

NSCN
Standards of Practice
FOR REGISTERED NURSES
2017

RESPONSIBILITY
AND
ACCOUNTABILITY

KNOWLEDGE-BASED
PRACTICE

CLIENT-CENTRED
RELATIONSHIPS

PROFESSIONAL
RELATIONSHIPS
AND LEADERSHIP

INDIVIDUAL
SELF-REGULATION



Elements of the introduction have been adapted from the College of Registered Nurses of British Columbia's *Professional Standards for Registered Nurses and Nurse Practitioners (2012)* and the Saskatchewan Registered Nurses Association's *Standards and Foundation Competencies for the Practice of Registered Nurses (2013)*.

The design work found throughout this document is based on the NSCN brand and represents the uniqueness of each standard while also capturing how interconnected the individual standard is to each other. Together, all five standards set the benchmark for nursing care in Nova Scotia.

Our Vision

Optimum health for all Nova Scotians through excellence in registered nursing practice.

What We Do at NSCN

The Nova Scotia College of Nursing (NSCN) is mandated by the provincial government to protect the public through the regulation of nurses. As the regulatory body, we issue licences to qualified nurses, set the nursing practice standards, set the standards for nursing education programs, enhance the continuing competence of nurses, address complaints received about nursing practice and support the practice of nursing in the public interest.

Setting the Standards of Care

As the regulator for nurses¹ in Nova Scotia, NSCN plays an important role in setting standards for nursing care that protect the health and safety of the public.

In our province, the professional practice of nursing is defined in the *Nursing Act*, along with the *Nursing Regulations* and is reflected in the *Standards of Practice for Registered Nurses*, *Nurse Practitioner Standards of Practice* and the Canadian Nurses Association's (CNA) *Code of Ethics for Registered Nurses*.

Through the *Nursing Act*, NSCN is granted the authority to set standards for the practice and education of its members. These standards are reviewed and revised on an ongoing basis to ensure that they reflect trends in both nursing and health care in Nova Scotia as well as across Canada.

What are Standards?

Standards are the minimal professional practice expectations for any nurse in any setting or role, which are approved by Council or otherwise inherent in the nursing profession (Nursing Act, 2019).

¹ for the purposes of this document, nurses refers to registered nurses and nurse practitioners.

Why do we have Standards?

The primary reason for having standards is to promote, guide, direct and regulate professional nursing practice. Standards set out the legal and professional requirements for nursing practice and describe the level of performance expected of nurses in their practice. Standards guide the professional knowledge, skills and judgment needed to practise nursing safely.

The NSCN *Standards of Practice for Registered Nurses* are the benchmark for assessing the professional practice of all nurses in Nova Scotia, regardless of a nurse's specialty or practice setting.

Who is responsible for the *Standards of Practice for Registered Nurses*?

Ensuring the *Standards of Practice for Registered Nurses* are met is a shared responsibility between nurses, employers and NSCN as described below.

REGISTERED NURSES AND NURSE PRACTITIONERS

As self-regulated professionals, nurses are responsible for acting professionally and being accountable for their own practice. All nurses are responsible for understanding the standards and applying them to their practice, regardless of their setting, role or area of practice.

Nurse practitioners in Nova Scotia are accountable to both the *Standards of Practice for Registered Nurses* and the *Nurse Practitioner Standards of Practice*.

The policies of employers or other organizations do not relieve individual nurses of their accountability or their primary obligation to meet the standards.

EMPLOYERS

Employers have a responsibility to provide essential support systems, including human and material resources that allow nurses to meet their standards.

NOVA SCOTIA COLLEGE OF NURSING (NSCN)

NSCN is responsible for ensuring the profession as a whole carries out its commitment to the public. This is achieved in part by establishing and regularly reviewing the *Standards of Practice for Registered Nurses*, by providing resources to support nurses in understanding and applying them and by developing other guiding documents that provide more specific information on a particular topic.

NSCN also has the statutory responsibility to take action when a nurse does not provide safe and appropriate care.

