Framework for the Practice of Registered Nurses in Canada
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Introduction

Registered nurses (RNs) receive legal authority to use the title “registered nurse” or “RN” through provincial and territorial legislation and regulation. RNs practise in all provinces and territories in Canada and across the full range of clinical care, education, administration, research and policy settings. In many health-care settings, RNs care for people around the clock, seven days a week. RNs make a significant and positive contribution to client outcomes, health team functioning and the health-care system as a whole.
Registered nurses (RNs) receive legal authority to use the title “registered nurse” or “RN” through provincial and territorial legislation and regulation. RNs practise in all provinces and territories in Canada and across the full range of clinical care, education, administration, research and policy settings. In many health-care settings, RNs care for people around the clock, seven days a week. RNs make a significant and positive contribution to client outcomes, health team functioning and the health-care system as a whole.

The purpose of this framework is to promote a common understanding of the current practice of RNs in Canada among nurses and stakeholders (including other health professionals, employers, educators and policy-makers). Given the large number of regulated and unregulated care providers, it is important for policy- and decision-makers and employers to understand clearly the competencies and contributions of RNs and to know in what situations an RN is most appropriate. The framework is a resource for RNs as they work with others in planning a health-care system that is responsive to the needs and priorities of Canadians. In so doing, it will be important to build on the current practice of RNs and determine the kinds of roles RNs will assume to strengthen the system.

1 Words defined in the glossary are presented in italics in the text.
The key elements of this framework are:

- Definition of RN
- Theoretical Foundation of the Practice of RNs
- Professional Practice
  - Registration and Licensure
  - Values
  - Entry-Level Competencies
  - Educational Preparation
  - Scope of Practice
  - Continuing Competence
- RN Careers
  - Roles and Practice Settings
  - Career Paths
- The Impact of RNs

When considering the framework, it is important to acknowledge that the practice of RNs is not static: it develops in response to the health needs of the population, advancements in nursing knowledge and changes in the health-care system. As well, it is necessary to recognize that differences in education, regulation and practice setting make it impossible to describe, through a framework, all aspects of RN practice.
Registered nurses are self-regulated health-care professionals who work autonomously and in collaboration with others. RNs enable individuals, families, groups, communities and populations to achieve their optimal level of health. RNs coordinate health care, deliver direct services and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life. RNs contribute to the health-care system through their work in direct practice, education, administration, research and policy in a wide array of settings.
In 2005, there were 268,376 RNs, 72,419 LPNs and 5,027 RPNs employed in nursing in Canada (Canadian Institute for Health Information [CIHI], 2006).

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In Canada, *nursing* is one profession with three regulated nursing groups: 2 registered nurses (RNs), licensed practical nurses (LPNs) 3 and registered psychiatric nurses (RPNs) 4. RNs constitute more than three-quarters of the regulated nursing workforce and are the largest single group of health-care providers in Canada (CIHI, 2006). Across the health-care system, there are also many unregulated care providers who often work alongside and support the work of regulated nurses.

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2 In 2005, there were 268,376 RNs, 72,419 LPNs and 5,027 RPNs employed in nursing in Canada (Canadian Institute for Health Information [CIHI], 2006).

3 In Ontario, the title for a licensed practical nurse is “registered practical nurse.”

4 Registered psychiatric nurses are educated and regulated only in British Columbia, Alberta, Saskatchewan and Manitoba.
Theoretical Foundation of the Practice of RNs

RNs view the world and their role in it from a theoretical perspective that is built on four fundamental concepts: person or client, the environment, health and nursing (Kozier et al., 2004). (See Figure 1.)

The person or client who is the beneficiary of care from an RN may be an individual, but the client may also be a family, group, community or population. RNs have a broad view of environment, one that takes into consideration both social and physical factors that may affect the client (Thorne, 2003). RNs are concerned with health, which has many facets, including the degree of wellness, well-being and quality of life.

