



# Maintaining Your Professional Nursing Practice

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## Acknowledgements

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## Purpose & Objectives

The purpose of this course is to provide guidelines and information concerning professional standards of care, the code of ethics for nurses, and state nurse practice acts.

After successful completion of this course, the participant will be able to:

1. Explain the purpose of the component documents of the American Nurses Association's (ANA) Foundations of Nursing Package 2015:
  - a. *Code of Ethics for Nurses*
  - b. *Nursing: Scope and Standards of Practice*
  - c. *Nursing's Social Policy Statement*
2. Identify the provisions of the *Code of Ethics for Nurses*
3. Identify the standards of nursing practice contained in *Nursing: Scope and Standards of Practice*
4. Identify the standards of professional performance contained in *Nursing: Scope and Standards of Practice*
5. Identify the purpose of state nurse practice acts
6. Identify the purpose of the administrative rules and regulations that pertain to state nurse practice acts
7. Identify the key elements and provisions common to all nurse practice acts
8. Describe what is included in the scope of nursing practice in nurse practice acts
9. Identify the examples of the requirements for maintaining the RN license
10. List grounds for discipline commonly found in nurse practice acts
11. Define alternatives to discipline programs as contained in nurse practice acts
12. Name the delegation issues addressed in most nurse practice acts
13. Give examples of professional practice resources available from nursing specialty organizations

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# Defining Nursing

Dictionaries, encyclopedias, nursing theorists, nursing textbooks, nursing organizations, and healthcare facilities all define nursing with slightly different emphases and shades of meaning.

Whatever definition of nursing best fits your own personal philosophy, as a nurse practicing in the USA you must comply with the legal definition in your specific state, and the policies and procedures of your employing facility. You must also exercise your professional role in an ethical and competent manner.

## Nursing is:

*Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.*

(American Nurses Association [ANA], 2017)

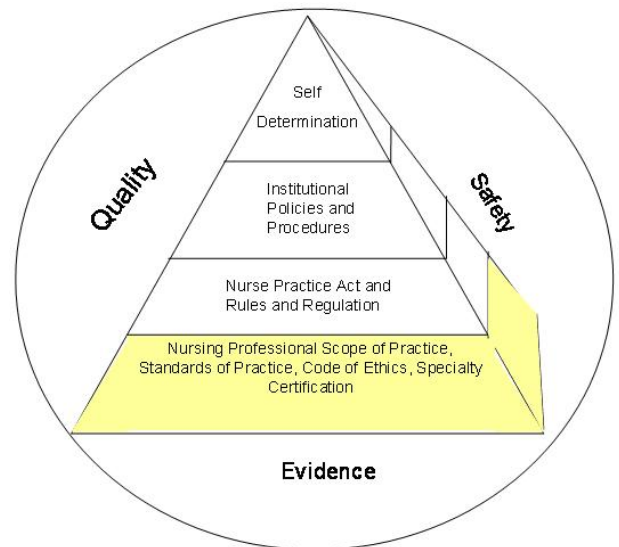
Within this course are examples from a number of different states. Each state varies in terms of the individual nurse practice act, but the examples within the course offer you examples of where you might find the information in your state's nurse practice act.

## A Model of Professional Nursing Practice

Used within the ANA's *Scope and Standards of Practice* (2015b), The Model of Professional Nursing Practice Regulation (Styles, Schumann, Bickford, & White, 2008) envisions nursing practice as a 4-level pyramid building toward the outcomes of safe, quality, evidence-based nursing practice.

- The pyramid rests on a base of nursing professional scope of practice, standards of practice, code of ethics, and specialty certification.
- Built upon the base, nurse practice acts and rules and regulations form the next level of regulation.
- The third level is institutional policies and procedures.
- The apex of the pyramid is self-determination.

Building on the base, each level of the model incorporates progressively specific laws and guidelines that govern practice, culminating in self-determination. Within laws and guidelines, the professional nurse plays a role in determining his or her own practice.



# Foundational Documents of Professional Nursing

ANA has published three resources that inform nurses for their thinking and decision-making, and guide their practice:

- *Nursing's Social Policy Statement: The Essence of the Profession* (2014b) defines nursing, conceptualizes nursing practice, and describes the social context of nursing.
- *Nursing: Scope and Standards of Practice* (2015b) states the RN scope of practice and presents standards and competencies that outline the professional role of the RN.
- *Code of Ethics for Nurses with Interpretive Statements* (2015c) establishes the ethical framework for RNs across all roles, levels, and settings.

For learning purposes, the sections dealing with *Social Policy*, *Scope & Standards of Practice* and *Code of Ethics* will be color-coded throughout this presentation.

# Nursing: Scope of Practice and Standards of Practice

Scope of practice defines who, what, where, when, why and how of nursing practice. Standards state actions the nurse takes to assure the quality of practice and education.

ANA has developed *Standards of Professional Nursing Practice* which apply to all practicing registered nurses. ANA first published standards of nursing practice in 1973 and has regularly reviewed and revised the standards to reflect changes in practice. The standards reflect the values and priorities of the nursing profession. They describe the responsibilities for which registered nurses are accountable and define the nursing profession's accountability to the public and the outcomes for which registered nurses are responsible (ANA, 2015b).

Standards of professional nursing practice include standards of **practice** and standards of **professional performance**.

- The standards of **practice** describe a competent level of care in each phase of the nursing process. A list of competencies accompanies each standard and clarifies component actions that reflect competent practice.
- The standards of **performance** describe a competent level of behavior in the professional role.

In addition to these standards which apply to all RNs, ANA has established a process for recognizing nursing specialties, approving specialty scope statements and acknowledging specialty practice standards. Currently, ANA has recognized 38 nursing specialties and their scopes and standards.

ANA consults and collaborates with nursing specialty organizations and international organizations such as the International Council of Nurses (ICN) to assist with development of standards.

Some nursing specialty organizations publish their own standards independent of ANA.

## Test Yourself

Which of the following is true regarding nursing specialties?

- A. They only need the ANA standards of practice
- B. Nursing specialties are not recognized by the ANA
- C. The ANA acknowledges specialty practice standards

## Standards of Practice for All Registered Nurses (ANA, 2015b)

### Standard 1. - Assessment

The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation.

### Standard 2. - Diagnosis

The registered nurse analyzes the assessment data to determine the diagnoses or the issues.

### Standard 3. - Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare.

The graduate-level prepared specialty nurse or advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect consumer or the situation.

**Standard 4. - Planning**

The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

**Standard 5. - Implementation**

The registered nurse implements the identified plan.

**Standard 5A. - Coordination of Care**

The registered nurse coordinates care delivery.

**Standard 5B. - Health Teaching and Health Promotion**

The registered nurse employs strategies to promote health and a safe environment.

**Standard 6. - Evaluation**

The registered nurse evaluates progress toward attainment of outcomes.

## **Test Yourself: Case Study: Are Standardized Plans of Care acceptable?**

You have just started at a new facility. Your preceptor is orienting you to resources available on the facility's intranet. She shows you how to access standard care plans based on nursing diagnosis and identifies the ones that are most frequently used on your unit. She tells you to select the most appropriate one and insert it into the patient's record. She says, "That's all we do for the plan of care here." Does this practice meet ANA Standards?

### **Correct Answer:**

**No, it does not. Standard 3 (Outcomes Identification) identifies that the RN identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.**

Competencies for this standard specify that the RN:

- Involves the healthcare consumer, family, and other healthcare providers in formulating expected outcomes when possible and appropriate.
- Defines expected outcomes in terms of the healthcare consumer, healthcare consumer culture, values, and ethical considerations.
- Modifies expected outcomes according to changes in the status of the healthcare consumer or evaluation of the situation.

Failing to individualize standardized care plans is out of compliance with ANA standards. The Joint Commission which accredits the facility also has standards related to individualized plans of care.

**HOWEVER**, standard care plans are a very useful resource to use in constructing an individualized plan of care. Standardized care plans identify nursing diagnoses, interventions and outcomes that are very useful in planning care. The key is to use the standardized care plan as a **RESOURCE** and to modify the standardized plan to fit the particular circumstances of your patient.



# Standards of Professional Performance (ANA, 2015b)

## **Standard 7. - Ethics**

The registered nurse practices ethically.

## **Standard 8. – Culturally Congruent Care**

The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles

## **Standard 9. - Communication**

The registered nurse communicates effectively in all areas of practice.

## **Standard 10. - Collaboration**

The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice.

## **Standard 11. - Leadership**

The registered nurse demonstrates leadership in the professional practice setting and in the profession.

## **Standard 12. - Education**

The registered nurse attains knowledge and competency that reflects current nursing practice.

## **Standard 13. - Evidence-based Practice and Research**

The registered nurse integrates evidence and research findings into practice.

## **Standard 14. - Quality of Practice**

The registered nurse contributes to quality nursing practice.

## **Standard 15. - Professional Practice Evaluation**

The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

## **Standard 16. - Resource Utilization**

The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

## **Standard 17- Environmental Health**

The registered nurse practices in an environmentally safe and healthy manner.

## **Test Yourself**

Which of the following is a standard of professional performance?

- A. Assessment
- B. Professional Practice Evaluation**
- C. Implementation

## Test Yourself: Case Study: How Long Does Your Education Continue?

The staff educator for your unit is encouraging staff members to attend a one-day workshop on evidence-based practice. A limited number of staff will be paid to attend. One of your RN colleagues says, "Sounds too much like school and research to me. If there's anything we need to know about it, our manager can tell us." How does this nurse's attitude match ANA *Standards of Practice*?

### Correct Answer:

**Your colleague's attitude does not match the ANA Standards of Practice. ANA Standards of Practice make it clear that your education continues as long as you continue to practice.**

*Nursing: Scope and Standards of Practice* in Standard 8. Education, and Standard 12. Leadership, highlight your responsibility to commit to lifelong learning. Standards also emphasize your responsibility to:

- Identify your learning needs
- Participate in education and learning experiences
- Maintain and develop your professional and clinical skills and knowledge

Nurse Practice Acts and the *Code of Ethics for Nurses* also stress your obligation to commit to lifelong learning in order to maintain safe practice. In addition, most philosophies of nursing identify lifelong learning as an essential component of nursing practice.

## Test Yourself: Case Study: You Collaborate for Your Patient's Benefit

Your patient has rheumatoid arthritis and over the past seven years has had joint replacements of his ankles and his hips. One year ago, he had a fusion of the cervical spine. Six months ago, he had a second hip replacement for his right hip. He is hospitalized for treatment of pneumonia and dehydration which developed as a result of the flu. Today the physical therapist and occupational therapist visited him and showed you some techniques to assist him in transferring, ambulating and performing self-care. While giving hand off report to the oncoming RN, you suggest that she and the nursing assistant go with you to his room so that you can show her what you learned from the therapists. Is this appropriate?

### Correct answer:

Yes, this is entirely appropriate. ANA Standard 10 (Collaboration) states that the RN partners with others to effect change and produce positive outcome through sharing of knowledge of the healthcare consumer and/or situation. Accreditation agencies, such as The Joint Commission, also place high value on interdisciplinary collaboration and on the safety aspect of complete shift-to-shift reporting.

The ANA has established three principles of collaborative relationships for all nurses to follow (ANA, 2014a). The three principles include:

- I. *Effective Communication:*** A basic elements of human interaction is the ability to communicate. Communication, particularly in high-intensity environments such as health care, is not merely the transaction of words. Effective communication requires an understanding of the underlying context of the situation, an appreciation for the tone and emotions of a conversation, and the accurate information (ANA, 2014a).

