

Scope of Practice for Registered Nurses

May 2011

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, May 2011.

Permission to reproduce this documents is granted. Please recognize CARNA.

College and Association of Registered Nurses of Alberta (CARNA)
11120 – 178 Street
Edmonton AB T5S 1P2

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)
Fax: 780.452.3276
Email: practice@nurses.ab.ca
Website: nurses.ab.ca

Table of Contents

LEGISLATION	4
RESTRICTED ACTIVITIES	5
CLINICAL PRACTICE	5
ADMINISTRATION	8
EDUCATION	10
RESEARCH	10
CONCLUSION	11
GLOSSARY	13
REFERENCES	14
APPENDIX A: RESOURCES	16
APPENDIX B: FOUNDATIONS OF REGISTERED NURSING PRACTICE	17

The College and Association of Registered Nurses of Alberta (CARNA) is the regulatory and professional body for Alberta registered nurses including; nurses in direct care, education, research and administration as well as nurse practitioners and therefore has the responsibility to:

- set and maintain professional **standards**¹ of practice
- communicate those standards to the public and other stakeholders within the health care system
- appraise the **competence**, continuing competence and professionalism of its members through registration, the continuing competence program and disciplinary processes

Inherent in these primary roles is CARNA's responsibility for articulating the scope of practice for registered nurses for the understanding of the public, individual clients², registered nurses and other health care providers and employers.

This position statement builds on the *Nursing Practice Standards*, which apply to all regulated members of CARNA in clinical practice, research, education and administration, and also links with other CARNA standards - see Appendix A: Resources as well as with the *Competency Profile for Registered Nurses*. The CARNA document *Entry-to-Practice Competencies for the Registered Nurses Profession* along with the International Classification of Nursing Practice (ICNP) and the Nursing Intervention Classification (NIC) describe the competency profile for registered nurses in Alberta. The competency profile encompasses the activities a profession's practitioners are **educated and authorized to perform**.

Scope of practice refers to the knowledge of registered nurses and the comprehensive application of that knowledge to assist clients in meeting their health needs in whatever setting, complexity and situation they occur throughout the life span. ***Scope of practice includes all the interventions that registered nurses are authorized, educated and competent to perform.***

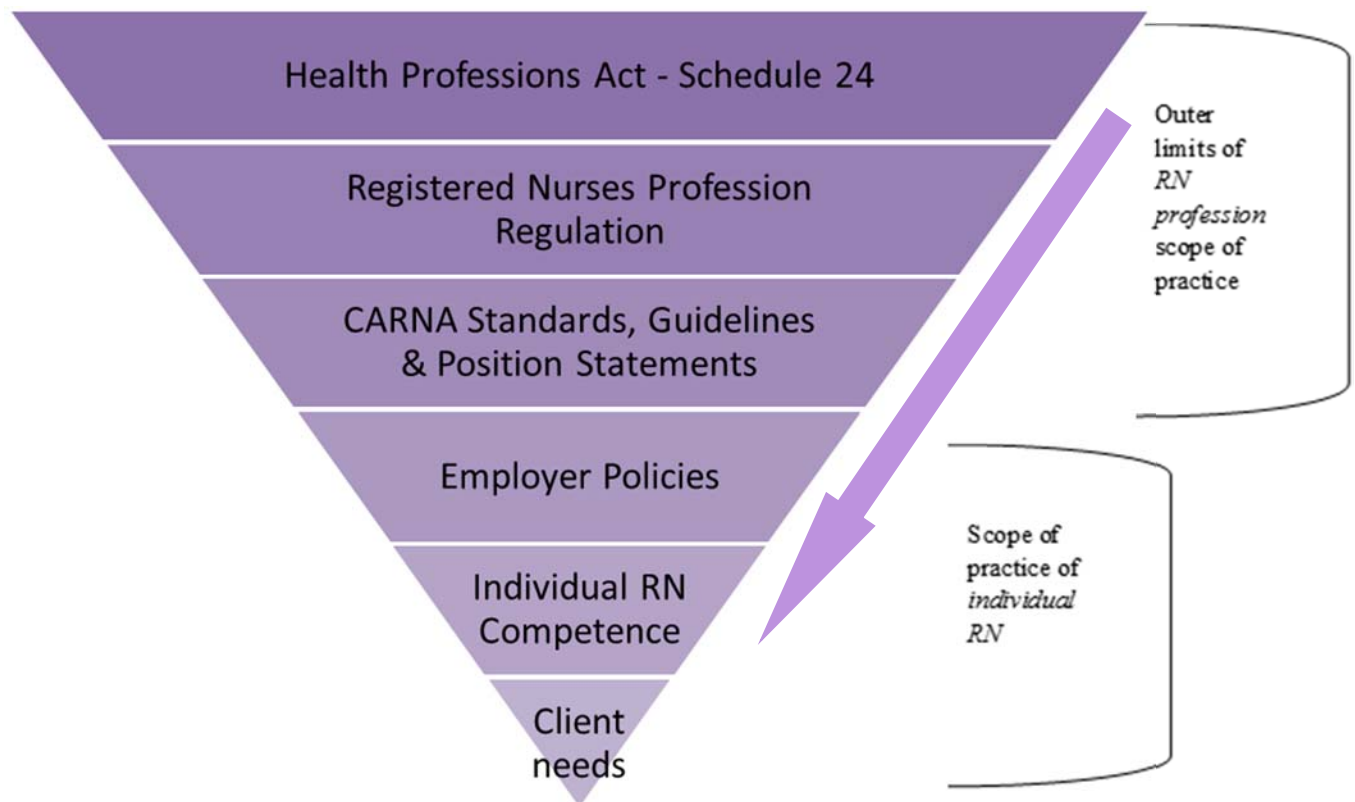
¹ Words or phrases in bold italics are listed in the Glossary. They are displayed in bold italics upon first reference.

