



ABOUT THIS DOCUMENT

This document is divided into three parts.

Part one - Provides an overview of nursing as a self-regulating profession and presents a framework for the practice of nursing. Definitions related to nursing, standards and indicators are also provided.

Part two - Presents the five standards for registered nursing practice in Newfoundland and Labrador with indicators that demonstrate how the standard may be applied in the various domains of nursing practice. The first domain - Practice refers to all registered nurses. All registered nurses will use the *Standards for Nursing Practice* to guide and evaluate their own practice. The additional domains include indicators for registered nurses who are in the roles of nurse Administrator, nurse Educator and nurse Researcher. Nursing Policy is an emerging domain of practice for registered nurses. For the purposes of these standards, indicators relevant for nurses working in policy are reflected in the domain of administrator. An “in addition to” section has been added to the indicators to reflect additional responsibilities of nurses working in these domains. For example, nurse administrators have a responsibility to guide performance expectations; nurse educators to direct course curricula, and nurse researchers to develop and disseminate nursing knowledge.

Part three - Lists the references, other resources, and the appendix. The resource list provides a sample of some of the specialty standards available which define specific areas of nursing practice such as gerontology, community, or critical care. For further details on specialty standards visit the Canadian Nurses Association (CNA) website at, www.cna-aicc.ca, under associate members. A glossary of terms is provided as Appendix A.

Besides the *Standards for Nursing Practice*, ARNNL has a number of other documents which serve as resources to registered nurses and nurse practitioners to guide and evaluate their practice. Examples of other documents include:

- *Competencies in the Context of Entry-Level Registered Nurse Practice* (2006)
- *Standards of Practice for Nurse Practitioners* (1998)
- *Competencies for Nurse Practitioner-Primary Health Care* (1998)
- *Competencies for Nurse Practitioner-Specialist* (2007)
- *Quality Professional Practice Environment Standards* (2006)
- *Scope of Practice: Definition, Decision-making and Delegation* (2006)
- *The Professional Image of the RN in the Workplace* (2005)



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PART ONE- OVERVIEW OF NURSING

Nursing – A Self-Regulating Profession

Self- regulation is based on the belief that the profession has the special knowledge required to set standards for professional nursing practice (CNA, 2002). Regulation refers to the forms and processes through which order, control, and consistency are brought to a practice (CNA, 2001). The nursing profession uses self-regulation to protect the public.

All practicing nurses are involved in self-regulation. Registered Nurses act in the best interest of the public and participate in self-regulation when they accept accountability for their own practice, including being accountable to understand and apply the *Standards* relevant to their area of practice, role, and setting. The authority for the governance of all matters pertaining to the overall regulation of professional nursing in this province is granted to ARNNL through the Registered Nurses Act, R.S.N. 1990, Chapter R-9 (formerly the Newfoundland Registered Nurses' Act, Chapter 268, R.S.N. 1970). This includes accountability to establish and monitor the standards for practice of members and provide consultation to assist registered nurses with the application of standards to all roles and practice settings.

Nursing – Definition

The Canadian Nurses Association has adopted the following definition of a Registered Nurse:

Registered Nurses are self-regulated health care professionals who work autonomously and in collaboration with others. RNs enable individuals, families, groups, communities, and populations to achieve their optimal health. RNs coordinate health care, deliver direct services and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life. RNs contribute to the health care system through their work in direct practice, education, administration, research and policy in a wide array of settings (CNA, 2007).

RN practice is grounded on standards and ethical values and supported by a system of professional regulation. The *Standards for Nursing Practice* is reflective of the following five essential elements of professional practice:

- ♦ Self –Regulation and Accountability;
- ♦ Specialized Body of Knowledge;
- ♦ Competent Application of Knowledge;
- ♦ Professional Interactions and Advocacy; and
- ♦ Professional Leadership.



Standards – Definition, Purpose, and Context

A standard is an authoritative statement that sets out the legal and professional basis for nursing practice (CNO, 2002; CRNNS, 2004). The primary purpose of standards is to identify for nurses, the public, government, and other stakeholders *the desired and achievable level of performance expected of nurses in their practice, against which actual performance can be measured.*

Standards for Nursing Practice therefore serves a number of purposes including:

Protection of the public: Standards protect the public through the regulation of safe, competent, and ethical registered nurses.

Regulation for RN practice: Standards identify the behaviors expected of registered nurses to meet practice requirements.

Practice consultation: Standards are used to assist registered nurses to understand and work through issues related to their professional practice.

Nursing education: Standards are used for curriculum development and approval of the basic nursing education and the nurse practitioner programs in Newfoundland and Labrador.

