

Nursing Scope and Standards of Practice 4th Edition PDF

Visit the link below to download the full version of the ebook

[DOWNLOAD NOW](#)



Scan to Download
or Type the Link

ebook.ac/nursing4e

Nursing

Scope and
Standards
of Practice

4th Edition

Nursing

**Scope and
Standards
of Practice**

4th Edition

The American Nurses Association (ANA) is a national professional association. This publication reflects the position of ANA regarding the scope and standards of nursing practice and should be reviewed in conjunction with state board of nursing regulations. State law, rules, and regulations govern the practice of nursing, while *Nursing: Scope and Standards of Practice, 4th Edition* guides registered nurses in the application of their professional skills and responsibilities.

About the American Nurses Association

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 4.2 million registered nurses through its constituent/state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910

Copyright © 2021 ANA. All rights reserved. No part of this book may be reproduced or used in any form or any means, electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system, without permission in writing from the publisher.

ISBNs

Print 978-0-9993088-6-8
ePDF 978-0-9993088-7-5
ePUB 978-0-9993088-8-2
Mobi 978-0-9993088-9-9
SAN: 851-3481

Contents

Contributors • ix

- Nursing Scope and Standards Workgroup, 2019–2020 ix
- Others x
- ANA Committee on Nursing Practice Standards—Reviewers x
- ANA Staff x
- About the American Nurses Association xi
- About the American Nurses Association Publishing Program xi

Scope of Nursing Practice • 1

- Definition of Nursing 1
- Other Definitions 2
- Description of the Scope of Nursing Practice 3
- Development and Function of the Standards of Professional Nursing Practice 4
- The Art and Science of Nursing 5
 - The Art of Nursing 5
 - Care and Caring in Nursing Practice 6
 - Professional Nursing Model 9
 - Nursing Process 11
 - Ethics for Nurses 12
 - Code of Ethics Provisions 14
 - Ethical Decision-Making Models 15
 - Case Study: Using the Nursing Process in Ethical Situations 15
 - Respect, Equity, Inclusion, and Social Justice 19
- The Science of Nursing 26
 - Nursing Knowledge and Scholarly Inquiry 27
- The How of Nursing 32
 - Ways 32
 - Processes 32
 - Means 33
 - Methods 33

Manner	33
Advocacy	34
High-Performing Interprofessional Teams	36
Regulation of Nursing Practice	38
Context and Environment: When Nursing Occurs	42
Professional Registered Nurses Today: The Who of Nursing	44
Licensure and Education of Registered Nurses	44
Certified Nurse-Midwife (CNM)	46
Certified Nurse Practitioner (CNP)	47
Certified Registered Nurse Anesthetist (CRNA)	49
Clinical Nurse Specialist (CNS)	50
Professional Competence, Self-Determination, and Professional Identity in Nursing	51
Professional Competence	51
Self-Determination	53
Professional Identity	54
The Professional Responsibility of Mentoring in Nursing: Paying It Forward	55
A Potpourri of Opportunities for the Future	56
Environment	58
Disaster Planning and Management	58
Reimbursement and Cost-Effective Care	
Economic Structures	60
Structural Competency	62
Protection of Healthcare Workers	63
Health	64
Quality of Life	68
Aging in Place	68
Palliative Care Conversations	70
Reimagining Nursing Initiative	71

Standards of Professional Nursing Practice • 73

Significance of Standards	73
The Function of Competencies in Standards	74

Standards of Practice • 75

Standard 1. Assessment	75
------------------------	----

Competencies	75
Additional Competencies for the Graduate-Level Prepared Registered Nurse	77
Additional Competencies for the Advanced Practice Registered Nurse	77
Standard 2. Diagnosis	77
Competencies	77
Additional Competencies for the Graduate-Level Prepared Registered Nurse	78
Additional Competencies for the Advanced Practice Registered Nurse	78
Standard 3. Outcomes Identification	79
Competencies	79
Additional Competencies for the Graduate-Level Prepared Registered Nurse, Including the Advanced Practice Registered Nurse	79
Standard 4. Planning	80
Competencies	80
Additional Competencies for the Graduate-Level Prepared Registered Nurse	81
Additional Competencies for the Advanced Practice Registered Nurse	81
Standard 5. Implementation	82
Competencies	82
Additional Competencies for the Graduate-Level Prepared Registered Nurse	82
Additional Competencies for the Advanced Practice Registered Nurse	83
Standard 5A. Coordination of Care	84
Competencies	84
Additional Competencies for the Graduate-Level Prepared Registered Nurse	84
Additional Competencies for the Advanced Practice Registered Nurse	85
Standard 5B. Health Teaching and Health Promotion	85
Competencies	85

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 86

Standard 6. Evaluation 86

Competencies 86

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 87

Standards of Professional Performance • 89

Standard 7. Ethics 89

Competencies 89

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 90

Standard 8. Advocacy 91

Competencies 91

Additional Competencies for the Graduate-Level Prepared
Registered Nurse 92

Additional Competencies for the Advanced Practice
Registered Nurse 92

Standard 9. Respectful and Equitable Practice 93

Competencies 93

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 94

Standard 10. Communication 94

Competencies 94

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 95

Standard 11. Collaboration 95

Competencies 96

Additional Competencies for the Graduate-Level Prepared
Registered Nurse, Including the Advanced Practice
Registered Nurse 96

