

Scope of Nursing Practice

Definition of Nursing

The following contemporary definition of nursing has been slightly modified from that published in the 2003 *Nursing's Social Policy Statement, Second Edition*, and included in the 2004 and 2010 editions of *Nursing: Scope and Standards of Practice*, with the inclusion of "facilitation of healing" and "groups":

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.

This definition serves as the foundation for the following expanded descriptions of the Scope of Nursing Practice and the Standards of Professional Nursing Practice.

Professional Nursing's Scope and Standards of Practice

A professional organization has a responsibility to its members and to the public it serves to develop the scope and standards of practice for its profession. The American Nurses Association (ANA), the professional organization for all registered nurses, has long assumed the responsibility for developing and maintaining the scope of practice statement and standards that apply to the practice of all professional nurses and also serve as a template for evaluation of nursing specialty practice. Both the scope and standards do, however, belong to the profession and thus require broad input into their development and revision. *Nursing: Scope and Standards of Practice, Third Edition* describes a competent level of nursing practice and professional performance common to all registered nurses.

Description of the Scope of Nursing Practice

The Scope of Nursing Practice describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice. Each of these questions must be answered to provide a complete picture of the dynamic and complex practice of nursing and its evolving boundaries and membership. The definition of nursing provides a succinct characterization of the “what” of nursing. Registered nurses and advanced practice registered nurses comprise the “who” constituency and have been educated, titled, and maintain active licensure to practice nursing. Nursing occurs “when” ever there is a need for nursing knowledge, wisdom, caring, leadership, practice, or education, anytime, anywhere. Nursing occurs in any environment “where” there is a healthcare consumer in need of care, information, or advocacy. The “how” of nursing practice is defined as the ways, means, methods, and manners that nurses use to practice professionally. The “why” is characterized as nursing’s response to the changing needs of society to achieve positive healthcare consumer outcomes in keeping with nursing’s social contract with an obligation to society. The depth and breadth in which individual registered nurses and advanced practice registered nurses engage in the total scope of nursing practice is dependent on their education, experience, role, and the population served.

These definitions are provided to promote clarity and understanding for all readers:

Healthcare consumers are the patients, persons, clients, families, groups, communities, or populations who are the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies. This more global term is intended to reflect a proactive focus on health and wellness care, rather than a reactive perspective to disease and illness.

Registered nurses (RNs) are individuals who are educationally prepared and licensed by a state, commonwealth, territory, government, or regulatory body to practice as a registered nurse. “Nurse” and “professional nurse” are synonyms for a registered nurse in this document.

Graduate-level prepared registered nurses are registered nurses prepared at the master’s or doctoral educational level; have advanced knowledge, skills, abilities, and judgment; function in an advanced level as designated by elements of the nurse’s position; and are not required to have additional regulatory oversight.

Advanced practice registered nurses (APRNs) are registered nurses:

- Who have completed an accredited graduate-level education program preparing the nurse for one of the four recognized APRN roles [certified registered nurse anesthetist (CRNA), certified nurse

midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP)];

- Who have passed a national certification examination that measures APRN-, role-, and population-focused competencies and maintain continued competence as evidenced by recertification in the role and population through the national certification program;
- Who have acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
- Whose practices build on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
- Who are educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
- Who have clinical experience of sufficient depth and breadth to reflect the intended license; and
- Who have obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP) (APRN Joint Dialogue Group, 2008).

Development and Function of the Standards of Professional Nursing Practice

The Scope of Practice Statement is accompanied by the Standards of Professional Nursing Practice. The standards are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently. The standards published herein may serve as evidence of the standard of care, with the understanding that application of the standards depends on context. The standards are subject to change with the dynamics of the nursing profession, as new patterns of professional practice are developed and accepted by the nursing profession and the public. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time, e.g., during a natural disaster or epidemic. As with the scope of practice statement, the standards are subject to formal, periodic review, and revision.