Principles Guiding the *Standards of Practice for Registered Nurses*

The standards statements are broad in nature, capturing the diverse practice settings and areas in which nurses practise.

The standards:

- apply at all times to all nurses in all practice roles, including nurse practitioners.
- provide guidance to assist nurses in their self-assessment as part of their continuing competence.
- are the foundation for the development of standards specific to various contexts of practice.
- may be used in conjunction with other resources to guide nursing practice (e.g., agency mission statements, models of care delivery).
- may be used to develop position descriptions, performance appraisals and quality improvement tools.
- guide decision-making for practice and when addressing professional practice issues.
- inform the public and others about what they can expect from practising nurses.
- are used as a legal reference for reasonable and prudent practice (e.g., professional conduct processes).

Indicators for the *Standards of Practice for Registered Nurses*

The standards of practice are accompanied by indicators, which are developed to illustrate how each of the five standards are to be met.

The indicators:

- are interrelated.
- provide specific criteria against which actual performance is measured.
- are not intended to be an all-inclusive or an exhaustive list of criteria for each standard. Additional criteria may include job descriptions, performance appraisals, quality assurance processes, peer review processes, and comparisons to the “reasonable and prudent” practice of other nurses in similar context or situations.
- may be further interpreted based on the contexts of practice.
- may be interpreted to further describe the practice expectations of nurses of varying levels of competence, ranging from entry-level to advanced-level practitioners.
- apply to all nurses, including managers/administrators, educators and researchers.

How to apply the *Standards of Practice for Registered Nurses who do not work in direct care*

For nurses practising in administration, education, research or policy, this section is intended to provide ideas for further interpretation of how the standards may apply to your area of practice. The suggestions below are not all-inclusive and may not fit every context of practice.

THE REGISTERED NURSE IN ADMINISTRATION:

- supports registered nursing practice and client care.
- makes administrative decisions about service delivery.
- plans, implements and evaluates workplace strategies to address organizational problems and strengths.
- establishes and maintains documentation systems to manage clinical and other relevant information.
- creates an environment in which cooperation, professional growth and mutual respect can flourish.

THE REGISTERED NURSE EDUCATOR:

- focuses on educating nurses and nursing students.
- develops nursing education courses, in-services and programs.
- plans, implements and evaluates education to address learning needs.
- maintains appropriate educational records.
- creates a professional learning environment.

THE REGISTERED NURSE RESEARCHER:

- conducts or participates in relevant research to support knowledge development for registered nursing practice.
- plans, implements and evaluates research in accordance with accepted research methods and procedures.
- analyzes and interprets research findings and writes appropriate reports and articles for publication.
- shares practice implications and policy relevance of the research in a meaningful way with nurses and others.

THE REGISTERED NURSE IN POLICY:

- focuses on integrating research into policy to facilitate evidence-informed practice in the health care system.
- plans, implements and evaluates policy to address systemic health care needs and shape larger public policy outcomes.
- promotes and initiates measures that encourage innovation and input into changes within the health care system to optimize client outcomes.



INDICATORS

A registered nurse demonstrates this standard by:

- 1.1 Being accountable and accepting responsibility for their actions, inactions, decisions and the evaluation of their own practice.
- 1.2 Attaining, maintaining and demonstrating the appropriate competencies (knowledge, skills and judgment) to practise safely and provide client-centred care.
- 1.3 Advocating for and contributing to the development and implementation of policies, programs and practices relevant to the practice setting that improve nursing practice and/or health care (e.g. best practice, client's rights, quality practice environments).
- 1.4 Exercising reasonable judgment and seeking assistance appropriately.
- 1.5 Demonstrating behaviours that uphold the public's trust in the profession.
- 1.6 Recognizing, intervening and reporting near misses, no harm incidents and/or harmful incidents in their practice environments where client safety and well-being is potentially or actually at risk.
- 1.7 Contributing to safe, supportive quality practice environments.
- 1.8 Coordinating, distributing and utilizing resources within their control to provide effective and efficient care.
- 1.9 Demonstrating continuing professional development, including compliance with the NSCN Continuing Competence Program.
- 1.10 Using technology (e.g., social media) responsibly and appropriately to enhance nursing practice.