Source: Adapted from Ordre des infirmières et infirmiers du Québec, 2005, p. 7.
that clients experience. *Nursing* may be best understood as defined by the International Council of Nurses (see the Glossary) and includes roles associated with care, health promotion, prevention of illness, advocacy, research, policy and education.

Whether the client is an individual, family, group, community or population, RNs focus on wholeness, considering the biophysical, psychological, emotional, social, cultural and spiritual dimensions of the client (adapted from College and Association of Registered Nurses of Alberta [Carna], 2005). Nurses are also concerned with the broader determinants of health, including the economic, social and environmental conditions that influence the health of individuals, communities and jurisdictions as a whole.

**Professional Practice**

Canadians have given the nursing profession the privilege of self-regulation in which provincial and territorial governments delegate to nursing regulatory bodies, by statute, the power to regulate themselves (CNA, 2001b). In return, the nursing profession is expected to act in the best interest of the public at all times.

To maintain public protection, RNs engage in self-regulation collectively as a profession and as individuals. Through provincial and territorial legislation, nursing regulatory bodies are accountable for public protection by ensuring that RNs are safe, competent and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities. RNs also take on the obligation of self-regulation as individuals. Therefore, regulation is a responsibility shared between regulatory bodies and individual RNs. Some examples of this relationship are shown in Table 1.
Registration and Licensure

Nursing regulatory bodies in Canadian provinces and territories establish registration and licensure processes for RNs. Through these processes, nursing regulatory bodies determine the eligibility of applicants or members to practise in their jurisdiction. The processes include listing qualified individuals on an official register. Regulated professionals are then held accountable to the standards and code of ethics established by their regulatory body.
Since the establishment of the first training school for nurses in Canada in 1874, nurses have sought professionalism by lobbying for licensing legislation and establishing professional organizations, professional journals and university training.

Legislation in all Canadian provinces and territories provides title protection for RNs. When a title is protected, the only people who can call themselves by that title are those properly authorized by their regulatory body to do so. In Canada, titles such as “registered nurse,” “RN” and, in some jurisdictions, “nurse” are protected (CNA, 2002a). Only a registered nurse can use the regulatory designation “RN” when signing his or her name (e.g., Mary Jones, RN)

Values

Ethical values underpinning RN practice are expressed in written codes of ethics. A code of ethics “delineates what registered nurses must know about their ethical responsibilities, informs other health-care professionals and members of the public about the ethical commitments of nurses [RNs] and upholds the responsibilities of being a self-regulating profession” (CNA, 2002b, p. 2). The CNA Code of Ethics for Registered Nurses (CNA, 2002b) identifies eight values central to the ethical practice of RNs: safe, competent and ethical care; health and well-being; choice; dignity; confidentiality; justice; accountability; and quality practice environments (see Appendix A for definitions of these values). The code is updated regularly to reflect changes in the workplace and changing expectations of RNs.
Entry-Level Competencies

Competencies refer to the knowledge, skills, judgment and attributes required of an RN to practise safely and ethically in a designated role and setting (CNA, 2005a). The competencies expected of RNs at initial registration are the basis on which RNs build their practice and integrate their experience and knowledge to move along the continuum from novice to expert. Employers support entry-to-practice RN competencies through orientation to the workplace and ongoing educational opportunities.

RN competencies are assessed by the regulatory body in the jurisdiction in which the nursing candidate graduated. The specific requirements of each province and territory can be found on the website of each organization. Competencies are evaluated through clinical and written evaluation by the nursing education program and through the Canadian Registered Nurse Examination (CRNE). Successful completion of the CRNE is required to obtain a licence to practise in all Canadian provinces and territories except Quebec, which has its own examination. The CRNE focuses on competencies for safe, competent and ethical practice that are required by regulatory authorities and that can be measured on a written examination (CNA, 2004).

