



Entry-Level Competencies for the Practice of Registered Nurses

March 2019

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Council, March 2019.

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Background

In 2017 the Canadian Council of Registered Nurse Regulators (CCRNR) initiated the revisions of the Entry-Level Competencies of Registered Nurses in Canada (the “ELCs”). A working group comprised of 11 jurisdictions representing registered nurse (RN) regulators in Canada led this initiative. CCRNR reviews the ELCs every five years to ensure inter-jurisdictional consistency and practice relevance. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement. The results of an environmental scan, literature reviews and stakeholder consultation provide the basis for revisions. The regulatory body in each jurisdiction validates and approves the ELCs and confirms they are consistent with Provincial/Territorial legislation.

Each ELC in this context is defined as “an observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.”

Regulatory bodies use ELCs for a number of purposes including but not limited to:

- academic program approval/recognition
- assessment of internationally educated applicants
- assessment of applicants for the purpose of re-entry into the profession
- input into the content and scope of entry-to-practice exams
- practice advice/guidance to clinicians
- reference for professional conduct matters
- public and employer awareness of the practice expectations of registered nurses

The Context of Entry-Level Registered Nursing Practice

The design and application of the listed competencies is at entry to practice, i.e., when entry-level RNs are at the point of initial registration or licensure, following graduation from an approved nursing education program. Their beginning practice draws upon specific experiences during their education program which shaped a theoretical and experiential knowledge base. They are health-care team members who must accept responsibility and demonstrate accountability for their practice. They will recognize their limitations, ask questions, exercise professional judgment, and determine when they require consultation. Entry-level RNs realize the importance of identifying what they know and do not know, what their learning gaps may be, and how and where to access available resources. They display initiative, a beginning confidence, and self-awareness in the decisions they make in providing care.

RN practice is dynamic and evolving; the ELCs establish the foundation for nursing practice. Entry-to-practice represents the time when learners become clinicians. Education, collaboration, and mentorship facilitate further development of RN practice. All groups involved in the provision of health care share responsibility for creating and maintaining practice environments that support RNs in providing safe, ethical, and quality health care. The practice environment influences the transition and consolidation of RN practice and the development of further competence.

Overarching Principles

Entry-level RNs must meet these competencies; and so too should all practicing RNs, throughout their careers, relative to their specific context and/or patient population. The following overarching principles apply to the education and practice of entry-level registered nurses:

- 1.** The entry-level RN is a beginning practitioner. It is unrealistic to expect an entry-level RN to function at the level of practice of an experienced RN.
- 2.** The entry-level RN works within the registered nursing scope of practice, and seeks guidance appropriately when they encounter situations outside of their ability.
- 3.** The entry-level RN must have the requisite skills and abilities to attain the entry-level competencies.
- 4.** The entry-level RN is prepared as a generalist to practise safely, competently, compassionately, and ethically:
 - a.** using evidence-informed practice
 - b.** across diverse practice settings
 - c.** in situations of health and illness
 - d.** with all people across the lifespan
 - e.** with all recipients of care: individuals, families, groups, communities, and populations
- 5.** The entry-level RN has a strong foundation from education at the baccalaureate level in: nursing theory, concepts and knowledge; health and sciences; humanities; research; and ethics.
- 6.** The entry-level RN practices autonomously within the parameters of legislation, practice standards, ethics, and scope of practice in their jurisdiction.

7. The entry-level RN applies the critical thinking process throughout all aspects of practice.

The client is the central focus of RN practice and leads the process of decision-making related to care. In the context of this document, “client” refers to a person who benefits from registered nursing care and, where context requires, includes a substitute decision maker for the recipient of nursing services. A client may be an individual, a family, group, community or population. Client-centred care reflects that people are at the centre of decisions about their health and are seen as experts, working alongside RNs to achieve optimal health outcomes.

Structure

The document is organized thematically per a roles-based format. There are a total of 101 competencies grouped thematically under 9 headings:

1. Clinician
2. Professional
3. Communicator
4. Collaborator
5. Coordinator
6. Leader
7. Advocate
8. Educator
9. Scholar



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Integration of all nine roles enables the entry-level RN to provide safe, competent, ethical, compassionate, and evidence-informed nursing care in any practice setting. Some concepts are relevant to multiple roles. For the sake of clarity and to avoid unnecessary repetition, certain key concepts (e.g., client-centred) are mentioned once and assumed to apply to all competencies.

