

**Nursing and Midwifery Board of Australia**

# REGISTERED NURSES STANDARDS FOR PRACTICE

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## Orienting statements

Registered nurse (RN) practice is person-centred and evidence-based with preventative, curative, formative, supportive, restorative and palliative elements. RNs work in therapeutic and professional relationships with individuals, as well as with families, groups and communities. These people may be healthy and with a range of abilities, or have health issues related to physical or mental illness and/or health challenges. These challenges may be posed by physical, psychiatric, developmental and/or intellectual disabilities.

The Australian community has a rich mixture of cultural and linguistic diversity, and the *Registered nurse standards for practice* are to be read in this context. RNs recognise the importance of history and culture to health and wellbeing. This practice reflects particular understanding of the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia.

As regulated health professionals, RNs are responsible and accountable to the Nursing and Midwifery Board of Australia. These are the national *Registered nurse standards for practice* for all RNs. Together with the Nursing and Midwifery Board of Australia standards, codes and guidelines, these *Registered nurse standards for practice* should be evident in current practice, and inform the development of the scopes of practice and aspirations of RNs.

RN practice, as a professional endeavour, requires continuous thinking and analysis in the context of thoughtful development and maintenance of constructive relationships. To engage in this work, RNs need to continue to develop professionally and maintain their capability for professional practice. RNs determine, coordinate and provide safe, quality nursing. This practice includes comprehensive assessment, development of a plan, implementation and evaluation of outcomes. As part of practice, RNs are responsible and accountable for supervision and the delegation of nursing activity to enrolled nurses (ENs) and others.

Practice is not restricted to the provision of direct clinical care. Nursing practice extends to any paid or

unpaid role where the nurse uses their nursing skills and knowledge. This practice includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the nurse's professional skills. RNs are responsible for autonomous practice within dynamic systems, and in relationships with other health care professionals.

## How to use these standards for practice

The *Registered nurse standards for practice* consist of the following seven standards:

1. Thinks critically and analyses nursing practice.
2. Engages in therapeutic and professional relationships.
3. Maintains the capability for practice.
4. Comprehensively conducts assessments.
5. Develops a plan for nursing practice.
6. Provides safe, appropriate and responsive quality nursing practice.
7. Evaluates outcomes to inform nursing practice.

The above standards are all interconnected (see Figure 1). Standards one, two and three relate to each other, as well as to each dimension of practice in standards four, five, six and seven.

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Figure 1: RN standards

	Standard 4	Standard 5	Standard 6	Standard 7
<b>Standard 1</b> Thinks critically and analyses nursing practice	Comprehensively conducts assessments	Develops a plan for nursing practice	Provides safe, appropriate and responsive quality nursing practice	Evaluates outcomes to inform nursing practice
<b>Standard 2</b> Engages in therapeutic and professional relationships				
<b>Standard 3</b> Maintains the capability for practice				

Each standard has criteria that specify how that standard is demonstrated. The criteria are to be interpreted in the context of each RN's practice. For example, all RNs will, at various times, work in partnerships and delegate responsibilities, however, not every RN will delegate clinical practice to enrolled nurses. The criteria are not exhaustive and enable rather than limit the development of individual RN scopes of practice.

The *Registered nurse standards for practice* are for all RNs across all areas of practice. They are to be read in conjunction with the applicable NMBA companion documents such as the standards, codes and guidelines, including the *Code of conduct for nurses*, *National framework for the development of decision-making tools for nursing and midwifery practice*, *Supervision guidelines for nursing and midwifery*, and *Guidelines for mandatory notifications*. The glossary is also important for understanding how key terms are used in these standards.

## RN standards for practice

### Standard 1: Thinks critically and analyses nursing practice

RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks.

The RN:

- 1.1 accesses, analyses, and uses the best available evidence, that includes research findings for safe quality practice
- 1.2 develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice
- 1.3 respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal

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and Torres Strait Islander peoples and people of other cultures

- 1.4 complies with legislation, common law, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions
- 1.5 uses ethical frameworks when making decisions
- 1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and
- 1.7 contributes to quality improvement and relevant research.

## Standard 2: Engages in therapeutic and professional relationships

RN practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.

