CHAPTER 1

Contemporary Nursing Care

AIM

The aim of this chapter is to introduce the reader to the dynamic and contemporary nature of nursing care, providing an overview of how care is delivered while exploring four key underpinning concepts: accountability, confidentiality, autonomy, and advocacy.

LEARNING OUTCOMES

By the end of the chapter, the reader will be able to:

1. Provide a timeline outlining key milestones in the development of contemporary nursing practice.
2. Understand why those who provide and prescribe care are professionally and legally accountable for their actions and omissions.
3. Discuss confidentiality, autonomy, and advocacy.
4. Consider local, national, and international care perspectives.

Introduction

The past is where lessons have been learnt and the future is where those lessons learnt are applied. However, living in the past can hinder progress. In an unidentified source, 'you cannot tell where you are going unless you know where you have been' is the key theme of this chapter. Much is to be learnt from the past in order to help us in the future, to learn from our mistakes and to help us and the services we provide to develop in an appropriate and patient-centred manner. The chapter also emphasises the need to provide safe and effective care, with an overarching aim of doing the patient no harm.

Before the mid-19th century, nurses were typically uneducated and lacked formal training. In the 1840s, nursing sisterhoods were founded in Britain to improve nursing standards, inspired by Catholic orders in Europe. St John's House, founded in 1848, was one example. After Florence Nightingale's work in the Crimean War (1854–1856), public donations funded the establishment of the Nightingale School at St Thomas' Hospital in 1860. Other hospitals followed suit, creating their own training schools, often led by Nightingale School graduates. Nightingale's curriculum was based on several key beliefs:

- Nutrition is an important part of nursing care.
- Fresh, clean air is beneficial to the sick.
- Sick people require occupational and recreational therapy.
- Nurses should help identify and meet patients' personal needs and these include the provision of emotional support.
- Nursing should be directed towards two conditions: health and illness.
- Nursing is separate and distinct from the practice of medicine and as such should be taught by nurses.
- Nurses need continuing education.

Review

Think about the list of Nightingale's beliefs (those that were a part of her nursing curriculum) and reflect on the course or programme of study you are enlisted on and determine if these beliefs are still the foundation of nursing education today.

In 1887, the Queen's Institute of District Nursing was founded to train district nurses to care for the sick at home. The 1919 Nurses Registration Act created the General Nursing Council to maintain a register of properly trained nurses. Due to a nursing shortage, the 1943 Nurses Act introduced the roll of assistant nurses. In 1948, most hospitals and mental institutions became part of the National Health Service (NHS), with regional hospital boards taking responsibility. Each region established an Area Nurse Training Committee to support and improve nurse training. Subsequent reorganisations followed.

The National Health Service

The NHS, now over 75 years old, has evolved significantly since its creation in 1948. Social and economic changes have led to unequal impacts, creating ongoing inequalities. The NHS was founded on three core principles: to meet everyone's needs, to be free at the point of delivery, and to be based on clinical need, not ability to pay.

These three principles are still very apparent today; they continue to guide the development of the NHS and remain at its centre. The NHS is the largest employer in the UK; there are roughly 1.5 million people employed by the NHS across the UK.

So Far

The NHS was launched in 1948. It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. The NHS provides healthcare for all UK citizens based on their need for healthcare as opposed to their ability to pay for it. It is funded by taxes.

Department of Health and Social Care

The purpose of the Department of Health and Social Care (DHSC) is to help people live better for longer. The DHSC shapes and funds health and care in England, ensuring that people have the support, care, and treatment they require, with the compassion, respect, and dignity that they deserve. The dynamic and changing health and care organisations work together with the DHSC to achieve this common purpose. In 2018, in England, the Department of Health became the DHSC. Ultimate responsibility for ensuring that the whole system works together to meet the needs of patients and the public sits with the Secretary of State for Health.

The Healthcare System in Scotland

Since devolution in 1999, Scotland's NHS operates under separate management and political authority. The Scottish government allocates its block grant to public services, including the NHS. NHS Scotland consists of 14 regional boards responsible for healthcare delivery and 7 special boards supporting national services. Health boards are accountable to Scottish Ministers and the Scottish Parliament through measures such as Local Delivery Plan standards and annual reviews.

The Healthcare System in Wales

NHS Wales is the publicly funded healthcare system for around three million people, managed by the Welsh Government. It operates through seven Local Health Boards (LHBs) and three NHS Trusts.

- Primary care is provided by GPs, nurses, dentists, and other professionals in local settings.
- Secondary care includes outpatient clinics, inpatient care, and emergency services in hospitals.
- Tertiary care offers specialist services in regional or national centres for conditions such as cancer or cardiac issues.
- Community care, often in partnership with local authorities, supports rehabilitation and long-term or palliative care.

The Healthcare System in Northern Ireland

Health and Social Care in Northern Ireland (HSCNI) integrates health and social care services under one framework, enabling coordinated patient care across

hospitals, communities, and social services. Key organisations include:

- The five Health and Social Care Trusts, which provide hospital care, community healthcare, and social services.
- The Public Health Agency (PHA), responsible for health protection and improvement.
- The Health and Social Care Board (HSCB), which oversees service commissioning and funding.
- The Regulation and Quality Improvement Authority (RQIA), the independent regulator ensuring high standards of care.

HSCNI focuses on person-centred care, improving health outcomes, and addressing health inequalities.

So Far

Since devolution in 1998, the UK has had four increasingly distinct health systems in England, Northern Ireland, Scotland, and Wales. The key tenets of the NHS, free at the point of need, still feature in all four countries.

Review

Consider health and social care provision in the country where you are working. Analyse the pros and cons of a devolved health and social care provision for the people you offer care and support to and yourself.

