

# Professionalism and the Registered Nurse

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This document replaces *The Professional Image of the RN in the Workplace (2005)*.



This *Interpretive Document* provides direction for registered nurses (RNs) in relation to expectations for professionalism as identified in the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) *Standards of Practice for Registered Nurses* (ARNNL, 2013a), and the ARNNL *Standards for Nurse Practitioner Practice in Newfoundland and Labrador* (ARNNL, 2013b).

**Professionalism**<sup>1</sup> for RNs is defined as adherence, in all roles and practice settings, to the ARNNL Standards of Practice; and includes behaviours, qualities, values and attitudes that demonstrate the RN is accountable, knowledgeable, visible and ethical.

Professionalism is achieved through demonstrating an accountable, knowledgeable, visible and ethical nursing practice and maintaining a **professional presence**. A professional presence requires the RN to engage in **reflective practice**, and in accordance with professional standards and ethical codes, demonstrate behaviours, including verbal and non-verbal, that articulate a positive role and professional image. RN practice occurs in a variety of clinical and non-clinical environments. Regardless of one's practice environment, the expectations related to professionalism apply equally to all RNs. Examples of strategies RNs may employ to promote the elements of professionalism have been identified by the Registered Nurses Association of Ontario (RNAO) (2007) and are provided in *APPENDIX A*.

Professionalism implies a commitment to public interest, and assumes adherence to a set of values that are owned and understood by all (Scottish Government, 2012). RNs must invoke the elements of professionalism when:

- providing nursing service;
- collaborating with **clients**, colleagues, other members of the health care team and the public;
- fostering the development of other RNs;
- endeavouring to address workplace and system improvements; and,
- advocating for healthy public policy.

The expectations for RNs in upholding the elements of professionalism are threaded throughout the *Standards of Practice for Registered Nurses and the Standards for Nurse Practitioner Practice*. To facilitate understanding and application of the practice standards in relation to professionalism, the interrelated elements of *accountable, knowledgeable, visible and ethical* nursing practice are further outlined in this document.

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<sup>1</sup> Words defined in the glossary are bolded when they first appear in the document.



## Accountable

**Accountability** includes the RN being answerable and responsible for his/her actions, inactions, judgments, consequences and outcomes. RNs accept their obligation to be accountable and to acknowledge and uphold the professional, ethical and legal aspects of their nursing practice.

In practice the RN adheres to:

- legislation
- standards (including relevant specialty and practice specific standards such as ARNNL 2010
- *Documentation Standards*)
- ethical codes
- applicable policies
- expectations outlined in other ARNNL documents (e.g., Social Media Position Statement, 2013c; *Shared Competencies and Assignment of Care: Registered Nurses (RNs) Collaborating with Licensed Practical Nurses (LPNs)* Interpretive Document, 2013d) developed to promote good practice and prevent poor practice.

*DEMONSTRATING ACCOUNTABILITY: "AS A REGISTERED NURSE IN ACUTE CARE I INITIATE, UPDATE AND EVALUATE MY PATIENT'S CARE PLAN TO INFORM THE DELIVERY OF SAFE, COMPETENT, COMPASSIONATE AND ETHICAL CARE."*

*SHAUNA STACK, RN, BN*

The RN accepts responsibility for not only the nursing service he/she provides but for carrying out that service in a safe, competent, compassionate and ethical manner. RNs safeguard quality client care, and accept the primary responsibility for their continuing competence.

The RN is accountable, at all times, to the client, employer, profession and the public. Accountability resides in a role and cannot be **delegated**<sup>2</sup> away.

## Knowledgeable

Knowledge provides the basis for a professional practice and enables the nursing profession to: define the nature of opportunities, problems and solutions; make autonomous and collaborative decisions; and, use discretion within nursing practice (RNAO, 2007). RNs influence nursing knowledge by sharing their acquired knowledge and expertise with others. Application of knowledge supports a safe, competent, compassionate and ethical practice that is informed by evidence.

The RN maintains competence and attains new knowledge through participation in **reflective practice**, lifelong learning, and integration of learning into nursing practice (Canadian Nurses Association, 2000) as is required for continuing competence.

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<sup>2</sup> For information on delegation see CNPS InfoLaw *Delegation to Other Health Care Workers* (2000). Available at [www.cnps.ca](http://www.cnps.ca).



Throughout nursing education and into practice the RN applies concepts learned, further develops critical thinking, evaluates the results of his/her decisions and actions, and supports the fostering and development of knowledge in others (e.g., students, **mentees** and colleagues).

