

REGISTERED NURSES
ASSOCIATION OF THE
NORTHWEST TERRITORIES AND
NUNAVUT



STANDARDS OF PRACTICE FOR REGISTERED NURSES and
NURSE PRACTITIONERS

Responsibility and Accountability
Knowledge-Based Practice
Client-Centered Practice
Public Trust

April 2014

Registered Nurses Association of the Northwest Territories and Nunavut
Box 2757, Yellowknife, NT X1A 2R1

Table of Contents

Acknowledgements.....	3
Introduction	3
Guiding Principles	3
Standards – Definition & Purpose.....	4
Indicators	4
Context.....	5
Standard 1: Responsibility and Accountability	7
Standard 2: Knowledge-Based Practice	8
Standard 3: Client-Centered Service.....	9
Standard 4: Public Trust.....	10
Glossary.....	11
References	14

Acknowledgements

This Standards document was developed with a Collaborative Working Group comprised of representatives from each of the following participating jurisdictions: the Association of Registered Nurses of Newfoundland and Labrador, the Association of Registered Nurses of Prince Edward Island, the Nurses Association of New Brunswick, the Registered Nurses Association of the Northwest Territories and Nunavut and the Yukon Registered Nurses Association.

Introduction

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) has the legislated authority through the Nursing Profession Act (NPA, 2004) to establish, maintain and promote standards of practice for registered nurses and nurse practitioners. This authority reflects RNANT/NU's primary mandate to protect and serve the public through **self-regulation***. The *Standards of Practice for Registered Nurses and Nurse Practitioners* establishes the regulatory and professional foundation for nursing practice. The standards identify for registered nurses, nurse practitioners, the public, government and other stakeholders the expected level of performance of registered nurses and nurse practitioners.

All references made to registered nurses (RNs) in this document include nurse practitioners (NPs).

This document identifies four standards of practice for registered nurses:

Standard 1 - Responsibility and Accountability

Standard 2 - Knowledge-Based Practice

Standard 3 - **Client**-Centered Service

Standard 4 - Public Trust

Guiding Principles

Standards of practice for registered nurses are based on the following principles:

- RN practice supports the safety, dignity and wellbeing of every client.
- The client is the central focus of registered nurse practice and leads the process of decision making related to care.
- Public interest and safety are best served when registered nurses continually enhance knowledge, skill and judgement.
- **Quality professional practice environments** support registered nurses in meeting practice expectations.
- Registered nurses' practice is guided by the philosophy of **primary health care**.
- Registered nurses recognize the influence of the **social determinants of health** in shaping the health status of individuals and communities.

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

Standards – Definition & Purpose

Standards are broad and principle-based statements. They are authoritative statements that articulate conduct or performance required of registered nurses. They serve to further define responsibilities set out in legislation and regulation.

The primary purpose of standards is to identify the level of performance expected of RNs in their practice, against which actual performance can be measured. All registered nurses are responsible for understanding the *Standards*** and applying them to their practice.

The *Standards* are interrelated and intended to be sufficiently dynamic so as to define safe, competent, compassionate and ethical practice across all settings and domains.

Standards for Nursing Practice serve to:

- protect the public by supporting safe, competent, compassionate and ethical practice;
- assist registered nurses to understand and work through challenges encountered in their individual practice and at the system level;
- assist registered nurses in decision making;
- guide curriculum development and approval of baccalaureate nursing education, and nurse practitioner programs in the Northwest Territories and Nunavut (NT/NU);
- provide direction for administration, quality management, and performance expectations of registered nurses;
- provide a legal reference for **reasonable**, prudent practice;
- inform the public and other members of the health care team about the practice of nursing;
- inform research and policy.

Indicators

To facilitate understanding and application of the *Standards of Practice for Registered Nurses and Nurse Practitioners*, there are corresponding indicators which clarify concepts central to the specific standard and provide criteria against which an individual registered nurse's actual performance is measured by self and others. Indicators serve as examples of activities which demonstrate how a standard may be applied.

Indicators are not intended to be all-inclusive and are equally important regardless of their placement within the standard

** The use of the word *Standards* written in italics with an uppercase "S" refers to the *Standards of Practice for Registered Nurses and Nurse Practitioners* document. The word "standard" written with a lowercase "s" refers to all other categories of standards (e.g., document standards).

