

Standards of Professional Nursing Practice





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Introduction

Standards for practice outline what the profession expects of its members and act to promote, guide and direct professional nursing practice. Standards provide a framework for developing competencies and describe the responsibilities for which members of the profession are accountable. Standards also guide nurses on the knowledge, skills, judgement and attitudes needed to practise safely.

While the Nursing Council of New Zealand (NCNZ) is required under the Health Practitioner's Competence Assurance Act 2003 to specify the scope of practice and qualifications necessary to become registered under the Act and set ongoing competence requirements, nursing's professional bodies have a core role in setting standards of practice. A competency set by the NCNZ provides a benchmark against which an assessment of an individual's ability to meet the required standards is made.

Professional development and recognition programmes set the knowledge, skills and behaviours that describe advancing practice beyond the baseline competency. Knowledge and skills frameworks may have been developed to explicate specialty practice development. These act as a guide for developing practice and assessing it.

The standards outlined in this document are *generic* standards of nursing practice. They provide the basis for nurses to develop specialty standards and the knowledge and skills frameworks specific to their area of practice as required. These generic standards represent the outcomes against which nursing practice will be measured by consumers, employers, colleagues and nurses themselves.

Nursing practice is regulated by statutory requirements¹ and supported by the NCNZ and the New Zealand Nurses Organisation (NZNO) codes, guidelines, nursing policy statements and publications², which reflect the wide range and variety of settings in which nurses can practise.

Provider organisations have an obligation to provide essential support systems, including human and material resources so that nurses are able to meet the standards for practice. However, these standards for nursing practice have not attempted to address the obligations of such organisations directly.

¹ For example, the Health Practitioner's Competence Assurance Act 2003, the Code of Health and Disability Services Consumers' Rights (Health and Disability Commissioner, 2004), the Medicines Act 1981 and associated Regulations, the Misuse of Drugs Act 1975 and associated Regulations.

² For example, the Nursing Council of New Zealand Code of Conduct (NCNZ, 2012), Guideline: Professional Boundaries (NCNZ, 2012), Guideline: Social media and electronic communication (NCNZ, 2012), Guidelines for Direction and Delegation (NCNZ, 2011), competencies for the respective scopes of practice for registered (NCNZ, 2007) and enrolled nurses (NCNZ, 2010) and nurse practitioners (NCNZ, 2008), and the NZNO Code of Ethics (NZNO, 2010) and Definition of Nursing (NZNO, 2010a).

Te Tiriti o Waitangi

New Zealand Nurses Organisation (NZNO) is committed to Te Tiriti o Waitangi as the founding document of Aotearoa/New Zealand, and is determined by the partnership relationship with Te Rūnanga o Aotearoa, NZNO (Te Rūnanga).

Te Tiriti o Waitangi acknowledges the rights of all peoples to their place in this land – Māori as Tangata Whenua and others as Iwi kainga (those that have come to make a home for themselves here).

Te Rūnanga is an integral part of NZNO membership and this relationship reflects the Treaty commitment. The intention of this commitment is to realise the place of Te Tiriti o Waitangi within NZNO as the wider organisation and its future moemoeā (aspirations and dreams).

NZNO recognises the uniqueness, values and contributions of each party within this relationship. Together, Te Rūnanga and NZNO will work with collaborative intent to create, implement and monitor kawa/policy that will be intrinsic throughout organisational tikanga/procedures and activity.

Standard One: Responsibility and Accountability

Nurses are responsible and accountable for their practice.

Nurses:

- 1.1 work within their scope of practice, based on current nursing knowledge, professional judgement, experience and competence, within their area of practice and job description;
- 1.2 function within relevant legislation, meeting statutory requirements;
- 1.3 use competent clinical judgement to implement all aspects of the nursing process, ensuring appropriate and effective care;
- 1.4 provide documentation that meets legal requirements, is consistent, effective, timely, accurate and appropriate;
- 1.5 identify, respond to and document adverse events;
- 1.6 participate in continuous quality improvement;
- 1.7 demonstrate evidence of application of evidence-based research in practice;
- 1.8 take action (taking action includes advocacy) to promote the provision of safe, appropriate and ethical care to clients.

Standard Two: Evidence-based Practice/Nursing Specific Knowledge

Nurses base practice within their scope on the best evidence from nursing science and other sciences and humanities.