To illustrate the breadth and depth of entry-level competencies, examples of competency statements organized according to six categories are presented in Appendix B. Although the categories are presented separately, safe, effective and ethical registered nursing practice requires the integration and performance of many competencies at the same time (Jurisdictional Competency Project, 2006).

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5 Organizations are listed on the CNA website at http://www.cna-aiic.ca.
6 The competencies measured by the CRNE are available on the CNA website at http://www.cna-aiic.ca/CNA/nursing/rnexam/competencies/default_e.aspx.
Educational Preparation

RNs are prepared\(^7\) for safe, ethical and competent practice at the entry level when they graduate from an approved nursing education program. The baccalaureate degree in nursing is the generally accepted level of education today for entry to the profession and the level that has been established by the majority of provinces and territories in Canada. Practising RNs can choose to pursue additional education at the master’s, doctoral and post-doctoral levels. Many nurses complement their practice by studying within a variety of faculties beyond nursing.

My philosophy of nursing is that whether you have a diploma, degree, master’s or doctorate you never stop learning. There are many opportunities as an RN to continue to learn…I would like to complete my BN, with a long-term goal of a master’s in education.

Denise Fast
Community Resource Health Centre
Central Regional Health Authority
Altona, Manitoba

A variety of abbreviations designate the level and type of educational credential a nurse has received: for example, BN (bachelor of nursing), BScN (bachelor of science in nursing), MN (master’s in nursing), PhD (doctor of philosophy). RNs may use both their regulatory designation and educational qualifications (e.g., Mary Jones, RN, BScN, MN).

\(^7\) Educational preparation must be combined with successful CRNE testing for licensure and practice.
Scope of Practice

The RN scope of practice refers to the activities that RNs are educated and authorized to perform as set out in legislation and complemented by standards, guidelines and policy positions of provincial and territorial nursing regulatory bodies. The breadth and depth of these activities enable RNs to take on multiple responsibilities and carry out a variety of roles.

While legislation, standards and other regulatory controls determine the overall scope of practice and the boundaries of practice for RNs as a professional group, other factors also influence the practice of the individual RN. These include:

- individual level of competence;
- requirements and policies of the employer;
- needs of the client; and
- practice setting (Association of Registered Nurses of Newfoundland and Labrador, 2006).

Nursing and other health-care providers share common ground in their respective practices. This overlap enhances mutual understanding of roles and facilitates the development of quality interdisciplinary collaborative teams. Employers and administrators can determine which activities are within the domain of the RN based on the complexity of the patient care requirements and the need for clinical expertise and judgment, critical thinking, analysis, problem-solving, decision-making and leadership (Canadian Medical Association, Canadian Nurses Association & Canadian Pharmacists Association, 2003).

A number of jurisdictions have developed tools that allow decision-makers to benefit from the broadest range of knowledge and skills of health-care professionals when deciding about nursing practice and staff mix issues. The Evaluation Framework to

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8 Jurisdictional information can be accessed from the CNA website at www.cna-aiic.ca.
Determine the Impact of Nursing Staff Mix Decisions (2005) was developed by the CNA, the Canadian Council for Practical Nurse Regulators, the Canadian Practical Nurses Association and the Registered Psychiatric Nurses of Canada. The framework identifies the factors that influence staff mix decisions at the system, nursing staff and client level as well as the related outcome variables for evaluation.

**Continuing Competence and Development of Expertise**

RNs obtain, maintain and continually enhance their knowledge and skills related to all aspects of their nursing practice and ensure that their practice is *evidence-based*. Formal and informal learning can contribute to the RN’s progression from novice to expert, enabling RNs to respond to constantly changing technologies, systems and theories as well as specific client and career needs.

RNs develop expertise in their chosen areas of practice through self-learning, specialty certification (e.g., the CNA Certification Program), mentorship programs, advanced academic education and utilization of *best practice guidelines* (e.g., Ontario’s Best Practice Guidelines program, developed by the Registered Nurses Association of Ontario, [RNAO]). Best practice guidelines help support nurses in moving from novices to experts (RNAO, 2001; Grinspun, Virani & Bajnok, 2001). *A National Framework for Continuing Competence Programs for Registered Nurses* (CNA, 2000) provides guidelines for nursing regulatory bodies to develop *continuing competence programs*.

