reposted by others on public websites. From Julia’s post, people were able to identify William as a Liver Failure patient and the hospital he was receiving treatment from. Julia’s innocent yet inappropriate action of posting a patient’s photo had breached patient’s confidentiality.

## **5. Boundaries**

Maintain professional boundaries. Just as with face-to-face relationships, you must set and communicate these boundaries with clients online. End your professional relationships appropriately and do not accept or initiate client “friend” requests on your personal social media accounts. If you use social media with clients, use a professional account separate from your personal one.

### EXAMPLE

Jean, a nurse, receives a friend request from someone she vaguely knows. He later revealed to her that he is her patient and asks her out. By ‘friending’ a current patient, she may have inadvertently encouraged him to believe they could also have a personal relationship. It is Jean’s responsibility to maintain the professional boundaries of the relationship.

## **6. Expectations**

Use caution if you identify yourself as a nurse online. If you do so, others may ask for advice, which could lead to a professional relationship.

Using a name that hides your identity does not release you from this expectation. Know this and practise accordingly.

## **7. Integrity**

Protect yours and the profession’s integrity. Use proper communication channels to discuss, report and resolve workplace issues – not social media.

Refer to colleagues or clients online with the same level of respect as you would in the workplace. Before you blog, tweet or share information about your practice, reflect on your intentions and the possible consequences. Understand that “liking” someone’s disrespectful comments is not much different than making them yourself.

## **8. Employer Policies**

Know and follow employer policies on using social media, photography, computers and mobile devices, including personal, at work. If you communicate with clients via social media, work with your employer to develop policies.

## **9. Accountability**

Make sure you can answer for your actions. Reflect on why, how and when you use social media and help others do the same. Know that personal use of social media while working could be viewed as client abandonment. If you are unable to discuss your online behaviour with others, consider this a red flag. Use professional judgment to keep your obligations to clients, colleagues and employer’s front and centre.

## 6 “P”s of Social Media Use

**Professional** — Act professionally at all times

**Positive** — Keep posts positive

**Patient/Person-free** — Keep posts patient or person free

**Protect yourself** — Protect your professionalism, your reputation and yourself

**Privacy** — Keep your personal and professional life separate; respect privacy of others

**Pause before you post** — Consider implications; avoid posting in haste or anger

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## **Singapore Nursing Board Nurse's Pledge**

*In full knowledge of the obligations I am undertaking, I PROMISE to provide a competent standard of care for the sick, regardless of race, religion and status, sparing no effort to alleviate suffering and promote health and to refrain from any action which might endanger life.*

*I will respect at all times the dignity of the patients under my care, holding in confidence all personal information entrusted to me.*

*I will maintain my professional knowledge and skill at the highest level and give support and co-operation to all members of the health team.*

*I will honour and abide by the Singapore Nursing Board Code for Nurses and Midwives, and be responsible and accountable at all times for my nursing actions and decisions.*

*I will uphold the integrity of the professional nurse.*



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