The RN:

- 2.1 establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships
- 2.2 communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights
- 2.3 recognises that people are the experts in the experience of their life
- 2.4 provides support and directs people to resources to optimise health related decisions
- 2.5 advocates on behalf of people in a manner that respects the person's autonomy and legal capacity
- 2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes
- 2.7 actively fosters a culture of safety and learning that includes engaging with health professionals

and others, to share knowledge and practice that supports person-centred care

- 2.8 participates in and/or leads collaborative practice, and
- 2.9 reports notifiable conduct of health professionals, health workers and others.

## Standard 3: Maintains the capability for practice

RNs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals' capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

The RN:

- 3.1 considers and responds in a timely manner to the health and well being of self and others in relation to the capability for practice
- 3.2 provides the information and education required to enhance people's control over health
- 3.3 uses a lifelong learning approach for continuing professional development of self and others
- 3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities
- 3.5 seeks and responds to practice review and feedback
- 3.6 actively engages with the profession, and
- 3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.

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## Standard 4: Comprehensively conducts assessments

RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

The RN:

- 4.1 conducts assessments that are holistic as well as culturally appropriate
- 4.2 uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice
- 4.3 works in partnership to determine factors that affect, or potentially affect, the health and well being of people and populations to determine priorities for action and/or for referral, and
- 4.4 assesses the resources available to inform planning.

## Standard 5: Develops a plan for nursing practice

RNs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

The RN:

- 5.1 uses assessment data and best available evidence to develop a plan
- 5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons
- 5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes
- 5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and
- 5.5 coordinates resources effectively and efficiently for planned actions.

## Standard 6: Provides safe, appropriate and responsive quality nursing practice

RNs provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

The RN:

- 6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people
- 6.2 practises within their scope of practice
- 6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles
- 6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct
- 6.5 practises in accordance with relevant nursing and health guidelines, standards, regulations and legislation, and
- 6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.

## Standard 7: Evaluates outcomes to inform nursing practice

RNs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

The RN:

- 7.1 evaluates and monitors progress towards the expected goals and outcomes
- 7.2 revises the plan based on the evaluation, and
- 7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons.

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## Glossary

These definitions relate to the use of terms in the *Registered nurse standards for practice*.

**Accountability** means that nurses answer to the people in their care, the nursing regulatory authority, their employers and the public. Nurses are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing roles including documentation. Accountability cannot be delegated. The RN who delegates activities to be undertaken by another person remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated (Nursing and Midwifery Board of Australia 2013). See below for the related definition of Delegation.

**Criteria** in this document means the actions and behaviours of the RN that demonstrate these Standards for practice.

**Delegation** is the relationship that exists when a RN delegates aspects of their nursing practice to another person such as an enrolled nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and capabilities. In some instances delegation may be preceded by teaching and competence assessment. For further details see the NMBA's [National framework for the development of decision-making tools for nursing and midwifery practice](#) (2013).

**Enrolled nurse** is a person who provides nursing care under the direct or indirect supervision of a RN. They have completed the prescribed education preparation, and demonstrate competence to practise under the Health Practitioner Regulation National Law as an enrolled nurse in Australia. Enrolled nurses

are accountable for their own practice and remain responsible to a RN for the delegated care.

**Evidence-based practice** is accessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings into practice.

**Person or people** is used in these Standards to refer to those individuals who have entered into a therapeutic and/or professional relationship with a RN. These individuals will sometimes be health care consumers, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or people include all the patients, clients, consumers, families, carers, groups and/or communities that are within the RN scope and context of practice. The RN has professional relationships in health care related teams.

**Person-centred practice** is collaborative and respectful partnership built on mutual trust and understanding through good communication. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural and religious diversity.

**Registered nurse** is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a RN in Australia.

**Scope of practice** is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.

**Standards for practice** in this document are the expectations of RN practice. They inform the education standards for RNs; the regulation of nurses and determination of the nurse's capability for practice; and guide consumers, employers and other stakeholders on what to reasonably expect from a RN regardless of the

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area of nursing practice or years of nursing experience. They replace the previous *National competency standards for the registered nurse* (2010).

**Supervision** includes managerial supervision, professional supervision and clinically focused supervision. For further details see the NMBA's [Supervision guidelines for nursing and midwifery](#) (2015).

**Therapeutic relationships** are different to personal relationships. In a therapeutic relationship the nurse is sensitive to a person's situation and purposefully engages with them using knowledge and skills in respect, compassion and kindness. In the relationship the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power. For further details see the NMBA's [Code of conduct for nurses](#).

## References

Nursing and Midwifery Board of Australia (2010) 'A nurse's guide to professional boundaries'. Retrieved 05 January 2015, [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx)

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