When implemented consistently, the principles relating to effective communication can bridge the figurative divide of "you vs. me", and ensure a reliable and dynamic means of relaying information and feedback (ANA, 2014a).

### **ANA's Principles of Effective Communication**

1. Engage in active listening to fully understand and contemplate what is being relayed.
2. Know the intent of a message, and what is the purpose and expectations of that message.
3. Foster an open, safe environment.
4. Whether giving or receiving information, be sure it is accurate.

5. Have people speak to the person they need to speak to, so the right person gets the right information.

**II. Authentic Relationships:** Professional nurses cultivate caring relationships with their patients, supporting them in meeting their physical, mental, and spiritual needs related to health. To bolster the profession and the quality of care patients receive, nurses must reciprocate that kind of relationship with each other. And, as professionals, nurses engage in the art and science of caring, and by their very nature, nurses thrive when they experience caring from their colleagues. The principles relating to authentic relationships give nurses a guide for developing these types of interactions with one another, and cultivate the nurse's sense of being cared for that promotes their ability to do the same for patients (ANA, 2014a).

### ***ANA's Principles of Authentic Relationships***

1. Be true to yourself – be sure actions match words, and those around you are confident that what they see is what they get.
2. Empower others to have ideas, to share those ideas, and to participate in projects that leverage or enact those ideas.
3. Recognize and leverage individual nurse's strengths.
4. Be honest 100% of the time: With yourself and with others.
5. Respect others' personalities, needs, and wants.
6. Ask for what you want, but stay open to negotiating the difference.
7. Assume good intent from others' words and actions, and assume they are doing their best.

### ***III. Learning Environment and Culture***

A well-developed practice environment supports great nursing care and gives nurses the satisfaction of knowing that their work is valuable and meaningful. The attributes of a learning environment are both objective and subjective; whereas some aspects are clear and visible, some are just a sensation or feeling. However, contrary to what it seems, creation of a learning environment is not a top-down phenomenon. Nurses at all levels contribute to a learning environment by demonstrating trust, support, and representation. The principles pertaining to learning environment allow nurses and others to thrive and succeed at their work because they are not afraid of failure (ANA, 2014a).

### ***Principles of Positive Learning Environments & Culture***

1. Inspire innovative and creative thinking.
2. Commit to a cycle of evaluating, improving, and celebrating and value what is going well.
3. Create a culture of safety, both physically and psychologically.
4. Share knowledge, and learn from mistakes.

5. Question the status quo – ask “what if”, not “no way.”

### **Test Yourself**

The principles of collaborative relationships include

- A. Effective communication, authentic relationships, learning environment and culture**
- B. Evidence-based practice and research, education, and resource utilization**
- C. Leadership, collaboration, authentic relationships**

### **Implementation Guidelines**

Simple and sustained changes to the way nurses communicate, relate, and cultivate their environment can make tremendous impacts towards ideal collaboration. Working together can strengthen both the individual, as well as the team and ultimately result in the delivery of improved patient care and safety.

According to the ANA (2014a), there are key factors that facilitate the implementation of the principles. First, nurses are united in their shared goal of excellent patient care, and in their sense of “beneficence”, which means doing things the greater good. The principles help encourage or even celebrate nurses’ ability to translate patient beneficence into coworker beneficence. A second factor is timing. Healthcare is rapidly transforming, and the profession of nursing increasingly being elevated, thus, the time is optimal for encouraging or enhancing ideal collaboration through these principles. Finally, there is positive momentum from champions of collaboration, and an emphasis on looking past the problems that are known, and concentrating more energy on creating the best work environment possible.

#### **Avoid barriers**

The barriers that could hamper implementation of the principles are more intimidating than they are real. Insufficient time, cost concerns, resistance to change, horizontal or vertical distrust, or structured improvement program “fatigue”, are all surmountable. Changes in attitude, behavior, and work environment can be simple, sustained, and virtually costless.

#### **Start doing what works, and stop doing what doesn’t**

Implementing the principles requires nurses at all levels to start taking positive steps towards improving relationships, and cease the things that impede them. Blame, doubt, cynicism, reluctance hamper relationships, and cause the divides between clinical nurse and nurse managers to fester. To cleanse and renew these relationships, and ultimately build to something bigger and greater, nurses at all levels must take proactive, positive approaches toward implementing the principles.

The essence of teamwork is that it is not a sum of the parts, but how those parts perceive their contributions toward the goal, work together, and exhibit fidelity to one another.

Acting on the principles is most likely not an overnight process, therefore, it requires prioritization and sustainment to ensure buy-in and dedication from all nurses at all levels.

When clinical nurses and nurse managers dedicate themselves to collaborative relationships, the harmony that ensues is palpable. Nurses can then excel at their work, and they can deliver on the ultimate and most important goal of high value patient care (ANA, 2014a).

## Competencies

A list of multiple competencies accompanies each standard (ANA, 2015b). Each standard includes competencies pertinent to the RN role and additional competencies pertinent to the graduate-level prepared specialty nurse or the APRN. For example:

- **Standard 1. Assessment**  
The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.
- **Sample RN competency related to Assessment (one of 12):**  
Elicits the healthcare consumer's values, preferences, expressed needs, and knowledge of the healthcare situation.
- **Sample graduate-level prepared specialty nurse or the APRN competency (one of two):**  
Initiates and interprets diagnostic tests and procedures relevant to the healthcare consumer's current status.
- **Standard 7. Ethics**  
The registered nurse practices ethically.
- **Sample RN competency (one of 10 related to Ethics):**  
Delivers care in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs.
- **Sample graduate-level prepared specialty nurse or the APRN competency (one of two):**  
Participates in interprofessional teams that address ethical risks, benefits, and outcomes.

## Test Yourself: Case Study: Your Patient Faces a Momentous Decision

Your patient's physician has offered her a few choices of treatment options for her cancer. Her physician has told her that radical, disfiguring surgery seems to offer the best chance of five-year survival. The patient tells you that her family has always made decisions like this in a family meeting and has always continued their discussions until they all agree. She says that her family really wants her to go ahead with the surgery, but she's just not sure it's worth it. She thinks that after all, she's the one who has to undergo the surgery and live with the resulting disfigurement. Although you don't give her your opinion, you really do agree with her. You think that if you were in her situation, you'd opt for a more conservative choice. Should you tell her you agree with her and join the family meeting to help convince her family?

### **Correct Answer:**

It is unethical to insert your own beliefs, values, and personal opinions. It is also unethical to volunteer to participate in a family meeting unless you are invited for the purpose of providing or clarifying factual information. Your role is to assist the patient to clarify her own thinking about her choices and to help her secure any information needed to assist her. You might make suggestions, such as that she write down the thoughts that she brings forward in your conversation in order to have those notes available to her when she discusses the matter with her family.

### **Consistent with the ANA *Code of Ethics* (ANA, 2015b)**

The right to self-determination states that patients have the moral and legal right to make decisions about their own healthcare. They also have the right to:

- Receive clear, accurate, understandable information to facilitate informed decisions.
- Assistance in weighing risks and benefits of available options, including no treatment.
- Decide without undue influence or penalty.
- Support in the decision-making process.

When the patient is unable to participate in his care and has designated a surrogate, that individual is entitled to the same rights. The nurse is obligated to respect the decision-making process as well as the decision. For example, some patients may place less weight on individualism and choose a family decision-making process.

Interpretive statements on relationships to patients and professional boundaries also support the idea that the nurse's ethical stance is to help the patient to clarify the patient's own views and provide information if necessary. In this case, the nurse might also explore with the patient whether the patient wants to depart from the traditional family decision-making process – but not as a suggestion to do so, only to help the patient clarify her own wishes in the decision-making process.

The rules and regulations of some nurse practice acts also make statements about professional boundaries and relationships to patients.

## History of the Code of Ethics

In 1896, American and Canadian nurses founded the forerunner of the American Nurses Association, The Nurses Associated Alumni of the United States and Canada. The group's first purpose was to develop a code of ethics.

The code they developed evolved from nursing's first code of ethics, The Nightingale Pledge (1859). Development has proceeded to the present, with the first acceptance by the ANA House of Delegates in 1950. The ANA has revised and amended the code, which has included interpretive statements since 1976. The most recent version, the *Code of Ethics for Nurses with Interpretive Statements*, was adopted by the ANA House of Delegates in 2001, culminating a five-year revision project.

The ANA published the *Guide to the Code of Ethics for Nurses: Interpretation and Application* in 2008 and reissued it in 2010 and 2015. The publication discusses the provisions and illustrates them using case studies.

## Purpose of the Code of Ethics

Ethics is a fundamental part of nursing. Nursing has a distinguished history of concern for the welfare of the sick and injured. As patient advocates, nurses stand for social justice and protection of the patient and his or her fundamental rights. The profession of nursing is governed by the ideal of preventing harm to patients, promoting health and wellness and protecting patients, families and communities (ANA, 2015a).

Individuals who become nurses are expected to adhere to the ideals and morals of the profession, which are guided by the *Code of Ethics for Nurses*. The code of ethics outlines the core goals, values and obligations of the nursing profession and embraces the ideals of what being a nurse really is. In the *Code of Ethics for Nurses*, the nursing profession publicly expresses its central ethical values, duties, and commitments.

The code centers on the primary ethical principle of justice. The code is concerned with social justice at every level, for:

- Ameliorating conditions that are the causes of disease, illness, and trauma
- Recognizing the worth and dignity of all with whom the nurse comes into contact
- Providing high-quality nursing care in accord with the standards and ideals of the profession
- Treating the nurse justly

Information presented in this course is excerpted from The Code of Ethics for Nurses with Interpretive Statements (ANA, 2015a) and used with permission of ANA. ANA members and non-members may view the complete document at [www.nursingworld.org](http://www.nursingworld.org). You may also purchase it from the ANA.

### Test Yourself

The Code of Ethics centers of what ethical principle?



- A. Autonomy
- B. Justice**
- C. Beneficence

## Test Yourself: Case Study: Your Nursing Assistant is Newly Certified in Additional Skills

You are practicing in Oregon, where the state has established a training program leading to certificates for nursing assistants who work in acute care settings (CNA-2). You are working on a medical-surgical unit with a nursing assistant who has successfully completed the training program just last week. The training program includes the skill, “clean intermittent straight urinary catheterization in chronic conditions.”

Your facility paid selected nursing assistants to attend this training. When your nurse manager circulated the new policies revised to permit the CNA-2 to perform the additional skills, she made it clear that she expects you to assign the CNA-2 to perform all the additional skills.

One of your patients is a 68-year-old woman who is a paraplegic. She is hospitalized to prepare for skin graft surgery which will repair skin damage due to pressure ulcers. She receives intermittent clean urinary catheterizations. The woman has a prolapsed uterus and you know that it is difficult to catheterize her.

Should you assign this task to the new CNA-2?

### Correct Answer:

**This task is not an appropriate assignment for the CNA-2. The CNA-2 has not had enough experience to perform this new skill competently.**

The ANA *Code of Ethics* states that “Employer policies or directives do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks” (Provision 4, Interpretive statement 4.4, ANA, 2015 p. 17).

The rules and regulations of the Oregon Nurse Practice Act also hold you legally accountable for considering the complexity of the task, the skill of the person to whom you delegate and the patient circumstances when delegating (Oregon Board of Nursing, 2016a).

