

APRIL 26-28, 2026

LEARNING | GROWING | ADVANCING | TOGETHER

2026

AAOHN NATIONAL CONFERENCE



ORLANDO, FLORIDA

ROSEN SHINGLE CREEK

Ethical Decision- making in Occupational and Environmental Health and Safety:

A Comparative Case Study
Approach

2026

**AAOHN
NATIONAL
CONFERENCE**

**Elizabeth Anne Thomas,
PhD, ANP-BC, FAAOHN
Adjunct Associate Professor
Assistant Director, APRN & DNP Program
Deputy Director, OEHNP Program
Joe C. Wen School of Nursing
University of California Los Angeles
ethomas@sonnet.ucla.edu**

**Mark Katchen,
MS, MBA, CIH, FAIHA
Managing Principle
The Phylmar Group, Inc.
mkatchen@phylmar.com
www.phylmar.com**



Disclosures

Accreditation Statement: The American Association of Occupational Health Nurses, Inc. (AAOHN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Contact hours: 1.0

Successful completion: Complete the evaluation form for this session.

Disclosures: None of the planners or presenters for this activity have a relevant financial relationship to disclose with ineligible companies.

Learning Objectives for This Session

Attendees will be able to:

- Explain professional challenges in ethical behavior.
- Outline a review of American Nurses Association and American Association of Occupational Health Nurses (AAOHN) professional codes and perspectives on ethics.
- Discuss the implementation of the Code of Conduct within the workplace.
- Identify the relevance and critical nature of ethical behavior in today's world.
- Recognize ethical dilemmas and why they are difficult.
- Analyze scenarios to understand ethical challenges and use tools and methodologies to make ethical choices.

What is the largest ethical issue?

“The single largest problem in ethics is the inability to recognize ethical issues.”