*DEMONSTRATING KNOWLEDGE: "AS A COMMUNITY HEALTH NURSE I ASSESS PRESCHOOL HEALTH AND DEVELOPMENT—IDENTIFYING POTENTIAL CONCERNS BEFORE A CHILD STARTS KINDERGARTEN."*

*TONIA LUSH, RN, BN*

Nurse **preceptors** are important participants in the socialization process and are a powerful influence on a student's feeling of being a respected professional and member of a profession (MacLellan, Lordly & Gingras, 2011). Professional socialization is an essential process of learning skills, attitudes, and behaviours necessary to fulfill professional roles. In nursing, socialization is recognized as more than just acquiring the skills and knowledge necessary to perform a role, and includes acquiring an understanding of the values and norms that are fundamental to the essence of the profession (Hoskins & Ewens, 1999; MacIntosh, 2003). Professional socialization, the way one is indoctrinated into the ways of being as a registered nurse, is greatly influenced by others. The potential exists for new graduates to experience a difference between the environments in which they were educated and the professional setting into which they become indoctrinated (McNeese-Smith & Crook, 2003). Therefore, RNs have a responsibility to contribute to quality practice environments and to positively influence the transition of beginning practitioners.

RNs understand their scope of practice, know and support the scope of practice of members of the interdisciplinary and **intersectoral** team, and consider appropriate factors when assigning<sup>3</sup> or delegating<sup>4</sup> client care and while working within collaborative practice models.

The RN provides quality documentation<sup>5</sup> that reflects nursing knowledge and the impact of RN practice on client outcomes. RNs participate in the research process. The RN remains current and informed regarding trends, technology, and best practices in health care which is essential (Primm, 2010) as nursing practice continually evolves to meet the ever changing needs of society.

## Visible

Identifying oneself as a registered nurse is part of providing assurance to the public that one has the knowledge, skill and authority to practise as a registered nurse. RNs introduce themselves to their clients by using first and last name and professional designation. Professional interactions should begin with an assurance that it is known who you are and what the purpose of your interaction is. First and last name, along with designation, should be displayed by the RN where it is visible to the client.

RNs enact a **client-centred approach** and ensure they are actively engaged and focused on their client's

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<sup>3</sup> For more information on assigning care see *ARNNL's Shared Competencies and Assignment of Care: Registered Nurses (RNs) Collaborating with Licensed Practical Nurses (LPNs)* (ARNNL 2013d).

<sup>4</sup> For more information on delegation of nursing functions see *ARNNL's Performance of Nursing Tasks by Support Workers in Community Settings* (2003).

<sup>5</sup> For more information on documentation refer to *ARNNL's Documentation Standards* (2010).



best interest and that they are known to their client.

The RN embraces a **relational practice** and establishes, maintains, and concludes the **therapeutic nurse-client relationship** which is integral to all nursing care service delivery (Porr et al., 2013).

The RN demonstrates confidence in one's self and the health care team, and communicates honestly and respectfully. The RN in his/her role is visible when he/she represents the voice of the nursing profession as client advocate, as part of an interprofessional and intersectoral team, in management decision-making, through policy development, and in the public policy realm. As visible and influential members of the health care team, RNs recognize the influence of the **social determinants of health** in shaping the health status of individuals and communities. RNs advocate for healthy public policies and programs that improve **population health**.

*DEMONSTRATING VISIBILITY: "AS A NURSE PRACTITIONER IN LONG-TERM CARE, WHEN COMPLEX HEALTH NEEDS ARISE I COORDINATE AND MANAGE CARE, PARTNER WITH TEAM MEMEBERS, RESIDENTS AND THEIR FAMILIES, AND PROMOTE MEASURES THAT OPTIMIZE POSITIVE RESIDENT HEALTH OUTCOMES."*

*MICHELLE WHITTLE, RN, NP*

Regardless of nursing role or practice domain it is incumbent on every RN to acknowledge the influence of his/her physical appearance on the client's first impression of the RN. This impression influences the ability to establish the nurse-client therapeutic relationship. Some health care environments lend themselves to brief and infrequent client interaction. "The patient's first impression of the RN is critically important for establishing the nurse-patient relationship" (Porr et al., 2013, p.2). Further, "if patient expectations are not met with their first impression of the RN, the opportunity to form a relationship with the patient may be lost..." (Porr et al., 2013, p.2). It is "within seconds a patient will assess the RN's professional identity, attitude, mood, and character attributes such as level of trust worthiness, based on the RN's outward appearance and other non-verbal cues" (O'Lynn & Karutscheid, 2011).

The RN is a member of a profession with a mandate to uphold professional standards, which encompasses appearance as well as the delivery of nursing care services (Porr et al., 2013). RNs must role model professionalism through personal appearance in selecting professional attire that is reflective of current evidence and the work environment. RNs demonstrate commitment to their caring practice by recognizing the needs of the client as more important than their own need for self-expression (Roach & Mayhut, 2010).