**NOTE:** In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.

## Provisions of the Code of Ethics

The *Code of Ethics for Nurses* is a dynamic document and reflects current social changes in healthcare. The code has nine provisions. The first three provisions describe the most fundamental values and commitments of the nurse; the next three provisions deal with the boundaries of duty and loyalty; and the last three provisions address aspects of nursing duties beyond individual [patient encounters (ANA, 2015a). Interpretive statements follow each provision to explain and amplify the terms of the provisions. Additional ethical guidance can be found in ANA or constituent member association position statements that address ethical issues.

The *Code of Ethics for Nurses with Interpretive Statements* provides a framework for nurses to use in ethical analysis and decision-making. It establishes the ethical standard for the profession and is non-negotiable (ANA, 2015a).

Reprinted with permission from American Nurses Association, *Guide to the Code of Ethics for Nurses: Interpretation and Application*, © 2015 nursebooks.org, Silver Spring, MD.

**Provision 1.** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every individual.

- Respect for human dignity: Nurses respect the inherent dignity, worth, unique attributes, and human rights of each individual, and take into account the needs and values of all persons.
- The nature of health: The nurse respects the dignity and rights of all patient without regardless of the factors contributing to the person's health status. Nursing care aims to maximize the patient's own values, and extends supportive care to the family and significant others. Nurses are leaders and advocates for the delivery of dignified and humane care, and actively intervene to minimize patient suffering and unwarranted treatment when necessary
- The right to self-determination: Respect for human dignity requires the recognition of specific patient rights, particularly the right to self-determination. Self-determination is the autonomy of the patient to make informed decisions about health care. Patients have moral and legal rights to determine what interventions will be done with their own person. The patient has an inherent right to receive accurate, complete and understandable information in a way that facilitates an informed judgment. Patients should be involved in the planning of their own health care to the extent that they are able and choose to participate. Relationships with colleagues and others: The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse must maintain compassionate and caring relationships with all colleagues and others, with a commitment to the fair treatment of individuals, to integrity-preserving compromise and to resolving conflict.

- Relationships with colleagues and others: Respect for persons extend to all individuals with whom the nurse interacts. Nurses maintain professional, respectful, and caring relationships with others. Nurses create a healthy environment that is ethical and provides a culture of civility and kindness, treating others with dignity and respect.

**Provision 2.** The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

- Primacy of the patient's interests: The nurse's primary commitment is to the recipient of nursing and health services, whether patient is an individual, family, group, community, or population. Addressing patient interests may require resolution of conflict. Where conflict may arise, the nurse's primary responsibility is to the patient.
- Conflict of interest for nurses: Nurses are often placed in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, colleagues, physicians or even health care organizations. Nurses must examine the conflicts between their own personal and professional values and the inherent values of others and strive to resolve conflicts in a way that will ensure patient safety, safeguard the patient's best interests and preserve the professional integrity of the nurse.
- Collaboration: Is the concerted effort of a group of individuals to achieve a mutual goal. Collaboration requires mutual trust, respect, recognition and open dialogue among all members of the health team and the patient. Nurses should advocate for all relevant parties to be fully involved in the decision-making process and ensure that the patient's needs and concerns are addressed to ensure informed decision-making occurs.
- Professional boundaries: The nurse recognizes and maintains appropriate personal relationship boundaries that establish appropriate social and moral limitations. The intimate nature of nursing makes it more difficult to set clear limitations to professional relationships. In all situations, it is the nurse's responsibility to ensure boundaries are set and adhered to. When professional boundaries are jeopardized, the nurse must seek assistance from supervisors or take the appropriate steps to remove her/himself from the situation.

**Provision 3.** The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

- Protection of rights of privacy and confidentiality: The need for health care does not justify unwanted, unnecessary, or unwarranted intrusion into a person's life. The nurse must safeguard the patient's right to privacy (whether individual, family, or community), and should advocate for an environment that protects patient confidentiality.
- Protection of human participants in research: Every individual has the right to consent to or refuse to participate in research as a human subject. The nurse must ensure that the patient receives sufficient information about the research to make an informed decision. The patient also has the right to refuse to participate or to withdraw from a research study without fear of retaliation.
- Performance standards and review mechanisms: A process of education and formation involves ongoing acquisition and development of the knowledge, skills, experiences, relational maturity, and personal integrity necessary for professional practice. Nurse manager and executives are responsible for ensuring that nurses have the required knowledge, skill, and dispositions to perform professional responsibilities. Nurse educators have a responsibility to

ensure that basic competencies are met and nurse managers are responsible for ensuring that the knowledge and skill of every nurse is assessed prior to the assignment of appropriate responsibilities that meet the skill set and educational training of the nurse.

- Professional responsibility in promoting a culture of safety: Nurses must participate in the development, implementation, and review and adherence to policies that promote patient health and safety, reduce errors and waste, establish and sustain a culture of safety. Nurses must report errors and near misses according to organizational policies, and ensure reporting errors to patients. Nurses must also establish processes for investigating errors and near misses.
- Protection of patient health and safety by acting on questionable practice: The nurse has an ethical duty to report any instances of unethical, illegal or impaired practice by any other members of the health care team. When the nurse is aware of any inappropriate or questionable practice in the provision of health care, concern should be professionally expressed to the person directly responsible for carrying out the questionable practice. Attention should be drawn to the patient's best interests. If the situation is not resolved in a satisfactory manner, the issue should be reported to the appropriate authority within the chain of command.
- Patient protection and impaired practice: Nurse must protect the patient, public, and the profession when practice appears to be impaired. Nurses have a responsibility to protect standards of patient care when a colleague's professional practice is impaired in any way. It is the nurse's ethical duty to report impaired practice so that patient safety can be protected and the affected colleague can get the support and assistance needed to regain optimal functioning. This includes supporting the return to practice of a colleague who has sought counselling and is now ready to return to work.

**Provision 4.** The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimum care.

- Authority, accountability, and responsibility: Nurses bear responsibility for the nursing care their patients and clients receive and are accountable for their own practice. Nursing practice includes delegation, direct patient care activities and supervision of nursing assistants working under their direct supervision.
- Accountability for nursing judgments, decisions, and actions: The nurse is answerable to his or herself and others for individual nursing decisions and actions. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth and self-determination of all patients.
- Responsibility for nursing judgments, decisions, and actions: Along with accountability, responsibility may also be borne by the nurse and the institution. Refers to the specific accountability or liability associated with the performance of duties of a particular role. Nurses must accept or reject specific role demands based on their education, knowledge, competency, skill and experience. Nurse executives are responsible to ensure that nurses have accessibility and are participative in organizational committee and decision-making processes that affect ethics, quality, and safety of patient care. Individual nurses are also responsible for assessing their own competence.
- Assignment and delegation of nursing activities or tasks: The nurse is accountable and responsible for the quality of nursing care delivered and is therefore accountable for the delegation and assignment of nursing responsibilities to other nurses and the delegation of

tasks to other health care workers. The nurse must assess individual competence when assigning select tasks by evaluating the knowledge, skill and experience of the individual to whom the care is assigned. Employer policies do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks.

**Provision 5.** The nurse owes the same duties to self as to others, including the responsibility to preserve health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

- Duties to self and others: Moral respect accords moral worth and dignity to all human beings irrespective of personal attributes or life situation. This respect extends to oneself as well. Moral self-respect includes concern for professional growth and development, maintenance of competence, preservation of character and personal integrity.
- Promotion of personal health, safety, and well-being: Nurses have a duty to take the same care for their health and safety through assessment, evaluation, protection, promotion, advocacy, education, and conducting research. Nurses should model health maintenance and promotion measures. Nurses should have a healthy lifestyle, maintain personal and family relationships, engage in leisure activities, and address spiritual needs to mitigate risks of burnout and compassion fatigue.
- Preservation of wholeness of character: Nurses have both personal and professional identities that are integrated. As the nurse becomes a professional, the values of the profession are integrated with personal values and beliefs to form an authentic expression of one's own moral point of view in practice. When asked for a point of view by a patient, the nurse may offer an informal personal opinion, provided that the nurse is clear that it is a personal opinion only, and maintains professional and moral boundaries. Assisting patients in clarifying their own values to reach an informed decision is the best process to avoid unintended persuasion.
- Preservation of integrity: Integrity is an aspect of wholeness of character, and is primarily a self-concern of the individual nurse. Threats to integrity may include an expectation by others that the nurse will act in a way that is inconsistent with the values and ethics of the profession or in direct conflict with the best interests of the patient. When nurses are laced in situations that compromise their ethical standards, they may express their conscientious objection to participate. This excludes refusal to participate based on personal preference, prejudice, inconvenience or arbitrariness. Conscientious objection should be made known in advance so that alternative arrangements for patient care can be made. The nurse is obliged to care for the patient's safety, avoid patient abandonment and to withdraw only when alternative sources of care are available.
- Maintenance of competence and continuation of professional growth: Involves the control of one's conduct in a way that is self-regarding. Competence affects one's self-respect, self-esteem, professional status and the meaning of work. Evaluation of one's own performance, coupled with peer review, is a means by which nursing practice can maintain the highest standards. Each nurse is responsible for participating in the development of criteria for evaluation of practice.
- Continuation of personal growth: Nurses are encouraged to read broadly, continue lifelong learning, participate in personal study, focus on financial security, participate in social and civic advocacy and activities, and pursue leisure and recreational activities.

**Provision 6.** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

- The environment and moral virtue: Virtues are habits of character that encourage a person to meet their moral obligations. These virtues include character traits such as honesty and courage. All nurses have a responsibility to create, develop and maintain environments that support the growth of virtues and enable nurses to fulfill their ethical obligations.
- The environment and ethical obligation: All nurses have a responsibility to create, develop and maintain environments of practice that enable nurses to fulfill their ethical obligations. Environments of practice include working conditions, policies and procedures, role descriptions, health and safety initiatives, ethics committees, and disciplinary procedures.
- Responsibility for the healthcare environment: The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers and identification of moral issues that need to be addressed. Professional nursing associations serve as advocates for nurses by seeking to secure just compensation and good working conditions for nurses.

**Provision 7.** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

- Contributions through research and scholarly inquiry: Nurses must participate in the advancement of the profession through development of knowledge, evaluation, dissemination, and application to practice. Knowledge is developed through scholarly inquiry and draws from and contributes to other sciences and humanities. Nurse researchers must ensure that research is valuable, soundly constructed, and adhered to ethical standards, and disseminate results appropriately.
- Contributions through developing, maintaining, and implementing professional standards: Standards and guidelines reflect the fact that the practice of nursing is grounded in ethical commitments and a solid body of knowledge. It is the responsibility of every nurse to identify their own individual scope of practice as permitted by professional practice standards, state and federal laws and by the *Code of Ethics*.
- Contributions through nursing and health policy development: Nurses should advance their profession by contributing in some way to the leadership, activities and viability of their professional organizations. Nurses can also advance the profession by serving as role models and advocates of professional integrity.

**Provision 8.** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

- Health is a universal right: The nurse holds that health is a universal human right. This right includes economic, political, social, and cultural dimensions. It includes access to all forms of health care from preventative to emergency care, and is held with the United Nations, the International Council of Nurses, and other human rights treaties.
- Collaboration for health, human rights, and health diplomacy: All nurses commit to advancing health, welfare, and safety. Nurses must address health, including determinants of health and

lead collaborative partnerships to develop effective policies, legislation, and projects that promote health, prevent illness, and alleviate suffering.

- **Obligation to advance health and human rights and reduce disparities:** Nurses work collaboratively with other healthcare professionals to respond to advanced technologies, genetics, and environmental science. Nurses educate the public, assist with informed choice, identify conditions, and assist with legislation development to address barriers to health care. Nurses recognize that health care is needed across culturally diverse populations worldwide.
- **Collaboration for human rights in complex, extreme, or extraordinary practice settings:** Nurses must be aware of and bring attention to human rights violations in all settings and contexts. Nurses must have moral justifications for their actions and emphasize transparency, protection of the public, upholding liberties, and fair stewardship of resources.

