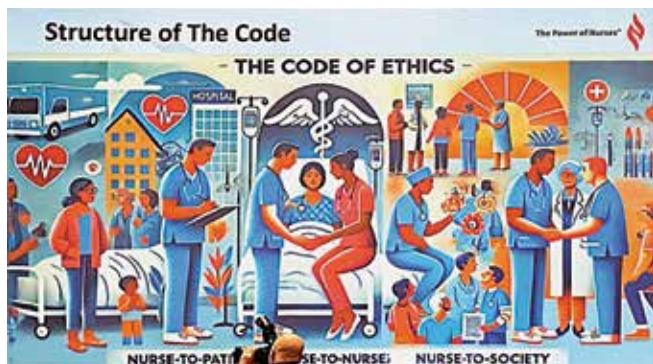


The Revised ANA *Code of Ethics* Applied to the CNA Nursing Education Advisory and Networking Team

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A new ANA Code of Ethics has been published and is available for purchase on the ANA website, effective January 2025. Additionally, free online access to the provisions of the newly revised 2025 Code of Ethics can be found here: <https://codeofethics.ana.org/provision-1>. Faculty and staff at Colorado nursing programs and nursing programs nationwide are eager to incorporate and align the Revised ANA Code of Ethics and the New AACN 2021 Essentials into their curricula.

Utilizing the updated ANA Code of Ethics resource facilitates a successful transition to competency-based education. It ensures that future nurses have the most up-to-date information on ethical and professional nursing standards and supports excellence in their practice. This is especially important because ethical issues are present in all nursing courses. The ANA suggests that nursing faculty refer to the code of ethics when discussing controversial and culturally sensitive subjects.

Furthermore, incorporating the Revised ANA Code of Ethics into the nursing curriculum encourages nurse educators and their organizations to remain in solidarity with one another as programs achieve adherence to accreditation standards.

A summary of the ANA 2025 structure changes from the provisions can guide professional behavior standards in clinical and didactic learning and practice at all levels.

Nurses have a crucial role and voice in patient care, policy development, and advocacy at the local, national, and global health levels.

The revised Code of Ethics and Position Statements offers common ground and something all nursing specialties can refer to during turbulent and uncertain times.

The CNA Nursing Education Advisory and Networking Team (NE)-ANT Subcommittee members need to be mindful of all re-

vised provisions and incorporate them into our practice of communication, advocacy, and everyday interactions. They have specific responsibilities corresponding to and incorporating all provisions of the Code of Ethics.

Our roles and corresponding provisions are listed here:

1. Communication (Mary Beth Cross DNP, MSN, RN and Deborah Rojas Ph.D., RN, CHSE, CNE): collaboratively write articles for the Colorado Nurse publication, disseminate new information at the local, state, and national levels, and communicate with fellow subcommittee members (Provisions 1-10).
2. Legislative Advocacy (Teresa Buxton PhD, MSN, RN): Reports updates on important GAPP committee meeting bills tracked by GAPP, explaining the bill tracker and legislative process to new members, and educating new members on the role of our CNA political advocacy lobbyist team (Provisions 1-10).
3. Research (Rebecca Arthur, MSN, RN): Works with the Research-ANT to find current events related to nursing education and the shortage of nurse educators (Provisions 1-10).
4. Professional Development (Nan Morgan, MSN, RN & Shanel Martens MS, BSN, RN): Develop Advocacy Competencies to help nurses explain nursing to legislators, fellow nurses, and constituents. Support education within the clinical settings and academia, including nurse residencies, nurse educators, and academia for continuing education and certification to climb the ladder (Provisions 1-10).
5. The Committee Chair (Jean Schroeder, PhD, MA, MSN, RN) defines the monthly meeting agenda and objectives and works with each sub-committee to help achieve their goals and objectives. Communicates with the CNA Board of Directors to keep them informed of the NE-ANT activities and works to collaborate with the other ANTs to communicate to NE-ANT about external activities (Provisions 1-10).
6. The Co-Chair: Takes meeting notes, creates a summary and dispenses the summary to all committee members via the MyCNA NE-ANT page (Provisions 1-10).