Rushworth M. Kidder, Ethicist

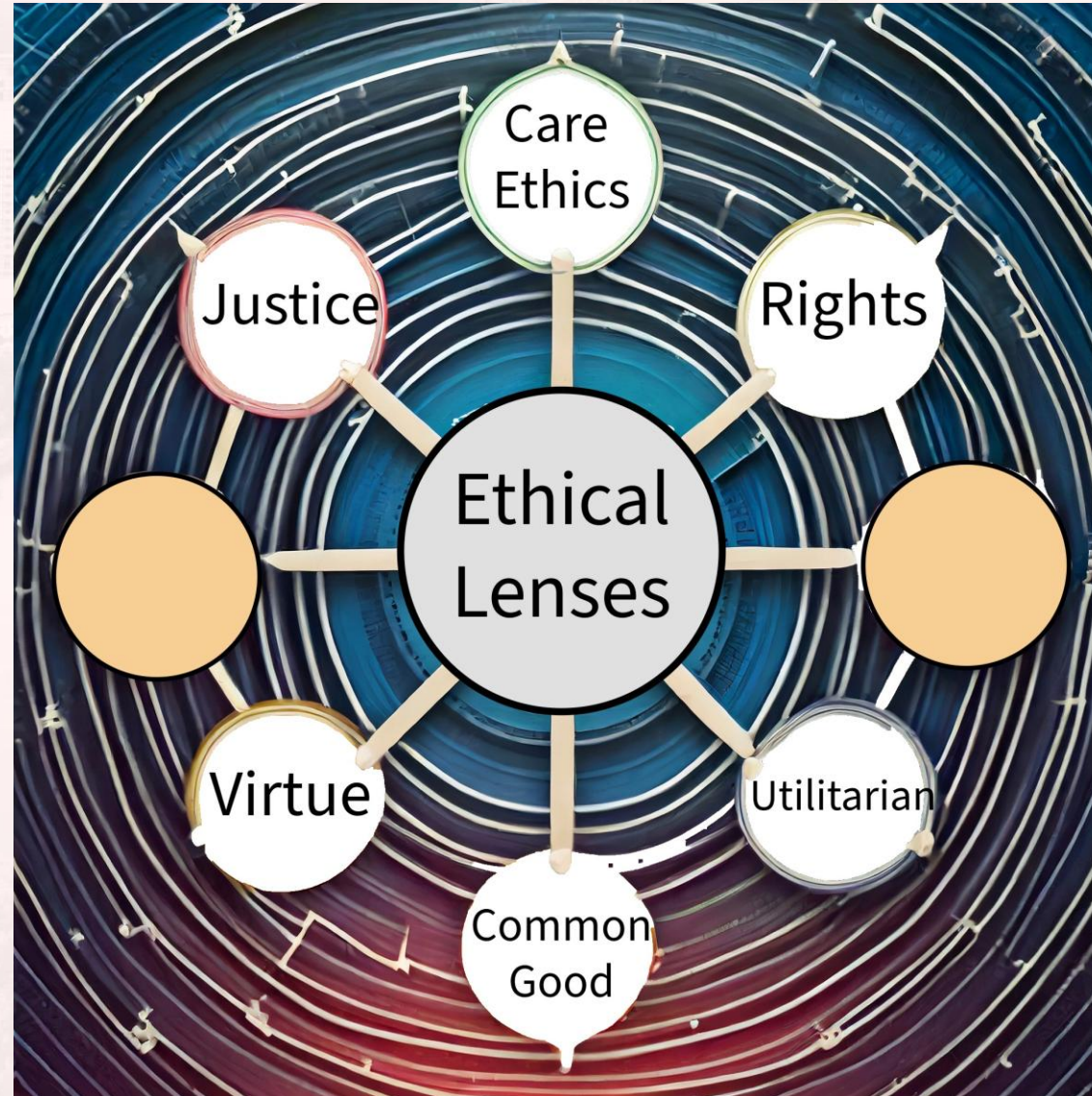
Association Management – October 1999

Is the “Right Thing” Universal?

The Ethics of Reciprocity (The Golden Rule)

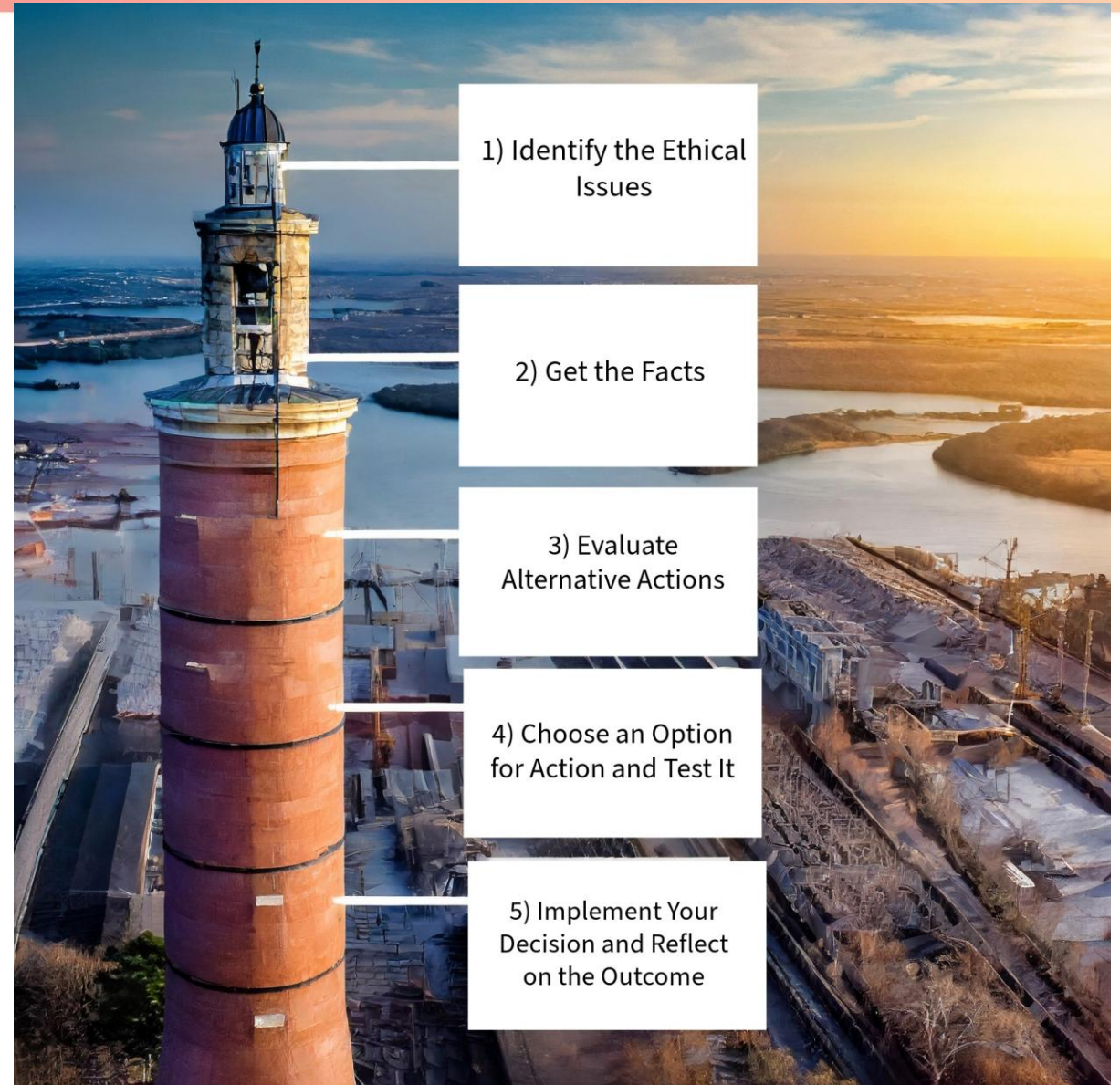
- *Do unto others as you would have them do unto you*
- *Do not do unto others as you would not have them do unto you*
- Common principle for most religions: Buddhism, Baha'i' faith, Christianity, Confucianism, Hinduism, Islam, Jainism, Judaism, Sikhism, Taoism, Zoroastrianism
- **Arguably the most essential basis for the modern concept of human rights and ethics**
- **Care-based ethics (ethics associated with the health and safety professions) → *duty to care for others***