Standard 12. Leadership	97
Competencies	97
Additional Competencies for the Graduate-Level Prepared Registered Nurse, Including the Advanced Practice Registered Nurse	98
Standard 13. Education	98
Competencies	98
Additional Competencies for the Graduate-Level Prepared Registered Nurse, Including the Advanced Practice Registered Nurse	99
Standard 14. Scholarly Inquiry	100
Competencies	100
Additional Competencies for the Graduate-Level Prepared Registered Nurse, Including the Advanced Practice Registered Nurse	101
Standard 15. Quality of Practice	101
Competencies	101
Additional Competencies for the Graduate-Level Prepared Registered Nurse	102
Additional Competencies for the Advanced Practice Registered Nurse	103
Standard 16. Professional Practice Evaluation	103
Competencies	103
Additional Competencies for the Graduate-Level Prepared Registered Nurse	104
Additional Competencies for the Advanced Practice Registered Nurse	105
Standard 17. Resource Stewardship	105
Competencies	105
Additional Competencies for the Graduate-Level Practice Registered Nurse, Including the Advanced Practice Registered Nurse	106
Standard 18. Environmental Health	106
Competencies	106
Additional Competencies for the Graduate-Level Prepared Registered Nurse, Including the Advanced Practice Registered Nurse	107

Glossary • 109

References • 117

Appendix A. Ethics, Morals, and Ethical Theories and Approaches • 129

Ethics and Morals 129

Ethical Theories and Approaches 129

Consequentialism and Deontology 130

Ethical Principlism 131

Ethics of Care and Virtue Ethics 132

Appendix B. Selected Nurse Theorists • 135

Appendix C. The Development of Essential Nursing Documents • 139

A Timeline of Development 139

Appendix D. Position Statement: Professional Role Competence • 143

Definitions and Concepts in Competence 145

Competence and Competency in Nursing Practice 146

Evaluating Competence 147

Recommendations/Next Steps 149

References 149

Index • 151

Contributors

Nursing: Scope and Standards of Practice, Fourth Edition, is the product of extensive thought work by many registered nurses examining the American Nurses Association's *Nursing: Scope and Standards of Practice, Third Edition* (2015b) followed by a three-step review process. This document originated from the multitude of decisions garnered during a significant number of video telephone conference calls and email communications of the diverse workgroup members in 2019–2020. The workgroup was always guided by Abe Lincoln's quote, "The best way to predict your future is to create it." The first review involved a 30-day public comment period. All workgroup members reviewed every submitted comment, resulting in further workgroup refinements of the draft document. The two following official American Nurses Association (ANA) review processes included evaluation by the Committee on Nursing Practice Standards in December 2020 and final review and approval by the ANA Board of Directors in January 2021.

NURSING SCOPE AND STANDARDS WORKGROUP, 2019–2020

Patricia J. Bartzak, DNP, RN, CMSRN, TCRN (Co-Chair)
Kahlil A. Demonbreun, DNP, RNC-OB, WHNP-BC, ANP-BC,
FAANP, FAAN (Co-Chair)
Barbara A. Brunt, MA, MN, RN, NPD-BC, NE-BC, FABC
Carol Peyton Bryant, DNP, RN, ACNP, CCRN
Colleen Casper, DNP, MS, RN
Tracy K. Davidson, DNP, MPH, RN
Jessica L. Dzubak, MSN, RN
Carla A. Lee, PhD, EdS, MN, RN, APRN-BC, A/FNP, CNS, CHES,
FIBA, FAAN
Kristy Nielson, DNP, RN, CCRN-K, CNE
Jennifer Pettis, MS, RN, CNE, WCC

Colleen L. Quesnell, DNP, RN, WHNP-BC, ANP-BC, CNM
Catherine Robichaux, PhD, RN, Alumna CCRN
Deborah Shields, PhD, RN, CCRN, QTTT, AHN-BC
Suzanne H. Sikes-Thurman, BSN, RN
Felicia D. Stewart, DNP, RN-BC, FNP-C
Deirdre Thornlow, PhD, RN, CPHQ
Linda L. Wagner, MA, RN, NE-BC

OTHERS

Lisa Herrington, MSN, BSN, RN-BC
Monica E. Kolbuk, MSN, RN, CEN
Joyce N. Morris, MSN, RN-BC
Jamie L. Sirman, MSN, RN-BC, CDE

ANA COMMITTEE ON NURSING PRACTICE STANDARDS—REVIEWERS

Mona Pearl Treyball, PhD, RN, CNS, CCRN-K, FAAN (Co-chair)
Stacy McNall, MSN, RN, IBCLC, PMPNP-BC (Co-chair)
Patricia Bowe, DNP, MS, RN
Nena M. Bonuel, PhD, RN, APRN-BC, ACNS-BC, CCRN-K
Danette Culver, MSN, RN, APRN, ACNS-BC, CCRN-K
Elizabeth O. Dietz, EdD, RN, CS-NP, CSN
Kirk Koyama, MSN, RN, CNS, PHN
Tonette McAndrew, MPA, RN
Amy McCarthy, MSN, RN, RNC-MNN, NE-BC
Linda Inez Perkins, MSN, RN-BC
Verna Sitzer, PhD, RN, CNS

ANA STAFF

Carol J. Bickford, PhD, RN-BC, CPHIMS, FAMIA, FHIMSS, FAAN
(content editor)
Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC (contributor)
Alison May, BS (graphics designer)
Erin Walpole, BA, PMP (production editor)
James Angelo, MA (publications manager)

ABOUT THE AMERICAN NURSES ASSOCIATION

The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 4.2 million registered nurses. ANA advances the profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on healthcare issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.