Most provincial and territorial nursing regulatory bodies have continuing competence programs to provide a framework for RNs to demonstrate how they have maintained their competence and enhanced their practice. RNs must satisfy continuing competence requirements annually to be eligible to renew their registration. Individual nurses, professional and regulatory nursing organizations, employers, educational institutions and governments share the responsibility to promote continuing competence (CNA & Canadian Association of Schools of Nursing [CASN], 2004).
RN Careers

Roles and Practice Settings

RN practice comprises different and interrelated domains of activity, including direct practice, education, administration, research and policy. The central focus of RN practice is direct client care. RNs in education, administration, research and policy positions provide support for RNs providing direct care to clients.

RNAs are able to assume many different roles because of their comprehensive knowledge base, commitment to lifelong learning and understanding of both client and system characteristics (CNA, 2002c). RNs anchor health-care teams, lead formal research activities, manage nursing services, develop and deliver nursing education to all nursing providers and contribute to healthy public policy (CNA, 2002c). New roles and practice settings for RNs are being created and will continue to be created in the future to respond to the health needs of Canadians and to address opportunities in health service delivery.

The image most familiar to many Canadians is that of RNs working in hospitals because that is where 62.6 per cent (CIHI, 2006) of RNs currently work. However, RNs practise in a variety of other settings, such as residential care facilities, workplaces, clinics, schools, colleges and universities, clients’ homes, “the street,” correctional facilities, research institutes, professional nursing and health-care organizations, and government agencies and departments.
Career Paths

RNs are prepared as generalists through basic nursing education. Each graduate is prepared to practise safely, competently and ethically with people in all stages of health and illness, at any time in the life cycle and in any setting.

Competencies evolve and develop over the course of an RN’s career. As RNs acquire and develop nursing skills, they move along a continuum of practice from novice to expert, building on entry-level competencies and often focusing their practice on a particular field of nursing. RNs gain clinical expertise through clinical practice and the knowledge gained from continuing professional education.

In my current job, the challenges are to make theory and content real to students and help them apply it in the everyday clinical setting. Students want things to be very black and white as far as what is the best thing to do when providing patient care. I want them to think about the client, the situation, other factors – and think about a variety of solutions to provide the best possible patient care.

Lloy Semenyna, Nurse Educator
University of Calgary
Calgary, Alberta
Specialization is a focus on one field of nursing practice or health care that encompasses a level of knowledge and skill in a particular aspect of nursing greater than that acquired during basic nursing education (adapted from Miller, 2002). Specialized practice may relate to:

- the client’s age (e.g., pediatrics, gerontology);
- the client’s health problem (e.g., pain management, bereavement);
- the diagnostic grouping (e.g., orthopaedics, vascular surgery);
- the practice setting (e.g., clients’ homes, emergency department, school, government office, research institution);
- type of care (e.g., primary care, palliative care, critical care, occupational health, public health); and
- combinations of these (e.g., pediatric oncology) (adapted from CNA, 2002a).

Some RNs validate their specialty competence through a credential that confirms their knowledge and skill level. Certification is a form of credentialing that is provided by some employers, educational institutions, regulatory bodies and CNA. For example, the CNA Certification Program currently recognizes 17 nursing specialties for which national certification is available on a voluntary basis.9 RNs who obtain CNA certification are entitled to use a credential after their names to designate certification. For example, the designation for an RN certified in cardiovascular nursing is CCN(C) (CNA, 2006).

In some provinces, the terms “specialist,” “specialty,” “specialized practice,” “specialization” and “certification” have particular meanings for regulatory purposes.