Ethical Lenses



(Markkula Center for Applied Ethics, 2024)

A Framework for Ethical Decision Making



(Velasquez, et al., 2021)

Right vs. Right

- Truth vs. Loyalty
- Individual vs. Community
- Short Term vs. Long Term
- Justice vs. Mercy

(Kidder, 2009).

Business Case for EHS/OEH Ethics

- Builds trust
- Develops employee, shareholder and public loyalty
- Avoid monetary fines
- Minimize government intervention

Case for EHS/OEH Professional Ethics

- Intersection of interests
- Principal of “do no harm”
- Opaque path forward
- Transparency and accountability
- The dark side of EHS ethics

Code of Ethics

- Defined
- Implementation
- Corporate Support
- Role of an Ethics Officer
- Ethics Training
- Compliance Audit

Why Do EHS/OEH Professionals Need a Strong Code of Ethics?

- Professional recognition
- Legislative/regulatory status
- Changing scope of work/definition of practice
- Tension between rights of the employee and those of the employer
- External forces and threat of regulation

Pros and Cons of an Ethics Program

Pros

- Create an organizational conscience that helps members and staff responsibly address and resolve ethical challenges they encounter in the Association's service.
- Support public and employer confidence in the organization and its services, by establishing appropriate standards of professional conduct.
- Establish conduct principles or guidelines which are more readily adaptable to changing professional knowledge.
- Discourage or deter government interference in, or regulation of, the profession by providing assurance that the profession can police itself.
- Provide a professional, self-regulatory system that is more prompt, flexible, knowledgeable and effective than government regulation.
- Improve morale by strengthening the Association's relationships with members, employees, the governing body, government bodies, employers, and the public.

Pros and Cons of an Ethics Program

Cons

- Possible legal challenges to Association actions related to ethics matters.
- The cost in time and money to maintain appropriate due process and, if a complaint is lodged, to investigate appropriately; follow-up can be enormous.
- Loss of member support or confidence with respect to perceived inconsistent applications of a Code or to particular case resolutions.
- Loss of public or employer confidence with respect to perceived inconsistent applications of a Code, especially if organizations cannot fully investigate each complaint in a fair and consistent manner.

The Ethical Burden of EHS/OEH Professionals

Not being able to provide (implement) the best level of care for workers, possibly due to things like:

- Cost and time constraints (organizational and personal)
- Management prerogatives/priorities

What do you do regarding this burden?

- Inform management of what the ethical action is
- Embrace the adoption of safety management system standards that have a commitment to continual improvement

Nursing Codes of Ethics

- 1893 Nightingale Pledge
- 1950 – First American Nurses Association (ANA) Code of Ethics (COE)
 - Stressed nursing obligation to follow physician orders
- 1976 – ANA COE modified to nurse’s primary commitment to the patient
- Current ANA COE states that the nurse:
 - “promotes, advocates for, and protects the rights, health and safety of the patient” (ANA, 2015, p. 9)

(ANA, 2015; Beauchamp & Childress, 2019; Olson, 2016)

AAOHN Codes of Ethics

The American Association of Occupational Health Nurses (AAOHN) has had a professional Code of Ethics as early as 1977. Updates have occurred in 1986, 1991, 1996, 2004, 2009, 2016, and most recently in 2020 (AAOHN, 1977, 1986, 1991, 1996, 2004, 2000, 2016, 2020).