**Provision 9.** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

- **Articulation and assertion of values:** It is the responsibility of a professional organization to communicate and affirm the values of the profession to its members. It is essential that the professional organization encourages discourse that supports critical self-reflection and evaluation within the profession. The organization also communicates to the public the values that nursing considers central to social change that will enhance health.
- **Integrity of the profession:** The values and ethics of the profession is affirmed by all professional and organizational relationships at the local, interorganizational, and international levels. The contract between the profession and society is made explicit through mechanisms such as the *Code of Ethics for Nurses*, standards of nursing practice, ongoing development of nursing knowledge, educational requirements for practice, certification, and mechanisms for evaluating the effectiveness of professional nursing actions.
- **Integrating social justice:** It is the shared responsibility of professional nursing organizations to speak for nurses collectively to shape health care and promote change for health improvements at a local, national, and international level. All nurses model the profession's commitment to social justice and health.
- **Social justice in nursing and health policy:** The nursing profession must actively participate in solidarity with the nursing community and organizations worldwide. Global health and the common good can be realized when nurses unite their efforts and energies.

## Test Yourself

According to the *Code of Ethics*, how can nurses advance the profession?

- A. Through collaborative relationships
- B. By joining professional organizations
- C. **Through research and scholarly inquiry**



## Test Yourself: Case Study: You Are Floated to the Ortho Unit

This evening when you report to your med-surg unit, the charge nurse tells you that you have to float to the orthopedic unit. You have not had any recent experience with orthopedic patients. When you arrive on the ortho unit, the charge nurse gives you an assignment that includes patients who require special techniques for getting out of bed and need to do exercises using specialized equipment during the shift. You are not familiar with the techniques or the equipment. The charge nurse tells you that the patients can explain it to you. Should you accept this assignment and rely on the patients to explain the techniques and equipment to you?

### **Correct Answer:**

**Absolutely not! The charge nurse is probably violating facility policy to ask you to do so. She is certainly not assigning appropriately and is violating delegation guidelines that are a part of the nurse practice act. But, enough about her!**

**Both the *Code of Ethics* and states' nurse practice acts clearly indicate that you should accept assignments only for duties within your competency. In this case, you must inform the charge nurse that you cannot accept that assignment. There may be other patients on the unit who do not require techniques or equipment unfamiliar to you. Or, perhaps you can perform other aspects of care for these patients, leaving those specialized aspects to a core staff member. Since you are the one in this situation who knows your own competencies and the consequences of accepting an assignment that requires competencies you do not have, you are accountable for advocating for safe practice. With the charge nurse, negotiate an assignment that you can perform within your competencies.**

***The Code of Ethics for Nurses* states that; Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient referred to others for appropriate care (Provision 5, ANA, 2015a).**

**Boards of nursing, state nurse practice acts, and state rules and regulations also emphasize your obligation to practice within your competency.**

**For example:**

**The California Board of Nursing issued a statement regarding floating which states in part that "If the RN accepts an assignment for patient care and is not clinically competent, the RN license can be disciplined." (Board of Registered Nursing, 1998).**

## Test Yourself: Case Study: Your Colleague Takes a Shortcut

You are caring for a patient who is receiving an IV infusion of heparin. Consistent with high-alert drug recommendations, your facility's policy and procedure states that dosage calculations and pump programming are to be independently double-checked by a second RN. You ask your RN co-worker to perform this check for you. He agrees to do so. Without doing the calculation himself or looking at the pump, he says, "Looks fine to me – you always get it right." Do you have an obligation to give him feedback about his approach to an independent double-check?

### **Correct Answer:**

**Yes, ANA Standards indicate that you provide peers with formal or informal constructive feedback regarding their practice or role performance (ANA, 2015b).**

**It might be easier to find someone else to do the double-check, but you have an obligation to patient safety and to this nurse as well. At the very least, you must tell him that you need him to actually perform the double-check. His behavior also violates policy and procedure and the *Code of Ethics*. It would be considered "unprofessional behavior" according to your state's nurse practice act.**

**The *Code of Ethics*, *Standards of Practice*, and your state's nurse practice act all obligate you to report incompetent, illegal or impaired practices. Whether you choose to pursue reporting will probably depend upon how he responds and whether this is typical behavior on his part. When RNs give one another feedback, both corrective as in this case and complementary when indicated, an environment is created that is positive both for patient care and for professional working relationships.**

## Test Yourself: Case Study: Overtime or Time for You?

Your nurse manager asks you if you'd like to pick up some additional overtime shifts next week. You've worked overtime this week and you're feeling pretty tired. Next week your sister is coming into town for a visit and you've been looking forward to spending some time relaxing with her. You haven't made any specific plans though and of course the extra pay is nice. You know that there are other RNs who will be willing to take the shifts. Does the *Code of Ethics* suggest that you should take the extra shifts in this situation?

### Correct Answer:

**No, just the opposite. The ANA *Code of Ethics* Provision 5 states that the RN owes the same duty to self as to others, including the responsibility to preserve integrity, and safety, to maintain competence, and to continue personal and professional growth. (ANA, 2015a).**

## Nursing's Social Policy Statement

According to the ANA *Nursing's Social Policy Statement*, "***Nursing is the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.***"

*Nursing's Social Policy Statement* (ANA, 2014b) relates closely to the ANA's other two foundational resources: The *Code of Ethics for Nurses* and *Nursing: Scope and Standards of Practice*. Each document contributes in its own way to provide guidance to practicing nurses. *Nursing's Social Policy Statement* characterizes professional nursing and its social framework and obligations. The document contains ANA's definition of nursing, cited earlier in this course.

The document elaborates upon six values and assumptions that apply to all who receive nursing care:

1. Humans manifest an essential unity of mind, body, and spirit.
2. Human experience is contextually and culturally defined.
3. Health and illness are human experiences. The presence of illness does not preclude health, nor does optimal health preclude illness.
4. The relationship between the nurse and patient occurs within the context of the values and beliefs of the patient and nurse.
5. Public policy and the healthcare delivery system influence the health and well-being of society and professional nursing
6. Individual responsibility and interprofessional involvement are essential.

## The Application of Nursing's Social Policy

The *Nursing's Social Policy Statement* is applicable to all nurses in everyday practice. Understanding this statement will allow all nurses to identify the evolution of the practice of nursing through its key attributes, including the definition of nursing, the profession's delineation of the characteristics of nursing specialties and the delineation of the nursing scope of practice, accompanying standards and competency statements. The models depicting the nursing process, with its feedback loops and close relationship of the standards of practice and professional performance to the nursing process, will improve understanding of the complexity of nursing practice (ANA, 2014b).

### Test Yourself

According to the *Nursing's Social Policy Statement*, humans manifest an essential unity of what?

- A. Mind, body, spirit
- B. Culture, diversity
- C. Relationships

## Nursing Specialty Certification

Certification is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (American Board of Nursing Specialties, 2016). Certification validates a certain level of knowledge of nursing in a particular specialty area to others, including hospitals, peers, patients and the public. Certification promotes continuing excellence in the nursing profession (American Association of Critical Care Nurses, n.d.; Martin, Arenas-Montoya, & Barnett, 2015).

As of 2016, nurses in the U.S. and Canada held 822,278 certifications in 130 specialties. These certifications were granted by 26 different certifying organizations. At least 95 different credentials designate these certifications (American Association of Critical Care Nurses, 2016).

Certification in a specialty area usually requires documentation of clinical hours and experience in the specialty area, a passing score on the specialty exam and a record of a minimum number of continuing education hours in that specific specialty area. Certification needs to be renewed regularly (usually every three to five years, depending on the particular specialty).

The American Nurses Credentialing Center (ANCC) offers certification in approximately 50 specialty areas. Nursing specialty organizations also offer certifications, such as the American Association of Critical Care Nurses (AACN) which offers 13 different certifications (AACN, 2016), the National Certification Corporation (NCC) which offers eight different certifications (NCC, 2017), and the Oncology Nursing Certification Corporation (ONCC) which also offers eight different certifications (ONCC, 2017). Contact your nursing specialty organization to learn more about certification opportunities and requirements.

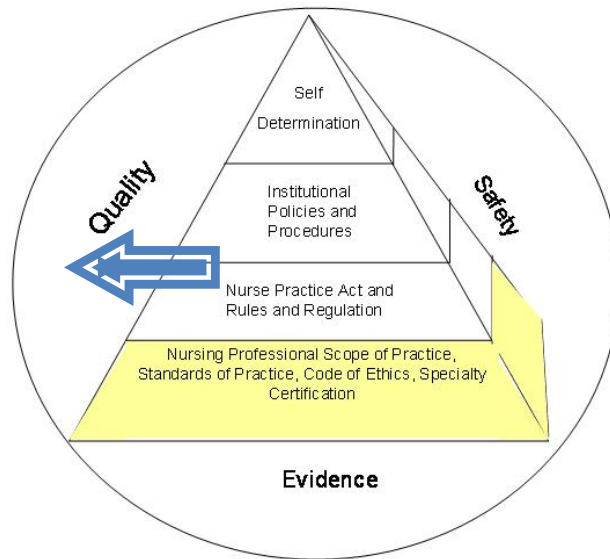
### Test Yourself

Which of the following describes certification?

- A. It is receiving a certificate after a course completion

- B. It is the formal recognition of specialized knowledge and skills of a specialty
- C. It is synonymous with hospital accreditation

## State Nurse Practice Acts



The practice of nursing requires specialized knowledge, skill, and independent decision making. Nursing careers can take widely divergent paths - practice focus varies by setting, by type of client, by different disease, therapeutic approach or level of rehabilitation. Moreover, nurses are mobile and sophisticated and work in a society that is changing and asymmetrical for consumers. The result is that the risk of harm is inherent in the provision of nursing care (NCSBN, 2017a).

Since nursing care can pose a risk of harm to the public if practiced by professionals who are unprepared or incompetent, the state is required to protect its citizens from harm. That protection is in the form of reasonable laws to regulate nursing.

All states and territories have enacted a nurse practice act (NPA). Each state’s NPA is enacted by the state’s legislature. The NPA itself is insufficient to provide the necessary guidance for the nursing profession, therefore, each NPA establishes a board of nursing (BON) that has the authority to develop administrative rules or regulations to clarify or make the law more specific.

Rules and regulations must be consistent with the NPA and cannot go beyond it. These rules and regulations undergo a process of public review before enactment. Once enacted, rules and regulations have the full force and effect of law.

(NCSBN, 2017a).

### ***Why does a nurse need to know about the NPA?***

The practice of nursing is a right granted by a state to protect those who need nursing care. The guidelines of the NPA and its rules provide safe parameters within which to work, as well as protect patients from unprofessional and unsafe nursing practice. The act is a dynamic document that evolves and is updated or amended as changes in scope of practice occur (NCSBN, 2017a).

Click <https://www.ncsbn.org/npa-toolkit.htm> to access the NCSBN nurse practice act toolkit. This toolkit can be to learn more about the law and regulations that guide and govern nursing practice, and can help you locate your state nurse practice act and regulations and access nurse practice act educational resources.

Your state's nurse practice act governs nursing practice in your state and your nursing license. The act is a state law, also called a statute. Its purpose is to protect the public health and safety of citizens of the state by assuring that only persons who are competent to practice nursing are permitted to do so.