INDICATORS

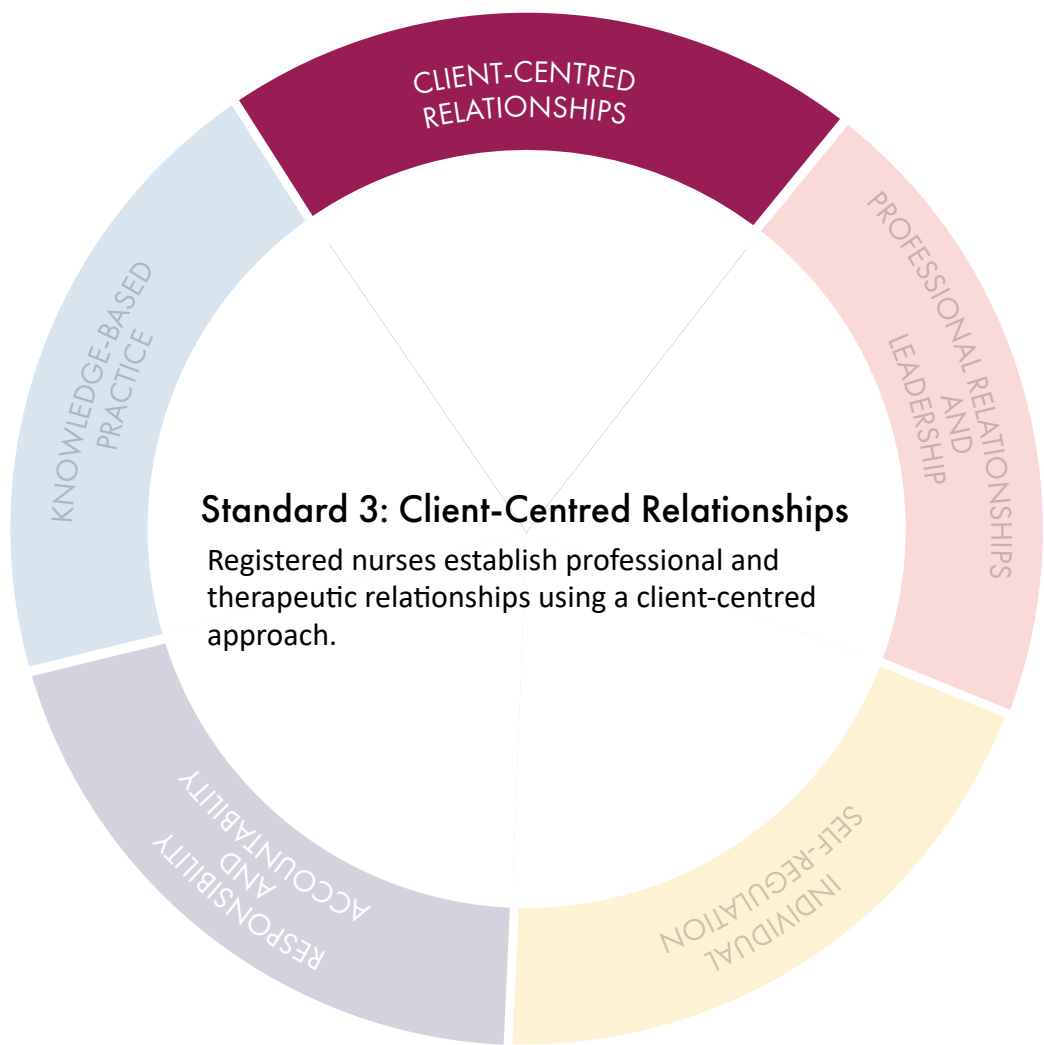
A registered nurse demonstrates this standard by:

