

Canadian Nurses Association

DISCUSSION GUIDE

for

***The Unique Contribution
of
The Registered Nurse***

June 2002



**CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**

Purpose of Discussion Guide

The Canadian Nurses Association (CNA) has prepared this discussion guide for organizations representing registered nurses (RNs), in particular professional and regulatory organizations; CNA's associate and affiliate members; and groups such as the Canadian Association of Schools of Nursing (CASN). The purpose of the guide is to assist these organizations and groups in reviewing and discussing *The Unique Contribution of the Registered Nurse: A Discussion Paper* with their members. CNA will publish a revised discussion paper integrating feedback received.

The paper was developed over 2001 by the CNA RN Role Committee, an advisory group with broad regional representation and considerable expertise. The names of the committee are in Appendix 1.

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Feedback is requested from organizations and is welcomed from individual RNs who the organizations may wish to consult. If organizations elect to consult with individual RN members, please collect feedback forms and return them to CNA as one package from your organization.

Please send feedback forms prior to 28 February 2003 to:

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Summary of Key Messages

The following key messages are summarized from the paper. The messages are presented in the order in which they appear in the paper. Note that key messages are recorded in the left column throughout the paper where they are supported by evidence.

Key Messages:

- Nursing staff mix strategies must be carefully thought out so as to improve the professional practice environment and maximize the roles of all nursing providers.
- As the only category of nursing care provider authorized to practise autonomously, regardless of the complexity of the care or the predictability of outcome, the registered nurse (RN) is the most diversified worker in health care.
- RNs are champions of primary health care.
- RNs play a major role in maximizing the benefits of health care technology.
- RNs are integral to the identification, discussion, management and resolution of complex ethical and legal issues in health care.
- RNs act as knowledge navigators for clients by interpreting and evaluating information and directing clients to credible information resources.
- RNs have a considerable and positive impact on individual clients and their health outcomes, including client safety and risk reduction.
- Higher ratios of RN staff to other nursing personnel promote positive client health outcomes.
- The public is the principal beneficiary of positive health outcomes, but practice settings and the health system in general also derive important benefits.
- RNs' scope of practice covers that of all other categories of nursing care providers, making the RN the most comprehensive, versatile and flexible of these providers.
- Of the 304 competencies identified for practice for the year 2001 by the National Nursing Competency Project (1996), RNs are the only nursing provider group prepared to meet 100 per cent of these competencies.
- RNs are leaders in implementing collaborative practice, the foundation of which is the principle that each category of health care provider is a valued component of the health care team.
- The central focus of RN practice is clinical practice in which there is a direct relationship between nurse and client. Education, administration, research and other domains exist to support the RN in direct clinical practice.
- Retaining RNs in the workforce is a vital priority for the nursing profession, the public and the health care system.
- The comprehensive knowledge base of the RN is critical for initial and ongoing client assessment. Inadequate assessment puts the client at risk.
- RNs have the knowledge, skills and judgment to make more decisions with greater ease than other categories of nurse providers.
- The content and length of the RN educational program equips RNs to be effective leaders.
- The abilities of the RN to demonstrate evidence-based practice and to conduct research promote quality client care by ensuring that nursing interventions are supported by scientific rationale.
- RNs are the foundation of an effective and sustainable health care system, and indispensable to the health of Canadians both now and in the future.

Introduction

What is the purpose of this paper?

Nursing staff mix strategies must be carefully thought out so as to improve the professional practice environment and maximize the roles of all nursing providers.

CNA has prepared this paper for nurses, the public, politicians and other stakeholders to describe the essential and unique contributions made by the registered nurse (RN) in today's health care system. A clear description of the unique role of the RN is important in light of the other categories of nursing care providers that have evolved over the years.

In many health care settings, strategies to provide cost savings and to deal with the RN shortage include increasing or introducing the use of less expensive health care providers, such as licensed practical nurses and unlicensed care providers. Nursing staff mix strategies must be carefully thought out so as to improve the professional practice environment and maximize the roles of all nursing providers. Over the past decade, changes in the mix of nursing staff have led to the blurring of roles, with governments, employers – and sometimes nursing providers themselves – unclear about roles and responsibilities in specific work environments (Baumann, Deber, Silverman & Mallette, 1998).

It is hoped that this paper will not only illuminate the RN role but also contribute to the development of policy and additional tools that further promote an understanding of the RN role.

Readers are invited to discuss the information during their daily interactions and activities, to ask questions about the presence and roles of RNs within health care settings and to share and quote the information widely.

Background

Who are registered nurses?

As the only category of nursing provider authorized to practice autonomously, regardless of the complexity of the care or the predictability of outcome, the RN is the most diversified worker in health care.

RNs are found in all health care settings and wherever people live, work, play or worship. RNs' unique qualifications, education and scope of practice prepare them to care for clients in all settings and practice domains, to anchor health care teams, to lead formal research activities, to manage nursing services, to develop and deliver nursing education to all nursing providers, to contribute to healthy public policy and to take on new roles and responsibilities as the health system evolves.

RNs are the largest group of nursing care providers in the country, comprising more than three-quarters of the regulated nursing workforce in Canada (CIHI, 2002). There are three regulated groups of nurses in Canada: RNs, registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs). RPNs practise only in the four western provinces. Depending on where they are located in Canada, LPNs are also known as registered nursing assistants and registered practical nurses.

Over the past decade, unregulated care provider (UCP) roles – with a wide range of names and responsibilities – have been developed at organizational levels across the country.

As the only category of nursing provider authorized to practise autonomously, regardless of the complexity of care or predictability of outcome, the RN is the most diversified worker in health care and has been shown to be both the most productive nursing provider and the one most linked to holistic and non-fragmented client care (Shamian, 1998).