The nurse practice act of the state in which you currently practice is the law to which you are subject. Although you may have obtained your original RN license in a different state, it is the law of the state where you currently practice that governs your practice.

Although each state establishes its own nurse practice act, all Acts share common elements, as outlined (NCSBN, 2017a).

### **Test Yourself**

A nurse practice act

- A. Is the only resource needed to guide nursing practice
- B. Is enacted by state legislature**
- C. Does not need to be regularly updated

## **Administrative Rules**

Administrative rules, or rules and regulations, clarify and further specify the provisions of the act. The rules cannot set requirements that are more stringent than the act. The rules have the force and effect of law.

The rules and regulations that pertain to your state's nurse practice act contain additional specifics for which you are accountable. For example, many states spell out the meaning of unprofessional conduct and the expectations and limitations of delegation in the rules and regulations. Read the rules and regulations of your state's nurse practice act. You are legally accountable for abiding by these rules.

***The laws of the nursing profession can only function properly if nurses know the current laws governing practice in their state. Ignorance of the law is never an excuse.***

## Test Yourself: Case Study: Your RN Colleague is Negligent

You are practicing in Louisiana. You work on the night shift and often work with one particular nurse. Although the night shift routine requires hourly rounds on all patients, this nurse rarely checks on her patients more than once during the shift. You've spoken to her about it and sometimes you've made rounds on her patients. When talking with the nurse produced no improvement, you told your nurse manager about the situation. Your manager said that the nurse was having some personal problems and asked you to back her up.

Last night you were working with this nurse. One of your patients required a lot of your time and attention so that you were not available to check on her patients. At 0400, you heard a loud crash in the room of one of her patients. You hurried to investigate and found the patient on the floor moaning and bleeding from a head wound. It appeared that the patient had fallen. He had the call light in his hand and the light was on. A nursing assistant came in to help you with the patient, but the RN did not respond.

When you went to the nurses' station to call the patient's physician, the RN asked you what that noise was all about. You followed proper procedures in managing the patient and reporting and documenting the incident.

Now that you've reported what happened according to facility procedures and you previously told your nurse manager about your concerns about this nurse, have you met your responsibilities?

### Correct Answer:

**It is your responsibility to report the negligent nurse to the board of nursing, or to see that the report is made. You need to discuss the matter with your manager. There may be policies and procedures of your facility that apply as well. Your manager was also negligent in this situation for failing to deal with the nurse's unsafe behavior when you first brought it to her attention. Seek advice from the board of nursing.**

**Standard 7, Professional Performance, of the *Louisiana State Board of Nursing Guidelines for Interpreting Scope of Practice for Registered Nurses in Louisiana* specifically indicates that it is your responsibility to "report to the board any unsafe nursing practice when there is any reason to suspect actual harm or risk of harm to patients." (Louisiana Board of Nursing, n.d.)**

**When a nurse has been disciplined by the board of nursing in one state, this information is available to other states that participate in national data reporting systems. States are required to report to the National Practitioner Data Bank (NPDB) (NCSBN, 2017b).**

**NOTE: In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.**

**The ANA's *Code of Ethics for Nurses* also addresses the issue of acting on questionable practice in Provision 3, to function effectively in this role, nurses must be knowledgeable**

about the Code of Ethics, standards of practice for the profession, relevant state, federal and local laws and regulations, and the employing organization's policies and procedures (ANA, 2015a). Reporting unethical, illegal, incompetent, or impaired practices, even when done appropriately, may present substantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety" (ANA, 2015a).

## Your State Board of Nursing

Your state board of nursing may create position statements to address issues such as delegation, abandonment, and other important practice issues. These documents do not make new law, but interpret the law and give guidelines for practice that are consistent with the law. Search your state board of nursing website for such documents.

## Elements of State Nurse Practice Acts\*

- **Title and Purpose of the Act**
  - Title – *Nurse Practice Act* or *Nursing Practice Act*
  - Purpose – to protect the public health against practice by incompetent persons
- **Scope of Nursing Practice**
  - Describes accountabilities and limitations of nursing practice
- **Definitions**
  - Defines terms used in the act
- **The Board of Nursing**
  - Creates a board to administer the provisions of the act and adopt administrative rules to clarify and specify this task. The board hears cases of alleged grounds for discipline and violations and is responsible for monitoring the implementation of the act and for initiating the process of reviewing and revising the act.
- **Application of Other Statutes**
  - Other laws which apply to the board, such as laws that regulate state agencies, and laws that apply to nurses, for instance the handling of pharmaceuticals
- **Licensure**
  - Requirements which must be satisfied to obtain and maintain the RN license
- **Titles and Abbreviations**
  - Official titles and abbreviations to be used by nurses licensed in the state
- **Nursing Assistive Personnel**
  - States regulate nursing assistive personnel (NAP) who practice in long-term care. In some states, the board of nursing regulates these NAP, in others, another department such as the state health department does so. Most states do not regulate NAP who practice in acute care.
- **Approval of Nursing Education Programs**



Defines the requirements for nursing education programs

- **Violations and Penalties**  
Remedies available when persons violate the act or rules
- **Discipline and Proceedings**  
Outlines grounds and procedures for discipline for violations the act or the rules
- **Emergency Relief**  
Conditions and procedures for suspension of licensure and other penalties before a hearing takes place (applies only in extremely serious situations)
- **Reporting**  
Outlines the duty to report violations of the act
- **Exemptions**  
Situations for which the act does not apply, such as student clinical practice, response to emergency situations and other special situations
- **Revenue and Fees**  
Identifies fees for examination, re-examination, fines and other fees
- **Implementation**  
Indicates the effective date of the act and provisions for persons licensed under previous law
- **Nurse Licensure Compact (if applicable)**  
Enables participation of the state in reciprocal licensure agreements with other states who are members of the compact
- **APRN Scope of Practice**  
Describes expanded scope of practice, licensure requirements, titles and abbreviations, and requirements for educational programs that prepare advanced practice registered nurses (APRNs)
- **APRN Licensure Compact (if applicable)**  
Explains reciprocal agreements for advanced practice registered nurse (APRN) licensure with other states who are members of the compact

\*These elements may appear in a different order in your state's act. All may not appear as individual articles. Your state's act may include additional specific articles.

## Scope of Practice: Limitations

The *Scope of Practice* defines nursing and explains your *limitations* and *accountabilities* under the RN license. Here are a few examples of limitations in specific states. Most states' nurse practice acts include similar limitations.

## California

A portion of the *California Nurse Practice Act for RNs*, Article 2 states that functions of the registered nurse include (California Board of Registered Nursing, n.d.):

- **Limitation #1**  
“Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen *ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist*, as defined by Section 1316.5 of the Health and Safety Code.” (Italics added for the purpose of this course.)
- **Limitation #2**  
“Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, *or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.*” (Italics added for the purpose of this course.) The act goes on to define standardized procedures to include facility policies and procedures and protocols.

**Limitation #1** limits you to administering only medications and therapeutic agents ordered by a licensed physician, dentist, podiatrist, or clinical psychologist.

HOWEVER, **Limitation #2** indicates that the physician may order protocols which identify certain circumstances and parameters within which you are to administer a drug.

In accordance with facility policy and procedure, a physician may order a heparin protocol for your patient. The protocol specifies the dose of heparin which you are to administer based upon the patient’s PTT value. In compliance with the protocol, you are responsible for checking the PTT value and administering the corresponding dose of heparin. You do not obtain a separate physician order for that particular situation unless the protocol specified that you are to contact the MD for the particular PTT value that you found.

This is a limitation of your practice in the sense that the actions you take based upon assessment of the patient must be either specifically ordered, or outlined in standardized procedures. The actions that you take must comply with the policy and procedure of your facility.

The *California Nurse Practice Act for RNs* also prohibits the RN from practicing medicine or surgery and identifies additional limitations:

## Limitations in Dispensing Drugs

The *California Nurse Practice Act* states limitations in dispensing drugs (*2725.1. Dispensation of drugs or devices by registered nurse*).

“Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.”

“No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 3.5 (commencing with Section 4180) of Chapter 9.” (California Board of Registered Nursing, n.d.)

## Limitations to Exclude Medical Diagnosis

The *Texas Nurse Practice Act and Administrative Code* (Texas Board of Nursing, 2014) state that:

The term [professional nursing] does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures. It describes the role of the Advanced Practice Nurse who has prescriptive authority.

Advanced practice nurse is defined as a registered nurse approved by the board to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the board. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse:

- Is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice.
- Acts independently and/or in collaboration with other health care professionals in the delivery of health care services.
- Has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems that includes the use and prescription of pharmacologic and non-pharmacologic interventions.

### Test Yourself

A limitation for nurses in a nurse practice act includes

#### A. Exclusion of medical diagnoses

B. Central line insertion

C. Delegation to unlicensed assistive personnel

## Test Yourself: Case Study: Your Patient's Condition Worsens

You are practicing in California. Your diabetic patient has severely infected leg ulcers. He is receiving a broad-spectrum antibiotic while awaiting culture and sensitivity results. This morning when you assess him he is lethargic and somewhat short of breath. His temperature, which has been 100.1°F (37.8°C) since admission, is 102.9°F (39.4°C). Although you have no standing order for an antipyretic, you think it would be a good idea to administer acetaminophen (Tylenol®) 500 mg and obtain further orders from his physician. Are you practicing within the law if you administer acetaminophen in this situation? What law holds you accountable in this situation?

### Correct Answer:

The law states that you administer medications ordered by a physician, dentist, podiatrist or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code. Had the patient's physician written an order for an antipyretic for elevated temperature, for example "acetaminophen 500 mg PO for temperature greater than 101.1°F (38.4°C)," this would be considered a standard order which you should implement based upon your observations (Article 2, number 4). However, in this situation there is no standing order and you must obtain an order before administering any medication.

You are accountable for reporting your observations to the patient's doctor and obtaining further orders. If the doctor does not respond within a reasonable length of time, you must pursue the chain of command according to your facility's policy and procedure. You are accountable for informing the physician of the patient's condition and for obtaining and carrying out the physician's orders.

Here are the portions of the California-RN Practice Act, Article 2 that identify nursing functions and support the answer.

2. Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
3. Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

**NOTE:** In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.

**ANA Standards of Practice also hold you accountable for acting on assessment findings.**

## **Accountabilities**

As an example, the *California Nurse Practice Act* contains *accountabilities* as well as limitations:

“Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and:

- Determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics
- Implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures” (California Board of Registered Nursing, n.d.)

This statement holds you *accountable* for using nursing judgment. It holds you *accountable* for recognizing changes in patient status and acting appropriately by reporting your findings, and/or implementing standard or emergency procedures.

Nurse practice acts also define the scope of practice of LPN/LVN and other roles. A few states, such as California, Louisiana and others, have separate nurse practice acts for RNs and for LPNs/LVNs. Most states, such as Arizona, Massachusetts, Rhode Island, Texas and most others address both roles and licenses within one act.

## **Exemptions for Emergency Assistance**

Most acts include a protection from liability for providing care in an emergency situation outside of your employment. These provisions are sometimes called Good Samaritan laws. For example, from Rhode Island’s Nurse Practice Act (Rhode Island Board of Nursing, n.d.):

“§ 5-34-34 Immunity from liability for gratuitous emergency assistance: No person licensed under the provision of this chapter or members of the same professions licensed to practice in other states of the United States who voluntarily and gratuitously and, other than in the ordinary course of his or her employment or practice, renders emergency medical assistance to a person in need is liable for civil damages for any personal injuries which result from acts or omissions by those persons in rendering the emergency care which may constitute ordinary negligence. The immunity granted by this section does not apply to acts or omissions constituting gross, willful or wanton negligence, or when the medical assistance is rendered at any hospital, doctor's office, or clinic where those services are normally rendered.”