ABOUT THE AMERICAN NURSES ASSOCIATION PUBLISHING PROGRAM

The American Nurses Association (nursingworld.org/nurses-books/) publishes books on ANA core issues and programs, including ethics, leadership, quality, specialty practice, advanced practice, and the profession's enduring legacy. Best known for the foundational documents of the profession on nursing ethics, scope and standards of practice, and social policy, ANA is the publisher for the professional, career-oriented nurse, reaching and serving nurse educators, administrators, managers, and researchers during their professional development.

Scope of Nursing Practice

“Imagine a world without nurses. Think of a world without persons who know what nurses do; who have the effect that nurses have on the health of individuals, families, and the nation; who enjoy the trust that nurses enjoy from the American people. Imagine a world like that, a world without nurses.”
Margretta “Gretta” Madden Styles, EdD, RN, FAAN

DEFINITION OF NURSING

Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity.

This revised definition presents reordering the content from the 2015 version (ANA, 2015b), including the art and science of caring, replacing abilities with human functioning, and incorporating references to compassionate presence and recognition of the connection of all humanity. Such refinements reflect an evolution of thinking over the past five years and present enhancements intended to lead into the future.

Formatting the definition as a bullet list provides an opportunity to further appreciate the richness and diversity of the integrated concepts:

Nursing:

- Integrates the art and science of caring
- Protects, promotes, and optimizes health and human functioning
- Prevents illness and injury
- Facilitates healing
- Alleviates suffering through compassionate presence

Nursing is:

- the diagnosis and treatment of human responses and
- advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity.

OTHER DEFINITIONS

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 nurses' attention. Healthcare consumers receive nursing services as sanctioned by the state regulatory bodies. The more global term "healthcare consumer" is intended to reflect a proactive focus on health and wellness care, rather than a reaction to disease and illness.

Registered nurses (RN) are individuals who are educationally prepared and then licensed by a state, commonwealth, territory, or government regulatory body to practice as a registered nurse. "Nurse" and "professional nurse" are synonyms for a registered nurse in this document. Numerous jurisdictions have identified "nurse" as a protected title.

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 role; and are not required to have additional regulatory oversight.

Advanced practice registered nurses (APRN) are a subset of graduate-level prepared registered nurses who have completed an accredited

graduate-level education program preparing the nurse for special licensure recognition and practice 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). APRNs assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis, and management of healthcare consumer problems, which includes the use and prescription of pharmacologic and nonpharmacologic interventions (APRN Joint Dialogue Group, 2008). Some clinicians in this classification began APRN practice prior to the current educational preparation requirement and have been grandfathered to hold this designation.

DESCRIPTION OF THE SCOPE OF NURSING PRACTICE

The Scope of Nursing Practice describes the who, what, where, when, why, and how associated with nursing practice and roles. Each question must be answered to provide a complete picture of the dynamic and complex practice of nursing and its membership and evolving boundaries. The definition of nursing provides a succinct characterization of the “what” of nursing. All registered nurses, including those identified as graduate-level prepared nurses or advanced practice registered nurses, comprise the “who” constituency and have been educated, titled, and maintain active licensure to practice nursing. Nursing occurs “when” 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 and obligation to society. The depth and breadth in which registered nurses engage in the scope of nursing practice are dependent on their education, experience, role, and the population served. Formal periodic review and

revision of the scope of nursing practice statement ensure a contemporary description of nursing practice is in place.

DEVELOPMENT AND FUNCTION OF THE STANDARDS OF PROFESSIONAL NURSING PRACTICE

Standards of Professional Nursing Practice accompany the Scope of Nursing Practice statement. The standards are authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting, are expected to competently perform. These published standards may serve as evidence of the standard of practice, 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 evidence is discovered and 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, epidemic, or pandemic. As with the scope of practice statement, the standards are subject to formal, periodic review and revision.

The Standards of Professional Nursing Practice are divided into two components, Standards of Practice and Standards of Professional Performance. The Standards of Practice describe a competent level of nursing practice demonstrated by the critical-thinking model known as the nursing process. The nursing process encompasses significant actions completed by registered nurses and forms the foundation of the nurses' decision-making. The Standards of Professional Performance describe a competent level of behavior in the professional role. All registered nurses are expected to engage in professional role activities, including leadership, reflective of their education, experience, and position. The competencies accompanying 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 on the context, circumstances, or situation. Registered nurses are accountable for their

professional actions to themselves, healthcare consumers, peers, and ultimately to society.