The Standards of Professional Nursing Practice consist of the Standards of Practice and the Standards of Professional Performance.

Standards of Practice

The Standards of Practice describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process. The nursing process includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurse's decision-making.

Standard 1. Assessment

The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Standard 2. Diagnosis

The registered nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

Standard 3. Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning

The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

Standard 5. Implementation

The registered nurse implements the identified plan.

Standard 5A. Coordination of Care

The registered nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion

The registered nurse employs strategies to promote health and a safe environment.

Standard 6. Evaluation

The registered nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance

The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health. All registered nurses are expected to engage in professional role activities, including leadership, appropriate to their education and position. Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society.

Standard 7. Ethics

The registered nurse practices ethically.

Standard 8. Culturally Congruent Practice

The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Standard 9. Communication

The registered nurse communicates effectively in all areas of practice.

Standard 10. Collaboration

The registered nurse collaborates with healthcare consumer and other key stakeholders in the conduct of nursing practice.

Standard 11. Leadership

The registered nurse leads within the professional practice setting and the profession.

Standard 12. Education

The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 13. Evidence-based Practice and Research

The registered nurse integrates evidence and research findings into practice.

Standard 14. Quality of Practice

The registered nurse contributes to quality nursing practice.

Standard 15. Professional Practice Evaluation

The registered nurse evaluates one's own and others' nursing practice.

Standard 16. Resource Utilization

The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Standard 17. Environmental Health

The registered nurse practices in an environmentally safe and healthy manner.

The Function of Competencies in Standards

The competencies that accompany each standard may be evidence of demonstrated compliance with the corresponding standard. The list of competencies is not exhaustive. Whether a particular standard or competency applies depends upon the circumstances. For example, a nurse providing treatment to an unconscious, critical healthcare consumer who presented to the hospital by ambulance without family has a duty to collect comprehensive data pertinent to the healthcare consumer's health (Standard 1. Assessment). However, under the attendant circumstances, that nurse may not be expected "to assess family dynamics and impact on the healthcare consumer's health and wellness" (one of Standard 1's competencies). In the same instance, Standard 5B. Health Teaching and Health Promotion might not apply at all.

Integrating the Art and Science of Nursing

Nursing is a learned profession built on a core body of knowledge that reflects its dual components of art and science. Nursing requires judgment and skill based on principles of the biological, physical, behavioral, and social sciences. Registered nurses employ critical thinking to integrate objective data with knowledge gained from an assessment of the subjective experiences of healthcare consumers. Registered nurses use critical thinking to apply the best available evidence and research data to diagnosis and treatment decisions. Nurses

continually evaluate quality and effectiveness of nursing practice and seek to optimize outcomes.

Nursing promotes the delivery of holistic consumer-centered care and optimal health outcomes throughout the lifespan and across the health-illness continuum within an environmental context that encompasses culture, ethics, law, politics, economics, access to healthcare resources, and competing priorities. Similarly, nursing promotes the health of communities by using advocacy for social and environmental justice, community engagement, and access to high-quality and equitable health care to maximize population health outcomes and minimize health disparities. Nursing advocates for the well-being, comfort, dignity, and humanity of all individuals, families, groups, communities, and populations. Nursing focuses on healthcare consumer and interprofessional collaboration, sharing of knowledge, scientific discovery, and social welfare.

The What and How of Nursing

What Is Nursing?

What is nursing? **Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.** This succinct but very powerful definition statement (see p. 11) reflects the evolution of the profession. The integration of the art and science of nursing is described in the following detailed scope and standards of practice content.

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Tenets Characteristic of Nursing Practice

The conduct of nursing practice in all settings also can be characterized by the following tenets that are reflected in language that threads throughout the scope of practice statement and standards of practice and professional performance.