The NHS Constitution

The NHS Constitution (DHSC 2023) establishes the principles and values of the NHS in England, setting out rights to which patients, public, and staff are entitled and pledges which the NHS is committed to achieving, along with responsibilities, which the public, patients, and staff owe to one another, ensuring that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying the NHS with services, and local authorities in the exercise of their public health functions have to by law take account of the Constitution in their decisions and actions.

The seven key principles guide the NHS in all it does. They are underpinned by core NHS values, derived from extensive discussions with staff, patients, and the public (see Box 1.1).

BOX 1.1 The Seven Key Principles

1. Providing a comprehensive service available to all
2. Access based on clinical need, not the ability to pay
3. Aspiring to the highest standards of excellence and professionalism
4. Putting patients at the heart of everything
5. Working across organisational boundaries
6. Committing to providing the best value for taxpayers
7. Being accountable to the public, communities, and patients

Source: Adapted from DHSC (2023).

BOX 1.2 The Six Values

1. Working together for patients
2. Respect and dignity
3. Commitment to quality of care
4. Compassion
5. Improving lives
6. Everyone counts

Source: Adapted from DHSC (2023).

The key principles are underpinned by six values (see Box 1.2). The NHS values provide common ground for cooperation to achieve shared aspirations, at all levels of the NHS.

The NHS Constitution outlines the rights and responsibilities of patients, the public, and NHS staff, setting out what each can expect from the health service. It also highlights how patients and the public can support the NHS by using services responsibly, helping it to operate efficiently and sustainably.

Review

The Code (NMC 2018a) requires you to keep to the laws of the country in which you are practising. What does this mean and how can you ensure that you adhere to this clause?

Nursing

What is nursing? This is a complex and evolving question. Nursing is a dynamic and continually developing profession, making it challenging to define in simple terms. Its complexity lies in the wide range of roles, responsibilities, and activities it encompasses, all of which contribute to

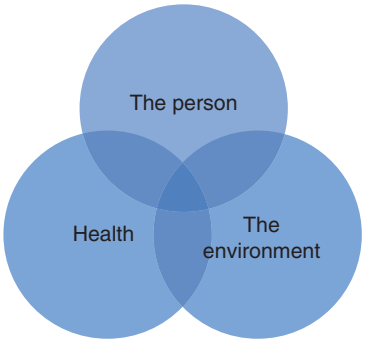

FIGURE 1.1 The triad.

the delivery of compassionate, person-centred care. According to Nightingale (1859):

> *Nature alone cures… And what nursing has to do…is to put the patient in the best condition for nature to act upon him.*

This is a classic definition of nursing with an emphasis on the promotion of health and healing as opposed to a cure of illness; the definition has a focus on the interconnected triumvirate (see Figure 1.1). All three of Nightingale's features are still central to modern definitions of nursing.

Review

How would you define nursing? Write down your definition. Ask some others about their definition of nursing: do their definitions match yours? What are the similarities, if any?

There are a number of definitions of nursing available. Virginia Henderson (1960), for example, stated that the purpose of nursing is:

> *To assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge and to do this in such a way as to help him gain independence as rapidly as possible.*

The Royal College of Nursing (RCN 2023a) defines nursing as:

> *Nursing is a safety critical profession founded on four pillars: clinical practice, education, research, and leadership.*
>
> *Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care.*

The RCN's definition is supported by eight Principles of Nursing (see Figure 1.2). The principles apply to the entire nursing workforce. They outline what nursing staff, individuals, and populations can expect in terms of safe and effective care, ensuring that nursing practice consistently meets high standards.

Review

Compare your earlier definition of nursing with Henderson's (1960) definition and the RCN's (2023a) definition.

So Far

The ability to define nursing and what nurses do is elusive, and this may be a good thing as what it is that nurses do, will (or should) be determined by the unique needs of the person receiving care. There are a number of definitions of nursing available; some may be of use and others may not.

The 6Cs of Nursing

The 6Cs of nursing represent the professional commitment to always deliver exceptional care. Each value is equal, and no one is more important than the other. Each of them focuses on putting the person who is being cared for at the heart of the care that they are given. See Table 1.1 for an overview of the 6Cs.

The Code

Nurses are required to adhere to the principles of a Code of Conduct. The Code (NMC 2018a) presents the professional standards that all nurses, midwives, and nursing associates have to uphold if they wish to be registered to practise in the UK.

If a nurse fails to comply with the Code, this could bring their fitness to practise into question. Within the Code are the professional standards that nurses must uphold. Whether the nurse is providing direct care to individuals, groups, or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education, or research, they

FIGURE 1.2 The eight defining characteristics and how they inform and support the definition of nursing. Source: Adapted from RCN (2023a).

TABLE 1.1 The 6Cs.

Care	Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.
Compassion	Compassion is how care is given through relationships based on empathy, respect, and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.
Competence	Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical, and technical knowledge to deliver effective care and treatments based on research and evidence.
Communication	Communication is central to successful caring relationships and to effective teamwork. Listening is as important as what we say and do and essential for 'no decision about me without me'. Communication is the key to a good workplace with benefits for those in our care and staff alike.
Courage	Courage enables us to do the right thing for the people we care for, to speak up when we have concerns, and to have the personal strength and vision to innovate and to embrace new ways of working.
Commitment	A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all, and to meet the health, care, and support challenges ahead.

Source: Department of Health (2012) / Public domain.