Key characteristics of today's health care system

RNs are champions of primary health care

As the largest group of health care providers, RNs have considerable experience with the evolving trends and characteristics of the health care system, which directly influence their practice. A discussion of the key characteristics of today's health care system in Canada provides insight into the complexity and dynamic nature of RN practice.

A commitment to primary health care and health for all

Primary health care creates conditions within society that promote opportunities to reach and maintain the highest attainable level of health. With insight and experience in identifying and influencing the factors that impact the health of the public and a commitment to a strong and just society, RNs are champions of primary health care. The Ottawa Charter identified "health for all" as a goal for the year 2000, and together with their national, provincial and territorial nursing associations, RNs are leaders in advocating the prerequisites for health listed in the Charter including peace, shelter, education, food and income (WHO, CPHA, & Health and Welfare Canada, 1986).

Increasing acuity of illness

There is general acknowledgement that the acuity of illness has increased in acute care, home care and long-term care settings. This results from factors such as a focus on ambulatory care – with hospitalization occurring only when complex or invasive treatments are required; reductions in the average length of hospital stay – leading to the need for acute home care interventions; and an aging population living longer with chronic health conditions and residing in long-term care settings. The increasing acuity of illness means clients no longer recover in acute care hospitals, rather they remain acute throughout their stay. Their needs are complex and change rapidly, and they require comprehensive assessments and timely interventions (CIHI, 2002).

While acute health conditions are being treated with increasing success thanks to advancements in treatment modalities, many clients are left with chronic conditions that require long-term care. As a result, the role of the RN is increasingly focused on care and support to those who have chronic conditions. RNs in long-term care settings are reporting an 11.6 per cent increase in residents requiring the heaviest level of care since 1993 (Ontario Association of Non-Profit Homes and Services for Seniors, 2000). RNs in these settings have evolved their practice to focus on health maintenance strategies, early detection of alterations in health status and the coordination of care team activities, including support and coaching to UCPs.

Advances in treatment modalities and the introduction of new technology

Accounts of new treatments, medications, surgical techniques and technological inventions are a frequent and prominent feature of newspaper and magazine articles, health care conferences and web sites. Surgeons have successfully reattached limbs; refined videoscopic procedures that have turned splenectomies, cholecystectomies and hiatus hernia repairs into day surgery; and implanted artificial hearts, replacement joints and microscopic devices, which aid hearing, vision and the management of diabetes.

As champions of primary health care, RNs play a major role in maximizing the benefits of health care technology (CNA, 2001).¹ RNs have worked with surgical teams to develop and implement safe and effective procedures that minimize postoperative complications and to provide clients with essential information to promote effective health management. RNs have led and participated in research and evaluation activities to identify the short and long-term health outcomes associated with the new procedures.

RNs play a major role in maximizing the benefits of health care technology.

The use of information and/or communication technology (ICT) to deliver professional health care services is growing at a tremendous rate in Canada. RNs are exclusive providers of telehealth services in many locations. In some practice settings, RNs have engaged in nursing telepractice for decades (e.g., providing health information and advice to clients over the telephone). The application of today's technologies, however, provides more diverse options for RN telepractice, for example, triaging health concerns and/or providing health information to clients via call-centre services; using videoconferencing in rural clinics; using hand-held cameras in consultations with other health care professionals to transmit relevant images of clients (e.g., range of motion of a client's limb, status of a chronic wound); relaying vital client information, such as electrocardiogram data, via electronic transmission; monitoring the status of early-discharge hospital patients over the telephone (e.g., blood pressures and pulses); and many other services (RNANS, 2000).

The practice of home and public health nurses has evolved in response to advances in treatment modalities and new technology. There has been a shift in care from the hospital to the community, and home health nurses

1. In the context of primary health care, *technology* includes technological equipment and information, as well as work organization, placement of services, use of pharmaceutical products and the computerization of health care data.

RNs are integral to the identification, discussion, management and resolution of complex ethical and legal issues in health care.

RNs act as knowledge navigators for clients by interpreting and evaluating information and directing clients to credible information resources.

have adapted their practice to provide acute care in the home that involves the full spectrum of clinical assessment, intervention and evaluation, as well as the use of technology such as ventilators, infusion pumps, central venous lines and kidney dialysis technology.

Public health nurses are leaders in all facets of primary health care focused on communities and populations including health promotion, community development and disease prevention.

Emerging ethical, cultural and legal issues

Numerous ethical, cultural and legal issues have been identified as outcomes of the advancements in science, technology and client care interventions. RNs are guided by the *Code of Ethics for Registered Nurses* or their jurisdictional code. RNs are integral to the identification, discussion, management and resolution of complex ethical and legal issues in areas including:

- Consent in situations of incapacity and/or conflict of interest on the part of assigned decision-makers;
- Treatment and/or preservation of life when health outcomes are predicted to be poor;
- End of life decision-making;
- Reproductive and genetic technology;
- Research studies; and
- Allocation of scarce health resources.

The knowledge explosion

Knowledge as an outcome of scientific endeavours, research and experience has been generated in extraordinary volume over recent years. Unprecedented access to health-related knowledge is now possible through the Internet and publications.

Health care clients frequently obtain and study information about their health condition or needs, ask informed questions and expect their health care providers to have current and detailed knowledge in the appropriate area of health.

Consumers have high expectations in today's health care environment, including:

- Meaningful involvement in health care decisions;
- Health care providers who are specialized;
- Competent care provider performance and service; and
- Transparent processes to redress perceived practice gaps or complaints.

RNs have responded by acting as knowledge navigators for clients by interpreting and evaluating information, directing clients to credible resources and accessing and integrating relevant, current knowledge into their practice.

Cost constraint, restructuring and RN shortages

The need to realize cost efficiencies and control health care expenditures has prompted significant health system restructuring, including the introduction of regional health authorities; the formation of mega corporations from mergers of several smaller hospitals; new home care funding and/or management structures; and, in some settings, greater utilization of UCPs and/or LPNs.