THE ART AND SCIENCE OF NURSING

Nursing is a learned profession built on a core body of knowledge that reflects multiple ways of knowing, integrating both art and science. Nursing requires judgment and skill based on principles of the human biological, physical, behavioral, and social sciences. Nursing promotes the health, well-being, comfort, dignity, and humanity of all individuals, families, groups, communities, and populations. Nursing's focus on the healthcare consumer is enhanced by interprofessional collaboration, sharing knowledge, scientific discovery, integrative healthcare approaches, and social justice.

Registered nurses integrate objective data with knowledge gained from an assessment of the subjective experiences of healthcare consumers. They promote the delivery of whole person care to achieve optimal health outcomes throughout the life span and across the health–illness continuum. This is accomplished within an environmental context that encompasses resources, culture, ethics, law, politics, economics, and competing priorities.

Similarly, nurses promote community and population health by advocating for social and environmental justice, community engagement, and access to high-quality and equitable health care. The goals focus on maximizing health outcomes and eliminating health disparities. Nurses continually apply creativity, critical thinking, and clinical judgment to craft new methods for evaluating the quality, safety, and effectiveness of nursing practice.

The Art of Nursing

The art of nursing is demonstrated by unconditionally accepting the humanity of others, respecting their need for dignity and worth, while providing compassionate, comforting care. These actions support the belief that humans manifest a mind, body, and spirit unity; the human experience is contextual and culturally defined; and the presence of illness does not preclude health. Nurses provide safe, quality, and competent

care, practicing independently or collaboratively with interprofessional colleagues. The healthcare consumer is always at the center of care.

Rogers (1992) identified that the art of nursing is the creative use of the science of nursing for human betterment. Nurses protect, promote, and optimize health and quality of life in the context of chronic illness, disease, or disability; facilitate healing and alleviate suffering; and support the transition to a dignified and peaceful death. Nursing practice includes the diagnosis and treatment of human responses to actual or potential health problems or challenges. Identifying care needs involves a whole person approach and nurse partnership with the healthcare consumer. That partnership continues with the design of innovative, culturally sensitive, supportive, and restorative plans of care.

Care and Caring in Nursing Practice

“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.” — Jean Watson

The act of caring is foundational to the practice of nursing. As suggested by Moffitt (2004, p. 30), “A great truth, the act of caring is the first step in the power to heal.” Watson (2012, p. 28) 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 are upheld as the moral ideal of nursing. Human-to-human interactions attempt to protect, enhance, and preserve humanity and human dignity, integrity, and wholeness. These connections assist a person to find meaning in health, illness, suffering, pain, and existence.

Human caring helps self and others gain self-knowledge, self-control, self-caring, and self-healing, leading to restoration of a sense of inner harmony regardless of the external circumstances.

Caring is the compassionate application of professional knowledge, skills, and competencies. It is central to building relationships that lead to effective healing, cure, alleviation of illness, or actualization of human potential. Caring is grounded in ethics, beginning with respect for the autonomy of the care recipient. This attribute may be taught, modeled, learned, and mastered, and reflects the nurse's ability to establish a caring relationship with the care recipients in concert with the dynamics of each situation.

While recognized as a nursing science, caring is not unique to nurses. Caring is studied within caring science institutes and academies worldwide and can be analyzed and measured. Human caring involves presence, empathy, values, knowledge, caring actions, acceptance of consequences, a will, and a commitment to care. Caring in the healthcare environment is related to:

- Intersubjective human responses to health–illness–healing conditions,
- Knowledge of health-illness,
- Cultural humility,
- Environmental-personal relations,
- The nurse caring process,
- Co-designing creative solutions to individual and systems issues that arise; and
- Self-knowledge.

A human caring relationship in nursing involves an intentional partnership of the care recipient and the nurse. The nurse must possess competence, professional maturity, interpersonal sensitivity, a moral foundation that supports caring actions, and the ability to create an environment conducive to caring.

Everyone has an innate ability within to heal. Nurses promote that healing in whatever way the person is ready to receive support and care.

CARING ONE

Set Aside for Special Work

Caring is weaving each thread of concern, by a chosen
person with compassion, so tenderly
Intertwined with every human connection.

Each nurse and client is unique in what they bring to the
relationship, so as to interact for the basic social purpose of
connecting, growing, developing, leading,
even healing and rest.

Caring is the bind that weaves throughout the fabric in
every action of a caring nurse, be it:

A kind word of hope;

A soft touch of love;

A smile of understanding;

A bright glance of life;

A whispered prayer;

An embrace for a lost soul;

A song to share from one's heart;

A short minute to listen to the dream, the thoughts, even the sighs
when in sickness, sorrow, discomfort,
or sharing in the last breaths of life;

A bright mind of knowledge to share the “now”
by being present, to heed what was past,
and to sense what is coming.

Caring is being present in each precious moment to share
one's tiny slice of life, in the World's fabric with another;

Such special moments leave a legacy—
a block in The Quilt of Life.

Such unique moments stay with the client forever,
whether remembered or not, to:

Give hope to the forlorn;

Share love with the lonely;

Believe in the power of healing.

For in the end, in life's fabric, the nurse is the:
Thread bearer of a greater purpose;
Instrument of healing;
Tool to deliver special care;
Voice for the voiceless, the forlorn, the broken, the abandoned, the
misdirected, even the lost.

