

2013

REGISTERED NURSE ROLES IN LONG TERM CARE



Association of
Registered Nurses
of Newfoundland
and Labrador



This Position Statement was approved by ARNNL Council in 2013 and replaces *The Role of the Registered Nurse in Long Term Care* (2004).

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) assert that the Registered Nurse (RN) roles of *Leader*, *Coordinator*, *Practitioner*, *Advocate*, *Mentor*, and *Program Planner* support safe, competent, compassionate, and ethical care of **clients**¹ in long term care (LTC) environments. While the identified roles are not unique to RNs working in LTC, this position statement focuses on the application of these RN roles in community and facility-based long term care, and highlights ways RNs can prepare for these roles to sustain and improve quality care in long term care.



The Long Term Care Environment

The needs of long term care clients are increasingly complex in both community and facility-based settings, reflected in complex care and treatment plans, and with a range of clients from those requiring assistance with activities of daily living to those who may be technology dependent. LTC is a continuum of care that includes various degrees of support through informal care, home care and institutional care (Canadian Life and Health Insurance Association, 2012).

Recipients of long term care may be in their own home or in a residential care facility. The residential care sector encompasses a range of living options for people with different support needs, including children, youth, young and middle aged adults, and seniors. Residential care facilities can include lodges, assisted living, supportive housing and long-term care homes, also known as nursing or personal care homes. They include housing primarily, but not exclusively, for seniors. Residential care facilities offer different levels of care and may be free-standing or co-located with other types of residential facilities or hospitals (Government of Newfoundland and Labrador, 2005). Seven per cent of Newfoundland and Labrador seniors reside in long term care facilities, assisted living facilities, or retirement residences (Canadian Institute for Health Information, 2011; Public Health Agency of Canada, 2010).



¹ Words or phrases in **bold** print are found in the glossary. They are shown in bold on first appearance.

Registered Nursing Practice in Long Term Care

The role of the RN in long term care is critical to ensuring safe, competent, compassionate, and ethical care. A growing body of evidence demonstrates a relationship between nursing care and patient outcomes, such as functional status, symptom control, falls, pressure ulcers, and self care (Doran, 2011). RNs are authorized to practice autonomously, regardless of the complexity of care or predictability of outcome. The RN is a diversified worker and the one most linked to holistic and non-fragmented care (Canadian Nurses Association, 2003 and 2007). Further, RNs 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 level of 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 and 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.

RNs ENABLE INDIVIDUALS, FAMILIES, GROUPS, COMMUNITIES AND POPULATIONS TO ACHIEVE THEIR OPTIMAL LEVEL OF HEALTH

It is the legislated scope of registered nursing practice that positions the RN to be the overall coordinator of care in LTC. The RN, working in a multidisciplinary environment, is complemented by the varied regulated and **unregulated care providers** (UCPs) in the health care team who may carry out some, but not all, of the same **competencies**. There are areas where the scope of practice of other providers overlaps² with RNs. The ARNNL supports the implementation of practices that enable all practitioners to work to the full potential of their approved scope of practice or scope of employment, and within their level of **competence**.

*THE RN INCORPORATES THE ELEMENTS OF EVIDENCE-INFORMED PRACTICE AND MAINTAINS A **CLIENT-CENTRED** FOCUS IN ALL ROLES*

Registered Nurse Roles in Long Term Care

RN roles in long term care are broader than job descriptions and highlight the variety of competencies required in both community and facility-based settings. Employer job descriptions outline specific job-related functions and responsibilities of the RN in a particular practice setting. In addition to knowing and adhering to standards of practice and codes of ethics, it is important for RNs to know their job descriptions to understand the responsibilities they are accountable to complete, and those which the employer authorizes.

Applying the identified RN roles in long term care necessitates tailoring the roles to meet the specific needs of

² For more information about shared scopes of practice with Licensed Practical Nurses see the ARNNL document *Shared Competencies and Assignment of Care: Registered Nurses (RNs) Collaborating with Licensed Practical Nurses (LPNs) (2013a)*.

³ For more information on Quality Professional Practice Environments (QPPEs), see ARNNL and College of Licensed Practical Nurses of Newfoundland & Labrador *Quality Professional Practice Environment Standards (2013)*.

the RNs client population. The RN incorporates the elements of evidence-informed practice and maintains a **client-centred** focus in all roles. Additionally, **quality professional practice environments**³ are necessary to support the RN in carrying out these roles.