- 2.1 Using critical inquiry to assess, plan, intervene, monitor and evaluate client care and related services.
- 2.2 Establishing the initial nursing plan of care based on a comprehensive assessment.
- 2.3 Maintaining and evaluating the nursing component of the plan of care.
- 2.4 Coordinating client care and/or health services throughout the continuum of care.
- 2.5 Monitoring the effectiveness of the plan of care and revising the plan appropriately and in collaboration with the health care team².
- 2.6 Appropriately³ documenting (written and/or electronic) timely and comprehensive assessments, decisions about client status, plans of care, interventions and outcomes.
- 2.7 Respecting diversity and promoting cultural competence and a culturally safe environment for clients and members of the health care team.
- 2.8 Promoting quality practice environments that encourage learning, integration of research findings and evidence-informed practice.
- 2.9 Understanding and communicating the unique role of the registered nurse to members of the health care team, clients and the public.
- 2.10 Analyzing changes within the health care system that impact on their own practice and adapting appropriately.

² Health care team in this document refers to both intra and interprofessional team members.

³ Appropriate documentation refers to it being clear, accurate, comprehensive, legible, chronological, and reflective of relevant observations.

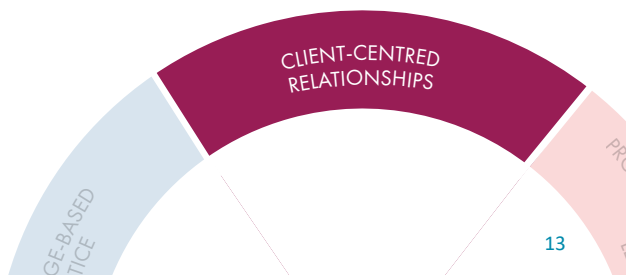




INDICATORS

A registered nurse demonstrates this standard by:

- 3.1 Establishing, maintaining and appropriately ending professional, therapeutic relationships with clients and their families.
- 3.2 Maintaining appropriate boundaries within professional and therapeutic relationships with clients and taking appropriate actions when those boundaries are not maintained.
- 3.3 Establishing a professional presence with clients.
- 3.4 Advocating for clients in their relationships with the health system.
- 3.5 Providing relevant information to clients regarding their health.
- 3.6 Respecting and promoting clients' rights to informed decision-making and informed consent.
- 3.7 Protecting the privacy and dignity of clients.
- 3.8 Upholding ethical and legal responsibilities related to maintaining client confidentiality in all forms of communication (e.g., e-records, verbal, written, social media).
- 3.9 Optimizing the client's central role in their care.
- 3.10 Communicating effectively and respectfully with clients in a timely manner to promote continuity and the delivery of safe, competent, compassionate and ethical care.





INDICATORS

A registered nurse demonstrates this standard by:

- 4.1 Providing leadership through formal and informal roles.
- 4.2 Providing leadership in developing strategies to improve client care outcomes.
- 4.3 Participating in formal and/or informal educational opportunities to facilitate growth in leadership skills.
- 4.4 Communicating (written and verbal) and collaborating with other team members in an effective and timely manner to promote continuity and the delivery of safe, competent, compassionate and ethical care.
- 4.5 Practising both independently and collaboratively as a member of the health care team while understanding and respecting other team members' scopes of practice and contributions.
- 4.6 Exhibiting professional judgment and accountability when assigning, delegating or assuming responsibilities.
- 4.7 Acting as an effective role model, resource, preceptor, coach and/or mentor to clients, learners, nursing peers and colleagues.





INDICATORS

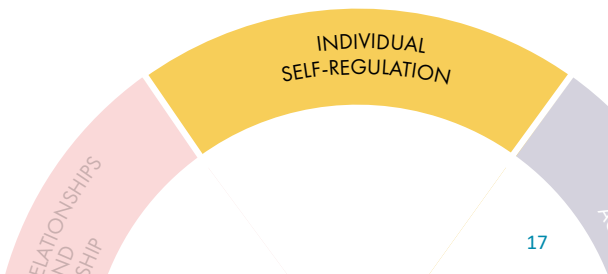
A registered nurse demonstrates this standard by:

