

Code of Conduct for Registered Nurses and Nurse Practitioners

CRNS Lead Name: Catharine Wirth and Jenna Larocque

Version Number: 6

Process Step: Phase 2 Step 2

Date: January 8, 2025

Land Acknowledgement

The College of Registered Nurses of Saskatchewan (CRNS) acknowledges that our registrants and the public we serve reside on the traditional lands of the Nêhiyawak (Plains Cree), Nahkawiniwak (Saulteaux), Nakota (Assiniboine), Dakota and Lakota (Sioux), and Denesuline (Dene/ Chipewyan) Peoples, and the traditional homeland of the Métis/Michif Nation.

We are honored to live and work on Treaty Two, Four, Five, Six, Eight and Ten territories. We respect and honor the Treaties that were made on all territories. We acknowledge the harms and mistakes of the past and we are committed to moving forward in partnership with Indigenous Peoples in the spirit of reconciliation and collaboration. We are all Treaty people.

CRNS Mandate and Purpose

The CRNS is the largest profession-led regulatory body in Saskatchewan with over 14,000 members made up of Registered Nurses (RNs) and Nurse Practitioners (NPs). Established in 1917 by the provincial legislature, the CRNS is accountable for public protection through *The Registered Nurses Act, 1988* by ensuring registrants are competent in providing the services that society has entrusted to them.

The CRNS has established a **Code of Conduct** (the Code) for registered nurse (RN) practice. Throughout the Code the term nurse or registered nurse refers to graduate nurse (GN); Registered Nurse (RN); graduate nurse practitioner (GNP); registered nurse with Additional Authorized Practice [RN(AAP)] and nurse practitioner (NP).

The following content is adapted with permission of the College of Nurses of Ontario from the Practice Standard Code of Conduct (2023); the original work is available on cno.org. It has been adapted to reflect Saskatchewan's regulatory and health system context.

What is the Code of Conduct?

The Code is a set of six principles which describes the accountabilities all RNs have to clients, (defined as individuals, substitute decision-makers, families, caregivers, groups, communities and populations who receive nursing care), employers, colleagues and the public. The Code explains what the public can expect from RNs and what RNs must do to maintain professionalism, competence and ethical behavior to deliver safe client care. All RNs are expected to comply with the Code regardless of their role, title, responsibility, domain of practice or any method used to deliver health care services, such as in-person, virtually or by telephone.

To maintain public trust and confidence in the RN profession's integrity and care, the Code outlines safe and ethical practice expectations based on current evidence. The Code is also informed by legislation that addresses areas such as human rights and truth and reconciliation.

The Code puts clients at the center of nursing care and includes principles of cultural humility and cultural safety, diversity, equity and inclusion to ensure client care is safe, compassionate, equitable and discrimination free. Cultural humility is a lifelong process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system (First Nations Health Authority, 2018, as cited in CRNS, 2024a, p. 3).

RNs are expected to use the Code along with relevant federal/provincial legislation, CRNS Practice Standards, CRNS Entry-Level Competencies and other documents such as CRNS Guidelines and Tools & Templates and employer policies.

The CRNS also considers the Code in regulatory processes and in reviewing the practice of RNs such as in the Continuing Competence Program (CCP) and Professional Conduct Review processes.

Principles of the Code of Conduct

The Code consists of six principles. Each principle is supported by a set of statements of core behaviors that RNs are accountable to comply with. All principles have equal importance and work together to describe the conduct, behavior and professionalism necessary for safe and ethical nursing practice.

Principle 1

Nurses respect clients' dignity.

Principle 2

Nurses provide inclusive and culturally safe care by practicing cultural humility.

Principle 3

Nurses provide safe and competent care.

Principle 4

Nurses work respectfully with the health care team to best meet clients' needs.

Principle 5

Nurses act with integrity in clients' best interest.

Principle 6

Nurses maintain public confidence in the nursing profession.

Principle 1

RNs respect clients' dignity.