Through a combination of focused experience and graduate level education, the practice of some RNs is characterized as advanced nursing practice (CNA, 2002a). The most recognized of these roles in Canada today are the clinical nurse specialist and the nurse practitioner. New advanced practice roles for RNs are expected to develop to meet the existing and emerging health-care needs of Canadians (CNA, 2002a).

9 Details of the CNA Certification Program are available on the CNA website at http://www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx.
The Impact of RNs

RNs contribute to the health needs of Canadians by delivering care that is shaped by their education and regulated by their jurisdictional authority. Nursing education prepares RNs to work with individuals, families, groups, communities and populations in diverse settings. Education at the baccalaureate level is broadly based and includes a breadth of knowledge and skills from nursing and related disciplines that enables RNs to meet complex client health needs in practice environments that are constantly evolving (CNA & CASN, 2004a). RNs provide nursing care in all settings, and they contribute their expertise when health needs are acute, complex and rapidly changing and outcomes may be unpredictable (CARNA, 2005; CNA, 2002c).

In undertaking comprehensive assessments of a client’s status and needs, RNs use their in-depth knowledge base and cognitive, critical thinking and decision-making skills “to attend to both obvious and elusive cues, to note minimally discernible patterns in the data and to interpret and synthesize information” (CNA, 2002c). Through this surveillance, RNs are able to recognize complications before they become more serious and to intervene to reduce risk to the client and costs to the health-care system (CNA, 2002c).

I believe that by using nurses more effectively within the health-care system, Canadians could be healthier. There is continued discussion of shortages of nurses and doctors...by using the unique skills of each profession wisely, we may be able to provide more with less.

Grace McConnell, RN
Clinical Nurse Specialist,
IWK Health Centre,
Dartmouth, Nova Scotia
RNs have the foundational knowledge to identify practice research questions and to use research results to provide a scientific rationale for nursing interventions, thereby promoting quality client care (CARNA, 2005; CNA, 2002c). This foundation also allows RNs to be “knowledge navigators” by directing clients to credible resources, teaching them to interpret and evaluate information and helping them find their way in the health-care system (CNA, 2002c). RNs develop and implement research-based best practice guidelines such as those disseminated through the RNAO (www.rnao.org). Best practice guidelines allow RNs to assess nursing and health-care practices and implement recommendations where needed to enhance the quality of client care.

RN education prepares RNs to collaborate with clients, families and other members of the health-care team. Their leadership skills allow them to take responsibility for promoting health-care team effectiveness (CNA, 2002c).

Professional self-regulation allows RNs autonomy in decision-making and practice. As a result, RNs are self-directive in accomplishing goals and advocating for others (College of Registered Nurses of Nova Scotia, 2005).

Research supports the link between RN practice and positive client, nurse and system outcomes. For example, client outcomes consistently shown to have been affected by registered nursing interventions across a variety of health-care settings include:

- clinical outcomes (control or management of symptoms such as fatigue, nausea and vomiting, dyspnea, and pain)
- functional outcomes (physical and psychosocial functioning and self-care abilities)
- safety outcomes (adverse incidents and complications such as pressure ulcers, falls)
- perceptual outcomes (satisfaction with nursing care and with the results of care)

(Doran, 2003; White, Pringle, Doran & McGillis Hall, 2005).
Positive client outcomes, such as those in the list that follows, are a vital element to understanding and building a health-care system that includes safe, quality care for patients through the work of RNs.

• As the number of hours worked by RNs per patient day increased, the rate of patient falls decreased and patients’ reports of satisfaction with their pain management increased (CNA, 2005c based on Sovie & Jawad, 2001).

• As the percentage of hours of nursing care provided by RNs on the nursing units increased, the level of pain perceived by patients decreased, patients’ perceptions of their self-care ability and their health status increased, and satisfaction reported by patients post-discharge increased (CNA, 2005b based on Potter, Barr, McSweeney & Sledge, 2003).