- Rogers (2001, 2012) recommends the COE be viewed as a policy document to share with management to increase understanding of the OEHN role

AAOHN COE Contents

- Respect for dignity – present in each COE
- Unrestricted consideration of nationality, race, creed or religion, color, or social or economic status – present in each COE
- The right to privacy and confidentiality – present in each COE
- Competence in occupational health nursing – present in each COE
- Accepting responsibility – present in all codes
- Safeguarding the health and safety of employees – explicitly present in each COE
- Participating in research and advancing the nursing profession and specialty practice – present in most and stated differently across the years
- Collaborating with other health professionals and community health agencies – present in each COE

Bioethical Principles and Rules

- **Bioethical Principles**
 - Respect for Autonomy
 - Beneficence
 - Nonmaleficence
 - Formal Justice
- **Bioethical Rules**
 - Veracity
 - Fidelity
 - Confidentiality
 - Privacy

2026

AAOHN NATIONAL CONFERENCE

Ethical Scenario to Consider

(Katchen & Thomas, 2026)



Silica Screening Dilemma

Dr. Elena Martinez, an occupational medicine physician contracted by a mining company, reviews the results of a routine health surveillance program. Silica exposure is below regulatory limits, but spirometry results show an unexpected cluster of early restrictive lung patterns in Hispanic workers assigned to dry drilling tasks.

Joanne Kim, the site's Certified Occupational Health Nurse, suspects that these workers may not be using personal protective equipment (PPE) properly due to language barriers and lack of culturally appropriate training.

Silica Screening (cont.)

She wants to alert the union and advocate for a halt in dry drilling until controls are re-evaluated.

Mike Bell, the company's Certified Safety Professional (CSP), argues that silica exposure levels are compliant with OSHA and MSHA standards. He says there's no need to pause operations, especially since the affected workers haven't filed complaints.

Silica Screening (cont.)

Ray Singh, the company's Certified Industrial Hygienist (CIH), notes that the sampling was statistically valid, and while some peaks were recorded, they averaged below permissible exposure levels (PELs). He prefers a more extensive sampling strategy before any conclusions are drawn.

Joanne threatens to escalate to external regulators or the union if action isn't taken. Mike says this would breach confidentiality and create unnecessary panic.

Shared Principles

Principle	BCSP	BGC	AAOHN	ACOEM
Protecting health and safety	✓	✓	✓	✓
Honesty and integrity	✓	✓	✓	✓
Confidentiality	✓	✓	✓	✓
Avoiding conflicts of interest	✓	✓	✓	✓
Evidence-based decision-making	⚠ (Implied)	✓	✓	✓
Advocacy for the vulnerable	✗	✗	✓	✓

Potential Conflicts Between Codes

Area of Tension

Description

Confidentiality vs. Right to Know

Nurses and physicians (AAOHN, ACOEM) strongly emphasize patient confidentiality, whereas safety professionals (BCSP) and IHs (BGC) may have obligations to report exposures affecting others, possibly creating friction.

Employer loyalty vs. patient/client advocacy

ACOEM and AAOHN emphasize the obligation to advocate for workers' health, while BCSP and BGC focus on the employer's interests unless there is a clear and present danger.

Scope of intervention

Physicians may be bound by legal constraints and licensure; nurses may be limited in their independence; IHs and safety pros may act more freely — creating differing approaches to risk communication.

Ethical Conflicts

- Confidentiality (AAOHN, ACOEM) vs. Right-to-Know (BCSP, BGC)
- Worker advocacy (AAOHN, ACOEM) vs. employer loyalty (BCSP)
- Preventive precaution (AAOHN) vs. data sufficiency (BGC, BCSP)

Ethics Algorithm Analysis - Lenses



Lens	Analysis	score (1-5)
Utilitarian	Acting now may prevent harm to many. Delay could worsen health outcomes.	4
Rights-Based	Workers have the right to be informed of risks and receive protection.	5
Justice/Fairness	Language and cultural barriers create inequity. Proactive support promotes fairness.	5
Common Good	Halting risky operations promotes a safer workplace for all.	4
Virtue Ethics	Courage, compassion, and integrity favor action by Joanne and Elena.	4