Leader

All RNs are leaders⁴ and leadership is expressed in different ways throughout ones career and role, either formally or informally. In long term care, the RN is the leader of the nursing team. As leader, the RN is **visible** to clients, families, and others to plan, coordinate, problem solve, and provide direct care. The RN exemplifies the leader role through skilled communication and effective management of health care resources. The leader anticipates the future needs of clients and works toward preparing for them. As new and developing practices and strategies emerge, the leader helps the health care team navigate change to bring about quality health care. Nursing leadership is a key attribute to quality professional practice environments. RNs promote and support quality professional practice environments, which in turn promotes quality client outcomes (ARNNL and College of Licensed Practical Nurses of Newfoundland and Labrador, 2013). The leader identifies opportunities for information and knowledge sharing and champion's best practices and standards. RN leadership has a positive influence on integration of evidence into nursing practice (Gifford, Davies, Edwards, Griffin, and Lybanon, 2007). Enlightened leaders encourage evidence informed practices. As leader the RN identifies, plans, implements and evaluates service delivery models, which is integral to the provision of quality in long term care.

AS LEADERS, THE LTC RN IS:

TEAM LEADER, SKILLED COMMUNICATOR, RESOURCE MANAGER, CHANGE AGENT, EDUCATOR, EVIDENCE-INFORMED, PRACTITIONER, GUIDE AND MONITOR

Coordinator

As coordinator of client care and services the RN collaborates with other care providers, other health disciplines, volunteers, employers, clients, families and communities to identify and establish individual client goals and/or the client population's collective goals. The RN coordinates delivery of the **care plan** to meet client needs. The coordinator develops innovative, creative, and best practice approaches, seeks innovative solutions, provides education, advice and, where indicated, direction and **supervision** to other members of the health care team in the provision of basic and complex nursing care. As coordinator the RN supports collaborative practice environments and respects the contribution of all team members.

AS COORDINATOR, THE LTC RN IS:

EVALUATOR, ESTABLISHER OF THE CARE PLAN, SOLUTION DRIVEN, RESOURCE PERSON AND ACCOUNTABLE

⁴ For more information see, ARNNL *Nursing Leadership* Position Statement (2009).



Practitioner

Through the legislated scope of practice, RNs can practice autonomously regardless of the complexity of client care or predictability of client outcomes. Within their individual scope of practice all RNs in long term care provide clinical expertise and implement and maintain therapeutic client relationships. In both community and facility-based long term care settings the RN as practitioner provides health promotion, disease prevention, and curative, supportive, rehabilitative and palliative nursing services as needed. The practitioner consults and collaborates with the client, family, and other health care providers utilizing the **nursing process**. The practitioner conducts holistic client needs assessments establishing and overseeing implementation of the care plan and evaluating its outcomes. Practitioners communicate with other care providers regarding client care needs and support, direct, and supervise complex care where indicated. The practitioner identifies clinical situations where direct RN involvement is required and identifies when consultation with others is needed. Long term care practitioners in geriatric long term care are prepared to meet the standards of practice for RNs in Gerontology (Canadian Gerontological Nurses Association, 2010), and in Community settings, meet the standards of practice for RNs in Community Health, for example, providing culturally sensitive care in diverse communities and settings (Canadian Community Health Nurses of Canada, 2011). Practitioners are competent in client documentation and utilization of assessment instruments to inform health planning and care delivery. Practitioners identify and provide best practices, for example, in a geriatric long term care environment being versed in best practices related to pressure ulcer prevention, continence care, and dementia care. In implementing best practice guidelines practitioners can reduce falls and injury from falls, and improve patient outcomes related to wound care (VanDeVelde-Coke et al, 2012).

*AS PRACTITIONER, THE LTC RN IS:
KNOWLEDGEABLE, COLLABORATOR, COMMUNICATOR, PLANNER,
PROFICIENT, AUTONOMOUS, CONSULTANT AND RESEARCHER*

Advocate

Clients requiring LTC rely on, or at least require the involvement of others to achieve their activities of daily living. The potential for compromised autonomy where clients are dependent on others may leave clients vulnerable (MacKinlay, 2008). The advocate employs an ethical decision-making framework to identify ethical responsibilities and resolve ethical dilemmas. The advocate collaborates with clients and other health care team members to identify actual and potential client health care needs, strengths, capacities and goals. The advocate partners with clients, families, other care providers and the community to intervene on behalf of clients and families when necessary, so client's wishes and choices are articulated and respected. The advocate raises awareness of issues significant to clients thus enabling them to make informed choices based on knowledge of the range of alternatives. The advocate supports the development and implementation of service options (e.g., home supports, physiotherapy) that are acceptable, accessible, available, cost-effective, client-centered and appropriate. The advocate promotes advanced health care directives, where possible, to meet client wishes. As an advocate, the RN works to address system issues, and maintain quality professional practice environments.

