Framework for the Practice of Registered Nurses in Canada

Revision #2 for consultation

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INTRODUCTION

Registered nurses (RNs) have the 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 vital contribution to improving client outcomes and health team effectiveness while helping ensure the sustainability of the health system.

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, policy-makers and the public). Given the large number of regulated and unregulated care providers,1 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 roles RNs assume to strengthen the system now and in the future.

The key elements of this framework are as follows:

- 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
  - Professional Conduct
- RN Careers
  - Roles and Practice Settings
  - Career Paths
- The Impact of RNs
- Looking to the Future

When considering the framework, it is important to acknowledge that the education, regulation and practice of RNs are not static: these elements develop in response to the health needs of the population, advancements in nursing knowledge and changes in the health-care system. As well, it is difficult, through a framework, to

1 Words defined in the glossary are presented in italics in the text.
describe the continuously evolving nature and numerous aspects of RN practice. Regulation is set at the jurisdictional level so there are slight variations in language and processes between the various provinces and territories; however, the principles shared in this document are pan-Canadian in scope.  

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2 Information on the specific regulation of RNs in each province and territory can be found on the RN regulatory body websites, which are listed at [https://www.cna-aiic.ca/en/becoming-an-rn/regulation-of-rns/regulatory-bodies](https://www.cna-aiic.ca/en/becoming-an-rn/regulation-of-rns/regulatory-bodies)
KEY ELEMENTS OF THE FRAMEWORK

RNs are self-regulated health-care professionals who work autonomously and in collaboration with others. They 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.

Definition of RN

The Canadian Nurses Association (CNA) uses the following definition of RN.

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 Canada, nursing is one profession with four regulated nursing groups: registered nurses (RNs), nurse practitioners (NPs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs). RNs constitute almost three-quarters of the regulated nursing workforce and are the largest single group of health-care providers in Canada (Canadian Institute for Health Information [CIHI], 2014).

The regulation of RNs is more specifically defined in jurisdictional legislation (e.g., Registered Nurses Act) and other documents developed by the regulatory bodies, such as standards of practice.

Theoretical Foundation of the Practice of RNs

“Philosophical thinking provides the foundation for the development and critical analysis of nursing knowledge. Nursing knowledge is organized and communicated by using concepts, models, frameworks and theories.” The conceptual framework of registered nursing and the foundation for nursing theories

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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.
is the meta paradigm of nursing comprised of four major concepts: person or client, the environment, health and nursing (Kozier et al., 2013) (see Figure 1).

Figure 1: Meta paradigm of Nursing

The person or client who is the beneficiary of care from an RN may be an individual, family, group, community or population. RNs focus on wholeness, considering the biophysical, psychological, emotional, social, cultural and spiritual dimensions of the client. RNs have a broad view of environment, one that takes into consideration social, physical, psychological and economic factors that may affect the client. RNs are concerned with health, which has many facets, including the degree of wellness, well-being and quality of life that clients experience. RNs 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 (CNA, 2013).

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.
Professional Practice

Canadians have given the nursing profession the privilege of self-regulation in which provincial and territorial governments delegate/mandate to nursing regulatory bodies, by statute, the power to regulate themselves while ensuring that the profession remains accountable to governments and the public (CNA, 2007a). 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.

Regulation is a responsibility shared between regulatory bodies and individual RNs, but it also affects governments, the public, educational institutions, employers, and other healthcare professions and professionals (CNA, 2007a). Some examples of the roles and responsibilities of regulatory bodies and individuals are shown in Table 1.