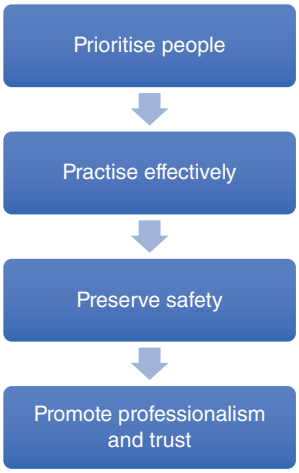

FIGURE 1.3 The four themes underpinning good nursing practice. Source: Adapted from NMC (2018a).

must, at all times, act in line with the Code. The values and principles set out in the Code can be interpreted in a number of ways and in a range of practice settings. Regardless of this, the principles are not negotiable or discretionary.

There are four themes within the Code. When used together, they signify good nursing practice (see Figure 1.3).

The Code provides a focus on:

- Compassionate care – kindness, respect, and compassion
- Teamwork – working in a cooperative way
- Record keeping – keep clear and accurate records
- Delegation and accountability – delegate responsibly and be accountable
- Raising concerns – reporting concerns immediately
- Cooperating with investigations and audits – includes those against individuals or organisations and acting as a witness at hearings

Take Note

Delegation

- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.
- Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
- Confirm that the outcome of any task you have delegated to someone else meets the required standard.

Source: NMC (2018a).

So Far

The Code (NMC 2018a) details the professional, ethical, and moral standards nurses are required to uphold. Whilst the Code is not law, much of it is derived from legislation. Nurses may be called to account for their actions or omissions and will be judged against the standards detailed in the Code. The nurse is first and foremost accountable to the patient, and they must act in the patient's best interests at all times.

The Role of the Nurse

The role of the nurse has expanded and continues to expand to meet the growing complexity of modern healthcare. Nurses are central to addressing 21st-century health challenges, delivering care across hospital, home, general practice, and community settings. Their responsibilities include promoting health, supporting self-care, educating patients, and caring for those who are ill or unable to care for themselves.

As healthcare systems evolve, nurses must adapt to changing economic, social, and technological demands. They work collaboratively within multidisciplinary teams and often act as coordinators of care – ensuring that services are integrated, accessible, and person-centred.

The nursing process is a systematic approach and process that uses assessment, diagnosis, planning, implementation, and evaluation to teach, learn, think, and reason about nursing care. The nurse takes on the role of caregiver, educator, collaborator, advocate, leader, and manager.

Review

Write notes about the role of the nurse in relation to:

1. Caregiver
2. Educator
3. Collaborator
4. Advocate
5. Leader
6. Manager

Delivering safe and effective healthcare is complex, and nurses – who represent the largest group of healthcare professionals – play a vital role in this process. Nursing practice is shaped by a combination of essential elements that define professional care and ensure that every patient interaction contributes meaningfully to health outcomes.

So Far

The role and function of the nurse is diverse and changes as the needs of the people they offer care to change. Nursing encompasses autonomous and collaborative care of people of all ages, families, groups, and communities, be they sick or well and in all settings. Nurses promote health, aim to prevent illness, and provide care and support to those who are ill and those who are dying. Nurses work in a number of specialities, sometimes working independently and as part of a team to assess, diagnose, plan, implement, and evaluate care. At all times, the patient is at the centre of all that the nurse does.

Technology and Nursing

In our personal lives, we have become increasingly digitally literate – using smartphones, accessing news and media, booking services online, and managing tasks such as online shopping through digital platforms. When motivated, we adapt quickly to new technologies. These digital skills are highly transferable to professional practice and can enhance how we assess and deliver care. For example, digital tools can support more accurate and timely assessments, improve access to patient records, and enable more effective communication within the multidisciplinary team. By integrating our digital competencies into care assessments, we can contribute to safer, more personalised, and outcome-focused care for the people we support.

Take Note

Social Media

When used responsibly, social media can offer valuable opportunities for communication, learning, and professional networking for nurses, midwives, and students. However, inappropriate or unprofessional behaviour on these platforms can put an individual's registration with the NMC at risk. This includes, but is not limited to:

Sharing confidential or sensitive information without authorisation.

Posting images of patients or service users without their consent.

Making inappropriate or offensive comments about those in care.

Engaging in bullying, harassment, or exploitation.

Pursuing personal relationships with patients or service users.

Using someone else's identity or misusing personal information.

Promoting violence or self-harm.

Encouraging discrimination, hate speech, or prejudice.

Source: NMC (2019).

The RCN (2023c) defines eHealth (sometimes known as digital health) as concerned with promoting, empowering, and facilitating health and wellbeing with individuals, families, and communities and the enhancement of professional practice through the use of information management and information and communication technology (ICT). There is more to eHealth than just technology. It is about finding, using, recording, managing, and communicating information to support healthcare provision, in particular when decisions need to be made about patient care. Computers (and other ICT devices) are the only technology that enables this to occur.

Review

Analyse the characteristics of the organisation where you work with respect to the technology used there.

Strengths	Weaknesses
Opportunities	Threats

Digitally enabled, person-centred care is delivered through the use of high-quality digital record keeping, improved information management, effective communication, and collaborative care planning. Real-time monitoring of a patient's journey has also become possible. Digital advances can help reduce duplication, minimise miscommunication, and improve patient safety.