Competencies

Competency Category 1: Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate, and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

Competencies

- 1.1 Provides safe, ethical, **COMPETENT¹**, **COMPASSIONATE**, **CLIENT-CENTRED** and **EVIDENCE-INFORMED** nursing care across the lifespan in response to **CLIENT** needs.
- 1.2 Conducts a **HOLISTIC** nursing **ASSESSMENT** to collect comprehensive information on client health status.
- 1.3 Uses principles of **TRAUMA-INFORMED CARE** which places priority on trauma survivors' **SAFETY**, choice, and control.
- 1.4 Analyses and **INTERPRETS** data obtained in client assessment to inform ongoing decision-making about client health status.
- 1.5 Develops **PLANS OF CARE** using **CRITICAL INQUIRY** to support professional judgment and reasoned decision-making.
- 1.6 Evaluates effectiveness of plan of care and modifies accordingly.
- 1.7 Anticipates actual and potential health risks and possible unintended outcomes.
- 1.8 Recognizes and responds immediately when client safety is affected.
- 1.9 Recognizes and responds immediately when client's condition is deteriorating.
- 1.10 Prepares clients for and performs **PROCEDURES**, treatments, and follow up care.
- 1.11 Applies knowledge of pharmacology and principles of safe medication practice.

¹ Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

- 1.12 Implements evidence-informed practices of pain prevention, manages client's pain, and provides comfort through pharmacological and non-pharmacological interventions.
- 1.13 Implements **THERAPEUTIC NURSING INTERVENTIONS** that contribute to the care and needs of the client.
- 1.14 Provides nursing care to meet **PALLIATIVE CARE** and end-of-life care needs.
- 1.15 Incorporates knowledge about ethical, legal, and regulatory implications of **MEDICAL ASSISTANCE IN DYING (MAID)** when providing nursing care.
- 1.16 Incorporates principles of **HARM REDUCTION** with respect to substance use and misuse into plans of care.
- 1.17 Incorporates knowledge of epidemiological principles into plans of care.
- 1.18 Provides **RECOVERY-ORIENTED NURSING CARE** in partnership with clients who experience a mental health condition and/or addiction.
- 1.19 Incorporates mental **HEALTH PROMOTION** when providing nursing care.
- 1.20 Incorporates suicide prevention approaches when providing nursing care.
- 1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.
- 1.22 Incorporates knowledge from nursing science, social sciences, humanities, and health-related research into plans of care.
- 1.23 Uses knowledge of the impact of evidence-informed registered nursing practice on client health outcomes.
- 1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.
- 1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others.
- 1.26 Adapts practice in response to the spiritual beliefs and cultural practices of clients.
- 1.27 Implements evidence-informed practices for infection prevention and control.

Competency Category 2: Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

Competencies

- 2.1 Demonstrates **ACCOUNTABILITY**, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated **SCOPE OF PRACTICE**.
- 2.2 Demonstrates a **PROFESSIONAL PRESENCE**, and confidence, honesty, integrity, and respect in all interactions.
- 2.3 Exercises professional judgment when using agency policies and procedures, or when practising in their absence.
- 2.4 Maintains client privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies.
- 2.5 Identifies the influence of personal values, beliefs, and **POSITIONAL POWER** on clients and the **HEALTH-CARE TEAM** and acts to reduce bias and influences.
- 2.6 Establishes and maintains **PROFESSIONAL BOUNDARIES** with clients and the health-care team.
- 2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary.
- 2.8 Demonstrates professional judgment to ensure **SOCIAL MEDIA** and **INFORMATION AND COMMUNICATION TECHNOLOGIES** (ICTs) are used in a way that maintains public trust in the profession.
- 2.9 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by:
 - a. assessing own practice and individual competence to identify learning needs,
 - b. developing a learning plan using a variety of sources,
 - c. seeking and using new knowledge that may enhance, support, or influence competence in practice, and

- d. implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse.
- 2.10 Demonstrates **FITNESS TO PRACTICE**.
 - 2.11 Distinguishes between the mandates of regulatory bodies, professional associations, and unions.
 - 2.12 Recognizes, acts on, and reports unprofessional conduct to the appropriate person, agency or professional body.
 - 2.13 Recognizes, acts on, and reports **HARMFUL INCIDENTS, NEAR MISSES, and NO HARM INCIDENTS**.
 - 2.14 Recognizes, acts on, and reports actual and potential workplace and occupational safety risks.

Competency Category 3: Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.