<table>
<thead>
<tr>
<th>PROFESSION (REGULATORY BODY)</th>
<th>INDIVIDUAL RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes registration and licensing processes.</td>
<td>Meets initial and ongoing licensure/registration requirements.</td>
</tr>
<tr>
<td>Establishes, monitors and enforces standards in ethics and practice.</td>
<td>Adheres to the code of ethics and standards of nursing practice.</td>
</tr>
<tr>
<td>Establishes and maintains the scope of RN practice as health-care delivery and nursing knowledge advances.</td>
<td>Practises within the established scope of practice.</td>
</tr>
<tr>
<td>Establishes nursing education standards and approves nursing education programs leading to initial entry to the profession.</td>
<td>Graduates from an approved nursing program.</td>
</tr>
<tr>
<td>Establishes and maintains entry-level competencies required for initial registration.</td>
<td>Contributes to curriculum development.</td>
</tr>
<tr>
<td>Establishes, monitors and maintains quality assurance and continuing competence requirements.</td>
<td>Acts as mentor and preceptor for nursing students.</td>
</tr>
<tr>
<td>Establishes and maintains professional conduct review processes to investigate complaints and concerns about RNs' practice and implements disciplinary action as required.</td>
<td>Demonstrates entry-level competencies by passing the recognized national exam.</td>
</tr>
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<td></td>
<td>Contributes to and delivers RN orientation programs.</td>
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<tr>
<td></td>
<td>Maintains and enhances fitness to practise and competence to practise.</td>
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<tr>
<td></td>
<td>Participates in continuous quality improvement initiatives.</td>
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<tr>
<td></td>
<td>Upholds standards and reports concerns about unsafe, incompetent or unethical behaviour or care.</td>
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Quebec has its own RN licensure examination.
Registration and Licensure

Nursing regulatory bodies, in consultation with other key stakeholders in Canadian provinces and territories, establish registration and licensure criteria for RNs. These criteria enable nursing regulatory bodies to determine the eligibility of applicants or members to practise in their jurisdiction. They include requirements to ensure that the RNs entering the profession have the necessary knowledge, judgment, attributes and skills to provide safe, competent and ethical care. They also include requirements for demonstrating language proficiency, good character and fitness to practise (CNA, 2007a). The processes include listing qualified individuals on an official register. Regulated professionals are then held accountable to the standards, limits and conditions established by their regulatory body.

Several jurisdictions have introduced a jurisprudence component as one of the registration requirements. This requirement varies among jurisdictions. For instance, in Nova Scotia, “A jurisprudence examination measures an individual nurse’s awareness of provincial and regulatory policies and any provincial and federal laws that would relate to nursing practice in Nova Scotia” (College of Registered Nurses of Nova Scotia [CRNNS], 2014).

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, 2007). Only a registered nurse can use the regulatory designation “RN” when signing their name (e.g., Mary Jones, RN). Restricting the use of professional titles allows the public to distinguish between health-care providers.

Values

Ethical values underpinning RN practice are expressed in written codes of ethics. The CNA Code of Ethics for Registered Nurses “is a statement of the ethical values of nurses and of nurses’ commitments to persons with health-care needs and persons receiving care. It is intended for nurses in all contexts and domains of nursing practice and at all levels of decision-making” (CNA, 2008, p. 4). It identifies seven primary values central to the ethical practice of RNs:

1. Providing safe, compassionate, competent and ethical care
2. Promoting health and well-being
3. Promoting and respecting informed decision-making
4. Preserving dignity
5. Maintaining privacy and confidentiality

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6 In this document, the terms moral and ethical are used interchangeably on the basis of consultation with nurse ethicists and philosophers. We acknowledge that not everyone concurs in this usage.
6. Promoting justice
7. Being accountable

See Appendix A for definitions of these values. The code is updated regularly to ensure that it is attuned to the changes in social values and conditions that affect the public, nurses and other health-care providers, and the health-care system.

**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). “From a regulatory perspective, the entry-level competencies serve the primary purpose of **nursing education program approval** (**In British Columbia, program approval is called program recognition**) by describing the competencies required for entry-level registered nurses to provide safe, **competent, compassionate**, and ethical nursing care in a variety of practice settings. The competencies also serve as a guide for curriculum development and for public and employer awareness of the practice expectations of entry-level registered nurses” (Canadian Council of Registered Nurse Regulators [CCNR], n.d.).

The current competencies “reflect baccalaureate nursing education. They are client-centred, futuristic, and incorporate new developments in society, health care, nursing knowledge and nursing practice. The competencies aim to ensure that entry-level registered nurses are able to function in today’s realities and are well-equipped with the knowledge and skills to adapt to changes in health care and nursing” (CCNR, n.d.).

