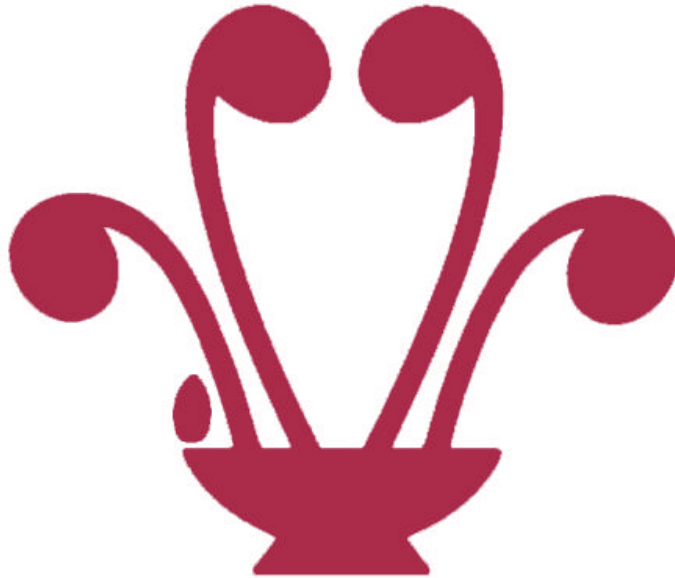




**STANDARDS OF
PRACTICE FOR
REGISTERED NURSES**

**NURSES ASSOCIATION
OF NEW BRUNSWICK**



OUR MISSION

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for healthy public policy.

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This document, which sets out the standards of practice for registered nurses in New Brunswick, replaces the 1998 version of the Nurses Association of New Brunswick document entitled *Standards for Nursing Practice*.

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Nursing — A Self-Regulating Profession

The Nurses Association of New Brunswick has the legislated mandate through the *Nurses Act* to develop, establish, maintain and administer professional standards for its members with an obligation to protect the public and serve the public interest. Five significant professional characteristics form the foundation of the *Standards of Practice for Registered Nurses*:

- professional service to the public,
- knowledge-based practice,
- continuing competence,
- ethical practice, and
- professional responsibility and accountability.

The *Standards of Practice for Registered Nurses* are statements that describe the desirable and achievable level of performance expected of all registered nurses in their practice, regardless of their role. As members of a self-regulating profession, registered nurses are to practise in accordance with ethical and practice standards as set by NANB. It is expected that all registered nurses will be able to articulate how they apply the standards to their practice.

Standards range from broad, profession-specific standards established by NANB to detailed care standards established by a specific agency. See Figure 1.

Figure 1



Pyramid of Nursing Standards

Figure 1 illustrates the relationship among the various types of nursing standards. The base of the figure depicts the NANB *Standards of Practice for Registered Nurses*, which describes expectations regarding nursing practice across the profession. In contrast, the detailed client-care standards depicted at the apex of the figure are client-focused and describe specific nursing actions and interventions required to achieve desired client outcomes in a particular setting.

Principles related to the *Standards of Practice for Registered Nurses*

The NANB principles related to the *Standards of Practice for Registered Nurses* are:

- Clients¹ are the central focus of the professional care nurses provide, and are partners in decision-making;
- The goal of nursing practice is the best possible health outcome for the client, with no unnecessary exposure to risk or harm;
- Improvement is a necessary component of practice and public interest is best served when nurses constantly improve their application of knowledge, skill, judgement and personal attributes;
- Reflective practice, that is, the process of continually assessing one's own practice to identify learning needs and opportunities for constant growth, is key to continuing competence;
- On-going feedback from peers, co-workers and clients contributes to and complements reflective practice; and
- The quality of the practice setting² has a direct impact on the ability of the nurse to provide competent, professional care.

Standard statements

Broad standards statements capture the varied practice settings and roles in which nurses practise. The standards statements apply at all times to all nurses regardless of their role.

The standards:

- provide guidance to assist nurses in decision-making;
- support nurses by outlining practice expectations of the profession;
- inform the public and others about what they can expect from practising nurses; and
- are used as a legal reference for reasonable and prudent practice.

¹**Client:** For consistency purposes, the term client is used to mean individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

²Employers, as partners in efforts to achieve quality care, are responsible for creating practice environments that support competent nurses to provide a quality outcome for the client.

Indicators

To help nurses apply the standards, there are corresponding indicators that serve as examples of activities which demonstrate how a standard may be applied. The indicators provide the criteria against which an individual nurse's actual performance may be measured by self and others. Not all of the indicators will apply to all nurses, at all times, in all situations.