Advocacy, the knitted threads in all the fabric,
is the gridline in the created quilt
Through each professional action of the nurturer.

This role, caregiver, is paramount to the ethos of one dedicated
to nursing—one set aside for this special work.

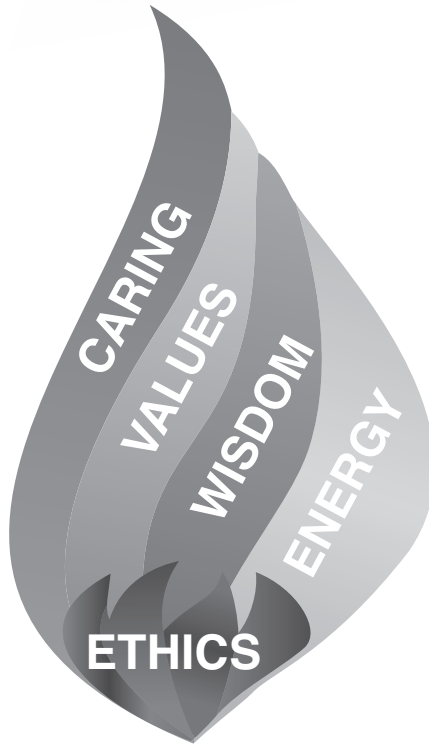
-Carla A. Lee, RN

Development of a trusting, safe partnership will enable the person to learn, grow, adapt, and find meaning that in turn promotes well-being for both partners.

In a caring relationship, the nurse uses well-developed assessment skills to accurately identify nuances and help find meaning in the care recipient's situation. Interventions that reflect a caring consciousness may require innovation, creativity, and daring but also can be demonstrated in simple gestures of interpersonal connection. Such gestures may include attentive listening, making eye contact, touching, and verbal reassurances demonstrating sensitivity to and respect of the care recipients' cultural meanings associated with caring behaviors (Finfgeld-Connett, 2007). The caring embraced by nursing 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 condition that attempts to categorize the place of the person in society.

Professional Nursing Model

The new ANA Professional Nursing Model (Figure 1) created by the ANA Workgroup represents the synergy of the nurse's caring, values, wisdom, and energy, all undergirded by ethical principles and situation ethics in



nursing practice. The flame is the inner light of the nurse and of nursing, always evolving, transforming, continuously lighting the way. The flame is intended to represent the seminal nursing attributes of courage, endurance, passion, and creativity. The Professional Nursing Model also provides a framework within the human sciences to reflect the work and evolution of nursing for all nurses in all settings. This model can be tested and used for future theory development.

Caring is integrated with the creative portion on the left of the model holding the values that arise from the shared beliefs grounding the profession. The logical side of the model is comprised of the wisdom and energy needed to practice as a nurse. The whole of the flame is supported by ethics.

Caring: This human approach promotes dignity, healing, and wholeness—the essence and heart of nursing and its practice. It occurs when there is a positive intention and action depending on context, directed toward the highest good, on behalf of the healthcare consumers. Caring is given freely and wholly to enhance the well-being and comfort of others, while also adding to the goodness and trustworthiness of the nursing profession. The caring component of the flame represents compassion, kindness, and calm.

Values: The values component of the flame represents respect, inspiration, and empathy. Nursing and its practice are based on values including, but not limited to, compassion, presence, trustworthiness, diversity, acceptance, and accountability. These values emerge from nursing practice beliefs: the importance of relationships, service, respect, willingness to bear witness, self-determination, and the pursuit of health.

Wisdom: Wisdom's component represents the movement from data to information to knowledge and eventually to wisdom in which nurses promote theory-guided, evidence-based practice, a culture of inquiry, critical thinking, and research to inform professional practice.

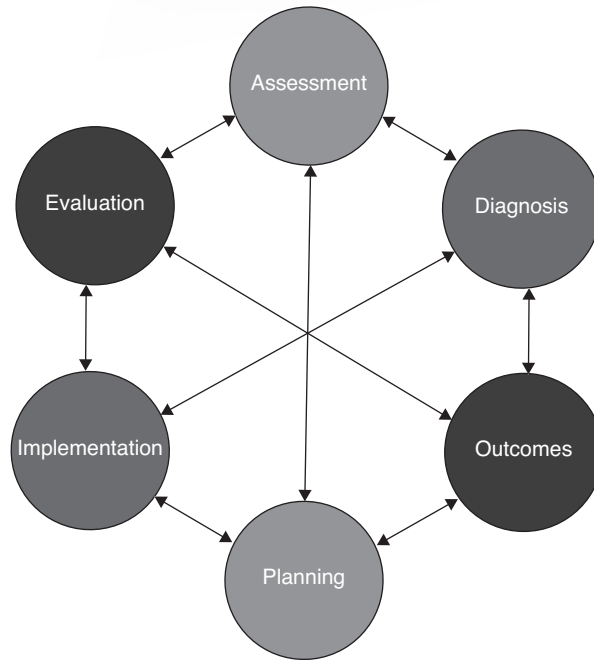
Energy: Energy's segment of the flame represents the energy and action sparked by nurses as evidenced by responsibility, communication, comfort, innovation, and transcendence.