Becoming or developing further as a digitally literate nurse involves developing a range of skills, as well as attitudes, values, and behaviours that can be categorised under the following domains (HEE n.d.) (see Figure 1.4):

- Digital identity, wellbeing, safety, and security
- Communication, collaboration, and participation
- Teaching, learning, and personal/professional development
- Technical proficiency
- Information, data, and media literacies
- Creation, innovation, and scholarship

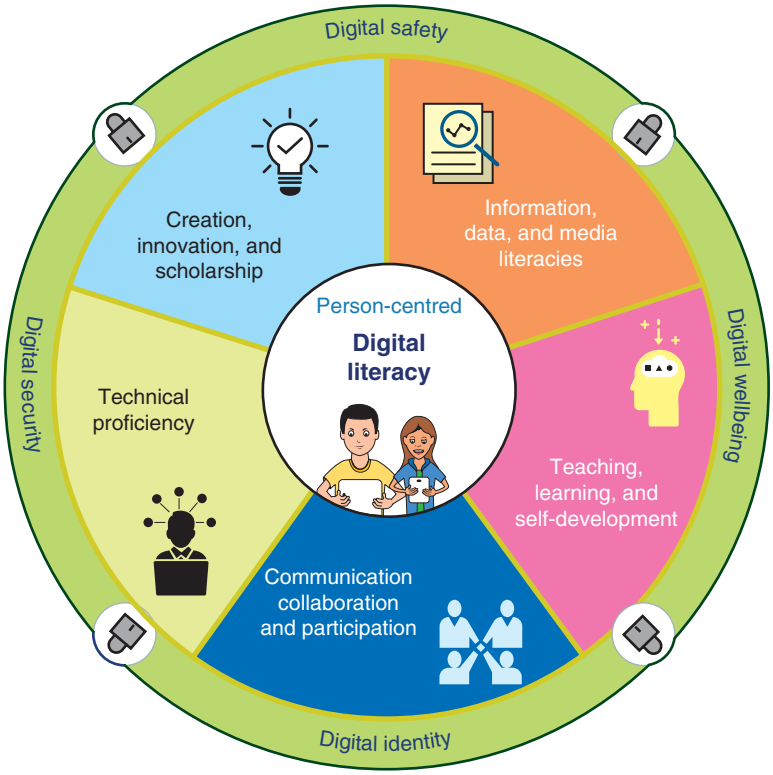

FIGURE 1.4 Digital literacy. Source: Adapted from Health Education England (n.d.).

Nurses coordinate care and support people navigating complex care environments. They ensure services are patient-centred through collaboration with people about their preferences, alerting them to new options such as accessing social networks within their community.

Improving digital literacy throughout health and social care needs to be entrenched in organisations and in individual nurses. The use of technology is not intended to be an additional responsibility or burden for the nurse; it should be seen as an enabler and supporter to providing improved individual care, reducing the administrative burden, helping people to have more control over their own health and wellbeing, and using the potential of technologies to close gaps in funding and efficiency as well as care provision, care quality, and safety.

The Provision of Care

Delivering safe and effective care relies on a range of factors, all underpinned by the fundamental principle of doing no harm to the patient. Nursing is a profession grounded in collaborative relationships that aims to achieve the best possible outcomes for those receiving care. These relationships may be interprofessional, where healthcare professionals from different disciplines work together across various settings or intraprofessional, involving nurses working alongside other nurses to ensure high-quality care delivery.

Nurses are expected to practise within the limits of their competence and scope of practice, and they are accountable for their actions (NMC 2018a). They prioritise the needs of those they care for, acting in their best interests at all times. Nursing care must be both safe and compassionate, with decisions based on evidence, professional judgement, and experience.

Four core principles, accountability, confidentiality, autonomy, and advocacy, are central to assessing needs and planning care. A strong awareness of these concepts ensures that care remains patient-centred, timely, and appropriate. As professionals with a high level of responsibility, nurses are relied upon by patients and others for many aspects of their wellbeing.

In UK healthcare settings, a variety of care plans are used. While the formats may differ, they share three key objectives:

1. To ensure consistency in care, regardless of which staff are on duty

2. To provide a clear record of the care being offered and delivered
3. To support patients in identifying, managing, and, where possible, resolving their own issues

Care plans, whether electronic or paper-based, are dynamic documents that are updated regularly throughout the day. They outline specific areas of care, which may vary in complexity. Some take a foundational approach, focusing on fundamental needs such as:

- Nutrition
- Mobility
- Sleep
- Positioning
- Oral hygiene
- Personal hygiene

Others are more comprehensive, addressing additional areas such as:

- Falls prevention
- Psychological wellbeing
- Monitoring of clinical observations
- Communication and access to information
- Sexual health and sexuality

Each patient must have an individualised care plan. Wherever possible, this should be developed with the patient, rather than for them, reinforcing the principle that the patient is at the centre of all care decisions.

Becoming familiar with reading and using care plans is essential to providing effective care for individual patients. Understanding their content and purpose in your particular care setting is vital. It is also important to identify who is responsible for updating care plans in your area, as this may vary between teams and services.

Review

Check the care plan in your workplace to identify who is responsible for keeping it up to date, as this responsibility can vary depending on the care setting.

Duty of Care

The concept of 'duty of care' refers to the obligations and responsibilities individuals have to act in a way that safeguards others, adhering to recognised standards (Royal College of Nursing 2025). In healthcare, this term may refer to both legal and professional responsibilities, though these are not identical. Legally, a duty of care is established when it is reasonably foreseeable that a nurse's actions, or failure to act, could result in harm to a patient. This duty applies to all healthcare workers, including nurses, nursing associates, midwives, healthcare assistants, and assistant practitioners. It arises when a professional takes on any level of responsibility for a person's care, whether delivering personal care such as washing or catheter care, or carrying out tasks such as administering medication. Ultimately, the duty of care requires practitioners to maintain a standard of conduct aimed at protecting individuals from unnecessary risk or harm.

The Legal Standard of Care

To meet the legal duty of care, nurses and other healthcare practitioners must act in line with the expected standard of care. This standard is typically judged against what would be expected from an 'ordinarily competent practitioner', in this case, a registered nurse performing a specific task or role. Importantly, this standard does not usually vary based on personal characteristics such as experience level. A newly qualified nurse is therefore held to the same legal standard as a more experienced colleague when carrying out the same duty.

