



Standards for Nursing Practice



College of Registered Nurses
of Nova Scotia

Standards for Nursing Practice (effective January 1, 2004)

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Table of Contents

Introduction	2
Definitions	3
Nursing Standards	6
Self-Regulation	7
Context of Practice	8
Assumptions related to the Standards for Nursing Practice	8
Assumptions related to the indicators of the Standards	9
Standards for Nursing Practice	9
Standard 1: Accountability	10
Standard 2: Continuing Competence	11
Standard 3: Application of Knowledge, Skills and Judgment	12
Standard 4: Professional Relationships and Advocacy	13
Standard 5: Professional Leadership	15
Standard 6: Self-Regulation	16
References	17

Introduction

The professional practice of nursing is defined in the *Registered Nurses Act (2001)* and *Regulations (2001)*, and reflected in the *Standards for Nursing Practice* (the Standards) and *Code of Ethics for Registered Nurses* (the Code; Code of Ethics). Through the *Registered Nurses Act* (the Act; RN Act), the nursing profession is granted the authority to set standards for the practice and education of its members, with an obligation to protect the public and serve the public interest.

The College of Registered Nurses of Nova Scotia (the College; CRNNS), working with registered nurses and the public, regulates the nursing profession to promote excellence in nursing practice. This mission is realized through a number of ways, one of which is the development of the *Standards for Nursing Practice*; the minimal professional practice expectations for any registered nurse in any setting or role. The *Standards for Nursing Practice* provide an overall framework for the practice of nursing, and link with other standards and competencies developed by the College, as well as with the *Code of Ethics for Registered Nurses* (developed by the Canadian Nurses Association and adopted by the College).

Standards for nursing practice were first developed in Nova Scotia in 1983 and extensively revised in 1996, with the input of registered nurses from all areas of the province and a variety of practice settings. However, to ensure that the *Standards for Nursing Practice* continuously reflect the changing practice of nursing they must be reviewed and revised on an ongoing basis. These new Standards have evolved, again with the input of nurses province-wide, in response to emerging trends in both nursing and health care (e.g., increasing complexity of patient care, new roles and expectations for nurses, multidisciplinary teamwork and collaboration, evidence-based practice, and primary health care), and changes to the *Registered Nurses Act (2001)*.

In addition to the *Standards for Nursing Practice* and *Code of Ethics*, which apply to both novice and experienced registered nurses, the College has established competencies that entry-level registered nurses in Nova Scotia are expected to demonstrate upon graduation from an approved nursing education program. Entry-level registered nurses are prepared to practise in accordance with the Standards and Code, and will strengthen their efficiency and ability to prioritize, organize and make decisions based on their foundational level of knowledge and practical experience.

According to the Act, nursing practice is defined as the performance of professional services requiring substantial specialized knowledge of nursing theory and the biological, physical, behavioral, psychological and sociological sciences as the basis for:

- (i) assessment, planning, intervention and evaluation in
 - a) the promotion and maintenance of health,
 - b) the facilitation of the management of illness, injury or infirmity,
 - c) the restoration of optimal function, or
 - d) palliative care, or
- (ii) research, education, management or administration incidental to the objectives identified in subclause (i),

and includes the practice of a nurse practitioner (RN Act, 2001, c.10, s.1).

Definitions

Accountability: an obligation to accept responsibility or to account for one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away. Accountability is always about outcomes, not processes, which are simply the means through which outcomes are achieved (Porter-O'Grady & Wilson, 1995).

Advocacy: the supporting, protecting and safeguarding of clients' rights and interests. Advocacy is undertaken in the best interests of clients. Advocacy is an integral part of nursing and forms the foundation of trust inherent in the nurse-client relationship (RNABC, 2000). Within the boundaries of their roles, nurses ensure that clients have the necessary information to make decisions and choices, and to act according to their own wishes.

Boundary: a dynamic line of separation in the nurse-client relationship between professional and therapeutic and non-professional and personal (RNABC, Position Statement, 2000). Professional boundaries are the defining lines which separate the therapeutic behaviour of a registered nurse from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to patients, clients, families and communities (*Guidelines for Nurse-Client Relationships*, CRNNS, 2002).