1. *Caring and health are central to the practice of the registered nurse.*

Professional nursing promotes healing and health in a way that builds a relationship between nurse and patient (Watson, 2008, 2012). “Caring is a conscious judgment that manifests itself in concrete acts, interpersonally, verbally, and nonverbally”

(Gallagher-Lepak & Kubsch, 2009, p. 171). While caring for individuals, families, groups, and populations is the key focus of nursing, the nurse additionally promotes self-care as well as care of the environment and society (Hagerty, Lynch-Sauer, Patusky, & Bouwseman, 1993; ANA, 2015).

2. *Nursing practice is individualized.*

Nursing practice respects diversity and focuses on identifying and meeting the unique needs of the healthcare consumer or situation. *Healthcare consumer* is defined to be the patient, person, client, family, group, community, or population who is the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies.

3. *Registered nurses use the nursing process to plan and provide individualized care for healthcare consumers.*

The nursing process is cyclical and dynamic, interpersonal and collaborative, and universally applicable. Nurses use theoretical and evidence-based knowledge of human experiences and responses to collaborate with healthcare consumers to assess, diagnose, identify outcomes, plan, implement, and evaluate care that has been individualized to achieve the best outcomes. Nursing actions are intended to produce beneficial effects, contribute to quality outcomes, and above all, "do no harm." Nurses evaluate the effectiveness of care in relation to identified outcomes and use evidence-based practice to improve care. Critical thinking underlies each step of the nursing process, problem-solving, and decision-making.

4. *Nurses coordinate care by establishing partnerships.*

The registered nurse establishes partnerships with persons, families, groups, support systems, and other providers, utilizing effective in-person and electronic communications, to reach a shared goal of delivering safe, quality health care to address the health needs of the healthcare consumer and the public. The registered nurse is responsible and accountable for communicating and advocating for the planning and care coordination focused on the healthcare consumer, families, and support systems (ANA, 2013a). Collaborative interprofessional team planning is based on recognition of each individual profession's value and contributions, mutual trust, respect, open discussion, and shared decision-making.

5. *A strong link exists between the professional work environment and the registered nurse's ability to provide quality health care and achieve optimal outcomes.*

Professional nurses have an ethical obligation to maintain and improve healthcare practice environments conducive to the provision of quality health care (ANA, 2015). Extensive studies have demonstrated the relationship between effective nursing practice and the presence of a healthy work environment. Mounting evidence demonstrates that negative, demoralizing, and unsafe conditions in the workplace (unhealthy work environments) contribute to errors, ineffective delivery of care, workplace conflict and stress, and moral distress.

The How of Nursing

The “how” of nursing practice is defined as the ways, means, methods, processes, and manner by which the registered nurse practices professionally. The **ways** in which registered nurses practice reflect integration of the five core practice competencies of all healthcare professionals: healthcare consumer-centered practice, evidence-based practice, interprofessional collaboration, use of informatics, and continuous quality improvement (Institute of Medicine, 2003). Registered nurses recognize that using a holistic approach prevents omission of relevant data when implementing the **nursing process**. When incorporating a *healthcare consumer-centered approach*, the registered nurse collaborates with and treats all healthcare consumers with the utmost respect. The registered nurse demonstrates culturally congruent practice, always advocating that healthcare consumers have sufficient information and questions answered, enabling them to exercise their autonomy to make the final decisions regarding their preferred care.

To achieve the best healthcare consumer outcomes, the “how” requires the registered nurse to employ *evidence-based practice* as a **means** to incorporate the best available evidence, healthcare consumer preferences, provider expertise, and contextual resources in which nursing is delivered. Closely linked to the best healthcare consumer outcomes is the need for effective *interprofessional collaboration*. Thus, an essential component of the “how” of registered nursing is care coordination (ANA, 2013a), requiring effective communications by all stakeholders.

Additionally, the “how” of registered nursing practice encompasses **methods** such as communicating predictably and comprehensively using approaches such as informatics, electronic health records, and established processes to prevent errors. Methods can include situation, background, assessment, recommendation (SBAR) (The Joint Commission Enterprise, 2012) and TeamSTEPPS^R

as evidence-based methods of building teamwork and communication skills (Department of Defense 2014; Agency for Healthcare Research and Quality, n.d.).