² The term 'client' can refer to patients, residents, families, groups, communities and populations.

The **overall scope of practice for the registered nurses profession** sets the outer limits of practice for all CARNA members. These outer limits of the profession are described in Schedule 24 of the *Health Professions Act* (HPA), the *Registered Nurses Profession Regulation* and in CARNA standards, guidelines and position statements.

The **actual scope of practice of individual registered nurses** is determined by the needs and health goals of their clients and is limited by the specific competencies of the individual registered nurse to perform the activities necessary for the client population with whom that nurse practices, within applicable legislation and requirements of the employer as described in employer policies. **Figure 1** illustrates the scope of practice boundaries of registered nurses' practice.

Figure 1: Scope of Practice Boundaries



Legislation

The *Health Professions Act* (HPA) was developed to regulate health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific skill or health service and different professions may provide the same health services.

Schedule 24, Section 3 of the HPA provides the following legislated scope of practice statement for the profession of registered nurses:

- 3** In their practice, registered nurses do one or more of the following:
 - (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
 - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being,
 - (ii) assess, diagnose and provide treatment and interventions and make referrals,
 - (iii) prevent or treat injury and illness,
 - (iv) teach, counsel and advocate to enhance health and well-being,
 - (v) coordinate, supervise, monitor and evaluate the provision of health services,
 - (vi) teach nursing theory and practice,
 - (vii) manage, administer and allocate resources related to health services, and
 - (viii) engage in research related to health and the practice of nursing,
 - and
 - (b) provide restricted activities authorized by the regulations

Restricted Activities

Restricted activities are high risk activities performed as part of providing a health service that requires specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity. Restricted activities authorized for registered nurses are described in the **Registered Nurses Profession Regulation**.

The legislated practice statement in Schedule 24 of the HPA encompasses all the activities in which registered nurses engage, although each individual registered nurse provides services based on the needs of the clients in a specific setting and within the scope of that individual nurse's knowledge, skills and judgment. This position statement further defines specific roles and responsibilities of registered nurses. Registered nursing activities are performed through the continuous, ongoing application of the nursing process: assessment, diagnosis and planning, implementation and evaluation. See Appendix B for background information regarding the *Foundations of Registered Nursing Practice*.