AS ADVOCATE, THE LTC RN IS: CLIENT-CENTRED, ETHICAL AND VISIBLE



Mentor

Skill mix models in long term care and the nature of the community or home setting may mean the RN may not have a RN colleague in close proximity. More than ever, RNs will need to avail of each other for consultation and collaboration. Mentors and mentees in long term care learn and benefit from shared experiences. The Canadian Nurses Association (CNA) defines mentoring as a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader, as mentor, supports the maturation of a less-experienced nurse, the mentee (Canadian Nurses Association, 2004). RNs providing mentorship to other RNs, and other care providers (e.g. Licensed Practical Nurses, UCPs) enable a rich and supportive learning environment that extends beyond orientation to provide support in new and unfamiliar situations. The mentor directs others to available resources to support clinical decision making, and quality client care. The mentor shares information and knowledge, and champions best practice approaches.

*AS MENTOR, THE LTC RN IS:
SUPPORTER, EDUCATOR AND COLLABORATOR*

Program Planner

RNs in direct care, advanced practice and management within LTC, either independently or in collaboration with other health care providers, lead and/or participate in the process of program planning at many levels within an organization. Programs can be client or clinical focused, such as a fall prevention program; organization wide, such as a staff education program; or provincial, such as a home support program. The program planner assesses, identifies and/or validates the need for programs or nursing services. The program planner develops goals, objectives, and interventions to meet the stated needs. The program planner implements and individualizes programs and nursing services to meet identified client needs, through the care planning process and often in consultation with other team members. The program planner monitors quality indicators, and outcomes, and participates in audits and evaluations. As program planner the RN communicates strategies and outcomes to the health care team.

*AS PROGRAM PLANNER, THE LTC RN IS:
ASSESSOR, PLANNER, IMPLEMENTER, EVALUATOR, COMMUNICATOR AND
QUALITY ASSURANCE LEADER*

Preparing for the Roles

Every RN in Newfoundland and Labrador has attained the competencies for entry-level RN practice as part of their basic nursing education program. The depth and breadth of the educational program prepares RNs as generalists to care for all clients, in all practice settings, within the RN scope of practice. It is the responsibility of every RN to ensure s/he is prepared and competent to meet the needs of the client population they serve, and to understand both the professional and employer expectations of their role. Employers share in the responsibility to provide practice-specific information to RNs, related to essential safety components such as new equipment, and policies, and orientation.



The RN in LTC requires expertise in clinical skills, such as health assessment, wound management, dementia care, and in principles of adult education, communication, and research utilization. Decision making, change management, program planning and evaluation, and conflict resolution skills are also required. Basic nursing education programs prepare the entry-level RN for these roles; however, post-basic education and continuing education are central to obtaining the knowledge and skill within the context of the evolving long term care setting to continuously improve the quality of client care and to optimize the RN roles. Professional development provides opportunities to harness knowledge, nurture innovation, and build collaborative networks. It enables RNs and NPs to develop the expertise required to ensure the delivery of evidence-informed and best practice approaches to improve client health (ARNNL, 2013b)

Practice and Specialty Standards

The ARNNL *Standards of Practice for Registered Nurses (2013c)* outline the *expectations of practice for all RNs, in all roles, and all practice settings. For RNs working in specialty areas there are additional standards that apply, such as gerontology and community nursing. The Gerontological Nursing Competencies and Standards of Practice (2010)* and *The Canadian Community Health Nursing Professional Practice Model and Standards of Practice (2011)* are examples of specialty standards that outline the practice expectations for RNs in these specialty areas. RNs are expected to know and adhere to specialty standards applicable to their practice.

Specialty Certification

Specialty certification in areas such as Community Health, Psychiatric Mental Health, and Gerontology will enhance LTC RNs' knowledge and competence. Certifications through the Canadian Nurses Association (CNA) represent a commitment to the leading edge in health care standards. RNs who achieve certification commit to a national standard of professional competence that demonstrates their understanding of an area of nursing practice. CNA certification confirms that a RN has demonstrated competence in a nursing specialty or area of nursing practice.