Nurses:

- 2.1 know how and where to find information to support the provision of safe, appropriate and ethical client care;
 - 2.2 interpret, critique and use current evidence from research and other credible sources to make practice decisions;
 - 2.3 demonstrate and maintain competence in clinical and technical skills and the application of knowledge;
 - 2.4 apply current nursing knowledge using a documented systematic approach to meet the stated and implied needs of clients / family / whānau / hapū / iwi;
 - 2.5 respect and support cultural values;
 - 2.6 work in partnership with Tangata Whenua in the development and implementation of nursing practice standards and quality improvement activities;
 - 2.7 use a recognised nursing framework³ to assess and determine client health status and the outcomes of nursing intervention, and document appropriately;
 - 2.8 identify hazards and risks to client safety and participate in developing and implementing a risk management plan through continuous quality improvement;
 - 2.9 demonstrate knowledge and appropriate utilisation of evidence-based policies
-

³ For example, ADPIE is a commonly used nursing assessment framework and is defined as follows:

- A:** Completes timely systematic holistic assessments to determine actual and high risk problems.
 - D:** Analyses assessment data and determines, verifies, prioritises and documents nursing diagnoses and outcomes.
 - P:** In partnership with the person, develops an individualised plan of care to achieve the desired outcomes.
 - I:** Implements and co-ordinates the interventions to deliver the plan of care.
 - E:** Evaluates and systematically records progress toward attainment of desired outcomes and revises the plan of care as necessary
- (Crisp & Taylor, 2007)

and procedural guidelines that have implications for practice;

2.10 critique and apply research in their practice;

2.11 engage in creative and innovative approaches to ensure the needs of clients and best practice standards are met.

Standard Three: Relationships

Nurses establish and maintain respectful, collaborative, therapeutic and professional relationships. Relationships include therapeutic nurse-client/family whānau relationships and professional relationships with colleagues, health care team members and employers.

Nurses:

- 3.1 adhere to professional standards of behaviour and conduct with clients, family whānau members, colleagues and society as outlined in the Nursing Council of New Zealand Code of Conduct⁴ (NCNZ, 2012) at all times;
- 3.2 work in partnership with Tangata Whenua to ensure mātauranga (Māori ways of knowing), beliefs and values are upheld within the practice context;
- 3.3 use expertise and attend to the differing ways in which people experience health, well-being, illness, disability, the environment, health care systems, and other people in all interactions from initiation to termination of the relationship / partnership;
- 3.4 develop rapport to negotiate relationships / partnerships in the delivery of nursing care and health care;
- 3.5 use professional judgement in determining the appropriate boundaries of a therapeutic relationship with each client. The nurse – not the client – is responsible for establishing and maintaining boundaries;
- 3.6 acknowledge clients / family / whānau / hapū / iwi / community expectations of delivery of nursing care and health care;
- 3.7 enter into and maintain partnerships with colleagues, students, multi-disciplinary team members, and employers to ensure best practice standards are met and maintained;
- 3.8 evaluate the effectiveness of relationships/partnerships and make appropriate interventions as required.

⁴ The NCNZ Code of Conduct (2012) contains specific guidance for nurses on professional boundaries, the use of social media, cultural safety in practice, working with Māori to improve outcomes, and documentation.

Standard Four: Continuing Competence

Nurses are committed to maintaining competence through ongoing professional development.

Nurses:

- 4.1 invest time, effort and other resources into maintaining and expanding knowledge and skills required for competent practice and ongoing professional development;
- 4.2 provide evidence of ongoing education appropriate to role;
- 4.3 demonstrate ongoing commitment to culturally safe practice⁵;
- 4.4 use reflection to critically analyse their practice, identify any gaps in knowledge and take steps to address these;
- 4.5 lead and participate in the regular evaluation of nursing practice;
- 4.6 engage in peer review as part of ongoing professional development of self and colleagues;
- 4.7 actively participate and engage in mentorship and preceptorship with colleagues and students;
- 4.8 contribute to the education of colleagues and students;
- 4.9 ensure that education pertaining to Māori health and well-being is delivered appropriately in consultation with Tangata Whenua;
- 4.10 participate in the development and implementation of standards of nursing education and practice through ongoing improvement;
- 4.11 actively participate in professional bodies and relevant associated activities.

⁵ Nurses who have received their initial nursing qualification in a country other than New Zealand must ensure they have undertaken education specific to practice in this country including cultural safety, the Treaty of Waitangi and working with Māori.

Standard Five: Ethics

Nurses base their practice on a recognised code of ethics (e.g. the NZNO Code of Ethics, 2010).