In addition the *Standards* serve as:

Administrative guidelines: Standards provide direction for administration, quality management, and performance expectations pertinent to registered nurses.

Legal reference: Standards help the legal profession interpret RN accountability and provide a legal reference for reasonable, prudent, registered nursing practice.

Public information: Standards inform the public, and other members of the health care team about the practice of nursing and help create accurate expectations of the profession.

Research and Policy: Standards provide nurses with a resource to promote research and policy decisions that support outcomes in the best interest of the client and the public.

There are a variety of standards applicable to the practice of nursing. The Pyramid of Standards (Figure 1) illustrates the relationship among the various categories of standards that guide nursing practice. At the base of the figure, the ARNNL standards set the expectations regarding nursing practice across the profession. The ARNNL standards are based on the values of the profession, which are articulated in the *Code of Ethics for Registered Nurses* (CNA, 2002). At the apex of the figure are client specific standards that reflect nursing actions and interventions that the nurse implements to achieve desired outcomes in a particular setting.



The term client reflects the range of individuals and/or groups with whom nurses interact. Client as the recipient of nursing services is defined as individuals, families, groups, communities, or populations. In some settings other terms may be used such as patient or resident. In education, the client may also be a student or learner; in administration, the client may also be an employee; and in research the client is usually a subject or participant (NANB, 1998).

It is the professional responsibility of every RN to know and understand the *Standards for Nursing Practice* and to apply them within their role and practice setting.

PYRAMID OF STANDARDS

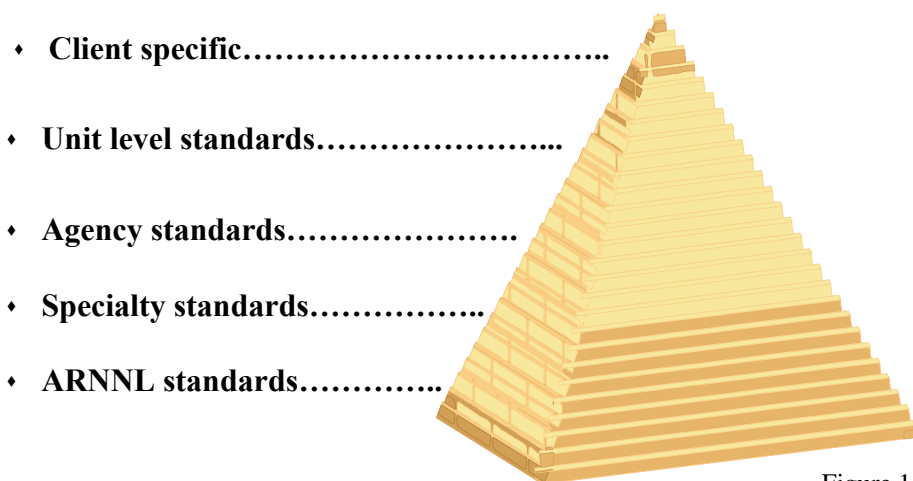


Figure 1

Standards - ARNNL Format

In this document the ARNNL has revised the content and developed a new approach for the presentation of the *Standards for Nursing Practice*. This change was made to make the standards more responsive to the evolving nursing roles and functions, and the context of today's health care environment. The standards are broad in scope so they may be applied in all roles and practice settings. The new format demonstrates shared and additional responsibilities pertinent to the various domains of nursing practice. The **Practice** domain – identifies the expectations for all registered nurses. All RNs must reflect on this domain to guide and evaluate their practice. Additional responsibilities for the domains for registered nurses who are in the roles of nurse **Administrator**, nurse **Educator** and nurse **Researcher** are also articulated. Nursing **Policy** as an emerging domain of practice for registered nurses is currently intergrated within the domain of administrator.

Indicators illustrate how each standard is applied and met in each domain. The indicators provide specific criteria against which the actual performance of an individual is to be measured.



The indicators are not intended to be a complete list and should be interpreted in the context of the practice setting. The indicators may be further defined within a setting to address a specific context of practice.

The first set of indicators under each standard refers to the professional responsibilities of all registered nurses. The “*in addition to*” indicators reflect the additional responsibilities of registered nurses working in the domains or roles of nurse educator, nurse researcher and nurse administrator and/or nurses working in public policy.