Entry-level 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 recognized national exam. Successful completion of the recognized national exam is required to obtain a licence to practise in all Canadian provinces and territories except Quebec, which requires successful completion of its own licensure examination. The exam is used to measure the competencies needed to perform safely and effectively as an entry-level RN (CCNR, 2014).

The entry-level competency statements have been organized using a standards-based conceptual framework to highlight the regulatory purposes of entry-level RN competencies. The conceptual framework organizes the competencies in five categories:

- Professional Responsibility and Accountability
- Knowledge-Based Practice
- Ethical Practice
- Service to the Public
- Self-Regulation
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 (CCRNR, nd).

**Educational Preparation**

Nursing students are prepared for safe, ethical and competent practice at the entry level when they graduate from an approved or recognized nursing education program in Canada. A baccalaureate degree in nursing is required by all provinces and territories in Canada to enter the profession, with the exception of Quebec.

“A broad based baccalaureate education is warranted given the

- increasing complexity in nursing and health care;
- rapidly expanding body of nursing and health-related knowledge;
- rapidly expanded use of digital technologies in knowledge transfer and utilization;
- need for ‘life-long’ learning in order to adapt to these changes and to provide a basis for advanced nursing education;
- accountability to the public for safe, competent, ethical, and effective nursing care;
- need to understand and practice nursing within the pluralistic social, cultural, and political contexts of Canadian society; and
• diversity across Canada including: demographic, socio-economic, cultural and geographic diversity” (Canadian Association of Schools of Nursing [CASN], 2011, p.1).

“Baccalaureate programs provide the foundation for sound clinical reasoning and clinical judgment, critical thinking, and a strong ethical comportment in nursing. Learners are assisted to develop a broad knowledge base, and to critically reflect upon, integrate and thoughtfully apply various forms of knowledge in a range of health-care settings. Learners develop abilities in professional reflection, self-evaluation, ethical decision-making, nursing practice and interprofessional practice. Baccalaureate programs prepare learners to identify, develop and incorporate professional values that respect and respond ethically and sensitively to social and cultural diversity. They foster an understanding of the role of nursing in promoting quality work environments that maximize patient safety. Programs prepare students to be aware of and respond to emerging themes such as new information technologies, and global citizenship” (CASN, 2011, p. 1).

Research shows that staffing with bachelor-educated RNs is associated with improved patient safety and positive patient outcomes. A study of community-based health services found that the health outcomes of people cared for by bachelor-educated RNs were significantly better (O’Brien Pallas, 2001). Beginning in 2002, studies have linked higher percentages of RNs in a hospital with baccalaureate degrees to decreased patient mortality (in-hospital and 30-day mortality, failure to rescue, congestive health failure), to lower rates of decubitus ulcers, postoperative deep vein thrombosis or pulmonary embolism, and to shorter length of stay (Yakusheva et al., 2014; Aiken et al., 2014; Aiken, 2011, 2003; Estabrooks, 2005; Friese, 2008; Tourangeau, 2006; Van den Heede, 2009). Better patient outcomes also mean cost savings for the health-care system. A strong business case can be made for increasing the proportion of BScN-educated nurses to 80 per cent (Yakusheva et al., 2014).

Many schools of nursing in Canada have deployed methods to promote program flexibility while maintaining the high quality of their programs. The strategies they use include, but are not limited to

• using a variety of tools to assess eligibility criteria for admission to programs, for example, prior learning assessment;
• offering students the option of part-time or full-time study;
• offering accelerated, lengthened or condensed programs for eligible students such as fast track, advanced entry, second degree entry, etc.; and
• using the Internet, simulation and other technologies for delivery of the programs (CNA & CASN, 2004).

Practising RNs can choose to pursue additional education at the master’s, doctoral and post-doctoral levels. 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 (masters in nursing) and PhD (doctor of philosophy). RNs may use both their regulatory designation and educational qualifications (e.g., Mary Jones, RN, BScN, MN). Many nurses complement their practice by studying within a variety of faculties beyond nursing.
**Scope of Practice**

The RN scope of practice refers to the activities that RNs are authorized, educated and competent to perform as set out in legislation and regulation and complemented by standards, guidelines, policy positions and a code of ethics defined by provincial and territorial nursing regulatory bodies.