Critical to the practice of professional nursing is ethical conduct of research to generate new knowledge and translate that knowledge to practice using theory-driven approaches (Estabrooks, Thompson, Lovely, & Hofmeyer, 2006). Finally, the “how” of registered nursing practice reflects the **manner** in which the registered nurse practices according to the *Code of Ethics for Nurses with Interpretive Statements*, standards for professional nursing practice, institutional review boards’ protocols, and directives of other governing and regulatory bodies that guide the conduct of professional nursing practice.

These activities reflect nursing’s long-standing commitment to its responsibilities to the society out of which it grew and continues to serve. Such a professional relationship and associated expectations and contributions toward the evolution of a health-oriented system of care were first formally articulated in the 1980 *Nursing: A Social Policy Statement*. Later editions of the social policy statement in 1995, 2003, and 2010 confirmed the importance of nurse–healthcare consumer partnerships; healthcare consumers’ decision-making, accountability, and responsibility of choice; and the necessary focus on healthcare consumer-centered care and outcomes.

Nursing’s Social Policy Statement: The Essence of the Profession identifies the following statements that undergird professional nursing’s social contract with society (ANA, 2010b, p. 6):

- Humans manifest an essential unity of mind, body, and spirit.
- Human experience is contextually and culturally defined.
- Health and illness are human experiences. The presence of illness does not preclude health, nor does optimal health preclude illness.
- The relationship between the nurse and patient occurs within the context of the values and beliefs of the patient and nurse.
- Public policy and the healthcare delivery system influence the health and well-being of society and professional nursing.
- Individual responsibility and interprofessional involvement are essential.

Consult Appendix B, *Nursing’s Social Policy Statement* for discussion of other content important to understanding the societal context related to the decision-making and conduct of professional nursing practice.

The Art of Nursing

The art of nursing is based on caring and respect for human dignity. A compassionate approach to patient care carries a mandate to provide care competently. Such competent care is provided and accomplished through both independent practice and partnerships. Collaboration may be with individuals seeking support or assistance with their healthcare needs, interprofessional colleagues, and other stakeholders.

The art of nursing embraces spirituality, healing, empathy, mutual respect, and compassion. These intangible aspects promote health. Nursing embraces healing. Healing is fostered by helping, listening, mentoring, coaching, teaching, exploring, being present, supporting, touching, intuition, service, cultural competence, tolerance, acceptance, nurturing, mutually creating, and conflict resolution.

Nursing focuses on the protection, promotion, and optimization of health and quality of life; prevention or resolution of disease, illness, or disability; facilitation of healing, alleviation of suffering; and transition to a dignified and peaceful death. Nursing needs are identified from a holistic perspective and are met in the context of a culturally sensitive, caring, personal relationship. Nursing includes the diagnosis and treatment of human responses to actual or potential health problems. Registered nurses employ practices that are promotive, supportive, and restorative in nature.

Care and Caring in Nursing Practice

The act of caring is foundational to the practice of nursing: "A great truth, the act of caring is the first step in the power to heal" (Moffitt, 2004, p. 23). Watson (2012), in her *Human Caring Science Theory*, emphasizes the personal relationship between patient and nurse; highlights the role of the nurse in defining the patient as a unique human being to be valued, respected, nurtured, understood, assisted; and stresses the importance of the connections between the nurse and patient. Human care and caring is viewed as the moral ideal of nursing consisting of human-to-human attempts to protect, enhance, and preserve humanity and human dignity, integrity, and wholeness by assisting a person to find meaning in illness, suffering, pain, and existence. Human caring helps another gain self-knowledge, self-control, self-caring, and self-healing so that a sense of inner harmony is restored regardless of the external circumstances.