The indicators:

- are not written in order of importance;
- may be further refined or developed to specifically describe their application in a given context of practice; and
- may be expanded to describe the practice expectations of nurses of varying levels of competency, ranging from entry level to advanced level.

STANDARD 1: Professional Service³ to the Public

Each nurse promotes, facilitates and provides the best possible professional nursing service.

Indicators

Each nurse:

- 1.1 coordinates client care activities to ensure continuity of health services for clients⁴;
- 1.2 responds to the needs of clients in a way that fosters trust, respect, collaboration and innovation;
- 1.3 collaborates with health care team members⁵ about the client's care;
- 1.4 demonstrates knowledge of, and respect for, each other's roles, knowledge, expertise and unique contribution to the team;
- 1.5 establishes and maintains collegial professional relationships;
- 1.6 promotes team problem-solving, decision-making and interdisciplinary collaboration;
- 1.7 articulates nursing's contribution to the delivery of health care services;
- 1.8 uses resources effectively and efficiently in the provision of nursing services; and
- 1.9 initiates and/or participates in quality improvement activities.

³**Professional nursing service:** describes nursing practice, and recognizes the four major areas of practice (direct client care, administration, education and research) identified within the practice of nursing and the variety of settings where nurses practise. Depending on the practice setting, one or more of these areas will be the main focus of a nurse's practice. The direct client care role is fundamental to nursing. All other roles within the profession exist to maintain and support clinical practice.

⁴**Client:** for consistency purposes, the term client is used to mean individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

⁵**Health care team members:** includes clients, families, health care providers from other disciplines, other nursing care providers, students, volunteers and any others who may be involved in planning or delivery of care.

STANDARD 2: Knowledge-Based Practice

Each nurse bases practice on the best evidence from nursing science⁶ and other sciences and humanities.

Indicators

Each nurse:

- 2.1 demonstrates competencies⁷ relevant to own area of nursing practice;
- 2.2 practises within own level of competence⁸;
- 2.3 applies appropriate knowledge, skills, judgement and personal attributes in making practice decisions;
- 2.4 demonstrates critical thinking in a) collecting and interpreting data, b) determining client status⁹ and responses to actual or potential health problems, c) planning, d) implementing and e) evaluating all aspects of nursing care¹⁰;
- 2.5 assigns¹¹ and delegates¹¹ care appropriately based on assessment of client needs and competence of care provider;
- 2.6 records and maintains timely and accurate documentation in accordance with agency policy and accepted professional standards, including but not limited to standards for documentation; and
- 2.7 encourages, supports, facilitates, generates, disseminates and/or participates in research relevant to the profession.

⁶**Nursing science:** knowledge (for example, concepts, constructs, principles, theories) of nursing derived from systematic observation, study and research.

⁷**Competencies:** the specific knowledge, skills, judgement and personal attributes required for a registered nurse to practise safely and ethically in a designated role and setting (CNA, 2000, p. 6).

⁸**Competence:** the ability of a registered nurse to integrate and apply the knowledge, skills, judgements, and personal attributes required to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to attitudes, values and beliefs (CNA, 2000, p. 6).

⁹**Client status:** a clear, concise statement of a clinical judgement made by a nurse, based on a holistic assessment, including the client's perspective of their health and/or illness responses. Other terms may be used for client status such as nursing diagnosis, nursing phenomenon, clinical judgement, signs and symptoms, client problems, patterns of health, or goals.

¹⁰This indicator refers to the problem-solving process of data collection, analysis, synthesis, integration and evaluation. In nursing, this is commonly known as the nursing process.

¹¹There is a distinction between assigning and delegating. Assignment occurs when the required care falls within the scope of practice of the care provider who is receiving the assignment. Delegation of nursing functions occurs when the activity falls outside the care provider's scope of practice.

STANDARD 3: Continuing Competence¹²

Each nurse possesses and continually acquires competencies relevant to own area of nursing practice.

Indicators

Each nurse:

- 3.1 determines and practises within own level of competence;
- 3.2 continually assesses practice to identify learning needs and opportunities for improvement;
- 3.3 uses reflective thought and feedback from others to implement changes to own practice;
- 3.4 meets the requirements¹³ for continuing competence including the investment of time, effort or other resources to contribute towards meeting identified learning needs;
- 3.5 provides feedback to others to support their professional development; and
- 3.6 promotes a learning environment that supports on-going professional development for competent nursing practice.

¹²**Continuing competence:** the on-going ability of a registered nurse to integrate and apply the knowledge, skills, judgement and personal attributes required to practise safely and ethically in a designated role and setting. Maintaining this on-going ability involves a continual process linking the code of ethics, standards of practice and life-long learning. The registered nurse reflects on his/her practice on an on-going basis and takes action to continually improve that practice (CNA, 2000, p. 6).