While legislation, standards and other regulatory controls determine the overall scope of practice and the outer boundaries of practice for RNs as a professional group, other factors also influence and shape the practice of the individual RN. These include requirements and policies of the employer, practice setting, individual level of competence, and needs of the client. Many RN regulatory bodies have published documents that clarify the RN scope of practice, including the use of visual diagrams.

**Figure 3: Scope of Practice Boundaries**

Nursing and other health-care providers share common ground in their respective practices. This overlap requires mutual understanding of roles to facilitate the development of quality interprofessional collaborative teams. However, overlapping scopes of practice can lead to a lack of role clarity. 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. For instance, the College of Nurses of Ontario ([CNO], 2014b) has developed *RN and RPN Practice: The Client, the Nurse and the Environment*, a practice guideline designed to outline expectations for nurses within the three-factor framework, highlighting the similarities and differences in foundational nursing knowledge and its impact on
autonomous practice\(^7\) and highlighting nurses’ accountabilities when collaborating with one another. Both LPNs and RNs can care for clients who have been identified as less complex, more predictable and at low risk of negative outcomes. “The more complex the care requirements, the greater the need for consultation and/or the need for an RN to provide the full spectrum of care” (CNO, 2014b, p. 5).

**Figure 4: Client Continuum (CNO, 2014)**

**Client Continuum**

This distinction between LPN and RN practices is echoed in several nursing regulatory publications including a joint publication by the Nurses Association of New Brunswick (NANB) and Association of New Brunswick Licensed Practical Nurses (ANBLPN) that highlights and clarifies some of the key differences between RNs and LPNs in clinical practice. *Working Together* (NANB & ANBLPN, 2009) describes the scopes of each group and delineates the accountabilities of and limits on their practices. Similarly, the two nursing regulatory bodies in Nova Scotia have created a joint guideline on the *Effective Utilization of RNs and LPNs in a Collaborative Practice Environment* (CRNNS & College of Licensed Practical Nurses of Nova Scotia, 2012).

Approaches that optimize scopes of practice are viewed as enabling a more efficient, cost-effective healthcare system. “Working to optimal scope of practice means achieving the most effective configuration of professional roles as determined by other care professionals’ relative competencies” (Nelson et al., 2014, p. 22)

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\(^7\) LPNs are not autonomous in all provinces and territories.
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).

RNs also have knowledge and skill from their baccalaureate education to participate in research activities. RNs have the foundational knowledge to identify practice research questions, undertake research and to use research results to provide a scientific rationale for nursing interventions, thereby promoting quality client care (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).

At the organizational level, employers and administrators can determine which activities are assigned to an RN on the basis of the complexity of the patient care requirements and the need for clinical expertise and judgment, critical thinking, analysis, problem-solving, decision-making, research utilization, resource management and leadership.

The Staff Mix Decision-making Framework for Quality Nursing Care (2012) was developed by the CNA, the Canadian Council for Practical Nurse Regulators, the Canadian Practical Nurses Association and the Registered Psychiatric Nurses of Canada (see Figure 5). It is a comprehensive and evidence-informed resource presenting a systematic approach to staff mix decision-making that can be used in all clinical practice settings. “The framework outlines key client factors, staff factors, organizational factors and outcome indicators to be considered when assessing, planning, implementing and evaluating staff mix decisions” (p. 7).
Figure 5. Staff Mix Decision-making Framework

Staff Mix Decision-making Framework

FACTORS TO CONSIDER
Including but not limited to the following:

CLIENT
- Health-care needs
- Acuity, complexity, predictability, stability, variability, dependency
- Type:
  - Individual
  - Family
  - Group
  - Community/population
- Cohort:
  - Numbers
  - Range of conditions
  - Fluctuations in mix
- Continuity of care provider

STAFF
- RNs, LPNs, RPNs, UCPs:
  - Numbers
  - Availability
  - Education
  - Competencies
  - Experience
  - Teamwork and collaboration
  - Clinical support and consultation
  - Continuity of assignment
  - Continuity of care

ORGANIZATIONAL
- Nursing care delivery model
- Physical environment
- Resources and support services
- Practice setting
- Legislation and regulations
- Workplace health and safety
- Policies
- Collective agreements
- Vision, mission and nursing philosophy
- Culture
- Leadership support

Assess

5 GUIDING PRINCIPLES
Base decisions on client health needs.
Sustain implementation with organizational components and leadership.
Involve direct care providers and nursing management.
Make decisions with the support of information systems.