- 5.1 Following current legislation⁴, standards⁵ and regulatory documents⁶ relevant to their practice setting.
- 5.2 Recognizing and addressing violations of practice, legal and ethical obligations by themselves or others in a timely and appropriate manner.
- 5.3 Reporting to employers and/or the appropriate regulatory body concerns related to incompetence, professional misconduct, conduct unbecoming the profession, and/or incapacity of nurses and/or other health care providers.
- 5.4 Supporting health care team members who reasonably report violations of practice, legal and ethical obligations by themselves or others to employers or the appropriate regulatory body.
- 5.5 Taking appropriate action to resolve professional practice issues.
- 5.6 Taking appropriate action to ensure their physical, psychological and emotional health does not negatively affect their ability to provide safe, competent, compassionate and ethical care.

4 Nursing Act, Regulations and By-laws.

5 Standards of Practice for Registered Nurses, Nurse Practitioner Standards of Practice, CNA Code of Ethics, Entry-Level Competencies for Registered Nurses in Nova Scotia.

6 Includes NSCN practice guidelines, position statements, and policies (e.g. CCP).



Glossary

Accountability: the obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties and to answer for the consequences and outcomes of one's actions. Accountability resides within an individual's role and can never be shared or delegated.

Advocacy: actively supporting, protecting and safeguarding clients' rights and interests. It is an integral component of nursing and also contributes to the foundation of trust inherent in nurse-client relationships.

Assignment: allocation of clients or client care activities consistent with an individual provider's scope of practice and/or scope of employment and employer policy and procedures.

Boundary: defining line which separates the professional, therapeutic behaviour of a registered nurse from any behaviour which, well-intentioned or not, could harm or could reduce the benefit of nursing care. Professional boundaries are, in essence, the spaces between the nurse's power and the patient's vulnerability.

Boundary crossing: an action or behaviour that deviates from an established boundary in the nurse-client relationship. Such actions or behaviours may be acceptable in the context of meeting the client's therapeutic needs. It is not acceptable even when the action or behaviour appears appropriate if it benefits the nurse at the expense of the client.

Boundary violation: actions or behaviours by a professional which use the relationship with the client to meet a personal need at the expense of the client.

Client(s): the individual, 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 (Nursing Act, 2019).

Client-centred nursing care: putting people and their families at the center of decisions about their health and seeing them as experts, working alongside professionals to get the best outcome.

Client safety: pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes.

Coach: a person who supports a learner or client in achieving a specific personal or professional goal by providing training, advice and guidance.

Collaboration: working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process.

Communication: the transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology).

Compassionate: the ability to recognize another's pain and suffering, experience feelings of empathy for that person and to take action to ease suffering.

Competence: the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting. Competence includes both entry-level and continuing competencies (Nursing Act, 2019).

Confidentiality: the ethical obligation to keep someone's personal and private information secret or private.

Context of practice: conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies) and availability of other resources. In some instances, context of practice could also include factors outside of the health care sector (e.g., community resources, justice).

Continuing competence: the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and setting (Nursing Act, 2019).

Continuum of care: an integrated system of health care that guides and follows clients over time through a comprehensive system of health services spanning all levels and intensity of care.

Coordination of care: the deliberate organization of client care activities between two or more participants (including the client) involved in a patient's care to facilitate the appropriate delivery of health care services, a legislated function of registered nurses (Nursing Act, 2019). The functions of care coordination includes: developing written nursing plans of care that reflect mutual goals arranging and coordinating referrals, providing supportive resource information, building on client strengths and coordinating client-centred team meetings.

Critical inquiry: A purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting through the use of interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome.

Cultural competence: the process by which nurses continuously make every effort to deliver nursing care effectively within the client's cultural context.

Culturally safe environment: an environment, which is safe for people, where there is no assault, challenge or denial of their identity of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.

Delegation: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (e.g., function/intervention is within the delegating provider's scope of practice, but not within that of the care provider to whom it is being delegated). Delegation not does involve transferring accountability for the outcome of the function or intervention.