Competencies

- 3.1 Introduces self to clients and health-care team members by first and last name, and professional designation (protected title).
- 3.2 Engages in active listening to understand and respond to the client's experience, preferences, and health goals.
- 3.3 Uses evidence-informed communication skills to build trusting, compassionate, and **THERAPEUTIC RELATIONSHIPS** with clients.
- 3.4 Uses **CONFLICT RESOLUTION** strategies to promote healthy relationships and optimal client outcomes.
- 3.5 Incorporates the process of **RELATIONAL PRACTICE** to adapt communication skills.
- 3.6 Uses ICTs to support communication.
- 3.7 Communicates effectively in complex and rapidly changing situations.

- 3.8 Documents and reports clearly, concisely, accurately, and in a timely manner.

Competency Category 4: Collaborator

Registered nurses are collaborators who play an integral role in the health-care team partnership.

Competencies

- 4.1 Demonstrates collaborative professional relationships.
- 4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health-care facility to another, or to residential, community or home and self-care.
- 4.3 Determines their own professional and **INTERPROFESSIONAL** role within the team by considering the roles, responsibilities, and the scope of practice of others.
- 4.4 Applies knowledge about the scopes of practice of each regulated nursing designation to strengthen intraprofessional collaboration that enhances contributions to client health and well-being.
- 4.5 Contributes to health-care team functioning by applying group communication theory, principles, and group process skills.

Competency Category 5: Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the health-care team, and other sectors to ensure continuous, safe care.

Competencies

- 5.1 Consults with clients and health-care team members to make ongoing adjustments required by changes in the availability of services or client health status.
- 5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.
- 5.3 Organizes own workload, **ASSIGNS** nursing care, sets priorities, and demonstrates effective time management skills.
- 5.4 Demonstrates knowledge of the assignment and supervision process.

- 5.5 Participates in decision-making to manage client transfers within health-care facilities.
- 5.6 Supports clients to navigate health-care systems and other service sectors to optimize health and well-being.
- 5.7 Prepares clients for transitions in care.
- 5.8 Prepares clients for discharge.
- 5.9 Participates in emergency preparedness and disaster management.

Competency Category 6: Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

Competencies

- 6.1 Acquires knowledge of the *Calls to Action of the Truth and Reconciliation Commission of Canada*.
- 6.2 Integrates **CONTINUOUS QUALITY IMPROVEMENT** principles and activities into nursing practice.
- 6.3 Participates in innovative client-centred care models.
- 6.4 Participates in creating and maintaining a healthy, respectful, and psychologically safe workplace.
- 6.5 Recognizes the impact of **ORGANIZATIONAL CULTURE** and acts to enhance the quality of a professional and safe practice environment.
- 6.6 Demonstrates self-awareness through reflective practice and solicitation of feedback.
- 6.7 Takes action to support **CULTURALLY SAFE** practice environments.
- 6.8 Uses and allocates resources wisely.
- 6.9 Provides constructive feedback to promote professional growth of other members of the health-care team.
- 6.10 Demonstrates knowledge of the health-care system and its impact on client care and professional practice.

- 6.11** Adapts practice to meet client care needs within a continually changing health-care system.

Competency Category 7: Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

Competencies

- 7.1** Recognizes and takes action in situations where client safety is actually or potentially compromised.
- 7.2** Resolves questions about unclear orders, decisions, actions, or treatment.
- 7.3** Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 7.4** Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.
- 7.5** Supports **ENVIRONMENTALLY RESPONSIBLE PRACTICE**.
- 7.6** Advocates for safe, competent, compassionate and ethical care for clients.
- 7.7** Supports and empowers clients in making informed decisions about their health care, and respects their decisions.
- 7.8** Supports healthy public policy and principles of **SOCIAL JUSTICE**.
- 7.9** Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.
- 7.10** Advocates for client's rights and ensures informed consent, guided by legislation, practice standards, and ethics.
- 7.11** Uses knowledge of **POPULATION HEALTH, DETERMINANTS OF HEALTH, PRIMARY HEALTH CARE**, and health promotion to achieve health equity.
- 7.12** Assesses client's understanding of informed consent, and implements actions when client is unable to provide informed consent.

- 7.13 Demonstrates knowledge of a substitute decision maker's role in providing informed consent and decision-making for client care.
- 7.14 Uses knowledge of **HEALTH DISPARITIES** and **HEALTH INEQUITIES** to optimize health outcomes for all clients.

Competency Category 8: Educator

Registered nurses are educators who identify learning needs with clients and apply a broad range of educational strategies towards achieving optimal health outcomes.