The focus and core of all registered nursing practice is the provision of direct care to clients. Four major domains are identifiable within the profession of registered nursing: **clinical practice, administration, education and research** (CARNA, 2005). The clinical practice role is fundamental to nursing. Registered nurse administrators, educators and researchers contribute to the provision of direct client care by maintaining, supporting and enabling direct care providers; developing and communicating knowledge and policy; and ensuring that the necessary resources are in place for safe, competent and ethical care.

Clinical Practice

In providing health services, registered nurses engage in the following key roles, which are effectively integrated in practice:

- direct care provider
- critical thinker, assessor and interpreter
- coordinator of care, planner and evaluator

- participant, developer and/or leader in quality improvement activities
- decision-maker and problem solver
- case manager
- client **advocate**
- health policy advocate
- leader
- mentor

Registered nurses are **knowledge workers**. The breadth and depth of knowledge required by a registered nurse is gained through intensive and comprehensive entry-level education, nursing experience, commitment to continual learning and advanced education.

Through a combination of experience, continuing education and advanced education, registered nurses develop progressive expertise in caring for defined client populations. All registered nurses practice within an ethical context, according to the *Nursing Practice Standards* (CARNA, 2005) and adhering to the *Canadian Nurses Association Code of Ethics for Registered Nurses* (CNA, 2008b).

In a changing health care system over the past decade, the acuity and complexity of clients in both institutional and community settings have increased markedly.

Registered nurses are the most appropriate providers of **direct nursing care** for clients with complex, unstable or rapidly changing health status or situations.

The breadth and depth of the scope of knowledge of registered nurses enables **comprehensive assessment of client needs, available resources, work settings, and many other factors** in complex and often rapidly changing situations. **Critical thinking** and accurate **interpretation of complex information** from a variety of sources including: client data, environmental factors, diagnostic test results, the assessments of other professionals and nursing assessment indicators are essential to the **clinical decision-making** required for safe and effective client care. **Monitoring of client progress** and **evaluation of care** involve astute observation and critical thinking, decisive action, and resourceful **problem solving** regardless of the setting in which the care is provided. The abilities of the registered nurse to demonstrate **evidence-based**

practice and participate in research and in **quality improvement activities** promote quality client care by ensuring that nursing interventions are supported by scientific rationale.

As members of interdisciplinary teams, registered nurses effectively **coordinate nursing care** as they possess the knowledge, skills and judgment to prudently assign client care to other regulated or non-regulated care providers. This allows them to fully utilize all personnel and implement the primary health care *principle of providing the most appropriate level of care by the most appropriate provider*.

Registered nurses are uniquely prepared to be **case managers** because they assess clients' needs in context as whole persons including their life situations. They creatively plan and provide the most appropriate care in partnership with clients and their families, and supervise and evaluate the care provided based on client health outcomes.

Registered nurses have the skill, expertise and capacity to take a **leadership** role in supporting and enhancing client-centered care across the continuum of health-care experiences and services. There are a variety of current and emerging roles and opportunities to guide and enhance a client's journey through the care continuum.

Examples include: case managers, nurse navigators and telehealth nurses (CARNA, 2008a).

In the **client advocacy role**, registered nurses support clients to obtain the necessary information, care and resources to meet their health needs, and act on clients' behalf to achieve these ends when clients are unable to do so, individually or collectively.

Registered nurses also **advocate for healthy public policy** by being politically active at the local, regional, provincial, national and global levels to contribute to the improvement of health of populations.

Registered nurses possess the knowledge, skills, judgment, influence, creativity and public esteem to lead the development of healthy public policy and the implementation of primary health care models. Their strengths in communication and **collaboration** allow them to interact effectively with other health care professionals and with political leaders to persuade and convince key figures of the benefits of positively affecting the broad determinants of health.

Registered nurses are professional caregivers. Values fundamental to professional nursing practice are defined in the *Code of Ethics for Registered Nurses* (CNA, 2008b) and form the basis for ethical nursing practice. These values include: providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting

and respecting informed decision-making; preserving dignity; maintaining privacy and confidentiality; promoting justice and; being accountable. Registered nurses incorporate these values into their practice through compassionate involvement with clients, maintaining and fulfilling commitments and maintaining personal integrity and professional behaviour.