Ethics: The ethics component represents trust, confidence, and loyalty, creating calmness and security. This foundation encompasses advocacy, integrity, justice, benevolence, and grace; and provides stability to the model. *The Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a), the blueprint for ethical practice, outlines the expectations of each nurse's intentions and actions as well as those of the nursing profession.

Nursing Process

Regardless of the theoretical knowledge base upon which nursing and its practice are derived, that knowledge fits within the multidimensional nursing process, the analytical, critical-thinking framework guiding professional thinking and activities. The nursing process is conceptualized as a cyclic, iterative, and dynamic process, including assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. The

FIGURE 2 Nursing Process



nursing process supports evidence-based practice and relies heavily on the bidirectional feedback loops between components (Figure 2). For example, questions regarding clinical practices for the purpose of improving the quality of care may involve assessment, diagnosis, planning, outcomes identification, implementation, evaluation, or a combination of these. Describing clinical problems using internal evidence relates to assessment data, diagnosis, and outcomes identification. Nurses engaged in nonclinical activities associated with administration, education, informatics, and research also use and rely on this iterative process.

Ethics for Nurses

Nurses encounter a range of ethical issues or dilemmas in their practice settings. Conflicts surrounding treatment goals, informed consent, equity, and access to care occur daily. Technological advances in genetics, genomics, and artificial intelligence may challenge nurses' ability to keep pace

with associated ethical concerns (Hoskins, Grady, and Ulrich, 2018; Savage, 2017; Stokes and Palmer, 2020; Robert, 2019; Tluczek et al., 2019). The ability to have a voice in these situations and others of increasing complexity (moral agency) is dependent upon several factors or skills including:

- Continuous appraisal of personal and professional values and how they may impact interpretation of an issue and decision-making,
- An awareness of ethical obligations as mandated in the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) (ethical awareness/sensitivity),
- Knowledge of ethical principles and their application in the decision-making process (ethical decision-making), and
- Having the motivation and skills to implement a chosen decision (ethical motivation and action).

Taken together, these skills are elements of ethical competence, identified initially in James Rest’s Four Component Model (FCM) of moral development (1986). Ethical competence in nursing practice has been shown to promote moral agency, mitigate moral distress, and increase moral resilience (Kulju, K., et al., 2016; Koskenvuori et al 2019; Lechasseur et al., 2018; Milliken, A., 2018; Rushton, Caldwell, and Kurtz, 2016; American Nurses Association Professional Issues Panel on Moral Resilience, 2017).

The *Code of Ethics for Nurses with Interpretive Statements* (The Code) serves as a foundational document for the profession. The nine provisions of the Code describe “the ethical values, obligations, duties, and professional ideals of nurses individually and collectively” (ANA, 2015a, p. viii). The provisions address the nurse’s fundamental values and commitments, accountability and duties to self and others, and aspects of obligations at the professional and societal levels. Each provision’s accompanying interpretive statements offer specific guidance in the application of that provision in nursing practice. The Code also provides direction in addressing ethical issues that arise at the clinical, organizational, and societal levels (Epstein and Turner, 2015).

CODE OF ETHICS PROVISIONS

Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy. (ANA, 2015a)

The nurse needs an understanding of basic ethical nomenclature and principles to be able to discern ethical issues that arise within the course of nursing wherever and whenever nursing takes place. Key concepts include values, ethical competence, and ethical sensitivity. Awareness of personal

and professional values and understanding the values of others are vital to ethical competence and practice as nurses increasingly work with healthcare consumers and colleagues from different cultural backgrounds. Ethical competence includes the ability to recognize an ethical situation or issue (awareness or sensitivity) and the ability to determine a justifiable action (reflection or decision making). The nurse must also have the motivation, knowledge, and skills to implement the decision (comportment and action). Ethical sensitivity is the ability to recognize a moral problem when one exists and is a prerequisite to decision-making and action.

Ethical Decision-Making Models

Ethical decision-making is determining the right thing to do. This deliberative process should reflect knowledge of ethical principles, theories, and professional codes. Numerous ethical decision-making models have elements of reaching a judgment through organizing and identifying facts so that one can reflect on the issue. Although not based on a specific ethical theory, the steps of the nursing process (Table 1) or SBAR (situation, background, assessment, recommendation) are two templates that can be used to guide data collection and ethical analysis (Collingwood General and Marine Hospital, 2017; Fowler, 2015; Parker and McMillan, 2010).

CASE STUDY: USING THE NURSING PROCESS IN ETHICAL SITUATIONS

Assessment/Data collection and Analysis—Ethical Sensitivity

A bilingual cardiac care unit (CCU) nurse in a 400-bed community hospital easily communicated with a patient and the family whose first language was not English. The patient had been admitted to the CCU three times in the last six months for exacerbations of severe heart failure. Following two weeks of aggressive treatment during the current admission, a decision was made to wean the patient from the ventilator.

After numerous, unsuccessful attempts, the patient was diagnosed with ventilator dependency, and the treatment team recommended a tracheotomy. The nurse believed the patient and family did not fully understand the treatment options. Aware of the ethical obligation to advocate for the person and family but unsure of how to express those concerns, the nurse sought advice from the unit's clinical nurse specialist.