Plan

Implement

Evaluate

OUTCOME INDICATORS
Including but not limited to the following:

CLIENT
- Safety/quality of care:
  - Access to care provider
  - Morbidity
  - Mortality
  - Patient safety incidents
  - Readmissions
  - Quality of life, functional independence, self-care management
  - Satisfaction
  - Continuity of care
  - Continuity of care provider

STAFF
- Quality of work-life:
  - Satisfaction
  - Engagement
  - Leadership
  - Professional development
  - Optimization of scopes of practice
  - Evidence-informed care
  - Work relationships
  - Fatigue
  - Overtime
  - Absenteeism
  - Illness and injury
  - Turnover

ORGANIZATIONAL
- Evidence-informed practice
- Access
- Safety/quality of care:
  - Length of stays/service
  - Patient safety incidents
  - Readmissions
- Supervisors’ span of control
- Quality of work environment:
  - Retention and recruitment
- Human resources costs:
  - Retention and recruitment
  - Case/service unit cost
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 they employ evidence-informed decision-making. 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, post-RN specialty education programs, specialty certification (e.g., the CNA Certification Program), mentorship programs, advanced academic education and the development 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).

All 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, keeping their skills relevant and current. Continuing competence contributes to quality nursing practice and increases public confidence in the nursing profession. RNs must satisfy continuing competence requirements annually to be eligible to renew their licensure/registration. Individual nurses, professional and regulatory nursing organizations, employers, educational institutions and governments share the responsibility to promote continuing competence (CNA & CASN, 2004).

Professional Conduct

For self-regulating professions such as nursing, public trust, protection and accountability are of utmost importance. Regulation refers not only to setting standards for nursing practice but also to enforcing them by intervening on the public’s behalf when practice or conduct is unacceptable. Professional misconduct is an act or omission that is in breach of the accepted ethical and professional standards of conduct (CNO, 2012). Concerns may be related to areas such as unethical conduct, incompetent practice or impaired practice. Each regulatory body defines professional misconduct and identifies processes undertaken when professional misconduct is suspected.

RN Careers

Roles and Practice Settings

RN practice comprises different and interrelated domains of activity, including clinical 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 clinical care to clients.
RNs 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. 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. They have the skill, expertise and capacity to play a leadership role, whether it be in enhancing client-centred care across the care continuum, leading interprofessional care teams or bringing about new policy. Nursing leadership is about critical thinking, action and advocacy — and it happens in all roles and domains of nursing practice (CNA, 2009). RNs are uniquely prepared and positioned to provide leadership and serve as change agents in facilitating and strengthening health services and the health system and the Canadians it serves (College and Association of Registered Nurses of Alberta, 2011).

The image most familiar to many Canadians is that of RNs working in hospitals because that is where 62 per cent (CIHI, 2014) of RNs currently work. However, RNs practise in a variety of other settings, such as residential care facilities, community health centres, 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. 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. RNs are playing an increasing role in the community, providing primary care in roles such as family practice nurse, community health nurse, nurse prescriber and RNs working in RN-led clinics. Other roles include nurse navigator, RN Surgical First Assist and nurse endoscopist.

The health-care setting is shifting to provide a more person- and family-centred experience. This involves “providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them” (Saskatchewan Ministry of Health, 2011, p. iii). Innovative RN-led and person-centred care strategies empower patients and their caregivers to improve their quality of life while demonstrating cost-effective solutions in health-care delivery (CNA, n.d.).

Increasingly, RNs are practising within an interprofessional team. As a member of the team, RNs work with a number of regulated health-care providers including physicians, pharmacists and physiotherapists. Across the health-care system, there are also many unregulated care providers who often work alongside and support the work of RNs through assignment/delegation.