Client(s): the recipient(s) of nursing services: e.g., individuals (family member/guardian/substitute caregiver), families, groups, populations or entire communities (adapted from NNCP, 1997, p. 42).

Communication: an interpersonal activity involving the transmission of messages by a sender to a receiver (Arnold and Boggs, 1999). Communication involves the giving or exchanging of information through a complex composite of verbal, nonverbal and/or technological messages/signals.

Competent: the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting (*Registered Nurses Regulations*, 2001).

Continuing competence: the ongoing ability of a registered nurse to integrate and apply the knowledge, skills and judgment required to practise safely in a designated role and setting.

Delegation: the transfer of a task or function to a healthcare provider who does not have the authority to perform that task or function (Phillips, Canadian Nurses Protective Society, 1997). Delegation involves the transferring of responsibility for the performance of a task or activity, but not the accountability for the outcome of the task or activity.

While specific tasks or procedures may be appropriately delegated, a registered nurse cannot delegate nursing activities that include the core of the nursing process and require the specialized knowledge, judgment, and/or skill of a registered nurse.

Delegation occurs in specified or limited situations when a task is within the scope of practice of a delegating registered nurse and outside the scope of practice and/or employment of another healthcare team member. The registered nurse is responsible for the decision to delegate, with five requirements:

1. Delegate task based on sound nursing judgment and rationale.
2. Delegate to the appropriate healthcare provider.
3. Delegate the appropriate task and confirm that the team member has the knowledge and ability to perform it.
4. Communicate the task (or part thereof) to the healthcare team member, and his/her accountability to complete it safely and ethically.
5. Communicate to the healthcare team member the requirement for feedback and appropriate documentation of the task.

Evidence-based practice: best practice that is ideally based on science derived from systematic observation, study, qualitative, and quantitative research (RNABC, 2000). When there is insufficient evidence from science, expert opinion or a combination of science and expert opinion is used. Evidence-based nursing is the combination of the best scientific evidence from nursing and other research with the special clinical perspective of nurses in performing patient care activities pertinent to the nursing profession (McPheeters, 1999).

Healthcare team: clients, families, health professionals, nursing students, volunteers and any others who may be involved in the planning and delivery of care.

Incapacity: the status whereby a respondent (registered nurse), at the time of the subject-matter of a complaint, suffered from a physical, mental or emotional condition, disorder or addiction that rendered the respondent unable to practise nursing with reasonable skill or judgment or that may have endangered the health or safety of clients (*Registered Nurses Act, 2001*).

Incompetence: the display of lack of knowledge, skill or judgment in a respondent's (registered nurse) care of a client or delivery of nursing services that, having regard in all the circumstances, rendered the respondent unsafe to practise nursing at the time of such care of the client or delivery of nursing services or that renders the respondent unsafe to continue in the practice of nursing without remedial assistance (*Registered Nurses Act, 2001*).

Leadership: being involved, being open to new ideas, having confidence in your own capabilities and a willingness to make an effort to guide and motivate others. Leadership is action, not a position and not limited to formal leadership roles. Leadership development is ultimately personal and inner self-development, which moves outward to influence, guide, support and lead others (Clemmer, 1999). Leaders have influence through their position, behaviour, experience, knowledge and development. Nursing leadership at all levels in an organization and in all areas of practice is essential to the provision of safe, effective and ethical nursing practice and the maintenance of public trust.

Mentoring: experienced nurses (mentors) helping both novice and other experienced nurse learners (mentees) adjust to new environments, new roles and/or responsibilities. Successful mentoring usually occurs over time and involves a personal commitment from both mentors and mentees.

Nursing assignment: designating nursing activities to be performed by an individual, which are in her/his licensed scope of practice (National Council of State Boards of Nursing, 1997).