Advanced Nursing Practice

Advanced nursing practice is an umbrella term describing an advanced level of clinical practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. There are two advanced practice roles recognized in Canada; Clinical Nurse Specialist (CNS), and Nurse Practitioner (NP). Both roles require advanced education. A CNS is a registered nurse with a Master of Nursing (MN) or equivalent or Doctorate in Nursing and expertise in a clinical specialty. A NP is a registered nurse with a MN or equivalent and a graduate of an approved Nurse Practitioner Program. Advanced practice registered nurses build upon their expertise in a specialty area, integrating and demonstrating advanced judgment and decision-making skills, and critical analysis of health policy. They use knowledge-transfer techniques to put research-based knowledge into practice. For further information on Advanced Practice RNs, see ARNNL's *Position Statements Advanced Practice – Clinical Nurse Specialist (2013d)* and *Advanced Practice – Nurse Practitioner (2013e)*.



Continuing Education

Continuing education is needed to further prepare the RN in long term care to carry out their expected roles. Enhanced communication skills enable the RN to manage challenging communications with clients, residents and families, as they are called upon by other members of the team to resolve conflict. Leadership competencies can be attained through professional development programs or courses. The RN as practitioner retains proficiency in wound care and dementia care, for example, through keeping informed of new and best practices. Special interest group linkages provide opportunities to keep abreast of new and effective practices, and clinical practice guidelines.

Summary

RNs practicing in areas where clients require long term care should adopt the roles of leader, coordinator, practitioner, advocate, mentor, and program planner. To attain and maintain the necessary knowledge and skill to optimize these RN roles in LTC, RNs must embrace their personal and professional responsibilities to seek out learning opportunities in the interest of safe, competent, ethical, and compassionate client-centred care.



Glossary

Care Plan: A systematic and realistic written action plan based on nursing diagnoses that have been formulated after reviewing assessment findings, and embodies the components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation. It consists of goals or expected outcomes, which describe behaviors or results to be achieved within a specified time; appropriate nursing actions or interventions needed to achieve these goals; and evaluations of the established goals (Lippincott, 2013).

Client: Individuals, families, groups, populations or entire communities who require nursing expertise. The term “client” reflects the range of individuals and/or groups with who nurses may be interacting. In some settings, other terms may be used such as patient or resident (Association of Registered Nurses of Newfoundland & Labrador, 2013c).

Client-centred: An approach to nursing care in which clients are viewed as whole; placing the client and their significant others at the centre of care, using their needs and wishes to inform the health care plan (Association of Registered Nurses of Newfoundland & Labrador, 2013c).

Competence: Competence is defined as the ability to integrate and apply the knowledge, skills judgment, and personal attributes required for a RN to practice safely, competently, compassionately and ethically in a designated role and setting (Association of Registered Nurses of Newfoundland & Labrador, 2013c).

Competencies: The integrated knowledge, skills, abilities and judgment required to practise nursing safely and ethically (Association of Registered Nurses of Newfoundland & Labrador, 2013f).

Nursing Process: An orderly, logical approach to administering nursing care so that the patient’s needs for such care are met comprehensively and effectively (Williams and Hopper, 2011).

Professional Presence: The professional behaviour of registered nurses, how they carry themselves and their verbal and non-verbal behaviours; respect, transparency, authenticity, honesty, empathy, integrity, and confidence are some of the characteristics that demonstrate professional presence. In addition, it is demonstrated by the way RNs use language, particularly how they refer to their own professional status and that of others by using first and last name and title in their communications (Association of Registered Nurses of Newfoundland & Labrador, 2013f).

Quality Professional Practice Environments: Practice environments that have the attributes of a good place to work, influenced by standards related to workload management, nursing leadership, control over practice and work life, professional development, organizational support, and communication and collaboration (Association of Registered Nurses of Newfoundland & Labrador and the College of Licensed Practical Nurses of Newfoundland and Labrador, 2013).

Supervision: Entails the initial direction, periodic inspection and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, and monitoring an individual’s performance of an activity to influence its outcome. Supervision can be direct (being physically present or immediately available while the activity is being performed) or indirect (providing direction through various means of written and verbal communications) (Canadian Nurses Protective Society, 2012).



Unregulated Care Providers: Unlicensed assistive personnel such as personal care attendants (PCAs) who have basic care knowledge and perform basic care. Personal Care Attendant (PCA) is further defined as a member of the interdisciplinary team who participates in the provision of basic care to clients under the direction of the nurse or health care provider in charge of the organization (Association of Registered Nurses of Newfoundland & Labrador, 2009).

Visible: Having a **professional presence**; representing registered nursing.



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