The health-care system is confronted with increasing rates of chronic disease. More than 40 per cent of Canadian adults report having “at least one of seven common conditions — arthritis, cancer, emphysema or chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure, and mood disorders, not including depression” (Nasmith et al., 2010, p. 13). “The role for nursing human resources is particularly clear in chronic disease management in primary care, because of the greater requirement for patient involvement and activation that is facilitated by team care, as highlighted in the chronic disease management literature” (Canadian Health Services Research Foundation & CNA, 2012, p. ii).

Technology is enabling new models of care delivery and advancing nursing practice. RNs are using telehealth, electronic health records, electronic documentation, decision support systems and other
technologies to optimize clinical care, education, administration, research and other health system initiatives. It is essential that nurses play an active role in the selection, design, deployment and evaluation of information and communication technology (ICT) solutions. RNs also need opportunities to acquire the competencies to use ICT in their practice (CNA, 2006).

**Career Paths**

Entry-level RNs are prepared as generalists through broad-based baccalaureate 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. RNs are prepared to work with individuals, families, groups, communities and populations in diverse settings.

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. RNs gain expertise through practice and the knowledge gained from continuing professional education.

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 within any of the domains (clinical, research, administration, policy, education) 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);
- the 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 20 nursing specialties for which national certification is available on a voluntary basis. RNs who obtain CNA certification are entitled to use (a) credential(s) after their names to designate certification(s). For example, the designation for an RN certified in cardiovascular nursing is CCN(C) (CNA, 2006).

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8 The Canadian Network of Nursing Specialties represents a committed group of nurses who have joined one of 43 national associations in a specialty area of nursing.
In some provinces and territories, the terms “specialist,” “specialty,” “specialized practice,” “specialization” and “certification” have particular meanings for regulatory purposes.

Some career paths require additional education. For example, through a combination of focused experience and graduate-level education, the practice of some RNs is characterized as advanced nursing practice (CNA, 2008). The most recognized of these roles in Canada today are the clinical nurse specialist and the nurse practitioner.

**The Impact of RNs**

RNAs make a critical contribution to the health of Canadians and the Canadian health-care system. 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); and
- Perceptual outcomes (satisfaction with nursing care and with the results of care (Doran, 2003; White, Pringle, Doran & Mc Gillis Hall, 2005).

- A greater proportion of RNs relative to unlicensed assistive personnel is associated with fewer falls (Patrician et al. 2011).
- In patients with hip fractures, the odds of in-hospital mortality decreased by 0.16 for every additional full-time equivalent RN added per patient day (Schilling & Dougherty, 2011).
- An increase of 0.71 hours in RN hours per patient day is associated with 45 per cent lower odds of an unplanned emergency department visit after discharge (Bobay, Yakusheva & Weiss, 2011).
- An 8 per cent increase in RN direct patient care correlates with a 30 per cent improvement in scoring of caregiver responsiveness by patients (O’Connor, Ritchie, Droin & Covell, 2012).
- By increasing the number of entry points to care, coordinating care and assisting patients in navigating the health-care system, RNs are reducing wait times and providing timely access to care (CNA, 2009).
- As RN staffing levels increase, the risk of hospital-acquired infections and the length of hospital stays decrease (Dall et al. 2009).
- A systematic review and meta-analysis of 28 international studies of the association of RN staffing levels and patient outcomes commissioned by the Agency for Healthcare Research and Quality concluded that there is substantial evidence that increased RN staffing is associated with better patient outcomes. These outcomes include decreased odds of hospital-acquired pneumonia, unplanned extubation, respiratory failure and cardiac arrest in intensive care units and a lower risk of failure to rescue in surgical patients (Kane, Shamliyan, Mueller, Duval & Wilt, 2007).
• “Models of proactive, targeted nurse led care that focus on preventive patient self-management for people with chronic disease are either more effective and equally or less costly, or are equally effective and less costly than the usual model of care (Browne et al. 2012).
• Each additional RN employed in a hospital will generate over $60,000 annually in reduced medical costs and improved national productivity (accounting for 72 per cent of labour costs) (Dall, 2009).
• Increasing the hours of care provided by RNs is associated with net cost savings through reduced length of hospital stays and avoided adverse outcomes (Needleman et al., 2006).