PART TWO - STANDARDS AND INDICATORS

- Standard 1: Self-Regulation and Professional Accountability:** The registered nurse assumes responsibility for safe, competent, and ethical practice and is accountable to the client, employer, public, and the profession.
- Standard 2: Specialized Body of Knowledge:** The registered nurse attains, maintains, and enhances competencies by drawing on diverse sources of knowledge and ways of knowing. This includes the integration of nursing knowledge along with knowledge from the sciences, humanities, and through research, ethics, spirituality, and, critical inquiry.
- Standard 3: Competent Application of Knowledge:** The registered nurse, in collaboration with the client and interdisciplinary team, assesses, makes decisions, plans, implements, evaluates, and documents nursing practice based on reflection, current knowledge, and best practices.
- Standard 4: Professional Interactions and Advocacy:** The registered nurse, in accordance with the *Code of Ethics for Registered Nurses*, establishes professional therapeutic relationships with clients and advocates for and with clients throughout their interactions with the health system.
- Standard 5: Professional Leadership:** The registered nurse, in collaboration with clients and other members of the interdisciplinary and/or intersectoral team, demonstrates leadership to improve the profession, health system and/ or population health, in the best interests of the client.



STANDARD 1: SELF-REGULATION AND PROFESSIONAL ACCOUNTABILITY

The registered nurse assumes responsibility for safe, competent, and ethical practice and is accountable to the client¹, employer, public, and the profession.

Indicators

Each registered nurse:

- 1.1 Maintains a current license to practice.
- 1.2 Practices within the scope of nursing practice, role expectations, and own level of competence.
- 1.3 Practices in accordance with current legislation, standards, best practice guidelines, and policies relevant to the profession and area of practice.
- 1.4 Understands, promotes, and complies with the values and beliefs in the *Code of Ethics for Registered Nurses*.
- 1.5 Is accountable and responsible for own actions and decisions at all times.
- 1.6 Maintains a standard of personal health and safety such that the ability to practice is not compromised.
- 1.7 Maintains a professional image that enhances public confidence and reflects positively on the nursing profession.
- 1.8 Participates in the identification and resolution of professional practice issues, conflicts, and ethical dilemmas.
- 1.9 Responds to, and reports situations that may be adverse for clients and/or health care providers. When adverse events occur, uses opportunities to prevent harm and improve the system.
- 1.10 Role models accountability.
- 1.11 Documents adherence to responsibilities and accountabilities appropriately.

In addition, (1.12 - 1.13) the nurse in education:

- 1.12 Promotes and initiates measures to create a learning environment that supports professional accountability.



- 1.13 Encourages and supports others to meet requirements for safe, competent, and ethical professional practice.

In addition, (1.14 - 1.15) the nurse in research:

- 1.14 Advocates for and participates in processes that promote ethical and accountable research practices.
- 1.15 Advocates for and/or contributes to the integration of evidence/best practice findings into nursing standards and code of ethics.

In addition, (1.16 - 1.18) the nurse in administration/policy development:

- 1.16 Promotes and initiates measures to create practice environments that support professional accountability.
- 1.17 Encourages and supports nurses to work within their professional, ethical, and legal boundaries of practice.
- 1.18 Promotes and initiates measures to create practice environments that support personal health and safety.

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STANDARD 2: SPECIALIZED BODY OF KNOWLEDGE

The registered nurse attains, maintains, and enhances competencies by drawing on diverse sources of knowledge and ways of knowing. This includes the integration of nursing knowledge along with knowledge from the sciences, humanities, and through research, ethics, spirituality, and, critical inquiry.

Indicators

Each registered nurse:

- 2.1 Maintains and enhances current knowledge by investing time, effort, or other resources to attain the knowledge and skills required for practice.
- 2.2 Models commitment to continuing competence through life-long learning, reflective practice, and integration of learning into practice.
- 2.3 Uses reflective thought and feedback from others in assessing own practice, and provides feedback to others to support their professional development.
- 2.4 Uses relevant knowledge of changing trends in nursing, health, society, and the environment to advance/improve practice.
- 2.5 Shares knowledge with clients¹, students, colleagues, and other professionals and care providers.
- 2.6 Documents knowledge attainment and transfer appropriately.

In addition, (2.7 - 2.8) the nurse in education:

- 2.7 Promotes and initiates measures to create a learning environment that supports life-long learning.
- 2.8 Encourages, supports, and provides relevant education to support life-long learning, reflective practice, and sharing of knowledge.



In addition, (2.9 - 2.10) the nurse in research:

- 2.9 Promotes and supports the creation of a practice environment that values research awareness and utilization.
- 2.10 Advocates for and/or contributes to the integration of evidence/best practice findings into nursing education.