Competencies

- 8.1 Develops an education plan with the client and team to address learning needs.
- 8.2 Applies strategies to optimize client **HEALTH LITERACY**.
- 8.3 Selects, develops, and uses relevant teaching and learning theories and strategies to address a diversity of clients and contexts, including lifespan, family, and cultural considerations.
- 8.4 Evaluates effectiveness of health teaching and revises education plan if necessary.
- 8.5 Assists clients to access, review, and evaluate information they retrieve using ICTs.

Competency Category 9: Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

Competencies

- 9.1 Uses best evidence to make informed decisions.
- 9.2 Translates knowledge from relevant sources into professional practice.
- 9.3 Engages in self-reflection to interact from a place of **CULTURAL HUMILITY** and create culturally safe environments where clients perceive respect for their unique health-care practices, preferences, and decisions.
- 9.4 Engages in activities to strengthen competence in **NURSING INFORMATICS**.

- 9.5** Identifies and analyzes emerging evidence and technologies that may change, enhance, or support health care.
- 9.6** Uses knowledge about current and emerging community and **GLOBAL HEALTH** care issues and trends to optimize client health outcomes.
- 9.7** Supports research activities and develops own **RESEARCH SKILLS**.
- 9.8** Engages in practices that contribute to lifelong learning.

Glossary

ACCOUNTABILITY – The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

ASSESSMENT – Systematically gathering, sorting, and organizing client data, and documenting the data in a retrievable format (Perry, Potter & Ostendorf, 2018).

ASSIGNS – The selective designation of specific responsibilities for client care within employer policies, legislative scopes of practice, competencies of the health-care provider and environmental supports (College and Association of Registered Nurses of Alberta [CARNA], 2014).

CLIENT – Refers to patients, residents, families, groups, communities and population (CARNA, 2013).

CLIENT-CENTRED – An approach that involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making (Registered Nurses Association of Ontario, 2006).

COMPASSIONATE – The sensitivity shown to understand another person's suffering, combined with a willingness to help and to promote the wellbeing of that person (Perez- Bret, Altisent, & Rocafort, 2016).

COMPETENT – The collection and application of measurable knowledge, skills, abilities, judgment and attitudes to practice safely and ethically (Canadian Council of Registered Nurse Regulators, 2013).

CONFLICT RESOLUTION – The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth (College of Registered Nurses of Nova Scotia [CRNNS], 2012).

CONTINUOUS QUALITY IMPROVEMENT – A continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies, and reflection to see what further improvements can be made (College and Association of Registered Nurses of Alberta, 2013).

CRITICAL INQUIRY – A process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions within a particular context, and is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

CULTURAL HUMILITY – A process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals (Foronda, Baptiste, Reinholdt, & Ousman, 2016).

CULTURALLY SAFE – An outcome based on respectful engagement free from racism and discrimination so that patient is a powerful player, not a passive receiver, of health care (Yeung, 2016).

DETERMINANTS OF HEALTH – Factors that influence health beyond our individual genetics and lifestyle choices (Government of Canada, 2018).

ENVIRONMENTALLY RESPONSIBLE PRACTICE – Activities that support environmental preservation and restoration to promote health and well-being (Canadian Nurses Association [CNA], 2017b).

EVIDENCE-INFORMED – 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 (Canadian Health Services Research Foundation, 2005).

FITNESS TO PRACTICE – Freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs ability to provide nursing care (CNA, 2017a).

GLOBAL HEALTH – The optimal well-being of humans from the individual and the collective perspective (CNA, 2017a).

HARM REDUCTION – Policies, programs and practices to reduce the adverse health, social and economic consequences of legal and illegal psychoactive drugs without necessarily reducing drug consumption (CNA, 2017c).

HARMFUL INCIDENCE – A patient safety incident that results in harm to a client (Canadian Patient Safety Institute [CPSI], 2009).

HEALTH-CARE TEAM – Health-care providers from different disciplines (often including both regulated professionals and unregulated workers) work collaboratively to provide care for clients (CNA, 2017a).

HEALTH DISPARITIES – Differences in health status among population groups defined by specific characteristics (Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, 2004).

HEALTH INEQUITIES – Differences in health status or in the distribution of health resources among different population groups due to the social conditions in which people are born, grow, live, work and age (World Health Organization [WHO], 2017).

HEALTH LITERACY – The ability to access, comprehend, evaluate and communicate information to promote, maintain and improve health in a variety of settings across the life-span (Rootman, & Gordon-El-Bihbrey, 2008).