We cordially invite you to join the Colorado Nurses Association Nursing Education Advocacy and Networking Team. We meet on the first Monday of the month at 7:00 pm and end at 8:30 pm on Zoom. Find more information by visiting: <https://coloradonurses.org/meetings> ■



Table 1 Structural Changes to the ANA Code of Ethics 2025

Provisions	2015	2025
Provision 1	<ul style="list-style-type: none"> Defined human dignity as a concept Relationship with patients The nature of health is more than the absence of disease Right to self-determination; emphasis on autonomy and advocacy. 	<ul style="list-style-type: none"> Adds concepts of allyship and partnership, expanding on respect for diverse people. Adds that nurses should engage in self-reflection to identify bias. More emphasis on social determinants and health disparities Additionally, the right to self-determination may be limited by the rights and health of others (public health).
Provision 2	<ul style="list-style-type: none"> Recipient of care is the highest priority Defines what constitutes a conflict of interest for the nurse. Identifies the importance of the nurse developing professional boundaries with patients. Identifies the nurse-patient relationship as therapeutic not personal. 	<ul style="list-style-type: none"> Specifies placing patient priority over institutions Emphasis on escalating concerns, such as in states where laws prohibit treatment for certain persons. Adds a definition for conflict of commitment. Identifies the work of nursing as inherently personal. New provision stating the nurse evaluates safety in every situation; identifies threats to the nurse, patient, and others.
Provision 3	<ul style="list-style-type: none"> Addresses privacy and confidentiality Provisions about participants in research, and performance standards and review Reporting signs of impaired practice, promoting a culture of safety. 	<ul style="list-style-type: none"> A clause about establishing a trusting relationship is added at the beginning of the provision. Adds importance of privacy and confidentiality with advancing communication technology (social media) Not specified in the update. Specifies advocacy related to consent. Balancing clinical and ethical judgment related to AI Continued emphasis Continued emphasis
Provision 4	<ul style="list-style-type: none"> Refers largely to the scope and standards of nursing. Provisions for accountability and responsibility for judgment, decisions and action. Delegation of tasks by nurses 	<ul style="list-style-type: none"> Emphasis on accountability for judgment, decision and action. Responsibility to combat the dissemination of health misinformation. New provision regarding addressing barriers to exercising nursing practice authority. Ethical awareness involving and understanding of all nursing actions. Emphasis on accountability for judgment, decision and action. Adds oversight of nursing students, and preceptors have institutional support for supervision of students.
Provision 5	<ul style="list-style-type: none"> Duty to self and others 	<ul style="list-style-type: none"> Removed duty to self and others Wholeness of character was expanded to include conscience-based objection and outline prohibited behaviors. Nurses are not expected to hold the same personal values. Adds Human flourishing Nurses have a crucial role and voice in patient care, policy development, and advocacy at the local, national, and global health levels.

Provision 6	<ul style="list-style-type: none"> Values and virtues of nursing are good or bad. Concept of the Good Nurse Bioethics principles 	<ul style="list-style-type: none"> Virtue evolves throughout the nurse's career Virtue includes wisdom, humility, and moral fortitude. The 2015 concept of the good nurse was moved to the Introduction and Preface. Emphasis on collaborative practice and relationships Nurses are responsible for Nurses are responsible for being vocal advocates while weighing personal and professional consequences.
Provision 7	<ul style="list-style-type: none"> Research, scholarly inquiry, and Professional practice standards 	<ul style="list-style-type: none"> Adds knowledge development, includes multiple ways of knowing. Knowledge incorporates natural sciences, social sciences, and humanities. Adds a statement regarding the exploitation and harm to marginalized and socially disadvantaged or disempowered communities and groups. Adds an interpretive statement on ethics, technology, and policy surrounding augmented/artificial intelligence.
Provision 8	<ul style="list-style-type: none"> Emphasis on health disparities and diplomacy Partnership and collaboration in complex work environments 	<ul style="list-style-type: none"> Expanded as collaboration to uphold human rights and mitigate health disparities to enhance equity Collaborative communication of interprofessional teams, transparency, networking, advocacy, leadership, and diplomacy. -Sustainability, and secondary impacts of health on climate change. Delivering complex healthcare depends on a well-supported, collaborative effort of an interprofessional team. The patient is an integral part of the healthcare team
Provision 9	<ul style="list-style-type: none"> Linked social ethics, justice, and policy including a global component. Retains policy section 	<ul style="list-style-type: none"> Nursing values should reflect values we hold for individual nurse professionals. Nurses have a social covenant for civic professionalism and activism. Advancing towards a healthy society for equal outcomes of care. Nurses champion the vision of Inclusivity for all society. Adds a statement on racism and intersectionality.
Provision 10		<ul style="list-style-type: none"> NEW to the 2025 Code of Ethics Global Health includes Universal Health Advocacy Global Engagement and support, collaboration, knowledge sharing, nurse migration, and shortages. <p>Specifies five Interpretive Statements:</p> <ol style="list-style-type: none"> 1. Global Nursing Community 2. Global Nursing Practice 3. Nurse Vision for Global Health 4. Global Solidarity 5. Global Nursing Health Diplomacy