RNs work collaboratively with clients and are sensitive to and respectful of their needs. To achieve this, RNs are expected to:

- 1.1 treat clients with respect, empathy and compassion.
- 1.2 provide client-centered care, prioritizing clients' health and well-being in the therapeutic nurse-client relationship.
- 1.3 act in clients' best interests by respecting their autonomy, care preferences, choices and decisions, including their right to seek additional advice.
- 1.4 respect clients' rights and involve and support clients in making care decisions.
- 1.5 listen and respond to clients' concerns by collaborating with clients and any person or community the client wants involved in their care.
- 1.6 maintain clients' privacy (physical and informational) and dignity, regardless of where the client receives care or of its mode of delivery. This includes after the nurse-client relationship ends.
- 1.7 communicate with clients clearly and in a timely manner.
- 1.8 obtain informed consent from clients, or from their substitute decision-makers when clients are unable to do so according to relevant federal and/or provincial legislation.
- 1.9 identify when their own personal beliefs conflict with a client's care plan and provide safe, compassionate and timely care to those clients until other arrangements are in place.

- 1.10 include principles of harm reduction into client care plans.

Principle 2

RNs provide inclusive and culturally safe care by practicing cultural humility.

In this principle, RNs understand how personal attributes and societal contexts, such as disabilities, sexual identity, Black, Indigenous and People of Color (BIPOC) racism, influence client care. To achieve this principle, RNs are expected to:

- 2.1 self-reflect on and identify how their privileges, biases, values, belief structures, behaviors and positions of power may impact the therapeutic nurse-client relationship.
- 2.2 identify and do not act on or allow any stereotypes or assumptions they may have about clients to influence decision-making and interactions.
- 2.3 seek feedback from clients, the health care team (including students, new learners, community, Indigenous and traditional healers) and others to evaluate their own behavior and culturally safe practice.
- 2.4 recognize that many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as the Saskatchewan Human Rights Code (2018) may impact a client, their lived experience and perspective on health care.
- 2.5 recognize the role of history, society and past traumatic experiences (e.g., slavery, colonization), and their impacts in shaping health, well-being and health care experiences.
- 2.6 assess and strive to meet clients' language, cultural and communication needs in ways clients understand.
- 2.7 ask clients if they are open to sharing their lived experiences.
- 2.8 actively listen to and seek to understand the client's lived experiences.
- 2.9 address clients by their preferred name, title and pronoun.
- 2.10 assess clients to determine their risk for health inequities and take steps to ensure the best client outcomes.
- 2.11 provide care that focuses on clients' resilience and strengths.
- 2.12 work with clients to achieve their health and wellness goals.

- 2.13 advocate for equitable and culturally safe care that is free from discrimination.
- 2.14 take action to prevent and respond to discrimination against a client.
- 2.15 participate and advocate for culturally safe and inclusive practice environments.
- 2.16 continually seek to improve their ability to provide culturally safe care.
- 2.17 undertake continuous education in many areas, including Indigenous health care, determinants of health which are the broad range of personal, social, economic and environmental factors determining individual and population health (Government of Canada 2018, para 2, as cited in CRNS 2024b), cultural humility, cultural safety and anti-racism (defined as the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviors that perpetuate racism).

The subheadings in Principle 2 and statements 2.1, 2.7, 2.10 and 2.14 are adapted from BCCNM's Indigenous Cultural Safety, Cultural Humility and Anti-Racism practice standard (British Columbia College of Nurses and Midwives, 2022).

Principle 3

RNs provide safe and competent care.