Registered nurses are with clients at their least inhibited and most intimate and vulnerable times to lend them strength and support. Registered nurses establish therapeutic relationships with clients and their families for the purposes of giving comfort, assisting with healing and providing a trusted source of health teaching. Using their broad knowledge base, innovative abilities and facilitative skills, registered nurses work in partnership with clients, families and other health care professionals to plan care according to individual needs and goals.

Administration

The nurse administrator is a registered nurse who **directs and influences** the work of others in a defined environment to enhance the shared vision of an organization or institution. The goals of nursing administration practice include quality outcomes focused on safety and the required infrastructures that seek to meet expectations of clients, the profession, and society.

- Nurse administrators have the responsibility to deal with issues on the employee or student level as well as address issues that affect delivery of services to clients.
- They foster openness, interdisciplinary collaboration, and **accountability** in colleagues and those they supervise.
- They create an environment that facilitates and encourages nursing staff to demonstrate accountability for their own practice.
- They help define the values of the organization, facility, or team; foster collaboration, communication, and goal-setting; and strive for excellence among and across the continuum of care and the populations they work with or affect.

Nursing administration practice occurs in a wide variety of settings from private enterprises to the public sector, in large or small healthcare facilities, integrated delivery systems, corporate healthcare companies, professional organizations, academic settings, research facilities, government agencies, communities, correctional institutions,

military healthcare entities and other facilities. Nursing administration roles are also differentiated by their level of oversight which include but are not limited to the following: organization-wide (e.g. Chief Nursing Officer), unit-based or service-line based (e.g. clinical supervisor, charge nurse), program-focused (e.g. program director), and project-based (e.g. project manager).

Nurse administrators at every level must develop organizational and management skills and also hone strong leadership skills in order to be effective administrators. Exerting good management skills is part of being a good leader – and leadership skills are necessary for good management (CNA, 2009).

Regardless of the setting or level of oversight, the following themes permeate all nurse administrator roles:

- advocacy
- leadership
- shared vision
- knowledge of business practices and processes
- mentorship
- dedication to the profession

The role of the nurse administrator is multifaceted and requires broad-level thinking and skill in understanding and balancing business duties and obligations with the ongoing commitment to nursing. This contradiction can cause tensions or even conflicts of interest, as they seek to enhance quality nursing practice in organizations with values that may not always reflect those of nursing. However, even as corporate employees, nurse administrators must act as registered nurses first by upholding the values of nursing and advocating for those values to the utmost extent possible (American Nurses Association, 2009).

The CNA *Code of Ethics for Registered Nurses* provides guidance to nurse administrators in addressing conflicts of interest that may arise in their practice.

Education

The nurse educator role evolves in academic settings and in clinical practice settings.

Academic Settings

The registered nurse in an educator role within an academic setting ensures the development and implementation of a broad-based educational preparation for students that includes a breadth of knowledge and skills from nursing and related disciplines to meet the complex health needs of clients in constantly evolving practice environments. Preparation at the baccalaureate level provides the foundation necessary for effective interdisciplinary practice and for the ethical, accountable and competent professional nursing practice required to enter the profession. Provision of baccalaureate level education prepares registered nurses to work with individuals, families, groups, communities and populations in diverse settings (CNA & CASN, 2004a).

Provision of advanced nursing education at the masters, doctoral and post-doctoral levels prepares registered nurses to engage in advanced nursing practice roles such as the nurse practitioner and clinical nurse specialist roles, conduct research, build nursing theory and disseminate study findings thereby advancing nursing, nursing knowledge and evidence-based practice (CNA, 2008a; CNA & CASN, 2003).

Clinical Practice Settings

The registered nurse in an educator role within a clinical practice setting recognizes that continuing competence through life-long learning is essential to professional nursing practice because it contributes to the quality of patient outcomes and to the evidence base for nursing practice (CNA & CASN, 2004b). The registered nurse in a clinical educator role promotes and facilitates a culture of life-long learning in the pursuit of excellence in professional nursing practice through the development and implementation of a variety of learning opportunities such as orientation programs, preceptorship and mentoring programs and continuing education opportunities in the work environment.