Professional Duty of Care

The NMC's standards for education, conduct, training, and ultimately performance are those set out in the Code (NMC 2018a). Those standards can be used to inform the legal standard described earlier. NMC guidance (in its many forms) is useful when considering best practice.

So Far

The 'duty of care' refers to the duties that are placed on people to act towards others in a particular way, in accordance with specific standards. The term is sometimes used to address *legal* and *professional* duties that nurses may have towards others.

Professionalism

The NMC (2018b) suggests that professionalism is characterised by the autonomous evidence-based decision-making by members of an occupation who share the same values and education. In nursing, professionalism is achieved through relationships that are purposeful and

supported by environments that enable the nurse to practise professionally. Nurses demonstrate and accept accountability for their actions whenever they offer care to people. They are also answerable for the times when they make any decisions related to the omission of care.

The ultimate purpose of professionalism in nursing is to ensure that there is consistent provision of safe, effective, person-centred outcomes that support people as well as their families and carers, in order to achieve the level of health and wellbeing. Nurses have been professionally socialised to practise in compassionate, interprofessional, and collaborative ways. They are required to demonstrate that they have continuing registered nurse status with the NMC. Practice and behaviour are underpinned by the Code (NMC 2018a) and are demonstrated through a number of characteristics or fundamentals of nursing practice:

- Being accountable (practising effectively)
- Being a leader (promoting professionalism and trust)
- Being an advocate (prioritising people)
- Being competent (preserving safety)

The Principles of the Code

The Code symbolises the key principles and values of the profession and as such underpins practice. The four principles on which the Code has been established are outlined in Figure 1.5. The overriding aim is public protection.

Review

Go to this NMC link 'Raise a Concern': www.nmc.org.uk/concerns-nurses-midwives/concerns-complaints-and-referrals/

Have a look at this page and consider the various ways that referrals are made to the NMC.

Access the NMC website Evidence – The Nursing and Midwifery Council and determine the Burden of Proof that is used by the NMC. What does this mean?

Generally, the four key principles (rules that govern the provision of care: accountability, confidentiality, autonomy, and advocacy) apply to all nursing activities, regardless of patient group or the environment in which care is delivered.

So Far

Professionalism can mean something different to everyone who works as a nurse. It can be acting as an inspiring role model working in the best interests of people, regardless of what position the nurse holds and where they deliver care; professionalism is what brings practice and behaviour together in harmony.

The Code presents the professional standards that nurses are required to uphold in order to be registered to practise in the UK.

Accountability

The concept of accountability in nursing can at times seem unclear or difficult to define, yet it is fundamental to professional practice. Alongside responsibility, accountability is a core theme in contemporary nursing, underpinning safe care and public protection. While the terms are often used interchangeably, they are not the same. Responsibility refers to the obligation to perform tasks or duties, while accountability goes a step further, requiring nurses to consistently act with integrity, make sound decisions, and justify their actions.

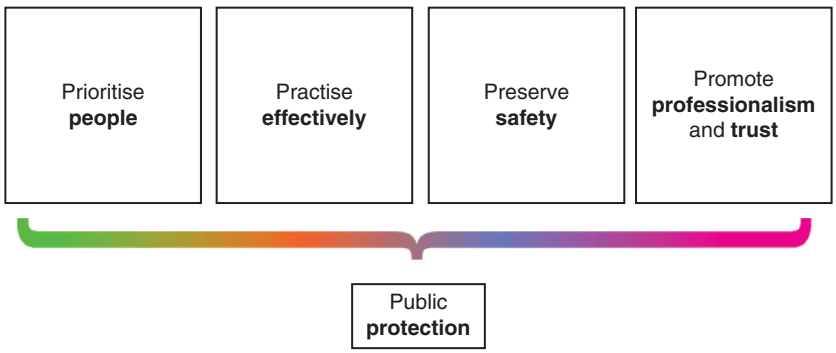

FIGURE 1.5 The four guiding principles underpinning the code. Source: Adapted from NMC (2018a).

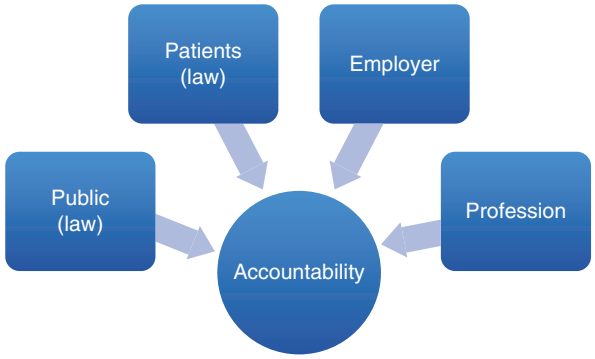

FIGURE 1.6 Spheres of accountability.

Accountability reflects professionalism and involves knowing not only what actions to take but also when it is appropriate to act or not act. This includes accepting responsibility for one's actions and being able to explain and defend those actions (see Foster 2024). When nurses fail to meet professional standards, they may be subject to disciplinary measures from the NMC or legal proceedings.

Accountability is seen as owning one's actions. Foster (2024) highlights that professional accountability involves meeting patient needs safely and effectively, seeking guidance when necessary, documenting care accurately, and evaluating the outcomes of care. Accountability also includes a commitment to ongoing professional development. While nurses are accountable for their own decisions, they are not responsible for the actions of other health or social care professionals.

There are some common concepts associated with accountability. There is an obligation, which brings with it a duty that usually comes with consequences; there is a willingness that is accepted by choice or without reluctance or coercion; there is intent, and this is the purpose that accompanies the care plan. The nurse has ownership, having power or control over what it is they are doing, and, finally, they are committed. All these concepts are key to ensuring accountability (see Figure 1.6).