In this principle, RNs work within the limits of their scope of practice, education, experience, knowledge, skill and judgment. To achieve this principle, RNs are expected to:

- 3.1 identify themselves to clients consistent with the College's public register, using first and last name, professional title and their role within the health care team.
- 3.2 recognize and work within the limits of their scope of practice and their knowledge, skill and judgment.
- 3.3 identify when clients' therapeutic needs are outside of their scope of practice or individual competence and support clients to seek services from the appropriate health care professionals.
- 3.4 seek and use the best available evidence to inform their practice.
- 3.5 conduct research ethically, including placing client well-being above all other research objectives.
- 3.6 use clinical reasoning and judgment when providing nursing care.
- 3.7 use critical inquiry [defined as the process of purposeful thinking and reflective reasoning (Brunt, 2005, as cited in CRNS, 2024b, p.6)] to assess, plan, implement, evaluate and modify client care, together with clients and the health care team.
- 3.8 use trauma-informed care for clients and when interacting with members of the health care team. Trauma-informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk & Olivet, 2009, as cited in CRNS, 2024b, p.6).
- 3.9 respond and are available to clients in their care.
- 3.10 respond to client needs and give timely nursing care. When timely care is not possible, nurses explain to clients the reasons for the delay and take steps to avoid or limit client harm.
- 3.11 advocate for and support clients in accessing timely health care that meets clients' needs.

- 3.12 engage in safe medication management practices, including having authorization and requisite knowledge, skill and judgment.
- 3.13 maintain and keep clear, complete, accurate and timely documentation. RNs do not document false or misleading information.
- 3.14 conduct appropriate business practices if in self-employment, including accurate record keeping, informing clients of fee components, and charging fitting and reasonable fees. Per current CRNS Self-Employed Practice Guideline self-employment may also be termed private practice, independent practice, contracting or consulting.
- 3.15 take reasonable steps to ensure continuity of care for clients when ending the therapeutic nurse-client relationship and support the client in finding alternative services, as appropriate.
- 3.16 contributes to, uses and evaluates new knowledge and technology relevant to the area and nature of practice setting.

Principle 4

RNs work respectfully with the health care team to best meet clients' needs.

In this principle, RNs are accountable to one another and are expected to build and maintain respectful relationships with the health care team. To achieve this, RNs are expected to:

- 4.1 self-reflect on how their privileges, biases, values, belief structures, behaviors and positions of power may impact relationships with health care team members.
- 4.2 identify and do not act on or allow any stereotypes or assumptions that they may have about health care team members to influence decision-making and interactions.
- 4.3 address health care team members by their preferred name, title and pronouns.
- 4.4 recognize many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as the Canadian Human Rights Act, may impact a health care team member, their lived experience and perspective on nursing and health care.
- 4.5 demonstrate professionalism and treat all health care team members with respect in all contexts, including on social media. Per current CRNS Social Media Resource social media refers to the growing number and types of platforms, websites and online tools that facilitate online connectivity and communication with others.
- 4.6 collaborate and communicate with the health care team in a clear, effective, professional and timely way to provide safe client care.
- 4.7 not physically, verbally, emotionally, financially or sexually harass or abuse health care team members.
- 4.8 support, mentor and teach health care team members, including students.
- 4.9 assess the learning needs of health care team members they are teaching, mentoring, supervising and/or assigning. RNs determine whether individuals have the proper knowledge, skill and judgment to perform safe care.
- 4.10 not direct health care team members to perform nursing care they are not adequately educated for or competent to perform.
- 4.11 provide and accept feedback from the health care team to support positive/therapeutic client outcomes and effective team performance.
- 4.12 advocate for and contribute to a safe organizational culture, including psychological safety.

Principle 5

RNs act with integrity in clients' best interest.

In this principle, RNs are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-client relationship. To achieve this, RNs are expected to:

- 5.1 fairly divide and advocate for resources. RNs objectively arrange/coordinate care, based on health-related needs.
- 5.2 protect the privacy and confidentiality of clients' personal health information as outlined in legislation and regulatory documents.
- 5.3 only share clients' personal health information for therapeutic reasons and only in compliance with legislation and regulatory documents governing privacy and confidentiality.
- 5.4 not act as substitute decision-makers for their clients in accordance with relevant provincial legislation.
- 5.5 identify, prevent and do not practice in situations that cause a conflict of interest. Conflict of interest is when a nurse's personal interests improperly influence their professional judgment or conflict with their duty to act in clients' best interest. This includes financial and non-financial benefit, whether direct or indirect (CNO, 2023). If a conflict of interest exists or arises at any point during the therapeutic nurse-client relationship, RNs explore alternative services with clients.
- 5.6 place their client interests and professional responsibilities ahead of their personal gain.
- 5.7 initiate, establish and maintain professional boundaries (the points when a relationship changes from professional and therapeutic to unprofessional and personal (CNO, 2023)) with clients and terminate the nurse-client relationship.
- 5.8 not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their clients.
- 5.9 strive to protect clients from any type of harm, neglect or abuse. This includes taking action to stop and refrain from unsafe, incompetent, unethical or unlawful practice.
- 5.10 be **truthful** in their professional practice. Speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information (CNO, 2023).
- 5.11 identify moral or ethical situations and proactively address conflict, dilemmas and/or