Professional misconduct: includes such conduct or acts relevant to the practice of nursing that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional which, without limiting the generality of the foregoing, may include:

- (i) failing to maintain the College of Registered Nurses of Nova Scotia *Standards for Nursing Practice*,
- (ii) failing to uphold the code of ethics adopted by the College,
- (iii) abusing a person verbally, physically, emotionally or sexually,
- (iv) misappropriating personal property, drugs or other property belonging to a client or a registrant's employer,
- (v) inappropriately influencing a client to change a will,
- (vi) wrongfully abandoning a client,
- (vii) failing to exercise discretion in respect of the disclosure of confidential information,
- (viii) falsifying records,
- (ix) inappropriately using professional nursing status for personal gain,
- (x) promoting for personal gain any drug, device, treatment, procedure, product or service that is unnecessary, ineffective or unsafe,
- (xi) publishing, or causing to be published, any advertisement that is false, fraudulent, deceptive or misleading,
- (xii) engaging or assisting in fraud, misrepresentation, deception or concealment of a material fact when applying for or securing registration or a licence to practise nursing or taking an examination provided for in this Act, including using fraudulently procured credentials (*Registered Nurses Act, 2001*).

Professional practice issue: any issue or situation that either compromises client care or service by placing a client at risk or affecting a nurse's ability to provide care/service consistent with the *Standards for Nursing Practice*, other standards and guidelines, or agency policies (*Resolving Professional Practice Issues Framework*, CRNNS, 2001).

Quality improvement: organizational philosophy that seeks to meet client needs by utilizing a structured process that identifies and improves all aspects of care and service on an ongoing basis (CCHSA, 1995).

Reasonable: nursing practice compared to registered nurses with similar education and experience.

Reflective thought/practice: a deliberate attempt to analyze and evaluate areas of nursing practice, through conscious thought and examination of one's past or present actions. Reflection can be practised in various ways including inward thought, use of diaries, journaling, sharing experiences and clinical debriefing (Sheard, 2002). Sharing of experiences can be a valuable method of experiential learning.

Research mindedness: an awareness of and openness to nursing research (Ross-Kerr & MacPhail, 1996).

Research utilization: reading and critically evaluating nursing research and best practice knowledge, using relevant findings in practice, and evaluating results and communicating findings to others, to ultimately enhance client care in the clinical setting.

Scope of practice: the roles, functions and accountabilities which members of a profession are educated and authorized to perform.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest. The rationale for self-regulation is the recognition that the profession is best able to determine what can be practised, how it is to be practised and who can practise, as long as the public is well served.

Therapeutic relationship: a purposeful, goal directed relationship between nurse and clients that is directed at advancing the best interest and outcome of the client. The therapeutic relationship is central to all nursing practice and is grounded in an interpersonal process that occurs between the nurse and client(s) (RNAO, 2002).

Nursing Standards

A standard is an authoritative statement that sets out the legal and professional basis for nursing practice (CNO, 2002). Nursing standards can further be defined as statements that describe the desirable and achievable level of performance expected of registered nurses in their practice, against which actual performance can be measured, and serve as a guide to the professional knowledge, skills, and judgment needed to practise nursing safely. The primary reason for having standards is to promote, guide, direct and regulate professional nursing practice.

The nursing standards established by the College are the benchmark for assessing the professional conduct of all registered nurses in Nova Scotia, regardless of specialty or practice setting. Nurse practitioners are required to meet the *Standards for Nursing Practice*, as well as additional standards set specifically for their expanded practice (*Standards of Practice for Nurse Practitioners*, CRNNS, 2002).

Standards range from the unwritten but inherent requirements of a profession to the broad, profession-specific standards established by the College, and progress on the continuum to detailed care standards established by specific agencies. As standards progress from profession-wide expectations to specific levels of nursing care, the focus changes accordingly: from describing the minimum standards the public can expect from a registered nurse, to standards developed by specialty nursing groups, and on to identifying specific client care standards that relate to nursing actions and interventions needed to achieve desired client outcomes. Figure 1 (below) illustrates the complementary relationship between the nursing standards established by the College and those set at other levels within the healthcare system: a range of standards that represents congruent expectations in relation to the practice of registered nurses in the delivery of quality care. As depicted in Figure 1, the College Standards form the basis for all other standards of care.

Practice standards developed by and for a specialized area of nursing practice are additional standards that guide individual practice. These standards, which must reflect the *Standards for Nursing Practice*, may be adopted by agencies and/or specific nursing units.