Research

The registered nurse in a researcher role validates and refines existing knowledge and generates new knowledge that influences all domains of nursing. The knowledge generated through nursing research is used to support and guide nursing practice as well as improve nursing care, client outcomes and the health care system.

The nurse researcher benefits from a quality practice environment that fosters collaborative relationships which enhances the researcher's ability to conduct research and an agency's capacity to use research findings and improve client outcomes. Collaboration can be achieved through affiliation agreements, joint-appointments, research institutes, funding assistance and appointing nurse researchers to relevant organizational committees.

The identification and consideration of knowledge gaps, in conjunction with practitioners, is a means by which the nurse researcher establishes research priorities. The nurse researcher has advanced knowledge and skill to generate high quality evidence through research activities. The nurse researcher also engages in knowledge transfer, translation and exchange to communicate relevant findings of the results of research to those who require this information (CNA, 2010).

Conclusion

The goal of registered nurses is to assist clients to attain and maintain optimal health, wellness and independence within each individual client's ability to do so. When clients are unable to be independent due to their personal health situations, nursing provides the appropriate care to meet their needs and optimize their quality of life.

Registered nurses address the health needs of clients throughout the life span. These clients may be individuals, families, groups, communities and populations in any and all of the various environments and settings in which they live and work. These practice locations include, but are not limited to: outpost nursing in remote areas, palliative care nursing, oncology nursing, rehabilitation nursing, home care nursing, continuing care nursing, street nursing of disadvantaged inner city populations, mental health nursing, operating room nursing, nursing as a member of a **primary care** team in an after hours clinic, nurse practitioner practice in an adolescent health clinic, triage/provision of health information/way-finding through a telephone nursing service, nursing support for air ambulance emergency transport, organ transplant care, pediatric intensive care, acute medical/surgical care, critical care nursing, obstetrical delivery/post partum care, occupational health nursing in industrial settings and immunization and well baby home visiting in public health nursing.

The scope of practice of registered nurses is determined by the needs and health goals of their clients and is limited only by the specific competencies of the individual registered nurse to perform the activities necessary for the client population with whom that nurse works, within applicable legislation and agency policy. Registered nurses are uniquely prepared and positioned to provide leadership and serve as change agents in facilitating and strengthening health services.

Glossary

Accountability – The ability to explain rationale for actions taken that is consistent with the responsibility for which the nurse is contracted (CARNA, 2005).

Advocate – Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves (CARNA, 2011).

Collaboration – Client care involving joint communication and decision-making processes among the client, the nurse and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CARNA, 2011).

Competence – The ability of a registered nurse to integrate and apply the knowledge, skills, judgment and interpersonal attributes³ required to practice safely and ethically in a designated role and setting (CARNA, 2006).

Evidence-based practice – Practice 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 (CHSRF, 2005).

Health promotion – The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health (CARNA, 2011).

Primary care – Primary care refers to the first contact people have with the health system to seek services for diagnosis, treatment and follow up for a specific health problem, or to access routine screening such as an annual checkup (CARNA, 2008b).

Standard – An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance (CARNA, 2011).

³ Interpersonal attributes include, but are not limited to, attitudes, values and beliefs.

References

- Alta. Reg. 232/2005. [*Registered Nurses Profession Regulation*].
- Alberta Health & Wellness, Health Workforce Planning. (2000). *Health Professions Act: An overview*. Edmonton, AB: Author.
- American Nurses Association. (2009). *Nursing administration: Scope and standards of practice*. Silver Spring, MD: Author.
- Bulechek, G. M., Butcher, H. K., & McCloskey Dochterman, J. (Eds.). (2008). *Nursing interventions classification* (5th ed.). St Louis, MO: Mosby.
- Canadian Health Service Research Foundation. (2005). How CHSRF defines evidence. *Links*, 8(3), 7.
- Canadian Nurses Association. (2008a). *Advanced nursing practice: A national framework*. Ottawa, ON: Author.
- Canadian Nurses Association. (2008b). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- Canadian Nurses Association. (2009). *Position statement: Nursing leadership*. Ottawa, ON: Author.
- Canadian Nurses Association. (2010). *Position statement: Evidence-based decision-making and nursing practice*. Ottawa ON: Author.
- Canadian Nurses Association and Canadian Association of Schools of Nursing. (2003). *Joint position statement: Doctoral preparation in nursing*. Ottawa, ON: Author.
- Canadian Nurses Association and Canadian Association of Schools of Nursing. (2004a). *Joint position statement: Educational preparation for entry to practice*. Ottawa, ON: Author.
- Canadian Nurses Association and Canadian Association of Schools of Nursing. (2004b). *Joint position statement: Promoting continuing competence for registered nurses*. Ottawa, ON: Author.
- College and Association of Registered Nurses of Alberta. (2005). *Nursing practice standards*. Edmonton, AB: Author.