These system changes have profoundly influenced the context of practice for RNs in the following ways:

- Reduction of nursing leadership roles;
- Elimination of nursing input into budget decisions;
- Decreased support for professional practice; and
- Shift to a predominance of part-time or casual RN positions (Greenglass & Burke, 2001; Grinspun, 2001).

Restructuring has also resulted in less satisfied clients, a reduction in continuity of care, short staffing, the erosion of organizational commitment and poor staff morale (Decter & Villeneuve, 2001). RNs are experiencing dissatisfaction with the quality of worklife, frustration over the inability to provide quality client care and a measurable reduction in their own health status (O'Brien-Pallas, Thomson, Alksnis, & Bruce, 2001).

All of the above factors have contributed to a worldwide shortage of RNs. This leads to increased workload and stress levels for remaining nurses and further erodes the quality of the practice environment for RNs and their clients.

The Impact of the Registered Nurse

RNs have a considerable and positive impact on individual clients and their health outcomes, including client safety and risk reduction.

RN Impact on Individual Clients

RNs have a considerable and positive impact on individual clients and their health outcomes, including client safety and risk reduction. Recognition of the essential role of the RN is reflected in accreditation standards for health services providers and in the requirement, in some American states, to publicly identify nursing staff levels as a risk indicator, as well as a harbinger of client satisfaction, favourable health outcomes and overall cost effectiveness at the organizational and health system levels (Fagin, 2001).

Researchers have explored relationships between nursing skill mix (i.e. RNs as a percentage of total nursing staff) and hospital mortality and client satisfaction. They found that higher ratios of RNs to total nursing staff, along with greater RN autonomy and control over practice, are associated with lower rates of hospital mortality and higher levels of client satisfaction (Aiken, Smith, & Lake, 1994; Heinemann, Lengacher, VanCott, Mabe, & Swymer, 1996).

A recent Ontario study involving 46,941 patients, with acute myocardial infarction, stroke, pneumonia and/or septicemia, discharged from 75 acute care hospitals found that a richer skill mix of RNs was associated with a lower 30-day mortality (Tourangeau, Giovannetti, Tu, & Wood, 2002).

Another important way to illustrate the positive impact of RNs on individual clients is through practice exemplars or stories. Notable nursing researchers and journalists have published powerful and detailed accounts of RN practice that have provided invaluable insight and acknowledgement to the knowledge, caring and impact of RN practice on individuals and systems (Benner, 1979; Gordon, 1997; Picard, 2000). In addition, nurse researchers, such as Patricia Benner, have closely observed RN practice, documenting the roles, skills and care outcomes achieved by RNs and organizing that knowledge into content for RN education programs (Fagin, 2001).

Validation of the positive impact of RNs' care on individual clients is also evident in the thank you notes and letters of praise written by clients and family members and prominently posted in almost every RN practice setting. Such letters are also regularly published in the journals of professional nursing associations, nursing regulatory bodies and shared at professional conferences. The following practice exemplars illustrate RNs' sensitivity to the changing cultural make-up of society.

EXEMPLAR ONE

The role of the RN as advocate for the client is one that requires a synthesis of information about legal, cultural and ethical issues, the application of advanced communication skills and sensitivity to the positions and intentions of the involved individuals. The following exemplar not only demonstrates these attributes, it also illustrates the RNs knowledge about death and dying, cultural responses to grief and loss and the cancer trajectory.

An RN was providing care to a 54-year-old man whose diagnosis was terminal liver cancer. The RN was approached by the family (his wife and two sons) and advised that if the client asked about his condition, he was not to be told that he had cancer or that his cancer was terminal. The family said their reason for their request was that if the client learned the truth, he would simply “give up.” The nurse explained that the client had a right to know about his condition and to receive truthful answers to his questions. The nurse also identified the benefits of the client knowing about his condition, such as having the opportunity to speak with his family about what was important to him and settling any affairs that might be meaningful to him. The nurse provided time for the family to consider their conversation and shared the situation with the health care team members. Eventually, the family requested that the physician and nurse be present with them while the client was told about his condition and given an opportunity to ask questions. This was done as requested. After the client died, the family expressed appreciation for the opportunity they had had as a family to hear their father’s special messages to each of them and to know that his wishes had been met.

EXEMPLAR TWO

The RN is frequently in a position to influence the lives of others. This exemplar illustrates how a RN acted on the information provided about a child in need. With an awareness of resources within the community and using a network of professionals, this RN was able to put into action a strategy to benefit both the child and the child’s family.

While vacationing in the Dominican Republic, the friend of a registered nurse from Kingston, Ontario saw a small child propelling himself along the dusty street using only his hands and elbows. A closer look revealed that while the child had feet, they were stunted and completely reversed, facing backwards. The child had been born with this condition, had never been able to ambulate and therefore had never

attended school. Since neither medical/surgical care nor mobility aids such as wheelchair, prosthetics, etc. were available, he was destined to a life of begging in the street. Upon her return from vacation, the friend talked to the RN about the child. The RN knew an orthopaedic surgeon in her community would be able to repair the child's feet, which would make such a positive impact on the quality of his life. The RN contacted the surgeon who immediately agreed to donate his services. The RN then convened a small group of nurse colleagues and initiated a fund raising campaign to raise sufficient money to bring the boy and his mother to Kingston for an extended stay, as the orthopaedic repair procedures needed to be done in several stages and involved considerable time. Appropriate residential housing and schooling was arranged as well as supports for the mother who would be away from her other children. Eventually the child arrived in Kingston, had the extensive repairs done, and returned to the Dominican Republic with new life possibilities and a smile a mile wide.

RN Impact on Client Health Outcomes

The public is the principal beneficiary of positive health outcomes, but practice settings and the health system in general also derive important benefits.