• For medical patients, a higher proportion of RNs in the mix of licensed care providers (RNs and LPNs) and more RN hours a day were associated with shorter lengths of stay, lower rates of urinary tract infections and lower rates of upper gastrointestinal bleeding (CNA, 2005d based on Needleman, Buerhaus, Mattke, Stewart & Zelevinsky, 2002).

• For surgical patients, a greater number of RN hours per day was associated with a lower rate of failure to rescue (that is, death of a patient with one of five life-threatening complications — pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis or deep vein thrombosis) (CNA, 2005d based on Needleman, Buerhaus, Mattke, Stewart & Zelevinsky, 2002).

• A 10 per cent increase in the proportion of RNs in all hospital types was associated with five fewer patient deaths for every 1,000 patients who were discharged (CNA, 2005e based on Tourangeau, Giovannetti, Tu & Wood, 2002).

• More RN direct care time per nursing home resident per day was associated with less pressure ulcer and urinary tract infection development, less weight loss, less deterioration in the ability to perform activities of daily living, fewer hospitalizations and catheterizations and with greater use of oral standard medical nutritional supplements (Horn, Buerhaus, Bergstrom & Smout, 2004).
RNs require resources and support to enable them to deliver quality care and positively influence client outcomes. RNs’ professional practice environments must have the organizational and human support allocations necessary for safe, competent and ethical nursing care (CNA, 2001a). Quality practice environments are those that encourage and sustain:

- transformational leadership and management structures;
- collaborative work among nurses, physicians and other health-care team members;
- professional nursing autonomy and control over practice;
- use of technology, innovation and research to improve work processes and client outcomes; and
- research to generate evidence for best practices (Sanchez McCutcheon et al., 2005, p. 15).

Every RN applies leadership principles and activities in daily professional practice. RN leadership is integral to every practice setting and is critical to client care, health promotion, policy development and health-care reform (Kilty, 2005).

RNs make a critical contribution to the health of Canadians and the Canadian health-care system. RNs with professional competencies at every level make a positive impact on client outcomes by delivering safe, competent and ethical care in a growing assortment of settings.
Looking to the Future

The only group that can possibly save the health system are nurses because of the numbers. Nurses have more power in this society than any other single group – but you need to learn how to use this power in society for health issues.

Sister Elizabeth Davies, 2005
(Villeneuve & MacDonald, 2006, p. 12)
The only group that can possibly save the health system are nurses because of the numbers. Nurses have more power in this society than any other single group – but you need to learn how to use this power in society for health issues.

Sister Elizabeth Davies, 2005
(Villeneuve & MacDonald, 2006, p. 12)

What does the future hold for Canada’s nurses? In their 2006 report Toward 2020: Visions for Nursing, principal investigators Michael Villeneuve and Jane MacDonald identified five characteristics of an ideal future health-care system:

“The health care system in 2020:

- provides appropriate access to broadly defined health services and providers;
- provides care based on need and appropriateness, not on ability to pay;
- recognizes the critical contribution that social determinants, social programs and health promotion make to the health of individuals, families and communities;
- is accessed through community-based primary health care teams and organizations; and
- serves clients who are fully involved and in control of their own health and health care” (p. 94).

Within this futuristic view of the system and outside acute care institutions, RNs play an important role as one of several kinds of primary caregivers who provide access to primary care and the broader health-care system. In fact, according to some Canadian health system analysts, RNs might “provide the bulk of primary care including assessment, diagnosis, treatment, prescribing, making referrals and evaluating effectiveness of care” (Villeneuve & MacDonald, 2006, p. 99).

