



**Nurses Association**  
OF NEW BRUNSWICK

# **Standards of Practice for Registered Nurses**

Responsibility and Accountability  
Knowledge-Based Practice  
Client-Centered Practice  
Public Trust



## **Mission**

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

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## Acknowledgements

This Standards document was developed with a Collaborative Working Group comprised of representatives from each of the following participating jurisdictions: The Association of Registered Nurses of Newfoundland and Labrador, the Association of Registered Nurses of Prince Edward Island, the Nurses Association of New Brunswick, the Registered Nurses Association of the Northwest Territories and Nunavut and the Yukon Registered Nurses Association.

## Introduction

The Nurses Association of New Brunswick (NANB) has the legislated authority through the *Nurses Act* to establish, maintain and promote standards of practice for registered nurses (RNs) within New Brunswick. This authority reflects NANB's primary mandate to protect and serve the public through **self-regulation**<sup>1\*</sup>. The *Standards of Practice for Registered Nurses*<sup>2</sup> establish the regulatory and professional foundation for nursing practice. The standards identify for RNs, the public, government and other stakeholders the expected level of performance of registered nurses.

This document identifies four standards for the practice of registered nurses:

Standard 1 - Responsibility and Accountability

Standard 2 - Knowledge-Based Practice

Standard 3 - Client-Centered Practice

Standard 4 - Public Trust

## Guiding Principles

**The Standards of Practice for Registered Nurses are based on the following principles:**

- RN practice supports the safety, dignity and wellbeing of every **client**.
- The client is the central focus of RN practice and leads the process of decision-making related to care.
- Public interest and safety are best served when RNs continually enhance knowledge, skill and judgement.
- Quality practice environments support RNs in meeting practice expectations.
- RNs believe in the philosophy of **Primary Health Care**.
- RNs recognize the influence of the **social determinants of health** in shaping the health status of individuals and communities.

\* Words or phrases in bold print are found in the glossary. They are shown in bold on first appearance.

<sup>1</sup> The regulatory framework used by NANB has three components: promoting good practice; preventing poor practice and intervening when practice is unacceptable. This is accomplished by setting standards and supporting registered nurses to meet those standards and acting when standards are not met. Registered Nurses participate in self-regulation through the election of RNs to the NANB Board, participation in the Annual General Meeting and other forums, membership on statutory committees, by providing input into standards and guideline document development and by participating in other NANB activities.

<sup>2</sup> Standards of practice for registered nurses also apply to the nurse practitioner (NP). The NP performs activities that are not part of the scope of practice of a registered nurse therefore additional regulation and standards are required.

## Standards – Definition & Purpose

Standards are broad and principle-based statements. They are authoritative statements that articulate conduct or performance required of registered nurses. They serve to further define responsibilities set out in legislation and regulation.

The primary purpose of standards is to identify the level of performance expected of RNs in their practice, against which actual performance can be measured. All registered nurses are responsible for understanding the *Standards*\*\* and applying them to their practice.

The *Standards* are interrelated and intended to be sufficiently dynamic so as to define competent practice across all practice settings and **domains**. Standards serve as a framework for professional development and continuous quality improvement.

\*\* The use of the word *Standards* written in italics with a capital "S" refers to *The Standards of Practice for Registered Nurses* document. The word standard written with a small "s" refers to all other category of standards.

Standards for Nursing Practice therefore serve to:

- protect the public by supporting safe, competent, and ethical practice;
- assist registered nurses to understand and work through challenges encountered in their individual practice and at the system level;
- assist registered nurses in decision-making;
- guide curriculum development and approval of baccalaureate nursing education and the nurse practitioner programs in New Brunswick;
- provide direction for administration, quality management, and performance expectations pertinent to registered nurses;
- provide a legal reference for **reasonable**, prudent practice;
- inform the public and other members of the health care team about the practice of nursing;
- inform research and policy.

## Context

There are a variety of expectations that govern the practice of registered nurses. While the *Standards of Practice for Registered Nurses* establish the practice expectations of RNs, legislation, for example the *Nurses Act*, sets the overall legal context for the practice of nursing.

Other documents such as guidelines, practice standards, and position statements, provide more specific direction for the application of the *Standards* in various roles and practice settings.

The *Code of Ethics for Registered Nurses* provides guidance for ethical relationships, responsibility, behaviour and decision-making (CNA, 2008). The *Code of Ethics* is to be used in conjunction with these *Standards*.

The entry-level competencies are more descriptive than standards. They provide the framework for entry to practice and serve to inform the development of nursing curriculum and the entry to practice examination.