Nurses:

- 5.1 uphold the values found in the NZNO Code of Ethics (2010a) namely:
 - Autonomy
 - Beneficence
 - Non maleficence
 - Justice
 - Confidentiality
 - Veracity
 - Fidelity
 - Guardianship of the environment and its resources
 - Being professional;
- 5.2 address ethical issues using an identifiable nursing ethical framework – for example the NZNO document *A process to manage challenging professional/ethical issues* (NZNO, 2010b);
- 5.3 enable students and colleagues to address ethical issues using an appropriate nursing ethical framework within a supportive environment;
- 5.4 appropriately challenge health care practice which could compromise client / family / whānau / hapū / iwi safety, privacy or dignity;
- 5.5 promote and respect informed decision-making;
- 5.6 acknowledge a client's right to participate in an activity that may involve a degree of risk of which the client is fully informed, and take steps to minimise the risk;
- 5.7 respect a client's right to live and die in dignity;
- 5.8 advocate for optimal health care for clients / family / whānau / hapū / iwi / community, colleagues and employers;
- 5.9 demonstrate respect for clients / family / whānau / hapū / iwi / community spiritual and cultural beliefs and values.

Standard Six: Leadership

Nurses demonstrate leadership within their scope of practice by providing, facilitating and promoting the best possible care/service to the public.

Leadership is not limited to nurses in formal leadership positions.

Nurses:

- 6.1 demonstrate leadership in their everyday practice;
- 6.2 role model professional values, beliefs and attributes;
- 6.3 advocate for clients, the workplace and the profession;
- 6.4 provide direction to and delegate where appropriate, collaborate with, support, and share knowledge and expertise with novices, students and other unregulated care providers including health care assistants;
- 6.4 act as a role model to, collaborate with, support, and share knowledge and expertise with colleagues, students, health professionals and others;
- 6.5 participate in relevant interest groups, professional bodies and other committees;
- 6.6 provide leadership through formal and informal roles (e.g. ward health and safety representative, charge nurse manager);
- 6.7 take action to resolve conflict;
- 6.8 develop innovative solutions to practice issues;
- 6.9 support colleagues to manage inappropriate workplace behaviour;
- 6.11 promote the profession of nursing and the role of the nurse.

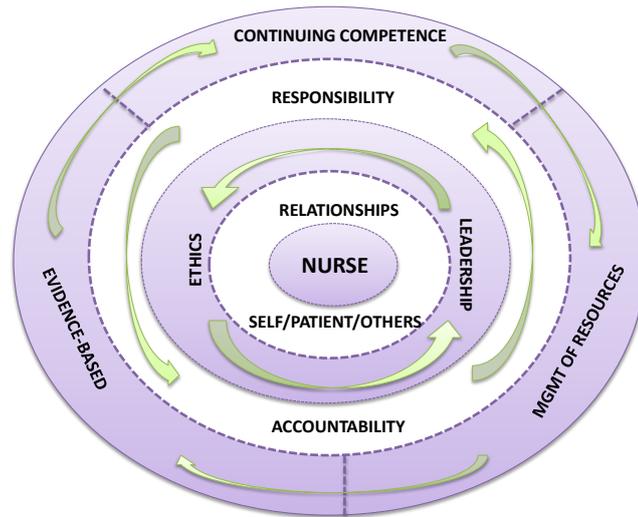
Standard Seven: Management of Resources

Nurses manage resources efficiently and effectively to meet health needs.

Nurses:

- 7.1 participate in decision making processes that affect health needs/resources;
- 7.2 negotiate to obtain the necessary resources to support nursing practice and make the best use of resources available in the provision of client care;
- 7.3 work in partnership with client / family / whānau / hapū / iwi / community to define health needs and to manage resources effectively to meet these needs ensuring positive health outcomes;
- 7.4 consult with Tangata Whenua to ensure that taonga/resources are used appropriately;
- 7.5 are active in designing, implementing and evaluating workload measurement tools to ensure appropriate use of resources to meet client needs and ensure a safe working environment;
- 7.6 actively identify nursing workforce needs and respond in order to maintain appropriate skills and mix of staff to enable client care and ensure safe practice;
- 7.7 participate in, facilitate and monitor resource utilisation reviews and respond to review findings;
- 7.8 identify, appropriately document and report inadequate or unsafe resources and act to improve these;
- 7.9 participate in and facilitate technological assessment and use, and review appropriately.

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