Spheres of Accountability

When a nurse harms a patient or there is loss of property or damage to property, the nurse may be liable and can be called to account. A nurse may be required to give reasons for any decisions that they make in their professional practice, and they should be able to justify the decisions made in the context of legislation (the law), professional standards and guidelines, evidence-based practice, and professional and ethical conduct. The nurse is accountable legally and professionally for their practice, for the decisions that they make (or fail to make), and for the consequences that follow as a result of those decisions.

Take Note

Are you willing to make the necessary changes in yourself to provide the highest quality of care? Can you commit to each of the following statements?

I take full responsibility for myself, my decisions, and everything I do when providing care.

I am willing to take responsibility for any mistakes I make and to learn from helpful feedback.

I am accountable for my actions and omissions.

I am committed to supporting my colleagues and helping them stay mindful of their responsibilities, recognising that this may sometimes involve respectfully challenging them.

So Far

Accountability is a complex concept. Each registered nurse is accountable for the care that they provide; they answer for their own judgements and actions. They carry out these actions in a way that is agreed with patients and the families and carers, doing this in such a way that they meet the requirements of the NMC, their employer, and the law.

Confidentiality

Trust is the foundation of the therapeutic nurse–patient relationship, and maintaining confidentiality is essential to preserving that trust. Nurses have both a professional and legal duty to protect patients' private information, sharing it only with individuals who have a legitimate need to know or with the patient's consent.

Preserving confidentiality respects individuals' rights, including the right to privacy as outlined in Article 8 of the European Convention on Human Rights. Nurses routinely receive personal information from patients, their families, or other professionals and must ensure this information is used appropriately and stored securely.

Confidentiality must be upheld at all times. Nurses must avoid discussing patients outside of clinical settings,

particularly in public areas where they might be overheard, and ensure records are not left accessible to unauthorised individuals.

Breach of confidentiality can damage trust, discourage individuals from seeking care or sharing vital information, and ultimately compromise the quality and safety of care. The NMC Code (2018a) states that nurses owe a duty of confidentiality to all in their care and must ensure information is shared responsibly and transparently.

Nurses must also adhere to employer policies and relevant legislation. While guidance on confidentiality provides general direction, it cannot cover every situation; professional judgement and, in some cases, legal advice may be necessary, depending on the context.

Review

You are waiting in the queue at a pharmacy when a former patient you cared for on a medical ward says hello to you. During their hospital stay, they shared a bay with a young woman who was being treated for complications related to an eating disorder.

The former patient says:

'Hi, you looked after me last month, didn't you? Do you know how that young girl in our bay is doing now – the one who hardly ate anything? I've been thinking about her'.

What would be the most appropriate response to this question?

Duty of Confidentiality

Every healthcare employee has a duty to ensure the confidentiality of information. This duty of confidentiality will even continue after a patient has died (British Medical Association [BMA] 2025). The nurse has duties imposed on them by their contract of employment; they must keep information obtained from work confidential as well as act within the realm of the law through statutory duties, such as the Data Protection Act 1998.

A duty of confidence arises when a patient shares information with the expectation that it will remain private. Respecting and protecting this confidentiality is both a legal and professional obligation. All staff involved in providing or supporting care, including nurses and nurse educators, are legally bound to uphold this duty.

Confidentiality is essential for building trust between patients and healthcare professionals. Patients should expect their health information to remain private unless there is a clear justification for disclosure. Protecting confidentiality supports public trust and encourages people to seek care and share relevant information. Nurses have a professional duty to safeguard this information, ensure patients are informed about their care, and only share details appropriately, as outlined by the NMC (2018a). You must:

- Respect each individual's right to privacy in every aspect of their care.
- Ensure people understand how and why their information is used and shared by those involved in their care.
- Acknowledge that a person's right to privacy and confidentiality continues after death.
- Disclose relevant information to healthcare professionals or agencies only when necessary for patient safety or public protection.
- Communicate health, care, and treatment information with patients, families, and carers, as permitted by law, in a clear, sensitive, and understandable manner.

The Human Rights Act 1998, specifically Article 8, protects a patient's right to confidentiality by ensuring their personal information is used only for its intended purpose and not shared without consent. Patients also have the right to control their own information, meaning nurses must obtain permission before disclosing it.

Workplaces have confidentiality policies outlining legal and appropriate information sharing. Confidentiality is also part of your employment contract and may involve signing an agreement. Patient records must be securely stored, and electronic data must be protected with passwords and firewalls. Where possible, consent should be obtained before sharing information.

Confidential Information

Confidential information, which is seen as identifiable patient information, whether written, computerised, visually or audio recorded, or simply held in the memory of the nurse, is subject to the duty of confidentiality. It includes:

- Any clinical information about a person's diagnosis or their treatment
- A picture, photograph, video, audiotape, or other image of the person
- Who the person's primary healthcare provider is (i.e. clinical nurse specialist, doctor) and which clinics that person has attended
- Anything else that could directly or indirectly lead to the identification of the person

Disclosure of Confidential Information

The duty of confidentiality is not absolute, and there are situations where information can be disclosed:

- The patient consents to the disclosure.
- It is required by law, for example, for certain communicable diseases.
- It is required by a court order.
- It is justified in the public interest, such as preventing serious harm or crime.

Disclosure without consent may occur when necessary to prevent a significant risk to public health, national security, or the life of an individual, or to detect a serious crime. Any disclosure must be necessary (the goal cannot be achieved without it) and proportional (only as much information as needed).

For police disclosures, nurses should seek advice unless there is explicit patient consent, a court order, or a compelling public interest.

Confidential health information should not be shared with friends or colleagues unless directly involved in care. Sharing information in public places, such as on public transport, is a breach of confidentiality and subject to severe professional sanctions.