While the future of nursing potentially offers exciting new opportunities, immediate nursing issues present challenges in moving forward. Nurses today have voiced concerns about the many difficulties in the workplace (Canadian Health Services Research Foundation [CHSRF], 2006). Although the present and anticipated shortage of nurses is often cited as the reason for nurses’ difficulties, the problem is complex and related to a lack of available full-time employment, a higher than average rate of illness and absenteeism, and the inappropriate use of nurses’ time on tasks that could be assigned to support staff or new technology (Villeneuve & MacDonald, 2006). New programs are being introduced by governments in Ontario (Ontario Ministry of Health and Long-Term Care, 2006) and British Columbia (Canadian Broadcasting Corporation, 2007) to encourage older nurses to postpone retirement and to increase the number of full-time positions, particularly for new nursing graduates. It is encouraging that the voice of nursing is beginning to be heard, but much more is yet to be achieved.

Regardless of the direction of health-care delivery in the future, RNs will continue to play a crucial role within the system. History has made it clear that the role of the RN is dynamic, changing in response to many influences both within and beyond the profession. RNs must be accountable not only for the quality and safety of care they deliver but also for their role in shaping the future of Canadian health care by bringing the nursing perspective to the health planning table.

I believe that nurses can influence change in all areas due to the trust that the Canadian public puts in them. But nurses have to honour this trust and bring their knowledge and professional relationships to the table to effect change.

Doreen Littlejohn,
Coordinator, Positive Outlook Program at Vancouver Native Health Society
Vancouver, British Columbia
Glossary

Best Practice Guidelines
“[S]ystematically developed statements (based on best available evidence) to assist practitioner and patient decisions about appropriate health care for specific clinical (practice) circumstances” (Field & Lohr, 1990).

Certification
A voluntary and periodic process (recertification or certification renewal) by which an organized professional body confirms that an RN has demonstrated competence in a nursing specialty by having met predetermined standards of that specialty (CNA, 2006). Note: in some provinces, the term “certification” has a particular meaning for regulatory purposes.

Client
The person or client who is the beneficiary of care from an RN may be an individual, but the client may also be a family, group, community or population.

Competency
The integrated knowledge, skills, judgment and attributes required of an RN to practise safely and ethically in a designated role and setting. (Attributes include, but are not limited to, attitudes, values and beliefs.)

Competent Practice
To practise safely and competently, nurses comply with professional standards, base their practice on relevant evidence, adhere to the Code of Ethics for Registered Nurses and continually acquire new competencies in their area of practice (CNA & CASN, 2004b).

Continuing Competence Program
A program that focuses on promoting the maintenance and acquisition of the competence of registered nurses throughout their careers (CNA, 2000).

Evidence-Based Practice
Practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspectives, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (College of Registered Nurses of British Columbia [CRNBC], 2006, p. 29). Another term that has been used to describe this kind of practice is “evidence-informed practice” (CHSRF, 2005).

Fitness to Practise
All the qualities and capabilities of an individual relevant to his or her capacity to practise as an RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition or dependence on alcohol or drugs that impairs his or her ability to practise nursing (CRNBC, 2006, p. 29).
Health
A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity\(^{11}\) (WHO, 2006). In March 2006, the CNA Board of Directors resolved to work toward including the concept of “spiritual well-being” within the WHO definition of health.

Nursing
Encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (International Council of Nurses, 2001).

Professional Conduct Review Process
A process to address allegations of unacceptable conduct and practice by RNs. This process involves investigation, discipline and appeal processes (College of Registered Nurses of Manitoba, 2004).

Licensure
The legislated process through which an RN is authorized to practise. Following an assessment of required competencies, a nurse may have his or her name and other relevant information entered into the nurses’ register maintained by the regulatory body for nursing in a province or territory.

Staff Mix
The combination and number of regulated and unregulated persons providing direct and indirect nursing care to clients in settings where RNs practise (CNA, 2003b).

Standard
A desired and achievable level of performance against which actual performance can be compared (CNA, 1998).

Unregulated Care Providers
Paid providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. They may not have mandatory education or practice standards. They work under the direction of an RN and/or other regulated nursing personnel. Unregulated care providers may have titles such as “health-care aide,” “nurse’s aide” or “personal support worker” (CRNBC, 2005; Kozier et al., 2004).