In addition to the *Standards*, there are a variety of other categories of standards that guide nursing practice which are illustrated in the Pyramid of Standards (Figure 1). The pyramid illustrates the relationship among the various categories of documents.

- At the base of the figure, the *Standards of Practice for Registered Nurses* set the expectations regarding nursing practice across the profession in all practice settings and domains. These standards provide an overall framework for the practice of nursing in New Brunswick.
- Specialty/practice standards define in more detail, expectations specific to an area of practice, for example critical care or mental health; or they may address components of practice such as documentation or medication administration. These standards complement the *Standards of Practice for Registered Nurses* and provide additional information on specific topics.
- Agency standards are often synonymous with organizational policies, established by a facility or program.
- Unit level standards stipulate expectations unique to a setting and may be presented as procedures.
- At the apex of the figure are those expectations specific to a client; these reflect the application of critical inquiry as the registered nurse assesses, plans, implements and evaluates interventions to achieve desired outcomes with a particular client.



**Figure 1 Pyramid of Nursing Standards**



(Adapted from Smith, 1991)

## **Indicators**

To facilitate understanding and application of the *Standards of Practice for Registered Nurses*, there are corresponding indicators which clarify concepts central to the specific standard and provide criteria against which an individual registered nurse's actual performance is measured by self and others. Indicators serve as examples of activities which demonstrate how a standard may be applied.

Indicators are not intended to be all-inclusive and are equally important regardless of their placement.

## Standard 1: Responsibility and Accountability

*The registered nurse is responsible for practising safely, competently and ethically and is accountable to the client, employer, profession and the public.*

The registered nurse:

- 1.1 maintains current registration;
- 1.2 practises in accordance with relevant legislation<sup>3</sup>, standards, and employer policies;
- 1.3 practises in accordance with the *Code of Ethics for Registered Nurses*;
- 1.4 assumes primary responsibility for **continuing competence**<sup>4</sup>;
- 1.5 is answerable for nursing actions, decisions and professional conduct;
- 1.6 takes measures to maintain **fitness to practise** such that client safety is not compromised;
- 1.7 recognizes and **takes action** in situations where client safety is actually or potentially compromised;
- 1.8 fulfills duty to report<sup>5</sup>;
- 1.9 **advocates** for and contributes to the development and implementation of policies, programs and practices relevant to practice setting and the nursing profession.

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<sup>3</sup> Examples of relevant legislation include the *Nurses Act*, the *Hospital Act*, the *Public Health Act*, the *Mental Health Act* and the *Personal Health Information Privacy and Access Act*. RNs are also required to comply with other federal and provincial legislation that may not be within NANB's regulatory mandate, but which may be enforceable by other regulatory bodies, tribunals or the courts. (Adapted from CRNBC, 2012)

<sup>4</sup> Reflective practice, that is, the process of continually assessing one's own practice to identify learning needs and opportunities for constant growth, is key to continuing competence. *Continuing Competence Program: Learning in Action*. ( <http://www.nanb.nb.ca/PDF/CCP/CCP-Dec2006E.pdf> )

<sup>5</sup> Reports situations which may be adverse for clients and/or health care providers, including **incompetence**, **professional misconduct**, and **incapacity** of nurses and of other health care providers to the appropriate person or body. ( <http://www.nanb.nb.ca/PDF/legislation/NursesAct%20E-F%202008.pdf> )

## Standard 2: Knowledge-Based Practice

The registered nurse practises using **evidence-informed** knowledge, skill and judgement.

The registered nurse:

- 2.1 maintains and enhances own knowledge and skills;
- 2.2 uses **critical inquiry** in collecting and interpreting data, in determining and communicating client status, in planning and implementing the plan of care and in evaluating outcomes;
- 2.3 recognizes and practises within own level of **competence** and seeks additional knowledge and assistance when needed;
- 2.4 exercises **reasonable** judgement;
- 2.5 initiates, maintains and concludes the **therapeutic nurse-client relationship**<sup>6</sup>;
- 2.6 assigns and delegates<sup>7</sup> nursing activities in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting;
- 2.7 supports colleagues and students by sharing nursing knowledge and expertise;
- 2.8 maintains **timely**<sup>8</sup> and accurate documentation<sup>9</sup>;
- 2.9 contributes to, and supports the analysis, development, implementation and evaluation of best practice.