Identifiable information includes:

- Personal details (e.g. name, address)
- Health, treatment, or care details
- Photos or videos
- Any non-care–related information shared by the patient or their family

Anonymised information can be shared more freely, but nurses must always consider what and with whom the information is shared.

The 2018 Data Protection Act

The 2018 Data Protection Act (DPA) aligns with the General Data Protection Regulation (GDPR) and aims to regulate how personal data is handled, providing legal rights to individuals regarding their stored information. This legislation protects personal data, whether held digitally or in paper-based systems. Under this Act, anyone responsible for handling data must follow the data protection principles, ensuring that personal information is:

- Used fairly, lawfully, and transparently
- Collected for specified, legitimate purposes and not further processed
- Adequate, relevant, and limited to what is necessary
- Accurate and kept up to date
- Retained no longer than necessary
- Handled in accordance with individuals' data protection rights
- Kept secure and protected against unauthorised access
- Not transferred outside the UK or the European Economic Area without adequate protection

In health and social care, where sensitive personal data is handled, patients have the right to expect that their information will be managed responsibly. The Data Protection Act identifies 'sensitive personal data', which includes information that, if disclosed, could lead to discrimination or harm. This type of data requires extra care and protection. Sensitive personal data includes, for example:

- Health information
- Racial or ethnic origin
- Religious beliefs
- Sexual orientation
- Political opinions

Nurses and healthcare professionals must ensure that sensitive information is treated with the utmost care to maintain confidentiality and protect patients' privacy.

Caldicott Guardian

A Caldicott Guardian is a senior person in an NHS organisation who is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. Each NHS organisation is required to have a Caldicott Guardian, and this covers all organisations that have access to patient records.

The Guardian has a key role to play in ensuring that the NHS, Councils with Social Services Responsibilities, and partner organisations satisfy the highest practical standards for handling patient-identifiable information. The Caldicott Guardian acts as the 'conscience' of the organisation, enabling information sharing where it is appropriate to share and advising on options for lawful and ethical processing of information. The Caldicott Principles can be found in Box 1.3.

BOX 1.3 The Caldicott Principles

Principle	Discussion
Justify the purpose(s):	All uses or transfers of personal confidential data should be clearly defined, documented, and regularly reviewed by an appropriate guardian.
Do not use personal confidential data unless it is absolutely necessary:	Personal confidential data should only be included if essential for the specified purpose, with the need for patient identification considered at each stage.
Use the minimum necessary personal confidential data:	When personal confidential data is essential, each data item should be justified to ensure only the minimum amount necessary is transferred or accessible for the task.
Access to personal confidential data should be on a strict need-to-know basis:	Access to personal confidential data should be restricted to those who need it, with controls in place to limit the data they can view. This may involve splitting data flows for different purposes.
Everyone with access to personal confidential data should be aware of their responsibilities:	Those handling personal confidential data, both clinical and non-clinical staff, must be fully aware of their responsibilities to uphold patient confidentiality.
Comply with the law:	Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.
The duty to share information can be as important as the duty to protect patient confidentiality:	Health and social care professionals should confidently share information in patients' best interests, supported by employer, regulator, and professional body policies.

Source: Adapted UK Caldicott Guardian Council (2017).

Review

Who is the Caldicott Guardian where you are working?

So Far

Confidentiality is not just about 'big' issues, such as a patient's diagnosis and prognosis. Nurses have a duty of care towards patients. That duty includes maintaining privacy and confidentiality. Legislation on confidentiality comes from different sources and should be interpreted in the clinical setting (the context).

Autonomy

Patient autonomy and the principle of respect for a patient's autonomy are central to the nursing professional–patient relationship. As such, respecting a person's autonomy means that the nursing professional values a patient's right to make choices (including the right to refuse treatment), even if the nurse feels that a choice may not be in the patient's best interest. It also recognises the need to seek consent from an individual for treatment and care. Patients with capacity to decide (as per the Mental Capacity Act 2005) should always be allowed to choose, based not only on their own system of values, preferences, and beliefs but also on the best information given: the notion of informed consent (Bramanis and Teixeria 2024).

Professional autonomy is a fundamental aspect of professional status, as accountability cannot be achieved without the ability to practise and provide care independently. Professional autonomy stems from the ability to apply various types of knowledge analytically to deliver safe, high-quality healthcare. The extent of autonomy can vary depending on factors such as legislation, the organisation, and individual circumstances.

Review

What do you understand by the term 'scope of practice'?

Practising safely as an autonomous nurse requires confident, accountable decision-making. A key aspect of professionalism is the willingness to make decisions and accept their consequences. All decisions carry some risk, and recognising this is essential to autonomous and accountable practice.

Autonomous nursing involves observing, analysing, and managing complex health issues; applying a broad theoretical knowledge base; and selecting appropriate interventions. As nurses gain experience, competence, and confidence, their level of autonomy naturally increases.

So Far

Professional autonomy means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. Understanding autonomy is needed in order to clarify and develop the nursing profession in dynamic and rapidly changing healthcare environments.

Advocacy

An advocate is someone who speaks up on behalf of another. Despite changes in nursing roles, nurses continue to act as caregivers and advocates, particularly for society's most vulnerable. This involves speaking out when individuals cannot speak for themselves and acting in their best interests.

Being an advocate means raising concerns when care is inadequate, upholding human rights, and challenging poor or discriminatory practice. To do this effectively, nurses must stay informed about current legislation, local policies, and procedures. The NMC (2018a) emphasises that nurses have a duty to protect those in their care by advocating for them and addressing safeguarding issues or unsafe practices when they arise. The goals of the nurse practising as an advocate are outlined in Box 1.4.