A quality professional practice environment is influenced by both external and internal factors including budgets, legislation, organizational policies, leadership, workload, professional development, organizational supports, and collaboration (ARNNL & College of Licensed Practical Nurses of Newfoundland and Labrador, 2011). When advocating for quality improvements the RN uses appropriate channels for communicating issues and concerns and uses professional language (Canadian Nurses Protective Society, 2013).

## Ethical

The RN acknowledges the importance of upholding the public's trust in the individual RN as well as the nursing profession as a whole.



The RN adheres to legal and moral obligations related to privacy and confidentiality, upholding the client's right to determine access to their health care information, and to hold client information confidential.

RNs "engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health care needs" (Canadian Nurses Association, 2008, p.8).

RNs must be aware of the entirety of their social media<sup>6</sup> presence and recognize that practice and ethical standards apply equally to online activities as they do in other circumstances.

RNs must conduct themselves in a manner that supports collegial and professional relationships, and recognize that expectations for professional behaviour<sup>7</sup> extend beyond the workplace or work hours. RNs are required to act in such a way as to uphold public confidence in the profession.

RNs are **moral agents** acting in the interest of the client to do what is good and right. RNs are responsible for the ethics of their practice (Canadian Nurses Association, 2008) with a responsibility to conduct one's self ethically in what they do and how they interact with clients.

*DEMONSTRATING ETHICS: "AS A NURSE EDUCATOR, I PREPARE STUDENTS TO UNDERSTAND THE IMPORTANCE OF ETHICAL NURSING PRACTICE AND PROFESSIONAL BOUNDARIES."*

*ROBERT MEADUS, RN, PhD*

## Conclusion

RNs encourage professionalism through demonstrating and role modeling professional values, behaviors, qualities and attitudes in accordance with the *Standards of Practice for Registered Nurses* (ARNNL, 2013a), and the *Standards for Nurse Practitioner Practice in Newfoundland and Labrador* (ARNNL, 2013b). RNs must continue to promote and maintain a culture of professionalism where the expectations related to accountability, knowledge, visibility, and ethics are embedded in all areas of nursing practice. Members of the public trust that registered nurses will do no less.

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<sup>6</sup> For more information on the professional expectations in relation to social media uses see the ARNNL Social Media Interpretive Document (2013c).

<sup>7</sup> The *RN Act* (2008) defines conduct deserving of sanction to include conduct unbecoming a registered nurse. For more information on the definitions of conduct deserving of sanction refer to [http://www.arannl.ca/sites/default/files/Examples\\_of\\_Conduct\\_Deserving\\_of\\_Sanction.pdf](http://www.arannl.ca/sites/default/files/Examples_of_Conduct_Deserving_of_Sanction.pdf).



## Glossary

**Accountability:** The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (Association of Registered Nurses of Newfoundland and Labrador, 2012e).

**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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**Delegated:** The employer or the nurse transfers authority to a health care worker in a selected situation to do work traditionally performed by a nurse (Canadian Nurses Protective Society, 2000).

**Intersectoral:** Refers to various sectors within society (e.g., health, education, housing, transportation and environment) (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**Mentee:** A less-experienced person with leadership potential whose maturation is supported by an experienced knowledgeable leader in a voluntary, mutually beneficial and usually long-term professional relationship (Canadian Nurses Association, 2004).

**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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**Preceptor:** Preceptors are experienced and competent staff members who serve as clinical role models and resource persons for new employees. They orient new staff to their roles and responsibilities and introduce them to the formal and informal rules, customs, culture, and norms of their co-workers and the workplace (Schoenly, 1998). When the purpose and objectives of the experience are achieved the preceptorship ends (Association of Registered Nurses of Newfoundland and Labrador, 2006).

**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. (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

The ARNNL *Competencies in the Context of Entry-Level Registered Nurse Practice 2013-2018*



(ARNNL 2013e) 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.

**Professionalism:** Adherence in all roles and practice settings, to the ARNNL Standards of Practice; and includes behaviours, qualities, values and attitudes that demonstrate the RN is accountable, knowledgeable, visible and ethical.

**Reflective practice:** The process of learning from one's experiences, reconsidering and rethinking our previous knowledge, and adding this new knowledge to inform one's practice (Jasper, Rosser & Mooney, 2013).

**Relational practice:** An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers (Association of Registered Nurses of Newfoundland and Labrador, 2013e).

**Social determinants of health:** 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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

**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 (Association of Registered Nurses of Newfoundland and Labrador, 2013a).



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