

**STANDARDS
OF
PRACTICE
FOR
REGISTERED
NURSES (2013)**



Association of
Registered Nurses
of Newfoundland
and Labrador



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Introduction

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) has the legislated authority through the *Registered Nurses Act (2008)* to establish, maintain and promote standards of practice for registered nurses (RNs) within Newfoundland and Labrador. This authority reflects ARNNL's primary mandate to protect and serve the public through **self-regulation**^{1*}. The *Standards of Practice for Registered Nurses* establish the regulatory and professional foundation for nursing practice.² They serve as a means of informing RNs, the public, government and other stakeholders on nursing practice.

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

Standard 1 - Responsibility and Accountability

Standard 2 - Knowledge-Based Practice

Standard 3 - Client-Centred Practice

Standard 4 - Public Trust



¹ The regulatory framework used by ARNNL 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 ARNNL Council, 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 ARNNL activities.

² The *Standards of Practice for Registered Nurses* are foundational for nurse practitioner (NP) practice. The NP performs activities that are outside the scope of practice of a registered nurse, therefore, additional regulations and standards are in place (*Standards for Nurse Practitioner Practice in Newfoundland & Labrador, 2013*).

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

Guiding Principles

Standards for the practice of registered nurses are based on the following principles:

- RN practice supports the well-being, dignity, and safety of every **client**.
- The client is the central focus of RN practice and leads the process of decision-making related to care and services.
- Public interest and safety are best served when RNs continually enhance knowledge, skill and judgment.
- 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.

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 safe, competent, and ethical practice across all practice settings and **domains**.



** The use of the word *Standards* written in italics with a uppercase "S" refers to the *Standards of Practice for Registered Nurses* document. The word "standard" written with a lowercase "s" refers to all other categories of standards (e.g. Documentation standards).

Standards for Nursing Practice serve to:

- protect the public by supporting safe, competent, compassionate, and ethical nursing practice;
- assist registered nurses in decision-making;
- assist registered nurses to understand and work through challenges encountered in their individual practice and at the system level;
- guide curriculum development and the approval of baccalaureate nursing education and nurse practitioner education programs;
- provide direction for administration, quality management, and performance expectations of 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 *Registered Nurses Act, 2008*), 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 (Canadian Nurses Association, 2008). The Code is to be used in conjunction with these *Standards*.

The *Competencies in the Context of Entry-Level Registered Nurse Practice* are more descriptive than standards. They provide the framework for entry to practice and serve to inform the development of the nursing curriculum.

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 Nursing Standards (Figure 1). The Pyramid illustrates the relationship among the various categories of documents.

FIGURE 1. Pyramid of Nursing Standards



(Adapted from Smith, 1991)



- At the base of the Pyramid, 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 Newfoundland and Labrador.
- Specialty or other standards define in more detail expectations specific to an area of practice, (e.g., 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 health authority or program.
- Unit level standards stipulate expectations unique to a setting and may be presented as procedures.
- At the apex of the Pyramid 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.

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 within the standard.



Standard 1: Responsibility and Accountability

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

The registered nurse:

- 1.1 maintains current licensure;
- 1.2 practises in accordance with relevant legislation³, standards, and employer policies;
- 1.3 practices in accordance with the *Code of Ethics for Registered Nurses*;
- 1.4 assumes primary responsibility for **continuing competence**;
- 1.5 is answerable for nursing actions, decisions and professional conduct;
- 1.6 takes measures to ensure **fitness to practice** 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 as defined in legislation⁴;
- 1.9 **advocates** for and contributes to the development and implementation of policies, programs and practices relevant to practice setting and the nursing profession.



³Examples of relevant legislation include the Registered Nurses Act, the Regional Health Authorities Act, the Health and Community Services Act, the Mental Health Care and Treatment Act, and the Personal Health Information Act. RNs are also required to comply with other federal and provincial legislation that may not be within ARNNL's regulatory mandate, but which may be enforceable by other regulatory bodies, tribunals or the courts (Adapted from CRNBC, 2012).

⁴ A registered nurse who has knowledge, from direct observation or objective evidence, of **conduct deserving of sanction** of another registered nurse shall report the known facts to the Director of Professional Conduct Review (Registered Nurse Act, s.2O (1), 2008).

Standard 2: Knowledge-Based Practice

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

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 judgment;
- 2.5 initiates, maintains and concludes the **therapeutic nurse-client relationship**⁵;
- 2.6 assigns and delegates⁶ 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** and accurate documentation⁷;
- 2.9 contributes to, and supports the analysis, development, implementation and evaluation of best practice.



⁵ Association of Registered Nurses of Newfoundland and Labrador. (2014). *The Therapeutic Nurse-Client Relationship: Expectations for Registered Nurses*. St. John's: Author.

⁶ Association of Registered Nurses of Newfoundland and Labrador. (2006). *Scope of Practice for Registered Nurses: Definition, Decision-Making & Delegation*. St. John's: Author.

Association of Registered Nurses of Newfoundland and Labrador & College of Licensed Practical Nurses of Newfoundland and Labrador. (2009). *Professional Responsibilities when Working with Institutionally Based Unregulated Care Providers*. St. John's: Author.