Context

There are a variety of expectations that govern the practice of registered nurses. While the *Standards of Practice for Registered Nurses* establish the practice expectations of registered nurses, legislation (i.e., NPA, 2004), sets the overall legal context for the practice of nursing.

Other documents such as guidelines, clinical and practice standards provide more specific direction for the application of the *Standards* in various roles and practice settings.

The Code of Ethics for Registered Nurses provides guidance for ethical relationships, responsibility, behaviour and decision-making (Canadian Nurses Association, 2008). The Code is to be used in conjunction with these *Standards*.

The *Competencies in the Context of Entry-Level Registered Nurse Practice*, the *Practice and Prescriptive Guidelines for Nurse Practitioners* and the *Canadian Nurse Practitioner Core Competency Framework* are more descriptive than standards. They provide the framework for entry to practice and serve to inform the development of the nursing curriculum.

In addition to the *Standards*, there are a variety of other categories of standards that guide nursing practice. The Pyramid of Nursing Standards (Figure 1) illustrates the relationship among the various categories of documents.



Figure 1 Pyramid of Nursing Standards

(Adapted from Smith, 1991)

- At the base of the Pyramid, the *Standards of Practice for Registered Nurses and Nurse Practitioners* set the expectations regarding nursing practice across the profession in all practice settings and domains.
- Specialty or other standards define in more detail expectations specific to an area of practice, (e.g., critical care or mental health), or they may address components of practice such as documentation or medication administration. These standards complement the *Standards of Practice for Registered Nurses and Nurse Practitioners* and provide additional information on specific topics.
- Agency standards are often synonymous with organizational policies, established by a health authority or program.
- Unit level standards stipulate expectations unique to a setting and may be presented as procedures.
- At the apex of the Pyramid are those expectations specific to a client. These reflect the application of critical inquiry as the registered nurse assesses, plans, implements and evaluates interventions to achieve desired outcomes with a particular client.

Standard 1: Responsibility and Accountability

The registered nurse is responsible for practising safely, competently, compassionately and ethically and is accountable to the client, employer, profession and the public.

The registered nurse:

- 1.1 maintains current registration;
- 1.2 practises in accordance with relevant legislation¹, standards and employer policies;
- 1.3 practises in accordance with the *Code of Ethics for Registered Nurses*;
- 1.4 assumes primary responsibility for **continuing competence**;
- 1.5 is accountable for nursing actions, decisions and professional conduct;
- 1.6 takes measures to ensure **fitness to practise** such that **client safety** is not compromised;
- 1.7 recognizes and **takes action** in situations where client safety is actually or potentially compromised;
- 1.8 fulfills duty to report²;
- 1.9 **advocates** for and contributes to the development and implementation of policies, programs and practices relevant to practice setting and the nursing profession.

1 Examples of relevant legislation include the NPA (2004) and the regulations under it, and other legislation governing nursing practice. Registered Nurses are also required to comply with other federal and provincial legislation that may not be within RNANT/NU's regulatory mandate, but which may be enforceable by other regulatory bodies, tribunals or the court (Adapted from CRNBC, 2012).

2 Registered nurses have the obligation to report to RNANT/NU any situation in which they have reason to believe there is risk to the public resulting from incompetent, non-compassionate, unethical or impaired practice by a health professional.

Standard 2: Knowledge-Based Practice

*The registered nurse practises using **evidence-informed** knowledge, skill and judgement.*

The registered nurse:

- 2.1 maintains and enhances own knowledge and skills;
- 2.2 uses **critical inquiry** in collecting and interpreting data, in determining and communicating client status, and in planning, implementing the plan of care and evaluating outcomes;
- 2.3 recognizes and practises within own level of **competence** and seeks additional knowledge and assistance when needed;
- 2.4 exercises **reasonable** judgement;
- 2.5 initiates, maintains and concludes the **therapeutic nurse-client relationship**;
- 2.6 assigns and delegates in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting;
- 2.7 supports colleagues and students by sharing nursing knowledge and expertise;
- 2.8 maintains **timely** and accurate documentation;
- 2.9 contributes to, and supports the analysis, development, implementation and evaluation of best practice.

Standard 3: Client-Centered Service

The registered nurse contributes to and promotes measures that optimize positive health outcomes at the individual, organizational and system level.