Human caring is not just an emotion, concern, attitude, or benevolent desire. It involves values, knowledge, caring actions, acceptance of consequences, a will, and a commitment to care. Human caring is related to intersubjective human responses to health-illness-healing conditions; a knowledge of health-illness, environmental-personal relations, and the nurse caring process; and self-knowledge in relation to both strengths and limitations. Human caring

follows a process consisting of antecedents, attributes, and outcomes of caring, which go on to affect future encounters of caring.

This process includes the care recipient and the nurse, both of whom are required in a human caring relationship. The nurse must possess competence, professional maturity, interpersonal sensitivity, a moral foundation that supports caring actions, and access to a setting that is conducive to caring, while the care recipient must possess a need for and openness to caring. When combined, these antecedents can produce an intimate relationship between the care recipient and the nurse in which caring can occur to improve the physical and mental well-being of the healthcare consumer and feelings of satisfaction and renewal for the nurse.

In a caring relationship, the nurse utilizes well-honed assessment skills based on insight garnered through interpersonal sensitivity to accurately identify nuances and help find meaning in the care recipient's situation. Interventions that reflect a caring consciousness may require creativity and daring, but can also be demonstrated in simple gestures of interpersonal connection, such as attentive listening, touching, and making eye contact, and sensitivity to cultural meanings associated with caring behaviors (Finfgeld-Connett, 2007).

Caring is

- Grounded in ethics, beginning with respect for the autonomy of the care recipient,
- Grounded, as a science, in nursing, but is not limited to nursing,
- An attribute that may be taught, modeled, learned, mastered,
- Capable of being measured and analyzed scientifically,
- The subject of study within caring science institutes/academies worldwide, and
- Central to relationships that lead to effective healing, cure, and/or actualization of human potential.

The caring embraced by nursing and described here does not compete with nor is it diminished by technological advances, individual or group wealth or its absence, professional or socioeconomic status or prestige or its lack, or any other parameter that attempts to categorize the place of the person in society. The act of caring, as well as the theory and science of caring, is all-inclusive:

The nursing profession has an ethical and social responsibility to both individuals and society to sustain human caring in instances where it is threatened, and to be the guardian of human caring,

individually and collectively, serving as the vanguard of society's human caring needs now and in the future. If nursing does not fulfill its societal mandate for sustaining human caring, preserving human dignity and humanness in self, systems, and society, it will not be carrying out its covenant to humankind and its reason for existence as a profession. (Watson, 2012, p. 42)

Cultural Components of Care

Leininger (1988) considered care for people from a broad range of cultures and contributed to the unique body of nursing knowledge by translating and integrating transcultural precepts from the field of anthropology into nursing science. She provided nursing with a global context, specifically exposing nursing to worldly cultures and learned behaviors, beyond those encountered within a dominant culture. Transcultural literacy has deepened nursing's holistic approach by providing a framework to better understand and provide care to culturally diverse individuals, groups, and communities.

The Science of Nursing

Nurses as scientists rely on qualitative and quantitative evidence to guide policies and practices, but also as a way of identifying the nurses' impact on the health outcomes of healthcare consumers. When describing how nurses complete professional thinking and activities, the nursing process emerges as a commonly used analytical critical thinking framework.

The nursing process is conceptualized as a cyclic, iterative, and dynamic process including assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. The nursing process supports evidence-based practice and relies heavily on the bidirectional feedback loops between components, as illustrated in Figure 1. The hexagon delineates the six steps of the nursing process beginning with assessment at the 12 o'clock position, followed clockwise with diagnosis, outcomes identification, planning, implementation, and evaluation. Note the iterative actions reflected with bidirectional arrows.

The Standards of Practice included in the first ring coincide with the steps of the nursing process to represent the directive nature of the standards as the professional nurse completes each component of the nursing process. Similarly, the surrounding Standards of Professional Performance identified in the outermost ring reflect how the professional nurse adheres to the Standards of Practice, completes the nursing process, and addresses other nursing practice issues and concerns.