Higher ratios of RN staff to other nursing personnel promote positive client health outcomes.

Considerable research evidence supports the essential role played by RNs in promoting positive client health outcomes. Clients and their families are the principal beneficiaries of positive health outcomes, but practice settings and the health system in general also derive important benefits. These benefits include a reputation for high-quality care, reduced risk of claims or legal proceedings, improved RN retention rates and cost savings from shorter lengths of stay and/or fewer complications requiring costly treatments. Such benefits make it imperative that RNs' ability to positively influence the health outcomes of their clients is maximized.

Higher ratios of RN staff to other nursing personnel have been one of the factors cited as promoting positive client health outcomes. In the area of home care, research demonstrated that care by baccalaureate prepared RNs was associated with fewer home care visits and improved client outcomes (O'Brien-Pallas et al., 2001).

Hospital settings that have a higher RN to client ratio have been associated with lower mortality levels, shorter lengths of stay and fewer incidents of pressure ulcers, pneumonia, postoperative infections and urinary tract infections as well as lower rates of hospital readmission in the 30 days after discharge (O'Brien-Pallas et al., 2001; Aiken, Sloane, Lake, Sochalski, & Weber, 1999; ANA, 1997; ANA, 2000; Hunt & Hagen, 1998). A related study explored the relationships between total hours of nursing care, RN skill mix and the adverse client outcomes of

medication errors, client falls, skin breakdown, client and family complaints, infections and deaths (Belgan, Goode, & Reed, 1998). The study concluded that the higher the RN skill mix, the lower the incidence of the above adverse occurrences.

Adverse occurrences may also be described as medical error. A recent American report observed that the root causes of most errors are not related to human recklessness but from failures in the health system (Cho, 2001). One conceptual model illustrates the relationship between nurse staffing (viewed as the appropriate number and mix of nursing resources necessary to meet nursing care demands) and adverse client outcomes linked to an error-modeling system (ANA, 1997). Inadequate staffing was identified as a work condition that “precipitated errors and violations,” a conclusion reinforced by Baker and Norton (2001) in their observation that “overwork and understaffing . . . reduce the defences against error” (Cho, 2001, p. 80; p. 13).

Inadequate staffing results in lack of time to provide optimal care and the outcome is often nursing care that meets only the most urgent of client care needs. For the client, this may result in failure to rescue or deterioration in condition as a consequence of lack of early recognition and action by the health care provider. The failure to rescue rate has been defined as “the rate of death among patients experiencing complications” (Sochalski, Estabrooks, & Humphrey, 1999, p. 75). Although not all complications are preventable or a consequence of health care provider action or inaction, the nurse’s ability to recognize early signs and symptoms of complications and to take appropriate action is vital to ensuring positive client outcomes (Cary, 2001).

This reality has been documented in research carried out in both long-term care and acute care environments. In the long-term care setting, it was found that when nurses had insufficient time to meet the full spectrum of client care needs they minimized time spent with clients, omitted care interventions considered non-essential and delayed care for less visible health needs. These coping mechanisms reduced nurses’ ability to “perform the surveillance and follow-up work that could prevent small problems from escalating” (Bowers, Lauring, & Jacobson, 2001, p. 488).

In acute care, research into the relationship between nursing staffing and numerous health outcomes found “strong and consistent relationships between nurse staffing variables [such as level of staffing and RN share of total staffing] and the five client outcomes of urinary tract infections, pneumonia, length of stay, upper gastrointestinal bleeding and shock in medical clients” (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky,

2001, p. xxiv). The study further concluded that there was a strong and consistent relationship between failure to rescue and nurse staffing for major surgery clients (Needleman et al., 2001, p. xxiv).

Many RNs have taken steps to maximize their ability to promote optimal client outcomes. Obtaining certification in their chosen practice focus has been a key strategy, with over 10 per cent of Canadian RNs certified in a specialty through CNA's certification program. Many other RNs have obtained specialty certification through other credentialing bodies such as the Canadian Diabetes Association (Certified Diabetes Educator) and the Canadian Association of Enterostomal Therapists.

Study findings provide evidence of the effectiveness of certification in promoting optimal client outcomes. For example, nurses surveyed as part of the *Study of the Certified RN Workforce* reported making fewer practice errors and increased expertise in the nursing surveillance activities of early and close client monitoring and intervention that facilitate prompt rescue of a patient (Cary, 2001).

The research results described above demonstrate the positive impact of RNs in promoting optimal client outcomes and the importance of practice settings with optimal staffing mix and ratios. As was observed in a recent article, "healthy, satisfied, qualified nurses are associated with higher client satisfaction, higher quality care and lower client mortality" (Dexter & Villeneuve, 2001, p. 47).

The following exemplars illustrate RNs contribution to positive client health outcomes.

EXEMPLAR THREE

RNs have the knowledge, skills and judgment necessary to complete comprehensive assessments; to interpret information through application and synthesis of a scientific knowledge base; to anticipate potential beneficial and detrimental outcomes and to engage in a therapeutic nurse-client relationship in an emotionally charged situation. This is illustrated in the following exemplar.

An RN on a labour and delivery unit identified a woman at high risk for a Caesarean section. The RN provided intense one-to-one labour coaching to the mother, as well as acting as liaison with all members of the health care team to provide information and mobilize the appropriate team members as needed. The outcome was a successful vaginal birth, a healthy infant, and the avoidance of the additional system costs and potential complications inherent in a Caesarean section.

EXEMPLAR FOUR

The health care system is characterized by constantly changing knowledge and advances in technology. The RN is responsible for acquiring and applying new knowledge in practice. This exemplar illustrates this attribute. It also portrays how two RNs were sensitive to the unique needs of a client, used principles of adult education and had a positive impact on the client.