Diversity: recognizes that each person is unique. It includes but is not limited to a person's age, ethnicity, socioeconomic status, gender, physical abilities, sexual orientation, educational background, religious beliefs, political beliefs, and geographical location.

Documentation: written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client.

Evidence-informed practice: 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.

Family: those identified by a client receiving care or an individual in need of care as providing familial support, whether or not there is a biologic

relationship. In matters of legal decision-making, it must be noted that provincial legislation may define family.

Harmful incident: A client's safety incident that resulted in harm to the patient.

Health care team: providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations or communities.

Incapacity: status whereby a registered nurse suffers from a medical, physical, mental or emotional condition, disorder or addiction that either renders her/him unable to practise with reasonable skill or judgment or may endanger the health or safety of clients (Nursing Act, 2019).

Incompetence: display of lack of knowledge, skill or judgment in a registered nurse's care or delivery of nursing services that, having regard to all the circumstances, renders the registered nurse unsafe to practise at the time of such care or delivery of nursing service or to continue to practise without remedial assistance (Nursing Act, 2019).

Indicators: specific criteria which illustrate how standards of practice are to be applied and met and against which the actual performance of an individual registered nurse is measured.

Individual scope of practice: the roles, functions, and accountabilities which members of a profession are legislated, educated and authorized to perform. The individual scope of practice for a registered nurse is based on the scope of practice of the nursing profession and further defined by the registered nurse's specific education, experience, and context of practice (e.g., hospital, community).

Intervention: a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

Leadership: a relational process in which an individual seeks to influence others towards a mutually desirable goal. It not limited to formal leadership roles.

Mentor: a registered nurse who guides, counsels and/or teaches nurse learners (mentees) in their adjustment to new environments, roles and/or responsibilities.

Near miss: A client’s safety incident that did not reach the client and therefore resulted in no harm.

No-harm incident: a patient safety incident that reached the patient but no discernible harm resulted.

Nursing plan of care: an individualized, comprehensive and current guide to nursing care designed to appropriately identify priority problems, targets outcomes and specifies nursing interventions to meet clients’ nursing needs. It is developed by registered nurses in collaboration with other members of the health care team, including clients. These plans serve as vehicles to communicate, monitor and track progress related to nursing interventions.

Plan of care: an individualized, comprehensive and current guide to clinical care designed to identify and meet clients’ health care needs. It may or may not be developed by registered nurses in collaboration with other members of the health care team, including clients.

Preceptor: a nurse who teaches, counsels, and serves as a role model and supports the growth and development of a nurse in a particular discipline for a limited time, with the specific purpose of socializing the novice nurse in a new role. Preceptors fill the same role as mentors but for a more limited time frame.

Professional misconduct: includes such conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonorable or unprofessional (Nursing Act, 2019).

Professional practice issue: any issue or situation that either compromises client care/service by placing a client at risk or affects a nurse’s ability to provide care/service consistent with the *Standards of Practice for Registered Nurses, Code of Ethics*, other standards and guidelines, or agency policies or procedures.

Professional presence: demonstration of respect, confidence, integrity, optimism, passion, and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a registered nurse’s verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members.

Professional relationship: refers to the relationships within a health care team that includes both intra and interprofessional team members.

Professional therapeutic relationship: A client relationship established and maintained by the registered nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the client’s well-being. It is central to all nursing practice.

Quality practice environments: environments in which nurses are able to provide safe, compassionate, competent and ethical nursing care with sufficient organizational and human supports.

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position; responsibility may be shared, delegated or assigned.

Scope of practice: the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of registered nurses is defined within the *Nursing Act*.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest.

Standards: authoritative statements that promote, guide, direct and regulate professional nursing practice. It describes the desirable and achievable level of performance expected of all registered nurses, including nurse practitioners, against which actual performance can be measured.

Standards for nursing practice: the minimal professional practice expectations for any registered nurse in any setting or role, approved by Council or otherwise inherent in the nursing profession (Nursing Act, 2019).

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes.

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