The registered nurse:

- 3.1 practises using a **client-centered approach**;
- 3.2 communicates effectively³ and respectfully with clients, colleagues and others;
- 3.3 **coordinates** and assists clients to learn about the health care system and accessing appropriate healthcare services;
- 3.4 engages in interprofessional and **intersectoral collaboration**;
- 3.5 uses resources effectively and efficiently in the provision of nursing services;
- 3.6 supports innovation by implementing and evaluating new knowledge and technology;
- 3.7 advocates for and contributes to quality professional practice environments.

³ Involves applying knowledge and skills related to such things as relationship-building, assertiveness, problem solving and conflict resolution.

Standard 4: Public Trust

The registered nurse upholds the public's trust in the profession.

The registered nurse:

- 4.1 demonstrates a **professional presence** and models professional behaviour;
- 4.2 acts as a **moral agent** in providing nursing services;
- 4.3 protects clients' privacy and confidentiality;
- 4.4 endeavors to develop competence in nursing leadership⁴;
- 4.5 advocates, individually and collectively, for healthy public policy and programs that are informed by the **social determinants of health**;
- 4.6 contributes to and supports initiatives that improve the health system and **population health**;
- 4.7 participates in endeavours that inform and advance the profession of nursing in the interest of the public.

⁴ Nursing leadership is about critical thinking, action and advocacy - and it happens in all roles and domains of nursing practice. Leadership is a relationship which involves the act of influencing and inspiring others toward a common goal, whether formally (through a set role) or informally.

Glossary

Advocating/advocate: Actively supporting a right and good cause; supporting others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.⁵

Client: The individual, family, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. In some clinical settings, the client may be referred to as a patient or resident.⁶

Client-centered approach: An approach to nursing care in which clients, groups, communities or the population in general are viewed as whole; placing them at the center of care, using their needs and wishes to inform the health care plan.

Client safety: The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes, meant to be inclusive of psychosocial, physical, cultural and spiritual wellbeing.⁷

Collaboration: The process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others' roles, mutual respect among participants' commitment to common goals, shared decision-making, effective communication, relationships and accountability for both the goals and team members.⁸

Competence: The quality or ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs.

Continuing competence: Continuing competence is a necessary component of practice and public interest is best served when nurses constantly improve their application of knowledge, skill and judgment. Reflective practice, or the process of continually assessing one's own practice to identify learning needs and opportunities for growth, is the key to continuing competence.

Coordinate: The act of organizing, supporting different people or systems to work together for a common goal.

Critical inquiry: A process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

5 http://www2.cna-aicc.ca/CNA/documents/pdf/publications/Ethics_in_Practice_Jan_2010_e.pdf

6 http://www.arntl.ca/documents/publications/Competencies_in_the_Context_of_Entry_Level_Registered_Nurse_Practice_2013_18.pdf

7 http://www.nanb.nb.ca/PDF/Entry-Level_Competencies_Sept09-E- FINAL.pdf

8 http://www.rnao.org/Storage/23/1776_BPG_Collaborative_Practice.pdf

Domains: Five domains are identified within the profession of nursing: practice, education, administration, research and policy. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered Nurses may practise in more than one domain within the context of their role.

Evidence-informed: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.⁹

Fitness to practice: All the qualities and capabilities of an individual relevant to his or her capacity to practice as a RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing.¹⁰

Intersectoral: Refers to various sectors within society for example health, education, housing, transportation and environment¹¹.

Population health: An approach to health that aims to improve the health of the entire population (all people) and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.¹²

Primary health care (PHC): Essential health care (promotive, preventive, curative, rehabilitative and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. The five principles of PHC are: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.¹³

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 nurses 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.¹⁴

9 http://www.chsrf.ca/other_documents/newsletter/pdfv8n3_e.pdf

10 http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

11 http://www2.cna-aiic.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf

12 <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php#What>

13 http://www.cna-aiic.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf

14 http://www.arntl.ca/documents/publications/Competencies_in_the_Context_of_Entry_Level_Registered_Nurse_Practice_2013_18.pdf

Quality professional practice environment: Practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care.¹⁵

Reasonable: As compared to registered nurses with similar education and experience and in similar circumstances.

Self-regulation: In general there are two ways a profession can be regulated: one is by the profession itself which is self-regulation and the other is directly by government. Self-regulation recognizes the nursing profession is best qualified to determine the standards for nursing education and practice which are required to ensure the public receive safe, competent and ethical care. RNANT/NU receives its regulatory authority from the Northwest Territories and Nunavut governments through the Nursing Profession Act (2004).