- College and Association of Registered Nurses of Alberta. (2006). *Entry-to-practice competencies for the registered nurses profession*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2008a). *Primary health care*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2008b). *Registered nurse roles that facilitate continuity of care*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2011). *Nurse practitioner (NP) competencies*. Edmonton, AB: Author.
- Fraser, K. D., & Strang, V. (2004). *Decision-making and nurse case management: A philosophical perspective*. *Advances in Nursing Science*, 27(1), 32-43.
- Government Organization Act*, R.S.A. 2000, c. G-10.
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Primary health care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 (jointly sponsored by the World Health Organization and the United Nations Children's Fund.)* (1978). Geneva: World Health Organization.
- World Health Organization. (1984). *Health promotion: A World Health Organization discussion document on the concept and principles*. Copenhagen: Author.

Appendix A: Resources

College and Association of Registered Nurses of Alberta. (2005). *Health professions act: Standards for registered nurses in the performance of restricted activities*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2005). *Standards for supervision of nursing students and undergraduate nursing employees providing client care*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2006). *Standard for the use of the title "Specialist" in registered nurse practice*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2008). *Registered nurses with a blood-borne virus infection: Standards for reporting and guidance for prevention of transmission of infection*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2010). *Decision-making standards for nurses in the supervision of health care aides*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2011). *Complementary and/or alternative therapy and natural health products: Standards for registered nurses*. Edmonton, AB: Author.

Appendix B: Foundations of Registered Nursing Practice

Registered nurses view **people** as unique, complex beings who must be perceived in their entirety to understand and effectively promote their health according to their individual life circumstances, health needs and goals. Clients of nursing care may be individuals, families, groups, communities or populations. Clients' life experiences and health are interconnected, interdependent and continuous, and cannot be separated into isolated episodes. People have the capacity for self-direction, learning, making choices, coping, adapting and changing.

Registered nurses address the client's ongoing health situation within the context of the person's wholeness, including biophysical, psychological, emotional, social, cultural and spiritual dimensions. In partnership with the client, the registered nurse identifies, relates, interprets and integrates the client's various needs with the input and contributions made by others concerned with the client's care. Registered nursing practice is individualized, focused on identifying the client's unique needs and facilitating the achievement of specific health goals with the client.

Registered nurses define **health** as the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment in which they live. Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources and physical capacities and not only the absence of illness or disease (World Health Organization, 1984).

Registered nurses recognize the broad **determinants of health** as encompassing income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetic endowment, personal health knowledge, health practices and coping skills and the health care system.

Regardless of practice setting, registered nurses' practice is guided by the primary health care model. Primary health care is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable (World Health Organization, 1978). Essential activities under the **primary health care** model are:

- a focus on **health promotion** and illness/injury prevention without sacrificing excellence in treatment and rehabilitation

- provision of services based on the needs of a defined population
- appropriate use of technology
- integration of health services to avoid duplication and increase continuity and accessibility for the client
- intersectoral collaboration
- public participation in design of services and allocation of resources
- establishment of interdisciplinary teams of health care providers based on the needs of the individual, family or community
- equitable access to health through the most appropriate health care provider in the most appropriate setting

Registered **nursing** services are a key component in all sectors of the health care system. Because of their holistic view of people and health, registered nurses are ideally prepared and positioned to play a significant role in transforming the health system. Utilizing the full breadth and depth of their knowledge combined with the pragmatic understanding gained through their contacts with people in homes, schools, workplaces, institutional and other community settings, registered nurses contribute to improved health and sustainable health care for all citizens.