¹³Includes a combination of practice hours, assessment of learning needs, and evaluation of learning outcomes.

STANDARD 4: Ethical Practice

Each nurse understands, promotes and upholds the ethical standards of the nursing profession.

Indicators

Each nurse:

- 4.1 practises in accordance with accepted ethical standards, including, but not limited to the code of ethics and the standards for the therapeutic nurse-client relationship;
- 4.2 demonstrates the values and beliefs of the profession in professional conduct;
- 4.3 responds to and reports situations which may be adverse for clients and/or health care providers, including incompetence¹⁴, professional misconduct¹⁵, and incapacity¹⁶ of nurses and of other health care providers¹⁷ to the appropriate person or body;
- 4.4 acts as an advocate¹⁸ to protect and promote a client's right to autonomy, respect, privacy, dignity and access to information;
- 4.5 ensures that the nurse-client relationship¹⁹ is a therapeutic relationship;
- 4.6 maintains appropriate boundaries²⁰ in all interactions with clients at all times;

¹⁴**Incompetence:** means acts or omissions on the part of a member, in her [his] professional duties, including the care of a patient, that demonstrate a lack of knowledge, skill or judgement, or disregard for the welfare of a patient or patients of a nature and to an extent as to render her [him] unfit or unsafe to practise nursing or to practise nursing without conditions, limitations or restrictions (NANB, 1984, p. 3).

¹⁵**Professional misconduct:** means a digression from established or recognized professional standards or rules of practice of the profession (NANB, 1984, p. 4) and includes the sexual abuse of patients.

¹⁶**Incapacity:** means a physical or mental condition or disorder, suffered by a member, of such nature and extent that it is desirable in the interests of the public or the member that she [he] no longer be permitted to practise nursing or that her [his] practice be restricted (NANB, 1984, p. 2).

¹⁷While actual definitions may vary from profession to profession, incompetence, professional misconduct and incapacity generally refer to practise or behaviour that is unsafe, incompetent or unethical.

¹⁸**Advocate:** a person who pleads for or who speaks on behalf of another with their consent (for example, a client advocate is a nurse actively involved in care of clients who will inform them of their rights; ensure that they have the necessary information to make informed decisions; support them in the decisions they make and protect and safeguard their interests). An informed decision is one which is voluntarily made by a client after information about actions, available alternatives, and their potential consequences have been explained. An informed decision assumes that a client is competent and possesses the capacity to make an informed decision related to an issue.

¹⁹**Nurse-client relationship:** is a helping relationship that is therapeutic in nature, is established to meet the needs of clients, and is based upon trust and respect.

²⁰The nurse's obligation includes initiating, maintaining and terminating the nurse-client relationship in a timely manner.

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- 4.7 recognizes the impact of own attitudes, values and beliefs on practice;
- 4.8 promotes a practice environment that supports ethical practice; and
- 4.9 ensures research is based on and conducted using relevant ethical standards.

STANDARD 5: Professional Responsibility and Accountability

Each nurse is accountable to the client, the employer and to the profession and is responsible for ensuring that their practice and conduct meet legislative requirements and respect policies and standards relevant to the profession and the practice setting.

Indicators

Each nurse:

- 5.1 is knowledgeable and practises in keeping with current legislation, policies and standards relevant to the profession and the practice setting;
- 5.2 is accountable at all times for own actions and decisions;
- 5.3 responds to and reports professional practice problems²¹;
- 5.4 exercises reasonable²² judgement in practice;
- 5.5 promotes a practice environment that supports professional responsibility and accountability;
- 5.6 shares nursing knowledge and expertise with others to meet client needs;
- 5.7 provides mentorship and guidance for the professional development of nursing students;
- 5.8 maintains a current license to practise; and
- 5.9 assumes primary responsibility for maintaining fitness to practise²³.

²¹**Professional practice problem:** a professional practice problem is distinguishable from employment or personal problems in the workplace. Problems of a professional practice nature are identified as any situation in the workplace that: has or could place clients at risk; interferes with a nurse's ability to practise in accordance with the Standards of Practice for Registered Nurses, the Code of Ethics for Registered Nurses, workplace policies, procedures or other relevant standards and guidelines; and is beyond the ability of an individual nurse to resolve (NANB, 2002a, p. 1).

²²**Reasonable:** compared to nurses with similar education and experience and in similar circumstances.

²³**Fitness to engage in the practice of nursing:** all the qualities and capabilities of a member relevant to their capacity to practise as a nurse.

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