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<sup>6</sup> *Therapeutic Nurse-Client Relationship*. ([http://www.nanb.nb.ca/downloads/Practice%20Standard-Nurse-Client%20Relationship\\_E.pdf](http://www.nanb.nb.ca/downloads/Practice%20Standard-Nurse-Client%20Relationship_E.pdf))

<sup>7</sup> *Assigning, Delegating and Teaching Nursing Activities to Unregulated Care Providers*. ([http://www.nanb.nb.ca/downloads/Practice%20Guideline-Assigning,%20Delegating%20and%20teaching%20Nursing%20Activities%20to%20Unregulated%20Care%20Pr oviders\\_E.pdf](http://www.nanb.nb.ca/downloads/Practice%20Guideline-Assigning,%20Delegating%20and%20teaching%20Nursing%20Activities%20to%20Unregulated%20Care%20Pr oviders_E.pdf))

<sup>8</sup> The timeliness of documentation may vary. When client acuity, complexity and variability is high, more frequent documentation is required than when clients are less acute, less complex and/or less variable. (CRNBC, 2012)

<sup>9</sup> *Documentation*. ([http://www.nanb.nb.ca/downloads/Practice%20Standard\\_Documentation\\_E.pdf](http://www.nanb.nb.ca/downloads/Practice%20Standard_Documentation_E.pdf))

## Standard 3: Client-Centered Practice

*The registered nurse contributes to and promotes measures that optimize positive client health outcomes at the individual, organizational and system level.*

The registered nurse:

- 3.1 practises using a **client-centered approach**;
- 3.2 communicates effectively<sup>10</sup> and respectfully with clients, colleagues and others;
- 3.3 assists clients in learning about the health care system and coordinates access to appropriate health care services;
- 3.4 engages in interprofessional and **intersectoral collaboration**;
- 3.5 uses resources effectively and efficiently in the provision of nursing services;
- 3.6 supports innovation by implementing and evaluating new knowledge and technology;
- 3.7 advocates for and contributes to **quality professional practice environments**.

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<sup>10</sup> Involves applying knowledge and skills related to such things as relationship-building, assertiveness, problem-solving and conflict resolution.



## Standard 4: Public Trust

*The registered nurse upholds the public's trust in the profession.*

The registered nurse:

- 4.1 demonstrates **professional presence**<sup>11</sup> and models professional behaviour;
- 4.2 acts as a **moral agent**<sup>12</sup> in providing nursing services;
- 4.3 protects clients' privacy and confidentiality;
- 4.4 endeavors to develop competence in nursing leadership<sup>13</sup>;
- 4.5 advocates, individually and collectively, for healthy public policy and programs that are informed by the **social determinants of health**;
- 4.6 contributes to and supports initiatives that improve the health system and **population health**;
- 4.7 participates in changes that inform and advance the profession of nursing in the interest of the public.

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<sup>11</sup> Public trust in a profession is sustained when its expectations are in harmony with the values of the profession and the actual practice of RNs. On the other hand, public trust is undermined when a significant gap appears between general expectation and performance. (Adapted from Sir Donald Irvine (2003), cited in Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordination Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland, 2012).

<sup>12</sup> "Registered nurses are expected to conduct themselves ethically in what they do and how they interact with persons receiving care." (*Code of Ethics for Registered Nurses*, p. 6, 2008)

<sup>13</sup> Nursing leadership is about critical thinking, action and advocacy – and it happens in all roles and domains of nursing practice. Leadership is a relationship which involves the act of influencing and inspiring others towards a common goal, whether formally (through a set role) or informally.

## Glossary

**Advocating/advocate:** Actively supporting a right and good cause; supporting others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.<sup>14</sup>

**Client:** Individuals, families, groups, populations or entire communities who require nursing expertise. The term “client” reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

**Client-Centered Care:** An approach in which clients are viewed as whole; it is not merely about delivering services where the client is located. Client-centered care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making.<sup>15</sup>

**Client safety:** The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal client outcomes, meant to be inclusive of psychosocial, physical, cultural and spiritual wellbeing.<sup>16</sup>

**Collaboration:** The process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others’ roles, mutual respect among participants commitment to common goals, shared decision-making, effective communication, relationships and accountability for both the goals and team members.<sup>17</sup>

**Competence:** The ability of an RN to integrate and apply the knowledge, skills, judgments, and personal attributes to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs.

**Continuing competence:** Continuing competence is a necessary component of practice and public interest is best served when registered nurses constantly improve their application of knowledge, skill and judgment. Reflective practice, or the process of continually assessing one’s own practice to identify learning needs and opportunities for growth, is the key to continuing competence.