HEALTH PROMOTION – Enabling people to increase control over, and to improve, their health by moving beyond a focus on individual behaviour towards a wide range of social and environmental interventions (WHO, 2018a).

HOLISTIC – A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person, the response to illness, and the effect of the illness to meet self-care needs (Jasemi, Valizadeh, Azmanzadeh & Keogh, 2017).

INFORMATION AND COMMUNICATION TECHNOLOGIES (ICTs) – A diverse set of technological tools and resources used to communicate, create, disseminate, store, and manage data and information (Canadian Association of Schools of Nursing [CASN] & Canada Health Infoway [CHI], 2012).

INTERPRET – To decide what the intended meaning of something is (Cambridge Online Dictionary).

INTERPROFESSIONAL – Members of different health-care disciplines working together within their individual scopes of practice to meet the health-care needs of the client (Canadian Health Services Research Foundation, 2012).

MEDICAL ASSISTANCE IN DYING – The administering of a substance to a patient, at the patient's request, that causes the patient's death or the prescribing or providing by a nurse practitioner of a substance to a patient, at the patient's request, so that the patient may self-administer the substance and in doing so cause his or her own death (CARNA, 2016).

NEAR MISS – An event that could have, but did not, result in harm (CPSI, 2009).

NO HARM INCIDENCE – A patient safety incident that reached the patient, but caused no discernible harm (CPSI, 2009).

NURSING INFORMATICS – Integrating and managing nursing data and knowledge with information and communication technologies to promote the health of clients (CASN & CHI, 2012).

ORGANIZATIONAL CULTURE – Assumptions and values that members have about their organization (Sullivan, 2012)

PALLIATIVE CARE – An approach that improves the quality of living for patients who have life-threatening illness and their families by preventing and relieving suffering of physical, psychological and spiritual pain or discomfort through early assessment and treatment (World Health Organization, 2018b).

PLAN OF CARE – A plan that includes priority nursing interventions to achieve client centered goals (CRNNS, 2017a).

POPULATION HEALTH – An approach to improve the health of the entire population and to reduce health inequities among population groups (Public Health Agency of Canada, 2012).

POSITIONAL POWER – The assumed authority or influence a person holds over others by virtue of the title of his or her position (CRNNS, 2017b).

PRIMARY HEALTH CARE – A focus on delivering client-centred services that include accessibility, active public participation, health promotion and chronic disease prevention and management, use of appropriate technology and innovation, and intersectoral cooperation and collaboration (CNA, 2015).

PROCEDURES - A set of actions that are the official or accepted way of doing something (Cambridge Online Dictionary).

PROFESSIONAL BOUNDARIES – Spaces between the nurse’s power and the client’s vulnerability (CARNA, 2011a).

PROFESSIONAL PRESENCE – The demonstration of confidence, integrity, optimism, passion, and empathy that aligns with legislation, practice standards, and ethics through verbal and nonverbal communications (Canadian Patient Safety Institute, 2017).

RECOVERY-ORIENTED NURSING CARE – A perspective that recognizes recovery as a personal process for people with mental health conditions or addictions to gain control, meaning and purpose in their lives (CASN, 2015).

RELATIONAL PRACTICE – Conscious participation with clients using listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts (Doane & Varcoe, 2007).

RESEARCH SKILLS – Ability to critically appraise the various aspects of a scientific research study.

SAFETY – Reducing and mitigating acts within the health-care system that could cause harm, as well as using best practices for optimal patient outcomes (CPSI, 2017).

SCOPE OF PRACTICE – The interventions that registered nurses are authorized, educated and competent to perform (CARNA, 2011b).

SOCIAL JUSTICE – Studying and understanding the root causes and consequences of disparities regarding the unfair distribution of society’s benefits and responsibilities by focusing on the relative position of one social grouping in relation to others (CNA, 2017a).

SOCIAL MEDIA – The software applications (web-based and mobile) that allow for creation, engagement, and sharing of new or existing content, through messaging or video chat, texting, blogging, and other social media platforms (Bodell & Hook, 2014).

THERAPEUTIC NURSING INTERVENTION – Any treatment based on clinical judgement and knowledge which a nurse performs to enhance client outcomes (Butcher, Bulechek, McCloskey Dochterman, & Wagner, 2019).

THERAPEUTIC RELATIONSHIP – A relationship that is established and maintained with a client by the nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the client's well-being (CARNA, 2011a).

TRAUMA-INFORMED CARE – A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk, & Olivet, 2010).

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