The College of Nursing Ontario (2017) points out that one of the nurse's roles is to advocate for client-centred care plans, advocating for patients' choices. Care provided must address the patient's wishes or needs, and the nurse needs to be aware when these wishes are not being met, and in so doing, put themselves in a position to advocate for the patient's wishes. One aspect of advocating is assessing that the patient has all the information required to make informed choices. Advocating means talking about the patient's wishes with the right people, with the purpose of respecting those wishes. Advocacy must involve communicating in a way that supports the best care possible for the patient, whilst helping the healthcare team understand what their needs and wishes are.

BOX 1.4 The Goals of the Nurse When Acting as an Advocate

Identify when advocacy is needed.
Create an appropriate course of action.
Collaborate with the healthcare team.
Educate individuals and their families.
Support informed decision-making.
Act as a catalyst for change within the healthcare system.
Contribute to the development of health policies.
Strive to achieve the best possible outcomes for patients.

Source: Adapted from Taylor (2024).

So Far

Individuals receiving care may be unable or unready to make independent decisions. As an advocate, the nurse supports the person's right to autonomy and choice, even when they disagree with their decision. Advocacy helps ensure clear communication, protects the individual's right to self-determination, and upholds the core principles of nursing: empowerment, patient-centred care, and active involvement in care decisions.

Take Note

Nurses out of all healthcare providers spend the most time with patients, and because of this, they also experience first-hand the healthcare system's limitations. This puts nurses in the best position to speak up about their patients' needs and any safety concerns.

Delegation

Delegation is inextricably linked with accountability (Hughes and Chadwick 2024). Delegation can be described as 'the handing over of specific tasks or areas of responsibility while retaining accountability for those tasks/areas of work' (Health Education England 2017). This can be applied

whether it is the nursing associate being delegated tasks by a registered nurse or the nurse delegating tasks to another, for example, to a support worker or a peer, or a doctor delegating a task to a nurse. Delegation of tasks can be both clinical and non-clinical. A clinical example would be to delegate the assessment of a patient's wound; a non-clinical example could be the booking of an outpatient appointment.

The RCN (2023b) has developed principles in relation to delegation, which must be considered by the Nursing Associate (NA) (see Box 1.5). Delegation is the process by which the delegator allocates clinical or non-clinical delivery of care to a competent person. As the delegator, you are accountable for your decision to delegate, and you remain accountable for the delegated task. Registered nurses are responsible for managing the nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team. Registered nurses have a duty of care and a legal liability with regard to the patient. If the registered nurse has delegated an activity to a healthcare assistant, for example, then they have to ensure that it has been appropriately delegated (RCN 2023b).

The NMC Code (NMC 2018a) notes that nurses must be accountable for their decisions to delegate tasks and duties to other people, and they must:

- Delegate only those tasks and duties that are within the other person's competence.
- Make sure that everyone they delegate tasks to is adequately supervised and supported.
- Confirm that the outcome of any task they have delegated to someone else meets the required standard.

BOX 1.5 Principles of Delegation

- Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.
- The delegatee must have been suitably trained to perform the intervention.
- Full records of training given, including dates, should be kept.
- Evidence of competence assessment should be recorded, preferably against recognised standards, such as National Occupational Standards (www.skillsforhealth.org.uk).
- There should be clear guidelines and protocols in place so that the delegatee is not required to make a 'stand-alone' clinical judgement.
- The role should be within the delegatee's job description.
- The team and any support staff need to be informed that the activity has been delegated (e.g. a receptionist in a GP surgery or ward clerk in a hospital setting).
- The person who delegates the activity must ensure that an appropriate level of supervision is available and that the delegatee has the opportunity for mentorship. The level of supervision and feedback provided must be appropriate to the activity being delegated. This will be based on the recorded knowledge and competence of the delegatee, the needs of the patient/client, the service setting, and the activities assigned (RCN 2012).
- Ongoing development to ensure that competency is maintained is essential.
- The whole process must be assessed for the degree of risk.

Source: Adapted from RCN (2023b).

Take Note

Delegation must be safe and aim to improve the care of all patients within any given setting.

Employers also hold responsibility for ensuring their staff receive appropriate training and supervision until deemed competent. They are vicariously liable for their employees, meaning if employees act within their competence and employment scope, the employer is also accountable for their actions.

The 6Cs

Competence is one of the 6Cs, and all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical, and technical knowledge to deliver effective care and treatments based on research and evidence.

How do you know if you are competent in what you are doing?

Conclusion

The NHS faces challenges similar to those of global healthcare systems, including rising chronic diseases, obesity-related conditions, and health inequalities, particularly among minority and ethnic groups. Healthcare is moving

from treatment and palliative care to managing long-term conditions, rehabilitation, and prevention. Technology is increasingly vital in this transformation, with nurses relying on health information systems to improve communication, collaboration, and patient-centred care.

At the core of nursing practice are four essential themes: accountability, confidentiality, autonomy, and advocacy. These concepts are interconnected and define how nurses practise. Nurses bear responsibility for their actions and omissions and are held accountable for their professional conduct. Accountability and responsibility are fundamental principles of nursing, enshrined in the professional Code.

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Further Reading

BJN Inform

Home – BJN Inform

BJN inform is a learning platform created for nurses, providing quick access to bite-sized evidence-based content that supports every aspect of nursing practice – from insightful guides on clinical topics to engaging holistic articles on professional growth and wellbeing. Sample articles are available.

Royal College of Nursing

https://www.rcn.org.uk/get-help/rcn-advice/student-nurses

This resource is a guide for RCN members who are nursing students. It includes information on a range of issues, including academic writing placements, raising concerns, and accountability.

Nursing and Midwifery Council

Resources for students – The Nursing and Midwifery Council

A good selection of guidance and resources including a specific student newsletter.