RNs require resources and support to enable them to deliver quality care and positively influence client outcomes. A quality practice environment supports the delivery of safe, compassionate, competent and ethical care while maximizing the health of clients and nurses (CNA & Canadian Federation of Nurses Unions [CFNU], 2014). Developing, supporting and maintaining quality practice environments is a responsibility shared by individual nurses, employers, regulatory bodies, professional associations, educational institutions, unions, health services delivery and accreditation organizations, governments and the public (CNA & CFNU, 2014). Quality practice environments demonstrate the following characteristics:

• effective communication and collaboration
• responsibility and accountability
• realistic workloads
• leadership
• support for information and knowledge management
• opportunities for professional development
• positive workplace culture
• magnet environments

Looking to the Future

What does the future hold for Canada’s nurses?

The National Expert Commission (NEC) believes that prevention, early identification and management of chronic diseases are fundamental to controlling future health-care costs as our population ages. (NEC, 2012). The knowledge and practice of nurses aligns well with the promotion of healthy aging and chronic disease management.

In the future…

• Nurses support individuals and communities in managing their own health.
• Nurses care for those who are ill and have an increasing role helping clients manage chronic diseases.
• Potential roles for RNs include goal-setting, monitoring, coaching, telephone support and group education.

• Thanks to increased nursing support, clients are making many more decisions regarding their care, quality of life and health promotion at every age and stage of their lives.

• The undergraduate and graduate RN curricula are designed to address the shift from an illness treatment model to one that focuses on keeping people well, with care and support for maintaining health delivered in the community.

“We believe Canada’s nurses must intensify their role as leaders of system transformation, including a far-reaching overhaul of the ways we deploy and employ nurses. That will mean supporting and expecting every nurse to practice to the top of his or her scope of practice. But the scope must also be expanded appropriately to meet changed and changing health needs, to encompass functions including, but not limited to, prescribing, and admitting and discharging patients across all types of health facilities” (NEC, 2012).

“It is time to test the value of a nurse-led, proactive, targeted model of comprehensive chronic care with a physician as a member of the team, all doing what they do best and the nurse enlisting all the health and social services that augment the determinants of a person’s health” (Browne, Birch & Thabane, 2012).

In the future…

• Nurses are increasingly leaders of collaborative teams of health-care professionals and support staff.

• Nurses are one of the everyday entry points to the health-promotion, disease-prevention and illness-care systems.

• RNs contribute to better care by prescribing medications and working across the continuum of care.

• RNs continue to address the social determinants of health.

• RNs advocate for health-care sustainability through improved quality, efficiency and effectiveness.

“It is time to test the value of a nurse-led, proactive, targeted model of comprehensive chronic care with a physician as a member of the team, all doing what they do best and the nurse enlisting all the health and social services that augment the determinants of a person’s health” (Browne, Birch & Thabane, 2012).

In the future…

• RNs exercise leadership in all areas of the health-care system; in addition to providing direct clinical care, nurses are senior executives, educators, researchers and policy-makers.

• Leadership is characterized by eight essential skills:

  1. a global perspective or mindset regarding health-care and professional nursing issues
2. technology skills that facilitate mobility and portability of relationships, interactions and operational processes
3. expert decision-making skills rooted in empirical science
4. the ability to create organization cultures that permeate quality health care and patient/worker safety
5. an understanding of and the ability to appropriately intervene in political processes
6. highly developed collaborative and team-building skills
7. the ability to balance authenticity and performance expectations
8. the ability to envision and proactively adapt to a health-care system characterized by rapid change and chaos (Huston in CNA, 2009 leadership position statement)

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 the 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. Foremost, RNs will continue to be accountable, competent and compassionate.
GLOSSARY

Best Practice Guidelines

“Best practices are recommendations that may evolve based on ongoing key expert experience, judgment, perspective and continued research (Health Canada, 2008). They are also known as systematically developed statements of recommended practice in a specific clinical or healthy work environment area, are based on best evidence, and are designed to provide direction to practitioners and managers in their clinical and management decision-making (Field & Lohr, 1990)” (RNAO, 2012).