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<sup>14</sup> [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics\\_in\\_Practice\\_Jan\\_2010\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics_in_Practice_Jan_2010_e.pdf)

<sup>15</sup> [http://ltctoolkit.rnao.ca/sites/ltc/files/resources/CCCare/BPStandards/BPG\\_CCCare\\_Rev06.pdf](http://ltctoolkit.rnao.ca/sites/ltc/files/resources/CCCare/BPStandards/BPG_CCCare_Rev06.pdf)

<sup>16</sup> [http://www.nanb.nb.ca/PDF/Entry-Level\\_Compencies\\_Sept09-E-\\_FINAL.pdf](http://www.nanb.nb.ca/PDF/Entry-Level_Compencies_Sept09-E-_FINAL.pdf)

<sup>17</sup> <http://rnao.ca/bpg/guidelines/collaborative-practice-among-nursing-teams-guideline>

**Coordinate:** The act of organizing and/or supporting different people or systems to work together for a common goal.

**Critical inquiry:** A process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

**Domains:** Four domains or areas of practice are identified within the profession of nursing: practice, education, administration and research. Policy has been identified as a fifth domain but can also be seen as being part of all four domains. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered Nurses may practise in more than one domain within the context of their role.

**Evidence-informed practice:** Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.<sup>18</sup>

**Fitness to practise:** All the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs, that impairs his or her ability to practise nursing (Canadian Nurses Association, 2008).<sup>19</sup>

**Incapacity:** Means a physical or mental condition or disorder, suffered by a member, of such nature and extent that it is desirable in the interests of the public or the member that she [he] no longer be permitted to practise nursing or that her [his] practice be restricted.<sup>20</sup>

**Incompetence:** Means acts or omissions on the part of a member, in her [his] professional duties, including the care of a patient, that demonstrate a lack of knowledge, skill or judgements, or disregard for the welfare of a patient of a nature and to an extent as to render her [him] unfit or unsafe to practise nursing or to practise nursing without conditions, limitations or restrictions.<sup>21</sup>

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<sup>18</sup> [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS113\\_Evidence\\_informed\\_2010\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS113_Evidence_informed_2010_e.pdf)

<sup>19</sup> [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Code\\_of\\_Ethics\\_2008\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf)

<sup>20</sup> <http://www.nanb.nb.ca/PDF/legislation/NursesAct%20E-F%202008.pdf> (p.2)

<sup>21</sup> <http://www.nanb.nb.ca/PDF/legislation/NursesAct%20E-F%202008.pdf> (p.3)

**Intersectoral:** Refers to various sectors within society, for example health, education, housing, transportation and environment.<sup>22</sup>

**Moral agent:** The capacity or power of a registered nurse to direct his or her motives and actions to some ethical end; essentially, doing what is good and right.<sup>23</sup>

**Population health:** An approach to health that aims to improve the health of the entire population (all people) and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.<sup>24</sup>

**Primary health care (PHC):** The World Health Organization (WHO, 1978) defines primary health care as essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. Essential health care includes health promotion, disease prevention, curative, rehabilitative and supportive care. As a philosophy, PHC is based on the values of equity, solidarity and social justice. PHC supports the end of exclusion promoting accessibility by focusing on individual and community strengths, opportunities and involvement (WHO, 2008). The five principles of PHC are: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.<sup>25</sup>

**Professional misconduct:** Means a digression from established or recognized professional standards or rules of practice of the profession (NANB' 1984, p.4) and includes the sexual abuse of patients.

**Professional presence:** As a reflective practitioner, the registered nurse demonstrates confidence, integrity, optimism, passion, and empathy, in accordance with professional standards, guidelines and codes of ethics. This includes the registered nurses' verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title<sup>26</sup>.

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<sup>22</sup> [http://www2.cna-aicc.ca/CNA/documents/pdf/publications/BG7\\_Primary\\_Health\\_Care\\_e.pdf](http://www2.cna-aicc.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf)

<sup>23</sup> [http://www2.cna-aicc.ca/CNA/documents/pdf/publications/Code\\_of\\_Ethics\\_2008\\_e.pdf](http://www2.cna-aicc.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf)

<sup>24</sup> <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php>

<sup>25</sup> <http://www.who.int/whr/2008/en/>

<sup>26</sup> [http://www.nanb.nb.ca/PDF/Entry-Level\\_Competencies\\_Sept09-E-\\_FINAL.pdf](http://www.nanb.nb.ca/PDF/Entry-Level_Competencies_Sept09-E-_FINAL.pdf)

**Quality professional practice environment:** A practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care.<sup>27</sup>

**Reasonable:** As compared to registered nurses with similar education and experience and in similar circumstances.

**Self-regulation:** In general there are two ways a profession can be regulated: one is by the profession itself which is self-regulation and the other is directly by government. Self-regulation recognizes that the nursing profession is best qualified to determine the standards for nursing education and practice which are required to ensure the public receives safe, competent and ethical care. NANB receives its regulatory authority from the New Brunswick government through the *Nurses Act*.