Indicators corresponding to each of the Standards statements illustrate how each standard is to be applied and met in the four areas of nursing practice — clinical practice, education, administration, and research. These indicators provide more specific criteria against which the actual performance of an individual registered nurse is to be measured by her/himself and others. However, the indicators are not intended to be a complete list and should be interpreted in the context of the specific practice setting of individual nurses. In addition to the Standards, other methods of assessing the performance of registered nurses include job descriptions, performance appraisals, quality assurance processes, peer review processes, and comparisons to the "reasonable and prudent" practice of other nurses.

While factors unique to practice environments may impact a registered nurse's practice, the *Standards for Nursing Practice*, ultimately, reflect the expected level of performance. The College is committed to developing collaborative initiatives that support and promote the delivery of safe, competent, and ethical nursing practice.



Figure 1: Pyramid of Nursing Standards

Self-Regulation

Registered nurses are accountable for their own practice, including being accountable to understand the *Standards for Nursing Practice* and to apply them in their work regardless of their area of practice, role or setting. The College is accountable for ensuring that the nursing profession, as a whole, carries out its commitment to the public (i.e., ensuring that its members act in the public interest and provide the unique service that has been designated to them by society).

The College is accountable for establishing and monitoring the standards of practice of its members, and has the statutory responsibility to take action when a registered nurse's ability to provide safe and appropriate care is questioned.

The three principles of self-regulation reflect a continuing commitment to enable the nursing profession to practise effectively in an ever-changing healthcare industry and to sustain public confidence and trust. All College programs and services reflect and are grounded in the three principles of self-regulation.

The three principles are:

1. Promoting good nursing practice.
2. Preventing poor nursing practice.
3. Intervening when practice is unacceptable.

The College promotes good nursing practice by:

- setting standards for nursing education.
- setting licensure requirements.
- promoting evidence-based nursing and health care.
- promoting professional quality workplace environments.
- establishing and promoting professional practice standards, competencies and an ethical code.

The College prevents poor practice by:

- providing nurses with tools and resources to maintain and enhance their competencies (e.g., *Mentor Match Program™*, *Building Your Profile™*).
- providing nurses with guidelines for resolving professional practice problems (e.g., practice consultation services; *Professional Practice Issues Resolution Framework*).

The College intervenes in unacceptable practice through:

- the professional conduct review process.

Context of Practice

The context of practice is defined as conditions or factors within a practice setting or healthcare environment affecting the practice of nursing, including client/patient population, type of care, complexity of interventions, frequency of interventions, service delivery models, and staffing (*Guidelines for Shared Competencies and Delegated Medical Functions*, RNANS, 1999).

The Standards statements are broad in nature, capturing the diverse practice settings and roles in which nurses practise. Although corresponding indicators illustrate how each standard is to be met, they may be further developed to address specific contexts of practice and required competencies.

Assumptions related to the Standards for Nursing Practice

Registered nurses practise within a complex and continually evolving healthcare system and are an integral part of the sustainability of that system. The four major roles within the practice of nursing are practitioner, administrator, educator, and researcher/scientist. Depending on the practice setting and expertise of a registered nurse, one or more of these roles will be the main focus of a nurse's practice. Nurses may assume aspects of more than one role within the context of their practice. For example, a nurse in a practice setting provides direct client care but also assumes an educator role when mentoring a student in clinical practice.

The Standards:

- support registered nurses by outlining practice expectations of the profession.
- are used as a legal reference for reasonable and prudent practice.
- inform the public and others about what they can expect from practising registered nurses.
- form the basis for the development of standards specific to various contexts of practice.
- apply at all times to all registered nurses in all practice roles (e.g., direct practice, education, administration, research), including nurse practitioners.
- provide guidelines to assist registered nurses in decision making and self-assessment as part of reflective practice.
- may be used in conjunction with other resources to guide nursing practice (e.g., agency mission statements, nursing models).
- may be used to develop position descriptions, and performance appraisal and quality improvement tools.