distress of clients in their care.

- 5.12 promote healthy relationships with clients, their caregivers, advocates and members of the health care team by managing and resolving conflict for best client care.
- 5.13 uphold their duty to provide care that is safe, competent, compassionate and ethical, and not abandon clients to whom they have a commitment to provide care.

Principle 6

RNs maintain public confidence in the nursing profession.

In this principle, RNs promote dignity and respect for the nursing profession by demonstrating professionalism and showing leadership. To achieve this, RNs are expected to:

- 6.1 understand and practice in compliance with relevant laws, legislation, bylaws, practice standards and employer policies, and do not breach them.
- 6.2 be accountable for their own decisions, actions, omissions and related outcomes.
- 6.3 take accountability for their errors and learn from them.
- 6.4 report any error, near miss, unsafe behavior, unethical conduct or system issue to relevant individuals including employers and/or regulatory colleges, whether or not harm has occurred.
- 6.5 participate and advocate for improving the quality of their practice setting to support safe client care.
- 6.6 not steal, misuse, abuse or destroy the property of their clients, health care team or employers.
- 6.7 not practice when impaired by any substance.
- 6.8 self-reflect on their personal health and seek help if their health affects their fitness to practice safely.
- 6.9 remove themselves from the provision of care if they do not have the necessary physical, mental or emotional capacity to practice safely and competently, after informing their employer to ensure continuity of client care. If self-employed, RNs arrange for someone else to attend to their clients' health care needs.

- 6.10 self-reflect, identify learning needs in their practice and engage in continuous learning to maintain their competence.
- 6.11 participate in and keep records of their participation in CCP.
- 6.12 not publicly communicate health care statements that contradict the best available evidence.
- 6.13 not engage in any acts of professional incompetence and/or professional misconduct and report any concerns related to these and/or fitness to practice and comply with the duty to report as outlined within *The Registered Nurses Act, 1988*.
- 6.14 cooperate with the CRNS including cooperation in investigations and offering complete and accurate information.

References

- Canadian Nurses Association. (2024). To be completed when document complete.
- College of Nurses of Ontario. (2023). Practice Standard: Code of Conduct.
https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49040_code-of-conduct.pdf
- College of Registered Nurses of Saskatchewan. (2024a). Anti-Racism Guide for Registered Nurses. ADDRESS WILL BE ADDED ONCE POSTED
- College of Registered Nurses of Saskatchewan (2024b). Nurse Practitioner Entry-Level Competencies. Regina, SK: CRNS.
- College of Registered Nurses of Saskatchewan (2024c). Nurse Practitioner Practice Standards. Regina, SK: CRNS.
- College of Registered Nurses of Saskatchewan (2024d). Registered Nurse Entry-Level Competencies. Regina, SK: CRNS.
- College of Registered Nurses of Saskatchewan (2024e). Registered Nurse Practice Standards. Regina, SK: CRNS.
- College of Registered Nurses of Saskatchewan (2021). Social Media. Regina, SK: CRNS.
- Government of Saskatchewan. (2018). The Saskatchewan Human Rights Code, 2018
<https://saskatchewanhumanrights.ca/wp-content/uploads/2020/03/Code2018.pdf>
- Government of Saskatchewan. (1988). The Registered Nurses act, 1988.
<https://publications.saskatchewan.ca/#/products/815>