## Exemptions for Practice in Special Circumstances

The act may identify other exceptions, such as in *Oklahoma's Nurse Practice Act*: §567.11  
Exceptions to application of the act, which include (Oklahoma Board of Nursing, 2016):

- Gratuitous nursing of the sick by friends or members of the family
- Registered or licensed practical nurses from any state called in attendance temporarily to a patient in any county in this state
- The practice of nursing which is associated with a program of study by students enrolled in nursing education programs approved by the board
- Persons trained and competency-certified to provide care pursuant to state or federal law, rules or regulations
- The practice of any legally qualified nurse of another state who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of his or her official duties
- The rendering of service by a physician's trained assistant under the direct supervision and control of a licensed physician, all as authorized by Section 492 of this title
- The practice of nursing in connection with healing by prayer or spiritual means alone in accordance with the tenets and practice of any well-recognized church or religious denomination provided that no person practicing such nursing holds himself out to be a graduate or registered nurse or licensed practical nurse

### Test Yourself

Provisions for providing care in emergency situations is also known as which laws?

- A. Good helper laws
- B. Emergency nursing laws
- C. Good Samaritan laws

## Requirements for Initial Licensure and for Licensure of Nurses Registered in Other States

State nurse practice acts restrict the practice of nursing to individuals who have a current license and abide by laws of the state and the country. Abiding by state laws includes complying with all provisions of the nurse practice act and rules and regulations. The act and the rules include the obligation to maintain competency.

The act outlines the requirements for initial licensure and reciprocity, for example South Carolina requires (South Carolina Code of Laws, n.d.):

#### **40-33-32. Initial licensure examination; foreign educated nurses**

(A). An applicant for initial licensure must pass the appropriate National Council Licensure Examination (NCLEX) prescribed by the board. The applicant shall comply with all application procedures established by the governing body of the NCLEX and by the board. Applications for licensure are valid for one year from the date of filing with the board. An applicant who fails to attain licensure during this period shall submit a new application with the prescribed fee.

(B). The board shall admit an applicant for licensure examination if the applicant:

- (1) Submits a completed application on a form provided by the board
- (2) Submits a 2" x 2" photograph, signed and dated
- (3) Submits the appropriate application fee
- (4) Submits satisfactory proof of identity and age demonstrating that the applicant is eighteen years of age or older
- (5) Submits a copy of the applicant's social security card or permanent resident card; a resident alien who does not have a social security number must have an alien identification number
- (6) Has not committed any acts that are grounds for disciplinary action
- (7) Has completed all requirements for graduation from an approved school of nursing or nursing education program approved by the state or jurisdiction in this country or territory or dependency of the United States in which the program is located

(C) Credit may not be given in an initial application for an unapproved correspondence course or for experience gained through employment.

***Under no circumstances is it permissible to practice without a current license. To do so violates provisions of the act and carries penalties described in the act.***

Additional requirements are set forth for foreign-educated nurses.



## Requirements for Maintaining Your License

This portion of the act explains what you must do to maintain your license in good standing. These requirements include complying with the nurse practice act and abiding by other laws. In addition, you are required to complete a renewal form and pay a fee.

Approximately one-half of the states require that the nurse complete a specific number of approved continuing education contact hours during the renewal period, which in most states is two years.

Your state's nurse practice act specifies the continuing education requirement for licensure renewal. Some states accept alternatives for a portion of the continuing education requirement such as publications, academic education, precepting, or other evidences of professional development.

Each January, the *Journal of Continuing Education in Nursing* publishes results of a survey of boards of nursing and certification boards which lists continuing education requirements for maintaining licensure and certification (Yoder-Wise, 2010).

### Test Yourself

Which of the following is true regarding licensure?

- A. All states have continuing education requirements
- B. The NCLEX must be passed for initial licensure**
- C. Compliance with nurse practice acts is not required for renewal

## Test Yourself: Case Study: Your License Expires

You are a nurse licensed in Arizona. Your license was due for renewal before April 1. That date has now passed and you did not receive a renewal notice in the mail. You moved two months ago and have experienced some difficulties in receiving mail at your new address. With all of the commotion of the move, you forgot that you had not received a renewal notice until your nurse manager told you that nursing administration had notified her that your license had expired. What are the consequences of failing to renew your license? How will you regain your license?

### **Correct Answer:**

**The consequences:**

- 1. You cannot work as an RN without a current license. Clarify your employment status with your manager. UNDER NO CIRCUMSTANCES WORK AS AN RN UNTIL YOU HAVE A VALID LICENSE.**
- 2. You must contact the Arizona Board of Nursing immediately.**

**The board requires that you supply documentation and pay a fee of \$160, plus an additional late fee of \$50 for each month since your license expired (not to exceed \$200).**

**Prevent reoccurrence of this situation by making sure to notify the board of change of address (mail from government offices is not forwarded by the US Post Office). Make a note on your calendar two months before your license expiration date to remind yourself to contact the board if you do not receive a renewal notice.**

**Here are the portions of the Arizona Nurse Practice Act that support the answer (Arizona Board of Nursing, 2017).**

### **32-1642. Renewal of license; failure to renew**

- A. A registered and practical nurse licensee shall renew the license every four years on or before April 1. If a licensee does not renew the license on or before May 1, the licensee shall pay an additional fee for late renewal as prescribed in section 32-1643. If a licensee does not renew the license on or before August 1, the license expires. It is a violation of this chapter for a person to practice nursing with an expired license.**
- B. An applicant for renewal of a registered or practical nursing license shall submit a verified statement that indicates whether the applicant has been convicted of a felony and, if convicted of one or more felonies, indicates the date of absolute discharge from the sentences for all felony convictions.**
- C. On receipt of the application and fee, the board shall verify the accuracy of the application and issue to the applicant an active renewal license, which shall be effective for the following four calendar years. The renewal license shall render the holder a legal practitioner of nursing, as specified in the license, during the period stated on the certificate of renewal. A licensee who fails to secure a renewal license within the time specified may secure a renewal license by making verified application as the board prescribes by furnishing proof of being qualified and competent to act as a registered**

or practical nurse, and additional information and material as required by the board, and by payment of the prescribed fee.

**32-1643. Fees; penalties.**

Application for renewal of license after expiration, one hundred sixty dollars, plus a late fee of fifty dollars for each month a license is lapsed, but not to exceed a total of two hundred dollars.

**32-1609. Register of licenses and certificates; change of address.**

Each person who holds an Arizona nursing license or nursing assistant certificate shall notify the board in writing within thirty days of each change in the licensee's or certificate holder's address.

**NOTE:** In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.

## **Discipline, Grounds for Discipline, Violations, and Penalties**

Whatever term may be used as the title for this section, each state's Act identifies the actions on the part of a licensed nurse that can lead to discipline. Nurse practice acts explain grounds for discipline, which typically include unprofessional conduct. Unprofessional conduct is defined in the act itself or in the rules and regulations.

Discipline includes suspending or revoking the license to practice. The disciplinary process is also explained. The act gives the board of nursing the responsibility for investigating allegations and disciplining when the results of the investigation indicate. For example, *California-RN Nurse Practice Act* provides in Article 3. Disciplinary Proceedings:

**2750. Powers and Proceedings**

"Every certificate holder or licensee, including licensees holding temporary licenses, or licensees holding licenses placed in an inactive status, may be disciplined as provided in this article" (California Board of Registered Nursing, n.d.).

**2759. Scope of Discipline**

"The board shall discipline the holder of any license, whose default has been entered or who has been heard by the board and found guilty, by any of the following methods:

- a. Suspending judgment.
- b. Placing him upon probation.
- c. Suspending his right to practice nursing for a period not exceeding one year.

- d. Revoking his license.
- e. Taking such other action in relation to disciplining him as the board in its discretion may deem proper: (California Board of Registered Nursing, n.d.)

### **2761. Grounds for Action**

“The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

- a. Unprofessional conduct, which includes, but is not limited to, the following:
  - 1. Incompetence or gross negligence in carrying out usual certified or licensed nursing functions.
  - 2. A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event the record of conviction shall be conclusive evidence thereof.
  - 3. The use of advertising relating to nursing which violates Section 17500.
  - 4. Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a healthcare professional license or certificate by another state or territory of the United States, by any other government agency, or by another California healthcare professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action” (California Board of Registered Nursing, n.d.)

The act continues, and identifies many more specific situations (including fraud, impersonation of another licensed person, failure to protect patients, knowing failure to follow infection control guidelines, conviction of a felony, and others) that are also grounds for discipline.

***Falsifying documents related to patient care and / or documents relating to licensure and certification is an act of deception, punishable by state boards of nursing. Conviction for crimes involving falsification will be evaluated on an individual basis with consideration to the circumstances, including consideration of the timing of the defraudment, evidence of an established pattern of lying; or if the act was obviously premeditated and the individual demonstrates a lack of insight or remorse related to the conduct (Oregon State Board of Nursing, 2016b).***

### **2762. Drug-related Transgressions**

“In addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- a. Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with

Section 11000) of the Health and Safety Code or any dangerous drug as defined in Section 4022.

- b. Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.
- c. Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.
- d. Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.
- e. Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section (California Board of Registered Nursing, n.d.)

## Test Yourself: Case Study:

### Your RN Co-worker Participates in a Rehabilitation Program

You are practicing in Massachusetts. An RN has been on your medical-surgical unit for only a few weeks. You and she often work on the same days. She appears highly competent and professional. One day you go to lunch together and she tells you that she has worked at this hospital for many years in the emergency department. She explains, "A couple of years ago I hurt my back and started taking hydrocodone and acetaminophen (Vicodin®) for pain. My back got better, but I was addicted to Vicodin® and found a way to get it. One day, I came to work under the influence and my manager confronted me about it. I decided to voluntarily enter a rehabilitation program. I was able to keep my license and my job, but when I came back to work I found out that I'd have to work med-surg for a while before I could go back to the ED." This really surprises you because you thought that a nurse who abused drugs was automatically fired and lost the RN license. Were you misinformed?

#### **Correct Answer:**

**Yes, you were misinformed. Each state has established a program to assist nurses who have substance abuse problems. Facilities also establish policies and procedures related to impairment due to substance abuse. In order to retain the RN license, the nurse who has a substance abuse problem must voluntarily request to participate in the program.**

Here is the portion of the Massachusetts Practice Act (Massachusetts Board of Nursing, 1994) that supports the answer.