In addition, (2.11 - 2.12) the nurse in administration/policy development:

- 2.11 Promotes and initiates measures to create practice environments that support life-long learning.
- 2.12 Encourages and supports nurses to engage in life-long learning, reflective practice, and sharing of knowledge with others.

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STANDARD 3: COMPETENT APPLICATION OF KNOWLEDGE

The registered nurse, in collaboration with the client¹ and interdisciplinary team, assesses, makes decisions, plans, implements, evaluates, and documents nursing practice based on reflection, current knowledge, and best practices.

Indicators

Each registered nurse:

- 3.1 Searches for, interprets, and uses information from a variety of sources; uses comprehensive assessment, critical thinking, technology, and research to provide competent nursing services relevant to the area of practice.
- 3.2 Assists clients to identify strengths and available resources to address needs.
- 3.3 Designs and develops action plans to address client's needs in collaboration with the client and relevant others.
- 3.4 Based upon current theoretical knowledge and professional judgment, uses critical inquiry and reflection to make decisions and implement actions relevant to the needs of the client and area of practice.
- 3.5 Evaluates outcomes and revises action plans as needed.
- 3.6 Seeks additional knowledge and assistance as needed, in a timely manner.
- 3.7 Uses client specific culturally sensitive communication and interactive techniques.
- 3.8 Coordinates resources and activities to promote quality nursing and health services.
- 3.9 Recognizes any limitations to safe, competent, and ethical care and reports concerns, and consults and/or initiates appropriate changes as necessary.
- 3.10 Documents assessments, nursing activities, and client outcomes in an accurate, timely, and thorough manner.



In addition, (3.11 - 3.12) the nurse in education:

- 3.11 Promotes and initiates measures to create a learning environment that supports ongoing opportunities for nurses to obtain and maintain competencies relevant to the area of practice.
- 3.12 Integrates evidence-based theory and best practices into educational activities.

In addition, (3.13 - 3.15) the nurse in research:

- 3.13 Identifies areas of practice amenable to research.
- 3.14 Promotes and conducts research to enhance quality client services.
- 3.15 Evaluates, disseminates, and supports the integration of evidence/best practice findings into practice.

In addition, (3.16 - 3.17) the nurse in administration/policy development:

- 3.16 Promotes and initiates measures to create practice environments that contribute to the competent application of knowledge.
- 3.17 Promotes and initiates measures to support the integration of research data and best practices within practice environments.

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STANDARD 4: PROFESSIONAL INTERACTIONS AND ADVOCACY

The registered nurse, in accordance with *The Code of Ethics for Registered Nurses*, establishes professional therapeutic relationships with clients¹ and advocates for and with clients throughout their interactions with the health system.

Indicators

Each registered nurse:

- 4.1 Demonstrates honesty, integrity and respect for others.
- 4.2 Portrays professionalism in all client interactions.
- 4.3 Maintains appropriate professional boundaries, distinguishing between therapeutic interactions and personal interactions.
- 4.4 Communicates with relevant others in a timely and professional manner.
- 4.5 Demonstrates professional judgment when assuming responsibilities assigned by and/or delegated from other members of the health care team.
- 4.6 Delegates, refers, and assigns responsibilities appropriately to others to maximize client outcomes.
- 4.7 Provides the best services circumstances permit, setting priorities and communicating decisions with clients and relevant others.
- 4.8 Protects and promotes client privacy.
- 4.9 Protects confidentiality of all information gained in the context of a professional relationship and practices within professional and legal responsibilities governing personal health information.
- 4.10 Acts as an advocate to protect and promote a clients' right to self-determination, autonomy, respect, privacy, dignity and access to information.



- 4.11 Acts as an advocate to protect clients from harm due to unsafe situations and/or incompetent or unethical care.
- 4.12 Promotes the development of collaborative partnerships with clients, nursing colleagues, and other members of the interdisciplinary/intersectoral team, and the public.
- 4.13 Documents professional interactions and advocacy appropriately.

In addition, (4.14 - 4.15) the nurse in education:

- 4.14 Implements educational activities that support professional and therapeutic relationships with clients and collaboration with others.
- 4.15 Promotes and initiates measures to create a learning environment that supports client advocacy and ethical practice.

In addition, (4.16) the nurse in research:

- 4.16 Evaluates, disseminates and/or conducts research to support professional interactions and therapeutic relationships.

In addition, (4.17) the nurse in administration/policy development:

- 4.17 Promotes and initiates measures to create practice environments that support client advocacy, promote collaboration and respect, and enable nurses to meet their ethical obligations.