Two RNs attended a conference presentation on the indications and outcomes of intensive insulin therapy. Upon their return to their practice setting, they advocated with the chief of staff in their department for the implementation of the therapy for eligible diabetic clients. Protocols for implementation of the therapy were developed with the help of medical staff. One particular client was a 42-year-old male who had been living with Type 1 diabetes since the age of five. His family physician could not identify further interventions, his average blood sugar was consistently dangerously high, and he had already experienced one myocardial infarction and was close to requiring kidney dialysis. The client was started on the intensive insulin therapy regime and the nurses worked intensely with the client on a monthly basis for teaching, lifestyle counselling and monitoring. His diabetes was eventually well controlled, he was able to lead a full and healthy life, and there are no signs of the need for kidney dialysis. This positive client impact is an outcome of registered nursing practice and prompts further discussion about the practice of the registered nurse.

Characteristics of the Registered Nurse

A clear understanding of the characteristics of the RN role is an essential first step to ensuring appropriate staff mix in all health care settings.

Regulation and scope of practice

It is important to note that RNs' scope of practice covers that of all other categories of nursing care providers, making the RN the most comprehensive, versatile and flexible of these providers.

RNs' scope of practice covers that of all other categories of nursing care providers, making the RN the most comprehensive, versatile and flexible of these providers.

RN practice has traditionally been prescribed in legislative statutes at the provincial/territorial levels (e.g. the *Nursing Acts* of many jurisdictions). The health legislation of each province/territory contains scope of practice statements for RNs and other regulated professionals. Scope of practice is "the range of roles, functions, responsibilities, and activities which members of a discipline are educated and authorized to perform" (ARNNL, 2000, p. 1).

Central to an understanding of scope of practice is the knowledge that "nursing care is not merely a collection of tasks," but must consider "the context of care, specific client factors and knowledge base of the provider" (AARN, 1995, p. 6; SRNA, 2000, p. 3). While in some jurisdictions other categories of health care providers may share portions of the legislated RN scope of practice, only RNs are authorized to practice autonomously (i.e. no restrictions or requirement to consult) regardless of the complexity of the client's/clients' condition(s) or the predictability of the outcomes of care. In addition, nursing care of communities and populations has been identified by at least one nursing regulatory body as exclusive to the scope of practice of the RN (CNO, 2001).

The RN scope of practice supports continuity of care (a significant factor in client satisfaction), because the RN can provide all client assessment and nursing care. In settings with adequate staffing levels and realistic workloads, it also promotes cost effectiveness and productivity, as there is no fragmentation of care activities or times when care requirements exceed scope of practice.

If nursing care activities are to be assumed by other categories of nursing staff, it is an expectation that the employer will provide the appropriate education, training and supervision (Newfoundland and Labrador Council for Licensed Practical Nurses, 1999). To promote optimal client care and outcomes, as well as to minimize risk and liability, practice settings that employ more than one category of nursing provider use a decision-making framework to assist in determining the appropriate level of nursing provider. These frameworks may include the proviso that the outcome of care for the

client must be the same regardless of the category of care provider (Cary, 2001; CNO, 1997). They may also identify core principles to guide decision-making, such as the nine broad-based principles published by the Alberta Association of Registered Nurses (Needleman et al., 2001).

Scope of practice is reflected in standards of practice for the RN that are developed, monitored and enforced by the regulatory body of each jurisdiction. These standards inform the public and others about what they can expect from RNs and are used as a legal reference for reasonable and prudent practice (AARN, 1999). While the topics by which the standards of practice are organized vary amongst jurisdictions, all standards generally include expectations related to professional knowledge, service to the public, professional responsibility and adherence to a code of ethics.

Through their legislated scope and autonomous nature of practice, RNs are the most diversified health care worker, and RNs are able to provide care to individuals, families, groups, communities and populations of all ages and levels of health. RNs provide client care across the continuum of health promotion, disease prevention, support and rehabilitation, treatment and palliative care.

Of the 304 competencies identified for practice for the year 2001 by the National Nursing Competency Project (1996), RNs are the only nursing provider group prepared to meet 100 per cent of these competencies.

RN competencies

The National Nursing Competency Project (1996), a collaborative project among all three regulated nursing groups, identified 304 competencies that were anticipated to be required for practice in the year 2001. RNs were the only nursing provider identified as having the knowledge base to perform 100 per cent of the competencies independently, regardless of client complexity, status or predictability of care outcomes, upon entry to practise.

While some nursing competencies are shared with other categories of nursing providers, RNs bring their expanded knowledge and experience to all competencies. The NNCP noted that some competencies are practised by other categories of nursing personnel in consultation with an RN. Many practice competencies, however, are exclusive to RNs, including those concerned with the care of populations and communities and some involving research and public health nursing.

The broad RN competency base is important to both clients and RNs. From the client perspective, the range of RN competencies means that all nursing care can be provided by the RN even when health needs are acute, complex and rapidly changing. From the RN perspective, the competencies support holistic, responsive, client centred care that meets practice standards in a dynamic health environment characterized by rapid change.

RNs are leaders in implementing collaborative practice, the foundation of which is the principle that each category of health care provider is a valued component of the health care team.

The central focus of RN practice is clinical practice in which there is a direct relationship between nurse and client.

Education, administration, research and other domains exist to support the RN in direct clinical practice.

Collaborative practice

RNs are leaders in implementing collaborative practice, the foundation of which is the principle that each category of health care provider is a valued component of the health care team and plays an important part in caring for the public.

Effective collaborative practice is promoted by positive collegial relationships among all care providers and is supported by knowledge of the roles and responsibilities (or scope of practice) of each member of the health care team. It has been shown that effective collaboration as evidenced by positive relationships among team members is beneficial to clients and is associated with reduced mortality (Baumann et al., 2001).