Assumptions related to the indicators of the Standards

The indicators:

- illustrate how the Standards are met, but are not intended to be all-inclusive or exhaustive lists of criteria for each standard.
- may be further refined or developed to address specific roles and contexts of practice, and corresponding required competencies.
- may be expanded to describe the practice expectations of nurses of varying levels of competence, ranging from entry-level to advanced-level practitioners.
- used to illustrate one standard may also demonstrate the application of other standards.

Standards for Nursing Practice

The *Standards for Nursing Practice* are interrelated and all equally important.

- Standard 1: Accountability** – the registered nurse is accountable to the public for competent, safe and ethical nursing practice.
- Standard 2: Continuing Competence** – the registered nurse attains and maintains competencies relevant to own scope of nursing practice.
- Standard 3: Application of Knowledge, Skills and Judgment** – the registered nurse demonstrates competencies relevant to own scope of nursing practice.
- Standard 4: Professional Relationships and Advocacy** – the registered nurse establishes professional therapeutic relationships with clients and advocates for clients in their relationships with the health system.
- Standard 5: Professional Leadership** – the registered nurse demonstrates professional leadership in the delivery of quality nursing and healthcare services to the public.
- Standard 6: Self-Regulation** – the registered nurse assumes personal accountability to practise nursing competently and ethically.

Standard 1: Accountability

The registered nurse is accountable to the public for competent, safe, and ethical nursing practice.

INDICATORS

Each registered nurse:

- 1.1 Practises in accordance with:
 - 1.1.1 the *Registered Nurses Act, Regulations and By-Laws*;
 - 1.1.2 the *CRNNS Standards for Nursing Practice*;
 - 1.1.3 the *CNA Code of Ethics for Registered Nurses*;
 - 1.1.4 other relevant acts and legislation;
 - 1.1.5 relevant College position statements, guidelines, and other documents;
 - 1.1.6 individual competence; and
 - 1.1.7 indicators 1.1.1. through 1.1.6, to evaluate own practice.
- 1.2 is accountable and responsible for own actions and decisions at all times.
- 1.3 recognizes and reports errors and takes all necessary action to prevent or minimize harm arising from an adverse event.
- 1.4 takes action in situations where client safety and well-being is potentially or actually compromised.
- 1.5 exercises reasonable judgment in practice.
- 1.6 seeks assistance appropriately and in a timely manner.
- 1.7 supports policies and practices consistent with the College's *Standards for Nursing Practice*, and questions those in conflict with the Standards.
- 1.8 understands, promotes and complies with the values and beliefs in the *Code of Ethics for Registered Nurses (CNA, 2002)* (adopted by the College's governing Council in 2002).
- 1.9 contributes to a safe, supportive and professional practice environment.

In addition, the nurse administrator:

- 1.10 promotes a practice environment that supports professional accountability.
- 1.11 promotes a quality practice environment that supports nurses' ability to provide safe, effective and ethical nursing practice.

In addition, the nurse educator:

- 1.12 promotes a learning environment that supports professional accountability.
- 1.13 provides appropriate supervision of learners that supports their ability to provide safe, effective and ethical nursing practice.

In addition, the nurse researcher/scientist:

- 1.14 promotes a research environment that supports professional accountability.

Standard 2: Continuing Competence

The registered nurse attains and maintains competencies relevant to own scope of nursing practice.

INDICATORS

Each registered nurse:

- 2.1 has appropriate¹ theoretical knowledge, skills and judgment as needed in own practice.
- 2.2 applies problem-solving processes in decision making, and evaluates these processes.
- 2.3 continually assesses practice to identify learning needs and opportunities for growth and improvement.
- 2.4 demonstrates continuing competence improvement activities in own practice.
- 2.5 role models continuing professional development, including continuous learning and reflective practice.
- 2.6 uses reflective thought and feedback from others in assessing own practice, and provides feedback to others to support their professional development.
- 2.7 shares knowledge with clients, other nurses, healthcare providers, and the public.
- 2.8 demonstrates awareness of changing trends in nursing, health, and society that impact own practice.

In addition, the nurse administrator:

- 2.9 promotes a practice environment that supports continuous professional development for competent nursing practice.
- 2.10 encourages and supports nurses to engage in continuous learning.

In addition, the nurse educator:

- 2.11 promotes a learning environment that supports continuous professional development for competent nursing practice.
- 2.12 encourages and supports learners to engage in continuous learning and reflective practice.