Association of Registered Nurses of Newfoundland and Labrador. (2003). *Performance of Nursing Tasks by Support Workers in Community Settings*. St. John's: Author.

⁷ Association of Registered Nurses of Newfoundland and Labrador. (2010). *Documentation Standards for Registered Nurses*. St. John's: Author.

Standard 3: Client-Centred 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-centred approach**;
- 3.2 communicates effectively⁸ and respectfully with clients, colleagues and others;
- 3.3 **coordinates** and assists clients to learn about the health care system and accessing 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**.



⁸ 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**⁹ and models professional behaviour;
- 4.2 acts as a **moral agent**¹⁰ in providing nursing services;
- 4.3 protects clients' privacy and confidentiality;
- 4.4 develops competence in nursing leadership¹¹;
- 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 endeavours that inform and advance the profession of nursing in the interest of the public.

⁹ 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. 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 NHS Scotland*, 2012).

¹⁰ 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*, 2008, p. 6).

¹¹ Nursing leadership is about critical thinking, action and advocacy – 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/advocates: Actively supporting a right and good cause; supporting others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.¹²

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-centred approach: An approach to nursing care in which clients are viewed as whole; placing the client and their significant others at the centre of care, using their needs and wishes to inform the health care plan.

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 well-being.¹³

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.¹⁴

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

Conduct deserving of sanction: Includes **professional misconduct**, professional **incompetence**, conduct unbecoming of a RN, and **incapacity** or unfitness to engage in the practice of nursing (ARNNL, Bylaw, Article X).

Continuing competence: Continuing competence is a necessary component of practice and public interest that is best served when 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.

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.

¹² Canadian Nurses Association. (2008). *Code of Ethics For Registered Nurses*. Ottawa: Author.

¹³ Association of Registered Nurses of Newfoundland and Labrador. (2013). *Competencies in the Context of Entry-Level Registered Nurse Practice 2013-2018*. St. John’s: Author.

¹⁴ Registered Nurses Association of Ontario. (2006). *Collaborative Practice Amongst Nursing Teams*. Toronto: Author



Evidence-informed: 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.¹⁵

Fitness to practice: All the qualities and capabilities of an individual relevant to his or her capacity to practice as a RN, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practice nursing.¹⁶

Incapacity: A nurse's suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the nurse no longer be permitted to practice or that his or her practice should be restricted.

Incompetence: 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 judgments, or disregard for the welfare of a patient or patients of a nature and to an extent as to render her [him] unfit or unsafe to practice nursing or to practise nursing without conditions, limitations, or restrictions.

Intersectoral: Refers to various sectors within society (e.g., health, education, housing, transportation and environment).¹⁷

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.¹⁸

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.¹⁹

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.²⁰

Professional misconduct: A digression from established or recognized professional standards or rules of practice of the profession in accordance with relevant legislation and policies²¹.



¹⁵ Canadian Nurses Association. (2010). *Position Statement: Evidence Informed Decision-Making and Nursing Practice*. Ottawa: Author.

¹⁶ Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.

¹⁷ Canadian Nurses Association. (2005). *Position Statement: Primary Health Care*. Ottawa: Author.

¹⁸ Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.

¹⁹ Public Health Agency of Canada. (2004). *What is Population Health Approach?* Ottawa: Author.

²⁰ Association of Registered Nurses of Newfoundland and Labrador. (2012). *Primary Health Care Position Statement*. St. John's: Author.

²¹ The definitions of Conduct Deserving of Sanction pursuant to Section 18 of the RN Act can be found in Article X of the ARNNL Bylaws.

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. (ARNNL Competencies Required for Entry-Level Registered Nurse Practice, 2008).

The 2013 ARNNL Competencies in the Context of Entry-Level Registered Nurse Practice 2013-2018 further defines professional presence as: The professional behaviour of registered nurses, how they carry themselves and their verbal and non-verbal behaviours; respect, transparency, authenticity, honesty, empathy, integrity, and confidence are some of the characteristics that demonstrate professional presence. In addition, it is demonstrated by the way nurses use language, particularly how they refer to their own professional status and that of others by using first and last name and title in their communications (Adapted from Ponte, et al., 2007).²²

Quality professional practice environments: Practice environment that has the organizational and human support allocations necessary for safe, competent and ethical nursing care.²³

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.

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.²⁴

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.²⁵

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

²² The 2013-2018 Competencies in the Context of Entry-Level Registered Nurses Practice definition is added for clarity and consistency.

²³ Association of Registered Nurses of Newfoundland and Labrador & College of Licensed Practical Nurses of Newfoundland and Labrador. (2006). *Quality Professional Practice Environment Standards*. St. John's: Author.

²⁴ Public Health Agency of Canada. (2007). *Crossing Sectors - Experiences in Intersectoral Action, Public Policy and Health*.

²⁵ Association of Registered Nurses of Newfoundland and Labrador. (2014). *The Therapeutic Nurse-Client Relationship: Expectations for Registered Nurses*. St. John's: Author.



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