RNs assume responsibility for roles promoting health care team effectiveness. These roles include RNs acting as knowledge and decision-making resources to all team members and functioning as team leaders or charge nurses. Responsibilities include determining client care assignments; coordinating overall activities; and involving team members, clients and families in care planning and decision-making.

RN domains of practice

Because of their comprehensive knowledge base, commitment to formalized lifelong learning and understanding of both system and client characteristics, the number and variety of RN roles are immense. The RN practice domains of clinical practitioner, educator, administrator and researcher are those most commonly identified.

The central focus of RN practice is clinical practice in which there is a direct relationship between nurse and client. Education, administration, research and other domains exist to support the RN in direct clinical practice.

Within the practitioner domain RNs may provide a broad range of clinical care to clients or may focus on providing specialty care to a given client population (e.g. enterostomal therapist, continence nurse, chemotherapy RN, etc.). RNs may also obtain further education and work in roles such as palliative care consultant, diabetes educator nurse, clinical nurse specialist (in areas ranging from Neonatal ICU to Geriatrics) and nurse practitioner. In community health centres or areas where physicians are in short supply, such as isolated rural or northern communities, RNs are often the client's first or only contact with the health care system.

Within the domains of research, education and administration, RNs educate the next generation of RNs and other nursing provider groups; research all aspects of health care; and establish and maintain practice settings that support excellence in nursing care delivery.

While not consistently identified as an exclusive domain of practice, RNs also lead or contribute to the development of health and public policy either as a component of their practice, or as a focus. Through their work in policy development, RNs are able to bring the voices of clients, families and communities, which might otherwise be silent or limited, to decisions affecting health care resources and those who depend upon them (Gebbie, Wakefield & Kerfoot, 2000).

The following exemplars illustrate practice in the domains of educator and administrator.

EXEMPLAR FIVE

The RN is an educator of clients, and an educator of students. In the role of student educator, the RN is knowledgeable about the competencies required of the RN entering practice and goals and objectives of educational programs. The educator uses advanced communication skills to stimulate the student's critical thinking and self-evaluation so that the student is aware of learning needs.

A post-RN student approached the nursing professor to request exemption from a course on family and child nursing. The student felt that she had acquired the course content from her previous experience and education. On the basis of further dialogue with the student, the professor perceived that the nurse did not "know what she didn't know" about the subject matter and requested that the student observe one of the classes. After the student's observation experience, she realized what she didn't know about family and child nursing and was excited about taking the course.

EXEMPLAR SIX

In this situation, the RN administrator assesses factors involved in implementing a change in client care technology. The administrator applies her knowledge of change management, clinical support strategies, staffing and financial budgeting to design and execute an implementation strategy for the new equipment.

An RN nursing administrator in a home care organization was informed by the Regional Health Authority that new infusion pumps were being implemented for client care. A stakeholder committee that included clinical care nurses had selected the

pumps. The new pumps were selected because of improved safety features and ease of use. The administrator recognized that the new pump represented a change in practice for the nurses and their clients and a potential risk to the organization if the new pumps were not used correctly. The administrator met with the nurse educator to discuss the change. A communication plan about the new pump was designed, and an education program for the new pump was developed. Attendance at the education sessions was supported through special staffing provisions and compensation. Nurses were provided with written materials to keep with them if needed for future reference. The implementation of the new pumps was accomplished in a consistent and timely manner and nurses provided positive feedback about the implementation process.

Retaining RNs in the workforce is a vital priority for the nursing profession, the public and the health care system.

RN career path

The RN career path is unique among nursing groups, as RNs are eligible for an astonishing array of career opportunities in any of the domains of practice. This career mobility arises from RNs' unique education and preparation and their embrace of nursing as a life-long career that is adaptable to evolving professional and personal circumstances. It is also fostered by RNs' commitment to continuous learning through educational programs and self-study – a commitment increasingly supported by educational institutions' awarding of prior learning assessment credits and distance learning strategies.

Recent publications have encouraged RNs' regular use of career assessment and planning strategies to promote career satisfaction and retention within the profession (Donner & Wheeler, 1998). Retaining RNs in the workforce is a vital priority for the nursing profession, the public and the health care system. Recent research findings and recommendations such as those identified in *Care and Commitment: A Policy Synthesis* (2001) have clearly identified practice setting attributes that are required to promote long-term retention.

Assessment and Health Promotion

Decisions about nursing care needs and who is the most appropriate caregiver are based on sound, scientific and humanistic principles. Nursing care begins with a comprehensive, responsive assessment of the client's status and needs. RNs have the in-depth knowledge base and cognitive/critical thinking skills to attend to both obvious and elusive cues, to note minimally discernible patterns in the data and to interpret and synthesize information.

Inadequate assessment puts the client at risk. This is because the results of the assessment inform the remainder of the nursing process –problem identification, problem solving, decision-making, planning/strategizing, implementation and evaluation of care.

For assessing clients, the comprehensive knowledge base of the RN is critical in order to recognize and anticipate normal responses as well as deviations from the norm. Through initial and ongoing client assessments, RNs often detect changes in a client's health status before they evolve into more serious complications. This early detection of changes often prevents or reduces complications, which are costly to both the client and the health care system.

The comprehensive knowledge base of the RN is critical for initial and ongoing client assessment. Inadequate assessment puts the client at risk.

Health teaching is a central component of RN practice. RNs integrate health promotion and primary health care concepts into the entire spectrum of client care. In the community, RNs develop school health or adult wellness programs aimed at such things as smoking cessation, sexual health and physical activity. They conduct community health assessments and advocate equitable access to the determinants of health including adequate housing, food, education, employment and health care.