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STANDARD 5: PROFESSIONAL LEADERSHIP

The registered nurse, in collaboration with clients and other members of the interdisciplinary and/or intersectoral team, demonstrates leadership to improve the profession, health system and/or population health, in the best interests of the client.

Indicators

Each registered nurse:

- 5.1. Recognizes and attends to the development of his/her leadership skills.
- 5.2. Demonstrates respect for the knowledge, expertise, and contributions of colleagues and others.
- 5.3. Encourages, supports, and mentors nurses to reach their leadership potential.
- 5.4. Supports innovation by exploring and evaluating new knowledge and technology that impact nursing practice and client services.
- 5.5. Questions practices and contributes to improvements to support client and nurse safety.
- 5.6. Advocates for and/or contributes to the development of organizational policies, quality improvement initiatives, and programs based upon evidence/best practice standards.
- 5.7. Promotes and contributes to the development of quality professional practice environments.
- 5.8. Advocates for organizational and community activities that positively influence health and access to the health system.
- 5.9. Advances the profession of nursing by participating in professional activities.
- 5.10. Articulates the contribution of nursing to improving health and health services.
- 5.11. Role models leadership and professionalism.



5.12 Documents leadership activities appropriately.

In addition, (5.13 - 5.14) the nurse in education:

5.13 Supports a learning environment that encourages the development of leadership skills.

5.14 Promotes and initiates measures to create a learning environment that supports professional development.

In addition, (5.15) the nurse in research:

5.15 Raises awareness of the contribution of nursing to health by conducting and disseminating research that links nursing practice to quality client, system, and/or nurse outcomes.

In addition, (5.16 - 5.18) the nurse in administration/policy development:

5.16 Promotes and initiates measures to support and nurture nursing's leadership role.

5.17 Promotes and initiates measures to create a practice environment that encourages innovation and nurses input into changes within the health system.

5.18 Promotes and initiates measures to create practice environments that promote professional leadership development.

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Note: The above listed jurisdictional references were used to develop the indicators identified in this ARNNL document; *Standards for Nursing Practice*.



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APPENDIX A

Glossary of Terms

Advocacy: The supporting, protecting, and safeguarding of clients' rights and interests. Advocacy undertaken in the best interests of the clients. Advocacy is an integral part of nursing and forms the foundation of trust inherent in the nurse-client relationship (RNABC, 2000).

Accountability: The state of being answerable to someone for something one has done (Burkhardt & Nathaniel, 1998).

Best Practice: A program or project becomes a "best practice" when it has been a success based on evidence, has a positive impact on patient outcomes, and can successfully be replicated in other locations and situations (University of Saskatchewan).

Client(s): The term client reflects the range of individuals and/or groups with whom nurses interact. Client as the recipient of nursing services is defined as individuals, families, groups, communities or populations. In some settings other terms may be used such as patient or resident. In education, the client may also be a student or learner; in administration, the client may also be an employee; and in research the client is usually a subject or participant (NANB, 1998).

Collaboration: An interprofessional process of communication and decision making that enables the separate and shared knowledge and skill of health care providers to synergistically influence the client/patient care provided (Way, Busing, & Jones, 2000).

Competent, Competence: The judicious application of knowledge, attitudes and skills required for performance in a designated role and setting (ARNNL, 2006).

Confidentiality: Means the duty to preserve person's privacy (CNA, 2002).

Delegate: Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when an activity is within the scope of practice of a profession and outside the scope of practice of the other profession. Delegation to unregulated providers occurs when the required task is outside the role description and training of the unregulated care provider (RNABC, 2003).

Epidemiology: The study of the distribution and determinants of health-states or events in specific populations, and the application of this study to the control of health problems (Last, 2000).

Primary Health Care: The primary health care approach is both a philosophy of health care and an approach to providing health services. The primary health care approach embraces five types of care: promotive; preventive; curative; rehabilitative; and supportive/palliative. In delivering each type of care, under the primary health care approach, the focus is on preventing illness and promoting health. The primary health care approach is effective in responding to the needs of various client groups from individuals through families and communities to populations. The principles of primary health care are accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation (CNA, 2000).

Quality Professional Practice Environment: A term that is used to identify the attributes of a good place to work (ARNNL, 2006). Defined by indicators reflective of:

- 1) Workload management
- 2) Leadership
- 3) Control over Practice
- 4) Organizational Support
- 5) Professional Development
- 6) Communication and Collaboration

Reflective Practice: A means by which practitioners can develop a greater self-awareness about the nature and impact of their performance, an awareness that creates opportunities for professional growth and development. (Osterman & Kottkamp, 1993).