**Social determinants of health:** The social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. The resources include, but are not limited to, conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security.<sup>28</sup>

**Takes action:** Encompasses advocacy and/or the act of initiating or doing something which can prevent, respond to and/or report a situation. RNs advocate in ways that are consistent with their role and responsibilities.

**Therapeutic nurse-client relationship:** A planned, time-limited and goal-directed connection between a registered nurse and a client for the purpose of meeting the client's health care needs.<sup>29</sup>

**Timely:** A response or action that occurs at an appropriate or proper time to achieve a positive client outcome.

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<sup>27</sup> [http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics\\_in\\_Practice\\_Jan\\_2010\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Ethics_in_Practice_Jan_2010_e.pdf)

<sup>28</sup> <http://www.phac-aspc.gc.ca/sdh-dss/glos-eng.php>

<sup>29</sup> [http://www.nanb.nb.ca/PDF/Practice\\_Standard-Nurse-Client\\_Relationship\\_E.pdf](http://www.nanb.nb.ca/PDF/Practice_Standard-Nurse-Client_Relationship_E.pdf)

## References

- Association of Registered Nurses of Newfoundland and Labrador. (2008). *Position Statement: Registered Nurses' Professional Duty to Address Unsafe and Unethical Situations*. St. John's, NFL: Author.
- Brunt, B.A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa, ON: Author.
- Canadian Nurses Association (2010). *Ethics in Practice for Registered Nurses-Ethics, Relationships and Quality Practice Environments*. Ottawa, ON: Author.
- Canadian Nurses Association (2010). *Position Statement: Evidence Informed Decision-Making and Nursing Practice*. Ottawa, ON: Author.
- Canadian Nurses Association (2005). *Position Statement: Primary Health Care*. Ottawa, ON: Author.
- Canadian Health Service Research Foundation. (2005). How CHSRF defines evidence. *Links*, 8(3), 1-8.
- College of Registered Nurses of British Columbia. (2012). *Professional Standards for Registered Nurses and Nurse Practitioners*. Vancouver, BC: Author.
- Graham, J.G. & Barter, K. (1999). Collaboration: A social work practice method. *Families in Society: The Journal of Contemporary Human Services*, 80(1), 6-13.
- Kathleen B. LaSala and Jenenne Nelson. (2005). What Contributes to Professionalism? *MEDSURG Nursing*. 14(1), 63-67.
- Nurses Association of New Brunswick (2006). *Continuing Competence Program*. Fredericton, NB: Author.
- Nurses Association of New Brunswick (2010). *Documentation Standards*. Fredericton, NB: Author.
- Nurses Association of New Brunswick. (2009). *Entry-Level Competencies for Registered Nurses in New Brunswick*. Fredericton, NB: Author.

- Nurses Association of New Brunswick. (2002). *Nurses Act*. Fredericton, NB: Author.
- Nurses Association of New Brunswick (2011). *Practice Guideline: Assigning, Delegating and Teaching to Unregulated Care Providers*. Fredericton, NB: Author.
- Nurses Association of New Brunswick. (2005). *Standards of Practice for Registered Nurses*. Fredericton, NB: Author.
- Nurses Association of New Brunswick (2010). *The Therapeutic Nurse-Client Relationship Standards*. Fredericton, NB: Author.
- Public Health Agency of Canada (2004). *What is Population Health Approach?* Ottawa, ON: Author.
- Registered Nurses Association of Ontario (2006). *Collaborative Practice amongst Nursing Teams*. Toronto, ON: Author.
- Registered Nurses Association of Ontario (2006). *Facilitating Client Centred Learning: Health Education Fact Sheet for Health Care Providers*. Toronto, ON: Author.
- Scottish Government. (July, 2012). Professionalism in nursing, midwifery and the allied health professions in Scotland: A report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland. Edinburgh, UK: Author.
- Smith, T.C. (1991). Nursing Standards: The Basics of Professional Practice. In P. Schroeder (Ed.), *Approaches to Nursing Standards* (pp.7-18). Rockville, MD: Aspen Publications.
- The Scottish Government. (2012). Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland. Edinburg, UK: Author.
- World Health Organization (2008). *The world health report 2008: Primary health care now more than ever*. Geneva: Author.
- World Health Organization (1978). *Declaration of Alma-Ata*. International Conference on Primary Health Care, Alma-Ata. U.S.S.R. Author.



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