Critical thinking and decision-making

Critical thinking has been described as the “ability to bring a critical intelligence to bear on a range of theoretical insights and practical problems” (CNO, 2001, p. 21). Critical thinking is a complex, active and purposeful process encompassing the essential skills of interpretation and evaluation and requiring the RN to go beyond the role performance of skills and interventions. It compels the RN to identify and challenge assumptions; use an organized approach to assessment; check for the accuracy and reliability of information; distinguish relevant from irrelevant, normal from abnormal and recognize inconsistencies; cluster related information, identify patterns and missing information; draw valid conclusions based on evidence, identify different concurrent conclusions and underlying causes; set priorities; and evaluate and correct thinking (Alfaro-LeFebre, 1999; Fonteyn, 1998; Rubenfeld & Scheffer, 1995).

RNs have the knowledge, skills and judgment to make more decisions with greater ease than other categories of nurse providers.

Decision-making is defined as a complex cognitive process used to make a choice from among a number of alternative treatments/interventions. Nursing decision-making is a factor in almost all nurse-client interactions and has been identified as critical to effective nursing practice (Boblin-Cummings, Baumann & Deber, 1999). The decision-making process involves problem recognition and identification; information searching and processing activities; identification of alternatives and potential outcomes; selection of the optimal alternative; and post-decisional activities such as the implementation of selected interventions and evaluation of outcomes (Donner & Wheeler, 1998; Baumann & Deber, 1989a; Deber & Baumann, 1992; Lancaster, 1999).

Study findings have demonstrated that there are statistically significant differences in decision-making among the categories of nurse providers, with RNs making more decisions with greater ease than comparators (Royle, DiCenso, Baumann, Boblin-Cummings, Blythe, & Malette, 2000).

Leadership

Research by the College of Nurses of Ontario linked several aspects of leadership to RN practice activities such as leading client groups, care plan development, teaching, acting as team leader or team member, allocating client care assignments and influencing the work environment (CNO, 2001).

The effectiveness of RNs as leaders was attributed to the content and length of the RN educational program, which includes opportunities to develop leadership skills through group work and emphasizes the expectation that RNs will promote positive change within the workplace.

The content and length of the RN educational program equips RNs to be effective leaders.

Employers who participated in the research indicated that the leadership and conflict management skills of RNs are more advanced than those of other provider groups. Studies also acknowledged that RNs have more accountability for health team coordination, “are able to critically think at a higher level and deal with ambiguity” (CNO, 2001, p. 27).

Research Utilization and Involvement

The past decade has seen a focus on evidence based practice, with its concepts being taught in RN programs and implemented in practice settings. Evidence-based decision-making is the explicit, conscientious and judicious consideration of the best available evidence in the provision of health care. Evidence-based practice is the implementation of evidence-based decisions (CNA, 1998).

The content of RN educational programs includes research theory, methods and practice applications. RNs have the foundational knowledge to critique the strength of research findings and their applicability to specific practice settings or populations; integrate research findings into their practice; identify research questions arising from their practice and participate in all aspects of the research process.

The importance of evidence-based nursing practice is its potential to positively affect client outcomes. Indeed, it has been stated that the ability to match the context of care and the client's circumstances with the relevant evidence "will perhaps be the most important requirement of the 21st century practising nurse" (Eastbrooks, 1998, p. 30).

The following exemplar illustrates how RNs' knowledge of research and evidence-based approaches to clinical decision-making is beneficial to both clients and the cost effectiveness of health services.

EXEMPLAR SEVEN

The abilities of the RN to demonstrate evidence-based practice and to conduct research promote quality client care by ensuring that nursing interventions are supported by scientific rationale. This exemplar illustrates the ability of the RN to identify a researchable question; lead a research team through data collection and analysis; and interpret and apply research findings to improve client care.

The abilities of the RN to demonstrate evidence-based practice and to conduct research promote quality client care by ensuring that nursing interventions are supported by scientific rationale.

An RN working in a long-term care setting identified that residents voided more frequently and were incontinent more often during the night. The RN assembled a small research group, and they designed a study to identify the factors associated with nighttime voiding. The study found that the factors of illness, fever and feeling cold were found to be related to nighttime voiding. On the basis of the findings, the staff nurse made a business case to buy duvets for the residents. When the duvets were added, the incidence of nighttime voiding and incontinence was reduced, resulting in improved quality of life for residents, reduced workload for staff and savings in incontinent supplies and bedding for the facility.

The Registered Nurse Knowledge Base

The knowledge that RNs acquire as an outcome of their education is their passport to safe and effective practice and the foundation for life-long learning. The influence of knowledge and attitudes on decision-making has been well articulated in the literature. Knowledge has been identified as one of the key factors influencing decision-making (Baumann & Bourbonnais, 1985; Bourbonnais & Baumann, 1985; Dela Cruz, 1994; Grier, 1979; Grier, 1981; Lauri & Salantera, 1995; Lutzen & Nordin, 1995; Watson, 1994).

This paper's identification of the complex health care environment in which RNs practice and the expectations of RN practice provide eloquent evidence of the need for RN education to be comprehensive and multi-faceted. As one noted educator has observed: "because no one can use knowledge she or he does not have, the role expression of clinical nursing in each case is fixed by the knowledge base" (Christman, 1991, p. 210).

Education prepares RNs for the diversity, complexity and variety of clients and populations for whom they will provide care throughout their nursing career. The goals of educational preparation for registered nurses are to:

- Develop the cognitive skills required for practice;
- Provide the knowledge, skills and judgment to care for clients requiring a broad range of nursing care;
- Prepare students to meet provincial legislative requirements for entry to practice, as determined by the RN registration examination;
- Equip RNs to make a strong contribution to their profession and to positively influence the health care system; and
- Begin professional socialization.

Through their education, RNs acquire beginning proficiency in performing all aspects of the four main categories of nursing process: assessment and diagnosis; planning, coordinating and referral; administering and monitoring therapeutic interventions and monitoring and evaluation (NANB, 1993).