The CCU nurse shared the belief the patient would not want to be placed in a facility for ventilator dependent patients, a likely outcome that had not been discussed with the family. The patient had expressed the desire to not be a burden to the ill spouse and family, and the nurse stated personal difficulty imagining a life relying on a machine. The clinical nurse specialist encouraged the nurse to consider whether the nurse’s personal value of independence and autonomy may differ from that of the patient and family and suggested calling for discussion of such concerns with other members of the healthcare team. The surgeon and the intensivist confirmed that they believed the family was fully informed and planned to move ahead quickly with the tracheotomy so the patient could move out of the CCU.

TABLE 1 Using the Nursing Process in Ethical

Assessment/Data

Collection

- What is the issue?
- Who is involved?
- What are the facts? (health status, pain, treatment)
- What are stakeholder values, concerns, preferences, disagreements? (individual/family; healthcare team; individual’s community)
- Identify ethics resources

Assessment/Analysis

- Analyze facts/values using aspects of ethics of care, virtue ethics, ethical principles, or another theory or approach.
- Access ethics resources, if needed, and document communication.

Diagnosis

- Determine the care context and issues, including areas of agreement and conflict.
- Consider the entire context including individual/family, healthcare team, institutional circumstances.

Planning/Outcomes

- Using different approaches to ethics, identify a range of options or the best available when possibilities are limited.

Implementation

- Ensure that the option chosen is right, suitable, and appropriate.
- Not all options are right or appropriate in all contexts.
- Implement the plan in collaboration with individual/family, stakeholders.

Evaluation

- Evaluate what has happened and what can be learned from the situation.

Diagnosis/Planning—Ethical Decision-Making

The nurse reflected on the conversation with the physicians and continued to believe that the patient and family required more information to make informed decisions. Discussion of the options with the clinical nurse specialist resulted in agreement that an ethics consultant may be able to recommend resolutions and discuss these alternatives with the patient and family.

Implementation/Evaluation—Ethical Motivation and Action

Not wanting to jeopardize a working relationship with the physicians, the nurse discussed the choice to request an ethics consultation. While they disagreed, all participated in the bedside conference with the patient, family, translator, and rehabilitation physician. The ethicist clarified all treatment options, care goals, and potential outcomes. These included performing the tracheotomy and placement in a rehabilitation unit, or terminal weaning. The patient and family were asked to think about what they value and consider quality of life in terms of the choices, given the diagnosis of severe heart failure. They decided to proceed with the tracheotomy and admission to the rehabilitation unit for one month after which they will consider the progress and other choices. After the ethics consultation, the nurse and clinical specialist reviewed and reflected on the process and outcome. The nurse expressed appreciation of the values and perspectives of all involved and agreed that being proactive regarding early ethics consultation may benefit individuals, family members, and caregivers. The outcome of this example: Nurses are encouraged and empowered to call ethics consults whenever they confront an ethical issue.

Other models integrate diverse theories and approaches as one alternative is not applicable in every situation. While some issues may not require consideration of all elements in a decision-making model, others may be more complex and necessitate careful evaluation. Table 2 contains examples of additional models of ethical analysis and available resources.

The four-quadrant approach to analysis developed by Jonsen et al. (2015), Schuman & Alfandre, (2008), and University of Washington (2018)

TABLE 2

Collection of Ethical Analysis Models/Resources

Model	Components	Links
Four Quadrant Approach	Considers medical (healthcare) indications, individual preferences, quality of life, and context according to ethical principles	https://depts.washington.edu/bhdept/ethics-medicine/bioethics-tools
MORAL Model	Five-step analysis process: M = Massage the dilemma O = Outline options R = Review criteria A = Affirm and act L = Look back	https://www.nursingcenter.com/wkhlrp/Handlars/articleContent.pdf?key=pdf_01376517-200812000-00006
DECIDE Model	Six-step process for healthcare managers: D = Define problem E = Establish criteria C = Consider alternatives I = Identify best alternative D = Develop/implement a plan of action E = Evaluate and monitor	https://dspace.lib.hawaii.edu/bitstream/10790/2991/1/guo.k-2008-0014.pdf
Framework for Ethical Decision-Making: Markkula Center for Applied Ethics (2020)	Five component analysis process: Recognize an ethical issue Get the facts Identify alternative actions Make a decision and test it Act and reflect on the outcome	https://www.scu.edu/ethics/ethics-resources/ethical-decision-making/a-framework-for-ethical-decision-making/ https://www.youtube.com/watch?v=53fw6jOG7RI https://www.scu.edu/ethics-app/
Making Ethical Decisions-7 Step Path	Seven-step path integrating core values: trustworthiness, respect, responsibility, fairness, caring, citizenship.	https://blink.ucsd.edu/finance/accountability/ethics/path.html
Ethics consultation	When to call: What to expect	https://www.youtube.com/watch?v=n5QeaW6pyT0&feature=youtu.be

integrates ethical principles in conjunction with healthcare indications (beneficence and nonmaleficence), individual and family preferences (respect for autonomy), quality of life (beneficence, nonmaleficence, autonomy), and contextual features (justice). The sample questions displayed in Table 3, Four Quadrant Approach to Interprofessional Ethical Analysis, are presented as examples and are not an exhaustive list.