In addition, the nurse researcher/scientist:

- 2.13 promotes a practice environment that supports the conduct of research and the identification and integration of current research findings in order to promote continuous professional development for competent nursing practice.
- 2.14 communicates best practice and research findings to others.

Explanatory Notes

1. Descriptors such as “appropriate”, “effective”, “efficient”, and “relevant” should be interpreted according to the context of practice — that is, the conditions or factors within a practice setting or healthcare environment affecting the practice of nursing, including client/patient population, type of care, complexity of interventions, frequency of interventions, service delivery models, and staffing (*Guidelines for Shared Competencies & Delegated Medical Functions*, RNANS, 1999).

Standard 3: Application of Knowledge, Skills and Judgment

The registered nurse demonstrates competencies relevant to own scope of nursing practice.

INDICATORS

Each registered nurse:

- 3.1 applies a theoretical and/or evidence-based rationale for nursing decisions.
- 3.2 applies appropriate¹ knowledge, skills and judgment to assess, plan, intervene and evaluate services, and revises plan as needed.²
- 3.3 records and maintains documentation that is clear, timely, accurate, reflective of observations, permanent, legible and chronological.
- 3.4 uses communication skills effectively and efficiently.
- 3.5 coordinates human resources and manages physical resources, to promote quality services.
- 3.6 participates in activities that promote quality nursing and healthcare services.
- 3.7 adapts positively to changes within the healthcare system that impact own practice.

In addition, the nurse administrator:

- 3.8 promotes a practice environment that contributes to ongoing demonstration and evaluation of competencies.
- 3.9 promotes a practice environment that encourages learning and evidence-based practice.

In addition, the nurse educator:

- 3.10 promotes a learning environment that contributes to ongoing demonstration and evaluation of competencies.
- 3.11 integrates evidence-based theory and best practices into educational activities.

In addition, the nurse researcher/scientist:

- 3.12 promotes a research environment that supports and facilitates research mindedness and research utilization.
- 3.13 supports and evaluates practice through research activities and application of evidence-based knowledge.

Explanatory Notes

1. Descriptors such as “appropriate”, “effective”, “efficient”, and “relevant” should be interpreted according to the context of practice — that is, the conditions or factors within a practice setting or healthcare environment affecting the practice of nursing, including client/patient population, type of care, complexity of interventions, frequency of interventions, service delivery models, and staffing (*Guidelines for Shared Competencies & Delegated Medical Functions*, RNANS, 1999).

2. This indicator is consistent with the definition of nursing as recorded in the *Registered Nurses Act* (2001). When the element of diagnosis is applicable to practice it may be incorporated. This indicator refers to the generic process of data collection, analysis, synthesis, integration and evaluation. This process is known by several names according to the discipline in which it is applied. For example, in nursing practice this protocol is commonly known as the nursing process; in education, it is often referred to as the planning process.

Standard 4: Professional Relationships and Advocacy

The registered nurse establishes professional therapeutic relationships with clients and advocates for clients in their relationships with the health system.

INDICATORS

Each registered nurse:

- 4.1 initiates, maintains and concludes professional therapeutic relationships with clients.
- 4.2 maintains appropriate boundaries between professional therapeutic relationships and non-professional, personal relationships.
- 4.3 demonstrates a professional presence with clients.
- 4.4 assists clients in the expression of individual diversity regarding health (e.g., needs, values, wishes, cultural beliefs, sexual orientation, age, and gender), and ensures that their perspectives are considered.
- 4.5 shares relevant¹ information with clients regarding their health.
- 4.6 protects confidentiality of all information gained in the context of a professional relationship and exercises discretion in respect to disclosure of confidential information.
- 4.7 supports clients' rights to make informed decisions² regarding their health.
- 4.8 assists clients to identify appropriate resources and services within the healthcare system.
- 4.9 promotes advocacy through the development of collaborative partnerships with clients, nursing colleagues, other healthcare team members and the public.
- 4.10 participates in and supports the development and implementation of policies that ensure that clients' rights are respected.
- 4.11 advocates for clients, professional practice environments, and the nursing profession.