The RN acquires knowledge enabling her/him to work with diverse client populations; contribute to the fields of politics and policy-making; and fill positions in all domains of practice. Educators who are RNs themselves teach nursing students all nursing specific program content, a feature that is unique to the education of RNs. The majority of RN nursing educators are masters prepared and many have doctoral degrees.

The Educational Setting and Credential

While the range of programs leading to the RN credential is extensive, all RNs study in the college or university environment and obtain either an RN diploma or baccalaureate degree. In some areas, collaborative degree programs have been developed whereby students spend study time in both environments.

The basis for the commitment made by every province/territory in Canada to move toward the establishment of the baccalaureate degree as the entry to practice requirement for RNs is the belief that RN graduates require a broad-based preparation. This includes a wide scope of knowledge and skills from nursing and related fields. Nursing regulatory bodies in Canada believe that the competencies required by RN graduates are “most effectively and economically achieved through baccalaureate preparation” (CNA, 1998).

Several jurisdictions have already succeeded in establishing the baccalaureate degree as the required educational program for registered nurses, and all others are actively working toward that outcome.

The Curriculum

The scope and diversity of the RN program curriculum is astounding, with just some of the topics including:

- Conceptual nursing theories;
- The biological sciences of anatomy, physiology; genetics and immunology, pathophysiology, microbiology and biochemistry;
- Nursing practice skills;
- Research design, analysis and integration into practice;
- Evaluation theory and frameworks; and
- Public health/community health concepts of epidemiology, community assessment and population health approaches.

This comprehensive curriculum is further characterized by a focus on primary health care and the requirement for RNs to obtain mandatory study credits in the broader arts and sciences of psychology, history, languages, education or sociology. The nature and format of the RN educational program enables the exploration of content that is relevant to RN practice, the health system and environment. Course content also supports essential skill development in reflective practice and self-evaluation and communication, and the establishment of an effective nurse-client therapeutic relationship.

The curriculum provides nurses with essential knowledge about the RN scope and standards of practice and instills in them a commitment to career-long learning and professional development. Continuing education may

include certification in specialty areas such as gerontology, diabetes education, community nursing and nurse practitioner or advanced practice programs as well as masters and doctoral degrees.

The development and utilization of political advocacy and social marketing strategies promoting health and influencing policy at the organizational and system levels are emphasized.

Having completed the required educational preparation for entry to practice as an RN, the nursing student is eligible to write the registration exam. This tests the candidate's knowledge of the competencies required for RN practice in the areas of nurse-client relationship; health promotion; illness/injury prevention; curative/supportive care; rehabilitative care; and professional practice.

Socialization to RN Practice

How RNs develop and apply nursing knowledge and skills is shaped by professional practice values and attitudes. Instilling those values is a central responsibility of nursing educators (C. Orchard, personal communication, September 12, 2001). Professional socialization has been described as the "process by which professionals learn during their education and training the values, behaviours and attitudes necessary to assume their professional role" (Howkins & Ewens, 1999, p. 41).

Professional socialization is influenced by the student's past experiences; the format and content of education; and personal reflection on nursing practice and the values and beliefs presented in the educational program. Professional socialization is also influenced by mentorship and by the context and location of nursing work (Gray & Smith, 1999; Philpin, 1999).

Conclusion

Into the Future

RNs are the foundation of an effective and sustainable health care system, and indispensable to the health of Canadians both now and in the future.

The new millennium has brought unprecedented access to health care knowledge and a new generation of educated consumers ready to hold the health system and providers accountable for the highest level of care and outcomes. Although health care in Canada is undergoing tremendous change and challenge, RNs remain committed to identifying solutions and acting as catalysts for positive change at all levels.

RNs will continue to identify and/or respond to evolving needs of the public and to health system trends and issues. To assure they remain effective in meeting the needs of current and future clients, RNs are embracing new roles in areas such as policy development, advocacy, telehealth and primary health care.

RNs provide care in the most isolated and most populated communities in Canada and to the most vulnerable and most privileged of citizens. They are the foundation of an effective and sustainable health care system and indispensable to the health of Canadians, both now and in the future.

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Appendix 1: RN Role Committee Members

Barb Mildon, Project Leader	Saint Elizabeth Health Care, Markham, Ont.
E. Joyce Black	Registered Nurses Association of British Columbia
Sheryl Boblin	McMaster University, Hamilton, Ont
Margaret Harrington	Council of Ontario Universities
Michelle M. Kucey	College of Registered Nurses of Nova Scotia
Carole Orchard	Memorial University of Newfoundland
Debbie Phillipchuk	Alberta Association of Registered Nurses
Noreen Richard	Nurses Association of New Brunswick
Rivie Seaberg	George Brown College, Toronto, Ont.
Diane Wilson-Mate	College of Registered Nurses of Manitoba
Colleen Wirth	Yukon College, Whitehorse
Sharon Nield, Joni Boyd and Linda Piazza	Canadian Nurses Association

Appendix 2: Feedback Form

The Unique Contribution of the Registered Nurse: A Discussion Paper

FEEDBACK FORM Canadian Nurses Association June 2002

Are you responding . . .

- As an individual nurse?
- On behalf of an organization?

If so, what is the name of your organization?

FEEDBACK QUESTIONNAIRE:

1. Is it important at this time to you/your organization to define the unique contribution (role) of the registered nurse? Yes No

If not, why not? _____

2. Overall, does this paper reflect your views/your organization's views on the unique contribution of the RN to health care in Canada? Yes No

If not, why not? _____

3. Have any important concepts/issues – key messages – been left out of the paper? Yes No

If yes, what do you suggest needs to be added? _____

Appendix 2: Feedback Form

4. Do you feel that the seven (7) practice exemplars add to the paper? Yes No

If no, do you feel they should be removed or revised? Please comment: _____

5. Is the paper clear and easy to understand? Yes No

If not, please comment. _____

6. Please provide any further comments below.

Please send feedback forms prior to 28 February 2003 to:

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