\(^{11}\) Preamble to the Constitution of the World Health Organization (WHO) as adopted by the International Health Conference, New York, June 19-July 22, 1946; it was signed on July 22, 1946, by the representatives of 61 states and entered into force on April 7, 1948.
## Appendix A:

### Definitions of Values in the *Code of Ethics for Registered Nurses*

<table>
<thead>
<tr>
<th>Value</th>
<th>Value Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe, Competent and Ethical Care</strong></td>
<td>RNs value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve.</td>
</tr>
<tr>
<td><strong>Health and Well-being</strong></td>
<td>RNs value health promotion and well-being and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.</td>
</tr>
<tr>
<td><strong>Choice</strong></td>
<td>RNs respect and promote the autonomy of persons and help them to express their health needs and values and also to obtain desired information and services so they can make informed decisions.</td>
</tr>
<tr>
<td><strong>Dignity</strong></td>
<td>RNs recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>RNs safeguard information learned in the context of a professional relationship, and ensure it is shared outside the health-care team only with the person’s informed consent, as may be legally required or where the failure to disclose would cause significant harm.</td>
</tr>
<tr>
<td><strong>Justice</strong></td>
<td>RNs uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>RNs are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.</td>
</tr>
<tr>
<td><strong>Quality Practice Environments</strong></td>
<td>RNs value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work settings.</td>
</tr>
</tbody>
</table>

*Source: Adapted from CNA, 2002b, p. 8.*

Where the term “nurse” is used in reference to the code in this framework, it is replaced by “RN.”
## Appendix B:

### Examples of Entry-Level RN National Competency Statements

<table>
<thead>
<tr>
<th>Category</th>
<th>Example of Competency Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Responsibility and Accountability</strong></td>
<td>Demonstrates professional conduct; practises in accordance with the standards for registered nursing practice determined by the regulatory body and the practice setting; and demonstrates that the primary duty is to the client to ensure consistently safe, competent, ethical registered nursing care.</td>
</tr>
<tr>
<td><strong>Specialized Body of Knowledge</strong></td>
<td>Draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge along with knowledge from the sciences, humanities, research, ethics, spirituality, relational practice and critical inquiry.</td>
</tr>
<tr>
<td><strong>Competent Application of Knowledge</strong></td>
<td>Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas and, while the presentation of these competency statements appears linear in nature, the actuality of providing nursing care reflects a critical inquiry process that embraces all competency statements.</td>
</tr>
<tr>
<td><strong>Ethical Practice</strong></td>
<td>Demonstrates competence in professional judgments and practice decisions by applying the principles implied in the code of ethics or ethical framework for registered nurses and by utilizing knowledge from many sources. Engages in a critical inquiry process to inform clinical decision-making, which includes both a systematic and analytic process along with a reflective and critical process. Establishes therapeutic, caring and culturally safe relationships with clients and health-care team members based on appropriate relational boundaries and respect.</td>
</tr>
<tr>
<td><strong>Service to the Public</strong></td>
<td>Understands the concept of public protection and the duty to practise nursing in collaboration with clients and other members of the health-care team to provide and improve health-care services in the best interests of the public.</td>
</tr>
<tr>
<td><strong>Self-Regulation</strong></td>
<td>Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice and ensuring and maintaining own fitness to practice.</td>
</tr>
</tbody>
</table>

*Source: Jurisdictional Competency Project, 2006.*
References


Canadian Health Services Research Foundation. (2001). *Commitment and care: The benefits of a healthy workplace for nurses, their patients and the system, a policy synthesis*. Ottawa: Author.


Canadian Nurses Association. (2005c). *Nurse staffing: Decreasing RN staffing levels may not result in expected cost savings* [Research summary]. Ottawa: Author.

Canadian Nurses Association. (2005d). *Nurse staffing: Higher levels of RN staffing are related to better patient outcomes* [Research summary]. Ottawa: Author.