Social determinants of health: The social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. The resources include but are not limited to conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security.¹⁶

Takes action: Encompasses advocacy and/or the act of identifying or doing something which can prevent, respond to and/or report a situation.

Therapeutic nurse-client relationship: A planned, time-limited and goal-directed connection between a registered nurse and a client for the purpose of meeting the client's health care needs.¹⁷

Timely: A response or action that occurs at an appropriate or proper time to achieve a positive client outcome.

15 http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics_in_Practice_Jan_2010_e.pdf

16 <http://www.phac-aspc.gc.ca/sdh-dss/glos-eng.php>

17 http://www.nanb.nb.ca/PDF/Practice_Standard-Nurse-Client_Relationship_E.pdf

References

- Association of Registered Nurses of Newfoundland and Labrador. (2008). *Position statement: Registered nurses' professional duty to address unsafe and unethical situations*. St. John's, Canada: Author.
- Association of Registered Nurses of Newfoundland and Labrador. (2013). *Competencies in the context of entry-level registered nurse practice*. St. John's, Canada: Author.
- Brunt, B.A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing, 36*(2), 60-67.
- Canadian Health Service Research Foundation. (2005). How CHSRF defines evidence. *Links, 8*(3), 1-8.
- Canadian Nurses Association. (2005). *Position statement: Primary health care*. Ottawa, Canada: Author.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, Canada: Author.
- Canadian Nurses Association. (2010). *Canadian Nurse Practitioner Core Competency Framework*. Ottawa, Canada: Author.
- Canadian Nurses Association. (2010). Ethics, relationships and quality practice environments. *Ethics in Practice for Registered Nurses*. Ottawa, Canada: Author.
- Canadian Nurses Association. (2010). *Position statement: Evidence informed decision-making and nursing practice*. Ottawa, Canada: Author.
- College of Registered Nurses of British Columbia. (2012). *Professional standards for registered nurses and nurse practitioners*. Vancouver, Canada: Author.
- Graham, J.G. & Barter, K. (1999). Collaboration: A social work practice method. *Families in Society: The Journal of Contemporary Human Services, 80*(1), 6-13.
- Lasala, K.B, & Nelson, J. (2005). What contributes to professionalism? *MEDSURG Nursing, 14*(1), 63-67.
- Nurses Association of New Brunswick. (2009). *Entry-level competencies for registered nurses in New Brunswick*. Fredericton, Canada: Author.
- Nurses Association of New Brunswick. (2010). *The therapeutic nurse-client relationship standards*. Fredericton, Canada: Author.

- Public Health Agency of Canada. (2004). What is population health approach? Ottawa, Canada: Author.
- Registered Nurses Association of Ontario. (2006). *Collaborative practice amongst nursing teams*. Toronto, Canada: Author.
- Registered Nurses Association of Ontario. (2006). *Facilitating client centred learning: Health education fact sheet for health care providers*. Toronto, Canada: Author.
- Registered Nurses Association of the Northwest Territories and Nunavut. (2004). *Nursing profession act*. Yellowknife, Canada: Author
- Registered Nurses Association of the Northwest Territories and Nunavut. (2006). *Standards of nursing practice for registered nurses*. Yellowknife, Canada: Author.
- Registered Nurses Association of the Northwest Territories and Nunavut. (2009). *Entry-level registered nurse competencies*. Yellowknife, Canada: Author.
- Registered Nurses Association of the Northwest Territories and Nunavut. (2011). *Practice and Prescriptive Guidelines for Nurse Practitioners*. Yellowknife, Canada: Author.
- Smith, T.C. (1991). Nursing standards: The basics of professional practice. In P. Schroeder (Ed.), *Approaches to nursing standards* (pp.7-18). Rockville, MD: Aspen Publications.
- The Scottish Government. (July, 2012). *Professionalism in nursing, midwifery and the allied health professions in Scotland: A report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland*. Edinburgh, UK: Author.
- World Health Organization. (1978). *Declaration of Alma-Ata*. Geneva, Switzerland: Author.
- World Health Organization. (2008). *The world health report 2008: Primary health care now more than ever*. Geneva, Switzerland: Author.