Weighted Total (Ethical Lenses):

Average Score = 4.4 → 4.4 × 30% = 1.32

Professional Codes

Code	Key Ethical Obligation	Compliance / Violation Analysis
BCSP	Protect public from undue risk	Partial compliance; hesitancy to act could endanger others
BGC	Data-driven risk communication	Wants more data; reasonable but may delay urgent decisions
AAOHN	Advocacy for vulnerable populations	Joanne is upholding this duty admirably
ACOEM	Duty to protect patient confidentiality & health	Balances privacy with systemic concern appropriately

Weighted Total (Codes – averaged):

$$(3 + 3 + 5 + 5) / 4 = 4.0 \rightarrow 4.0 \times 70\% = 2.8$$

Final Ethical Score

$$1.32 + 2.8 = 4.12 / 5.0$$

Conclusion:

The strongest ethical stance supports the positions of Joanne Kim and Dr. Martinez. The case favors proactive disclosure and action, even if permissible exposure levels aren't technically exceeded. While the safety and industrial hygiene perspectives aren't unethical, they emphasize regulatory compliance over precaution and equity.

Summary

- A formal ethics program is an important and necessary element of our profession
- Education should continue as the primary means to promote ethical behavior
- The enforcement process should be standardized and better administrated
- Maintain an awareness for ethical standards of performance and practice them
- Continue to expand your competence base
- Think through the outcome before acting
 - *Would you want your mother to see a news story about your actions?*

References

- American Association of Occupational Health Nurses. (1977). *American Association of Occupational Health Nurses Code of Ethics*. (Author).
- American Association of Occupational Health Nurses. (1986). AAOHN Code of Ethics and interpretive statements. *AAOHN Journal*, 34(8), 365.
- American Association of Occupational Health Nurses. Code of Ethics and interpretive statements. *AAOHN Journal*, 39(10). 470A-D.
- American Association of Occupational Health Nurses. (1996). AAOHN Code of Ethics and interpretative statements. *AAOHN Journal* 44(9), Insert 4p.
- American Association of Occupational Health Nurses. (2004). AAOHN Code of Ethics and interpretative statements. *AAOHN Journal* 52(4), 140-142.
- American Association of Occupational Health Nurses. (2009). *AAOHN Code of Ethics and interpretative statements*. (Author).
- American Association of Occupational Health Nurses. (2016). AAOHN Practice Committee. *AAOHN Occupational and Environmental Health Nurses Code of Ethics*©. (Author).
- American Association of Occupational Health Nurses, AAOHN Practice Committee. (2020). *AAOHN Occupational and Environmental Health Nurses Code of Ethics*. (Author).
- American Nurses Association (ANA). (2015). *Code of Ethics for Nurses with Interpretive Statements*, Author.
- Beauchamp and Childress (2019). *Principles of Bioethics*.

References

Board for Global EHS Credentialing. (2019). *Code of Ethics*. Author.

Board of Certified Safety Professionals. (2022). *Code of Ethics*. Author.

Katchen, M. & Thomas, E. A. (2026). *Ethical decision-making in occupational and environmental health and safety: A comparative case study approach*. John Wiley & Sons.

Kidder, R.M. (1999). Guiding responsible discussion about ethics. *Association Management*, 51(10). (Classic source)

Kidder, R. M. (2009). *How good people make tough choices – Resolving the dilemmas of ethical living* (2nd ed.). HarperCollins.

Markkula Center for Applied Ethics. (2024). *A Framework for Ethical Decision Making*. Santa Clara University.

<https://www.scu.edu/ethics/ethics-resources/a-framework-for-ethical-decision-making/>

Olson, L.L. (2016). The ANA Code of Ethics for nurses with interpretive statements: resource for nursing regulation. *Journal of Nursing Regulation* 7 (2): 9–20. [https://www.journalofnursingregulation.com/article/S2155-8256\(16\)31073-0/abstract](https://www.journalofnursingregulation.com/article/S2155-8256(16)31073-0/abstract).

Rogers, B. (2012). Occupational and environmental health nursing: Ethics and professionalism. (classic source)

Rogers, B. Why a Code of Ethics? *AAOHN Journal*, 49(1), 11-12.

Velasquez, M., Moberg, D., Meyer, M. J., Shanks, T., McLean, M. R., DeCosse, D., Andre, C., Hanson, K. O., Raicu, I., & Kwan, J. (2021, November 5). A framework for thinking ethically. Markkula Center for Applied Ethics.