**Chapter 112: Section 80F.**

**(a) The board shall establish a rehabilitation program designed to assist nurses, whose competency has been impaired because of substance abuse disorders, to return to practice. Such program shall be designed in such a manner so that the public health and safety will not be endangered.**

**(b) The rehabilitation program shall:**

**(1) Serve as a voluntary alternative to traditional disciplinary actions**

**(2) Establish criteria for the acceptance, denial, or termination of registered nurses and licensed practical nurses in said program**

**(3) Establish an outreach program to help identify registered and licensed practical nurses who are substance abusers and to educate them about said rehabilitation program**

**Only those registered nurses and licensed practical nurses who have requested rehabilitation and supervision shall participate in said program.**

**(c) The board shall appoint one or more rehabilitation evaluation committees consisting of nine members, two of whom shall be registered nurses with demonstrated experience in the field of substance use disorders or psychiatric mental health nursing; two of whom shall be licensed practical nurses with demonstrated experience in the field of substance use disorders or psychiatric mental health nursing; one of whom shall be a registered nurse employed as a nursing service administrator; one of whom shall be a registered or licensed practical nurse who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years; and three of whom shall be representatives of the public who are knowledgeable about the field of substance abuse or mental health. Each committee shall elect a chairperson and a vice chairperson. The members of the committee shall serve for such terms as the board shall determine but in no case shall such term exceed four years. All members of the committee who are nurses shall hold licenses as nurses in the commonwealth for the duration of their terms. No board member may serve on a committee.**

**(d) The board shall employ nurse specialists with demonstrated professional expertise in the field of substance abuse disorders to serve as supervisors of participants in the rehabilitation program. Such supervisors shall serve as a liaison among the board, the committee, approved treatment programs and providers, and licensees. All information obtained by a supervisor pursuant to this section shall be exempt from disclosure and shall be confidential subject to the provisions of subsections (f) and (g).**

**(e) All rehabilitation evaluation committee findings shall be submitted to the board as recommendations and shall be subject to final approval of the board. Each committee shall have the following duties and responsibilities:**

**(1) To evaluate, according to the guidelines prescribed by the board, those registered nurses or licensed practical nurses who request participation in the program and to consider the recommendations of the nurse specialist supervisor in the admission of the registered nurse or licensed practical nurse to the rehabilitation program.**

**(2) To review and designate those treatment facilities and services to which rehabilitation program participants may be referred.**

**(3) To receive and review information concerning a registered nurse or licensed practical nurse participating in the program.**

**(4) To consider in the case of each rehabilitation program participant whether the nurse may with safety continue or resume the practice of nursing.**

**(5) To call meetings as necessary to consider the requests of registered nurses or licensed practical nurses to participate in the rehabilitation program, and to consider reports regarding rehabilitation program participants.**

**(6) To prepare reports to be submitted to the board.**

**(7) To set forth in writing for each rehabilitation program participant an individualized rehabilitation program with requirements for supervision and surveillance.**

**(8) To provide information to nurses requesting participation in the program.**

**(f) Each registered nurse or licensed practical nurse who requests participation in a rehabilitation program shall agree to cooperate with the rehabilitation program recommended by a rehabilitation evaluation committee and approved by the board. Any failure to comply with the provisions of a rehabilitation program may result in termination of the participant from the rehabilitation program. The name and license number of a registered nurse or licensed practical nurse terminated for failure to comply with the provisions of a rehabilitation program shall be reported to the board.**

**(g) After a committee in its discretion has determined that a registered nurse or licensed practical nurse has been rehabilitated and the rehabilitation program is completed, the board shall seal all records pertaining to the nurse's participation in the rehabilitation program. No record shall be sealed sooner than five years from the nurse's date of entry into the rehabilitation program. All board and committee records and records of a proceeding pertaining to the rehabilitation of a registered nurse or licensed practical nurse in the rehabilitation program shall be kept confidential and are not subject to discovery.**

**NOTE: In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.**

## Drug Diversion & Substance Abuse

The prevalence of substance abuse in the nurse population parallels the general population. The ANA estimates approximately 6% to 8% of nurses are practicing while impaired, and up to 10% of nurses have a substance abuse problem (Starr, 2015; Tanga, 2011). Nurses have an ethical and moral obligation to protect patients and maintain the integrity of the nursing profession. If a nurse encounters a colleague who appears to be abusing or diverting drugs, it is incumbent upon that nurse to assist his or her nursing colleague in seeking treatment. There should be an environment that supports and actively promotes rehabilitation programs for nurses with chemical dependency issues.

Nurses must be trained at recognizing symptoms of impairment and intervene immediately to prevent patients from being compromised. Education and regulatory knowledge are critical in drug diversion prevention and treatment strategies (Tanga, 2011).

***The American Nurses Association (ANA) has taken a stance on nursing impairment and defines professional impairment as a nurse who is unable to meet the requirements of the professional Code of Ethics established by the ANA as a result of cognitive, interpersonal, or psychomotor skill dysfunction from excessive use of alcohol or drugs.***

The term “diversion” is used in two different ways:

- Drug diversion, or removing controlled substances such as narcotics from patient care either for use by the nurse or by others on or off the premises of the facility, may be specifically identified as grounds for discipline, or may be covered by other specific terms of the act.
- Diversion is also used as the title that some states’ acts give to an alternative to a disciplinary process for nurses who have substance abuse problems or mental illness. The program includes monitored rehabilitation. The diversion program is a voluntary, confidential program for registered nurses whose practice may be impaired due to chemical dependency or mental illness. The goal of the Diversion Program is to protect the public by early identification of impaired registered nurses, by providing these nurses access to appropriate intervention programs and treatment services, and returning the rehabilitated nurse to practice. Public safety is protected by suspension of practice, when needed, and by careful monitoring of the nurse.

Ethical nurses have an ethical duty to protect patients, colleagues, the profession, and community (Tanga, 2011). This ethical responsibility extends to nursing leaders to report an impaired professional and ensure he/she receives the appropriate treatment through BON diversion programs or other professional drug and rehabilitation treatment. Impaired nurses, including nurses who have admitted to unlawful behaviors, should not be allowed to practice as they may jeopardize patient care and safety and subject patients to potential harm (NCSBN, 2014).



Mandatory reporting and disciplinary actions are required in many states, and penalty and other proceedings are dependent on the investigation (NCSBN, 2014). In California, nursing leaders are mandated by the BON to report any nurse who has engaged in illegal activities related to his/her professional responsibilities (State of California, 2010 in Tanga, 2011). In Washington, significant losses or unaccounted discrepancies of controlled medications require mandatory reporting to the board of pharmacy, federal drug enforcement agencies, and appropriate authorities (Washington State Department of Health, 2010 in Tanga, 2011). In New York, practicing nursing while impaired by alcohol or drugs is considered professional misconduct and will be subject to penalties (New York State Education Department, 2010 in Tanga, 2011).

Reporting of unprofessional conduct, such as drug diversion, is usually at the discretion of a hospital's chief nurse officer. However, nurse peer assistance programs are available nationwide to assist nurses who have drug-related problems.

Drug diversion is a symptom of the disease of addiction and that addiction is a treatable disease (Tanga, 2011). Several states have developed alternative diversion programs to treat and rehabilitate impaired nurses.

California's Nurse Practice Act contains a separate article concerning the diversion program. An informative Q&A regarding California's program is presented at <http://www.rn.ca.gov/intervention/whatisint.shtml>

All states have some form of an alternative to a disciplinary process for substance abuse, not all states name it a "diversion" program. The term diversion used in this way means diversion from traditional disciplinary action, it does not imply that the nurse's offense was removing drugs from patient care.

Nurse diversion programs are critical for the profession, and healthcare organizations must ensure nurses are treated, and a safe return to the workplace is facilitated. The ANA supports alternative-to-discipline programs, such as diversion treatment programs, and encourages state BON to adopt these non-punitive strategies in treating chemically dependent nursing professionals.

The ANA's *Code of Ethics* additionally advocates for the promotion of nurses' well-being and rehabilitation to preserve the nursing workforce and the profession. Drug diversion in a nursing department affects not only the involved employee and organization, but also the employees within the department because it creates disorganization, demoralization, and promotion of feelings of betrayal among other nurses (Tanga, 2011).

### **Test Yourself**

Approximately what percentage of nurses have a substance abuse problem?

- A. Less than 5%
- B. Up to 10%**
- C. More than 20%

## Misrepresenting Oneself as a Licensed Nurse

Nurse practice acts also state that it is unlawful for a person who is not licensed to practice nursing, represent himself as a licensed nurse, sell, or obtain a fraudulent license. Your state's act explains the penalty for such violations, for example Louisiana's Nurse Practice Act states that, "Whoever violates any provision of this Part shall, upon conviction, be fined not more than five thousand dollars or imprisoned, with or without hard labor, for not more than five years, or both." (Louisiana Board of Nursing, 2011).

## Delegation

States differ in the manner in which the act addresses delegation.

- 44 states define delegation

For example, Arizona's Nurse Practice Act states: "Delegation' means transferring to a competent individual the authority to perform a selected nursing task in a designated situation in which the nurse making the delegation retains accountability for the delegation." (Arizona Board of Nursing, 2017)

- 39 states specifically include delegation in the RN scope of practice
- 32 states include grounds for discipline re: delegation
- 30 states include a specific delegation section
- 23 states authorize the LPN/LVN to delegate (NCSBN, 2005)

Some states identify very specifically certain tasks only RNs and not LPN/LVNs and unlicensed assistive personnel (UAP) may perform. Often these restrictions include certain aspects of IV therapy. These regulations vary from state to state.

## Test Yourself: Case Study: Can the LPN Administer Blood?

You are practicing in Louisiana. Today your team's assignment includes two patients who are to receive blood. You are making assignments to your team members. The LPN on your team tells you that she has given blood to these patients on previous admissions and will take care of their transfusions today. You have been at this facility for only a few weeks and this is the first time blood administration has been ordered for a patient of yours. You have not worked with this LPN previously. You were previously working at a facility in a state where LPNs were not permitted to administer blood and blood products, but you are not sure about Louisiana.

### **Correct Answer:**

**You will have to tell the LPN that you are not familiar with this aspect of the law and that to protect your own licensure standing you will need to find out whether this is allowed.**

**The scope of practice for LPNs in Louisiana states that "a licensed practical nurse may perform duties consistent with his/her educational preparation. The licensed practical nurse may also, with appropriate training (which is approved by this Board, and documented), perform additional specified acts which are authorized by the Board of Practical Nurse Examiners when directed to do so by the licensed physician, optometrist, dentist, psychologist, or registered nurse.**

**NOTE: THE FOLLOWING LIST IS NOT INCLUSIVE OF ALL OF LPN PRACTICE AND SHOULD NOT BE USED TO DEFINE OR LIMIT PRACTICE.**

**The following are some of the tasks (those most frequently inquired about) an LPN may perform when the above conditions are met:**

- Initiate and maintain IV therapy and administer IV medications by IVPB and/or IVP (including hyperalimentation, blood and blood products)"**

**A number of additional specific activities are included (Louisiana State Board of Practical Nurse Examiners, n.d.)**

**If you find that the LPN has completed the required training and that facility policy and procedure permits it, then assign the LPN to administer blood to these patients. Although it may be inconvenient and/or embarrassing to verify this, you place your own license in jeopardy if you assign or permit others to perform activities that are not permitted by law.**

**The true answer to the question, "Can the LPN administer blood?" is that it depends upon the state in which you are practicing. Some states have provisions similar to Florida's that permit LPNs/LVNs to perform certain aspects of IV therapy with proper training. Other states prohibit LPNs/LVNs from participating in IV therapy. States also differ as to which aspects, such as IV push medications, are allowed. Most states limit LPN/LVN participation in IV push to the administration of saline or saline flushes.**

**Remember that your facility's policy and procedure may be more restrictive than state law. In other words, even though the state permits certain activities, your facility may not.**

**NOTE: In order to provide a specific reference, this situation is set in a specific state. Most states have provisions which are similar, though not exactly the same. Be sure to investigate the particulars in your state related to similar situations.**

## Delegation: One State's Example

The rules and regulations of the Massachusetts Nurse Practice Act states that an RN “within the parameters of his/her generic and continuing education and experience, may delegate nursing activities to other registered nurses and/or health care personnel, provided, that the delegating registered nurse shall bear full and ultimate responsibility for:

1. Making an appropriate assignment
2. Properly and adequately teaching, directing and supervising the delegate;
3. And the outcomes of that delegation. A registered nurse shall act, within his/her generic and continuing education and experience to:
  - a. Systematically assess health status of individuals and groups and record the related health data
  - b. Analyze and interpret said recorded data; and make informed judgments there from as to the specific problems and elements of nursing care mandated by a particular situation
  - c. Plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field
  - d. Provide and coordinate health teaching required by individuals, families and groups so as to maintain the optimal possible level of health
  - e. Evaluate outcomes of nursing intervention, and initiate change when appropriate
  - f. Collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and continuity of care
  - g. Serve as patient advocate, within the limits of the law” (Massachusetts Board of Nursing, 1994)

And, that an LPN “may delegate nursing activities to other administratively assigned health care personnel provided; that the delegating licensed practical nurse shall bear full responsibility for:

1. Making an appropriate assignment
2. Adequately teaching, directing and supervising the delegate(s)
3. The outcome of that delegation: all within the parameters of his/her generic and continuing education and experience
4. A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience in order to:
  - a. Assess an individual's basic health status, records and related health data
  - b. Participate in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation
  - c. Participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field
  - d. Incorporate the prescribed medical regimen into the nursing plan of care
  - e. Participate in the health teaching required by the individual and family so as to maintain an optimal level of health care
  - f. When appropriate evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care

- g. Collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care (Massachusetts Board of Nursing, 1994)

The Massachusetts rules and regulations further define terms related to delegation and supervision, identify criteria for delegation, and specify activities that must not be delegated.