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, client, patient or resident 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).

Complexity

The degree to which a client’s condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics) (CNA, Canadian Council for Practical Nurse Regulators, Canadian Practical Nurses Association & Registered Psychiatric Nurses of Canada, 2012).
Continuing Competence Program

A program that focuses on promoting the maintenance and acquisition of the competence of RNs throughout their careers (CNA, 2000).

Evidence-Informed Decision-Making

Evidence-informed decision-making is a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. It is essential to optimize outcomes for individual clients, promote healthy communities and populations, improve clinical practice, achieve cost-effective nursing care and ensure accountability and transparency in decision-making within the health-care system (CNA, 2010).

Fitness to Practise

All the qualities and capabilities of an individual relevant to his or her capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing (College of Registered Nurses of British Columbia [CRNBC], 2012).

Health

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2006). In March 2006, the CNA Board of Directors resolved to work toward including the concept of “spiritual well-being” within the World Health Organization’s definition of health.

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.

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 and may possibly involve discipline and appeal processes.
Staff Mix

The combination of different categories of health-care personnel employed for the provision of direct client care (McGillis Hall, 2004) in the context of a nursing care delivery model (CNA, 2012).

Standard

A desired and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance (CRNBC, 2012).

Unregulated Care Providers

Paid health-care providers who are not registered with a regulatory body. They have no legally defined scope of practice, may or may not have a mandatory education requirement and do not have established standards of practice (College of Registered Nurses of Manitoba, 2010). They “provide care that supports the client under the...[direct or indirect] supervision of a regulated nurse” (College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta & College of Registered Psychiatric Nurses of Alberta, 2010, p. 2) “and are accountable for their individual actions and decisions” (CRNNS, 2004, p. 10) (CNA, 2012).
APPENDIX A

DEFINITIONS OF VALUES IN THE CODE OF ETHICS FOR REGISTERED NURSES

Value

Providing Safe, Compassionate, Competent and Ethical Care
RNs provide safe, compassionate, competent and ethical care.

Promoting Health and Well-being
RNs work with people to enable them to attain their highest possible level of health and well-being.

Promoting and respecting informed decision-making
RNs recognize, respect and promote a person’s right to be informed and make decisions.

Preserving Dignity
RNs recognize and respect the intrinsic worth of each person.

Maintaining Privacy and Confidentiality
RNs recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Promoting Justice
RNs uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.

Being Accountable
RNs are accountable for their actions and answerable for their practice.

Source: Adapted from CNA, 2008, p. 9-15.

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

Professional Responsibility and Accountability

Recognizes individual competence within legislated scope of practice and seeks support and assistance as necessary.

Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support nursing practice.

Knowledge-based Practice

Has a knowledge base in nursing science, social sciences, humanities and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning).

Has a knowledge base in the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.

Ethical Practice

Demonstrates ethical responsibilities and legal obligations related to maintaining client privacy, confidentiality and security in all forms of communication, including social media.

Demonstrates honesty, integrity and respect in all professional interactions.

Service to the Public

Enacts the principle that the primary purpose of the RN is to practise in the best interest of the public and to protect the public from harm.

Demonstrates leadership in the coordination of health care by:
(a) assigning client care;
(b) delegating and evaluating the performance of selected health-care team members in carrying out delegated nursing activities; and
(c) facilitating continuity of client care.
**Self-regulation**

Distinguishes between the legislated scope of practice and the RN’s individual competence.

Demonstrates continuing competence and preparedness to meet regulatory requirements by:

(a) assessing one’s own practice and individual competence to identify learning needs;

(b) developing a learning plan using a variety of resources (e.g., self-evaluation and peer feedback);

(c) seeking and using new knowledge that may enhance, support or influence competence in practice; and

(d) implementing and evaluating the effectiveness of one’s learning plan and developing future learning plans to maintain and enhance one’s competence as an RN.
References


Blegen et al. (2013) . JONA Volume 43, Number 2, pp 89-94