In addition, the nurse administrator:

- 4.12 advocates for systems of care and services that assist nurses to develop and maintain professional therapeutic relationships with clients.
- 4.13 promotes a practice environment that supports client advocacy and enables nurses to fulfill their advocacy role.

In addition, the nurse educator:

- 4.14 implements educational activities that support the establishment of professional therapeutic relationships.
- 4.15 maintains appropriate professional boundaries with learners, recognizing potential authority imbalances between learner and educator.
- 4.16 promotes a learning environment that supports client advocacy.

In addition, the nurse researcher/scientist:

- 4.17 communicates evidence-based and best practice knowledge related to professional and therapeutic relationships.
 - 4.18 promotes a research environment that supports client advocacy.
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Explanatory Notes

1. Descriptors such as “appropriate”, “effective”, “efficient”, and “relevant” should be interpreted according to the context of practice — that is, the conditions or factors within a practice setting or healthcare environment affecting the practice of nursing, including client/patient population, type of care, complexity of interventions, frequency of interventions, service delivery models, and staffing (*Guidelines for Shared Competencies & Delegated Medical Functions*, RNANS, 1999).
2. An informed decision is one that is voluntarily made by a client after information about actions, available alternatives, and potential consequences have been explained. An informed decision assumes that a client is competent and possesses the capacity to make a decision related to an issue.

Standard 5: Professional Leadership

The registered nurse demonstrates professional leadership in the delivery of quality nursing and healthcare services to the public.

INDICATORS

Each registered nurse:

- 5.1 coordinates client care and collaborates with other members of the healthcare team.
- 5.2 demonstrates respect for the knowledge, expertise and contributions of other healthcare team members.
- 5.3 demonstrates professional judgment and accountability when delegating or assigning tasks or functions to other members of the healthcare team.
- 5.4 demonstrates professional judgment and accountability when assuming tasks from other members of the healthcare team.
- 5.5 participates in and supports quality improvement initiatives and programs.
- 5.6 acts as a role model, resource and mentor to clients, learners, nursing peers and colleagues.
- 5.7 articulates the contributions of nursing within the healthcare delivery system.

In addition, the nurse administrator:

- 5.8 provides opportunities for nurses to develop leadership abilities.
- 5.9 seeks to ensure that available resources and competencies of nursing personnel are used efficiently and effectively.
- 5.10 facilitates a work environment of trust and respect among all healthcare professionals consistent with the mission, vision and values of the organization.

In addition, the nurse educator:

- 5.11 facilitates a learning environment that encourages nurses to further develop expertise and leadership skills.
- 5.12 role models the development of expertise, leadership, professional qualities and effective interpersonal skills.

In addition, the nurse researcher/scientist:

- 5.13 advances nursing leadership through the communication of research and best practice findings.

Standard 6: Self-Regulation

The registered nurse assumes personal accountability to practise nursing competently and ethically.

INDICATORS

Each registered nurse:

- 6.1 practises within nursing scope of practice and own level of competence.
- 6.2 maintains a current licence to practise.
- 6.3 recognizes and avoids violation of any professional, ethical or legal boundaries within own practice.
- 6.4 responds to and reports situations which may be adverse for clients and/or healthcare providers, including incompetence, misconduct, and/or incapacity of registered nurses and/or other healthcare providers.
- 6.5 participates in the resolution of professional practice issues or conflicts.
- 6.6 strives to maintain own physical, mental and emotional well-being and safety.
- 6.7 complies with employer and/or agency policies in the best interest of the public (e.g., policies regarding Internet use in the workplace).

In addition, the nurse administrator:

- 6.8 supports nurses to work within their professional, ethical and legal boundaries of practice.
- 6.9 promotes practice environments that support nurses' physical, mental and emotional well-being and safety.

In addition, the nurse educator:

- 6.10 educates learners regarding professional, ethical and legal boundaries of practice.
- 6.11 encourages learners to develop skills to address unethical, unprofessional or unsafe practices or behaviours of peers or colleagues.

In addition, the nurse researcher/scientist:

- 6.12 communicates research and best practice knowledge related to self-regulation to other nurses and health team members.

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