## Delegation: An RN Accountability

Every state holds the RN accountable for delegating. Nursing administration staffs nursing units with the expectation that RNs will delegate. In addition to complying with your state's statute regarding delegation, you are accountable for applying your judgment when choosing the task, the patient, the circumstances, and the team member for delegation.

You are also accountable for communicating clearly to the person to whom you delegate and for supervising appropriately. The individual to whom you delegate is responsible for his own actions within the competencies of his job description. But you are responsible for making an appropriate, safe decision about the circumstances and for following up with the individual to whom you have delegated to assure that the individual has completed care and duties properly.

Most states also include detailed information about delegation within the nurse practice act and rules and regulations. It is absolutely imperative that you know the delegation requirements and specifics in your state. If the Act itself does not contain this information, check the rules and regulations, search your board of nursing's website, or contact your board of nursing to receive it.

Bear in mind that your facility may not permit everything that the law allows. In addition to learning what your state law requires concerning delegation, find out what policies and procedures your facility has in effect.

### Test Yourself

Delegation refers to

- A. Transferring the authority to perform a nursing task to a competent individual while retaining accountability
- B. Transferring the accountability of a patient to competent individual
- C. Allowing another nurse to complete a nursing task for you

## Definitions

Review the definitions in your state's nurse practice act. Refer back to those definitions when you encounter the terms in the act. Many terms, such as "unprofessional conduct" have very specific meanings in the act and therefore in the state law that governs your practice. In some states, the definitions define the scope of practice for the RN by defining the term "Registered Professional Nurse."

Definition of Registered Professional Nursing in the New Jersey Nurse Practice Act (45:11-23. Definitions)

“The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human responses mean those signs, symptoms, and processes which denote the individual's health need or reaction to an actual or potential health problem.” (New Jersey Board of Nursing, n.d.)

Identify the key elements in your state's nurse practice act. The organization of your state's nurse practice act may vary from the samples presented, but you will definitely find the key elements addressed in the act. Review the administrative rules and regulations as well. The rules and regulations give detailed specific information about issues for which you are legally accountable such as delegation and grounds for discipline.

## **Your Competency: Your Responsibility**

When you accept an assignment in a patient care setting, you are acknowledging your competency to perform the necessary care. Some states specifically identify this responsibility and warn that accepting an assignment for which you are not qualified can be grounds for discipline. For example, the California Board of Nursing has created a guideline to address the issue of floating (California Board of Registered Nursing, 2011).

In all states to practice safely you must accept assignments only within your competencies. When you float, your assignment must be limited to only those patient care activities which you are competent to perform.

Nurses may become concerned about facing discipline by the facility or by the Board of Nursing for abandonment if they refuse to accept an assignment. The California Board of Nursing explains that “for patient abandonment to occur, the nurse must:

- a. Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then
- b. Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.”

“A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Failure to notify the employing agency that the nurse will not appear to work an assigned shift is not considered patient abandonment by the BRN, nor is refusal to accept an assignment considered patient abandonment. Once the nurse has accepted responsibility for nursing care of a

patient, severing of the nurse-patient relationship without reasonable notice may lead to discipline of a nurse's license.”

This California Board of Nursing position paper cautions that though the RN may not be subject to disciplinary action by the board of nursing, employer or contract regulations may apply.

## **Abandonment - An Issue of Special Concern**

The variables which need to be examined in each alleged incident of abandonment include but are not limited to:

1. What were the licensee's assigned responsibilities for what time frame? What was the clinical setting and resources available to the licensee?
2. Was there an exchange of responsibility from one licensee to another? When did the exchange occur (e.g.. shift report, etc.)?
3. What was the time frame of the incident (e.g. time licensee arrived; time of exchange of responsibility, etc.)?
4. What was the communication process, (e.g. whom did the licensee inform of his/her intent to leave; lateral, upward, downward, etc.)?
5. What are the facility's policies, terms of employment, and/or job description regarding the licensee and call-in, refusal to accept an assignment, re-assignment to another unit and mandatory over-time, etc.?
6. What is the pattern of practice/events for the licensee and the pattern of management for the unit/facility(e.g.. is the event of a single isolated occurrence or is this one event in a series of events)?
7. What were the issues/reasons for why the licensee could not accept an assignment, continue an assignment or extend an original assignment, etc.?

Maryland Board of Nursing (1993)

## **Connect with Your State Board of Nursing**

Each state's nurse practice act establishes a board of nursing to oversee the safe practice of nursing within the state. Contact your state's board of nursing with any questions related to licensure or to nursing practice within your state. The language of law is sometimes complex and certainly differs from common parlance and from some customary healthcare terminology. Yet, the exact terms of the law define your limitations and accountabilities as a nurse practicing in the state.

Seek clarification from your state's board of nursing on any matters related to your licensure and your practice in the state. Use the following link to obtain contact information for the board of nursing in each of the 50 states and four U.S. territories. NCSBN maintains links to state boards of nursing at its website <http://www.ncsbn.org> or simply search the web for your state's board of nursing.

## Your Facility's Policies and Procedures

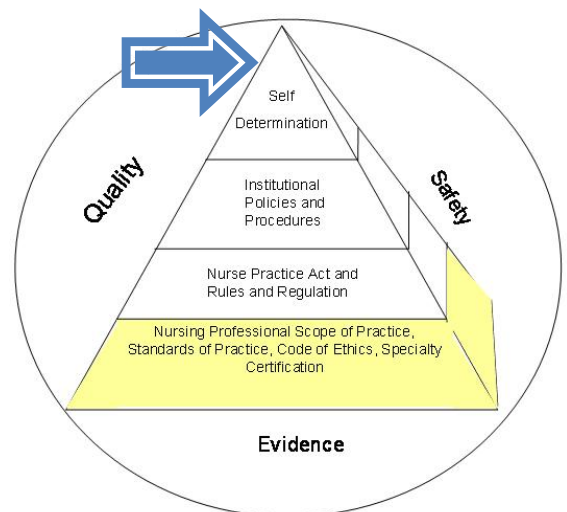


The policies and procedures of your facility also serve as a legal standard. In the event of a lawsuit alleging that your actions in some way contributed to harming a patient, the court would examine and judge your actions. Authorities would compare your actions with your facility's relevant policies and procedures and with the testimony of a nurse or nurses of similar experience. A nurse would testify as to what he or she would have done in a similar situation.

Whatever you documented in the patient's record or other records serves as a legal record of what occurred.

## Self-Determination

Nurses are accountable for practicing within the standards of the profession, the statutes of the state, and the policies and procedures of the facility. In addition, as a professional, the nurse exercises self-determination in assessing his or her own competencies, accepting responsibility for lifelong learning, and employing professional judgment. Self-determination also implies that the nurse accepts responsibility for becoming fully informed of the regulations that govern nursing practice and the nurse's accountabilities.



### Test Yourself

The nurse is accountable for practicing within professional standards, state statutes, and what else?

- A. The specialty requirements
- B. The facility's policies and procedures**
- C. The patient's preferences





# Using Professional Resources to Practice Effectively

Your professional nursing specialty organization has resources to support you in your practice, including recommendations for specialty-specific continuing education. Some sample resources include:

- A core curriculum for practice in the specialty
- Evidence-based practice guidelines
- Certification preparation programs
- Continuing education offerings
- Conventions
- Publications

## Conclusion

This course has explored the regulations that govern nursing practice and guide professional nursing. Through knowledge and use of these statutes, standards, and policies and remaining current in your practice, you can assure your patients the highest quality of care while maintaining the legal and professional standards of nursing practice.

## **IMPORTANT INFORMATION:**

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## Professional Practice Resources

*Contact your professional organization using these Websites:*

Academy of Medical-Surgical Nurses  
<https://www.amsn.org/>

Academy of Neonatal Nursing, LLC  
<http://www.academyonline.org/>

American Academy of Ambulatory Care Nursing  
<https://www.aaacn.org/>

American Association of Colleges of Nursing  
<http://www.aacn.nche.edu/>

American Association of Critical-Care Nurses  
<https://www.aacn.org/>

American Association of Diabetes Educators  
<https://www.diabeteseducator.org/>

American Association of Heart Failure Nurses  
<http://www.aahfn.org/>

American Association of Neuroscience Nurses  
<http://aann.org/>

American Association of Nurse Anesthetists  
<http://www.aana.com/>

American Association of Occupational Health Nurses, Inc.  
<http://aaohn.org/>

American College of Nurse-Midwives  
<http://www.acnm.org/>

American Holistic Nurses Association  
<http://www.ahna.org/>

American Nephrology Nurses' Association  
<https://www.annanurse.org/>

American Pediatric Surgical Nurses Association  
<http://www.apsna.org/>

American Psychiatric Nurses Association

<https://www.apna.org>

Association for Nursing Professional Development

<http://www.anpd.org/>

Association for Radiologic & Imaging Nursing

<http://arinursing.org/>

Association of Nurses in AIDS Care

<https://www.nursesinaidscare.org/>

Association of periOperative Registered Nurses

<http://www.aorn.org/>

Association of Rehabilitation Nurses

<http://www.rehabnurse.org/>

Association of Women's Health, Obstetric & Neonatal Nurses

<http://www.awhonn.org/>

Dermatology Nurses' Association

<https://www.dnanurse.org/>

Emergency Nurses Association

<http://www.ena.org/>

Health Ministries Association

<https://hmassoc.org/>

Hospice and Palliative Nurses Association

<http://www.hpna.org/>

Infusion Nurses Society

<http://www.ins1.org/>

International Association of Forensic Nurses

<http://www.forensicnurses.org/>

International Nurses Society on Addictions

<http://www.intnsa.org/>

National Association of Clinical Nurse Specialists

<http://nacns.org/>

National Association of Neonatal Nurses

<http://nann.org/>

National Association of Nurse Practitioners in Women's Health

<https://www.npwh.org/>

National Association of School Nurses

<http://www.nasn.org/home>

National Federation of Nurses

<http://www.nfn.org/>

Nurses Organization of Veterans Affairs

<http://www.vanurse.org/>

Oncology Nursing Society

<https://www.ons.org/>

Preventive Cardiovascular Nurses Association

<http://pcna.net/>

Wound, Ostomy, Continence Nurses Society

<http://www.wocn.org/>

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