Although nurses may recognize an ethical issue or dilemma and identify a justifiable course of action, they may encounter personal (internal) or situational (organizational) barriers that impede their motivation to act. Competing personal values or conflicts of interest, such as protecting one's position or conflict avoidance, or a deficient ethical environment that lacks ethics resources, team collaboration, or supervisory support, or all of these may obstruct action (Hamric and Epstein, 2017; Pavlish, C., Brown-Saltzman, K., Fine, A., and Iorillo 2015; Pavlish, C., Brown-Saltzman, K., Fine, A., and Jakel, P., 2015; Robichaux, 2017). Moral courage is a virtue that must be developed to determine when action is required (Lachman, 2010; Lachman et al., 2012). Nurse leaders and organizations can support the development of moral courage and resilience by creating environments where nurses feel safe and are supported to speak up (Solomon, 2017). Additional approaches to strengthen communication and enhance nurse moral agency include elements of TeamSTEPPS® (Strategies & Tools to Enhance Performance and Patient Safety), cognitive rehearsal strategies, and crucial conversations, among others (Clark, 2019; Haynes & Strickler, 2014; Sunago, 2020; Agency for Healthcare Research and Quality [AHRQ], 2020). See ANA's dedicated ethics site for many more resources: nursingworld.org/ethics.

Respect, Equity, Inclusion, and Social Justice

Nursing's social contract explains the relationship between nursing and society as a whole, including reciprocal expectations that authorize nurses to meet the healthcare needs of society and articulate nursing's expectations of society. Through this agreement, nurses must provide compassionate care that addresses the individual's needs for protection, advocacy, empowerment, optimization of health, prevention of illness and injury, alleviation of suffering, and comfort and well-being. This social

TABLE 3

Four Quadrant Approach to Interprofessional Ethical Analysis

Healthcare Indications

Benevolence and Nonmalevolence

- What is the diagnosis/prognosis?
- What are the goals of treatment/care?
- What is the likelihood of success of treatment?
- Will the proposed treatment benefit the person and avoid harm?

Quality of Life

Benevolence, Nonmalevolence, and Respect for Patient Autonomy

- What is the probability of a return to a normal life with or without treatment?
- Would the person experience any physical, mental, or social deficits even if the treatment succeeds?
- Do providers have any biases that might prejudice their evaluation of the individual's quality of life?
- Has forgoing treatment been discussed?
- Are there plans for comfort/palliative care?

Individual/Family Preferences

Respect for Autonomy

- Does the person understand their condition?
- Has the individual been informed of and do they understand risks/benefits of proposed treatment?
- What are the individual's preferences?
- Is the person competent and capacitated to make decisions?
- If not, is there a surrogate decision-maker who understands the patient's preferences?

Contextual Features

Justice and Fairness

- Are there family or provider issues, such as implicit bias, that might influence treatment decisions?
- Are there religious, financial, social, racial, or legal issues/factors that might affect treatment decisions?
- Are there issues related to allocation of resources that might affect treatment?

Adapted from Jonsen, Siegler, and Winslade (2015) and the University of Washington (2018).

contract also supports the need for nurses to lead the effort to address social determinants of health (SDOH) with strategies to also continue to improve diversity within the profession of nursing. This necessarily should include unrelenting, unwavering, and encompassing efforts for equity, diversity, inclusion, and social justice.

Issues of inequity, bias, exclusion, racism, and injustice have long been part of the fabric of society. A review of past social, political, and legal initiatives and policies describes the deepening cultural divides present in America related to systemic social, economic, health, and legal structures and opportunities for success. For example, the U.S Census Bureau reported the official poverty rate in 2019 was 10.5 percent, which equates to 34.0 million people in poverty ([census.gov/library/publications/2020/demo/p60-270.html](https://www.census.gov/library/publications/2020/demo/p60-270.html)). Additionally, many do not have access to equal opportunities because of the structural and systemic divides related to lack of access to basic provisions of clean water, food, housing, education, transportation, technology, and health care. All nurses must be open to examining the impact of history on today's laws and regulations to understand and acknowledge that the nursing profession itself has a historical and existing connection to policy and politics.

Facing inequity allows for the bandage that covers the wound of inhumanity to start to peel away, bearing witness to what has always been there, but for so long effectively “dressed and covered.” Nurses must recognize the complexities rooted in the integration of these unveiled realities and their impact on health and well-being. Each exists and must be addressed, at the individual level, within the profession, and then at institutional and societal/global levels.

The cornerstone of equity, diversity, inclusion, and social justice begins with the essential element of respect for oneself and others. No matter the practice setting or environment, the philosopher, Kant, suggests that people have a moral duty to respect other human beings even if others are not yet met or known (Kant, 1949). Milton (2005) defines respect as a *way of mattering* so that other persons matter in the same way as one matters to themselves.

As systems of care, institutions, and policies have evolved, persons and entities in power positions set the specifics of care and the tone of care delivery. Such systems, whether purposefully or inadvertently, have created situations that respect some persons and disregard others (Milton, 2005). Rosemary Parse, a nursing theorist, named this concept as *potential disregard*, which occurs when nurses dismiss, label, or judge others regarding

characteristics that differ from the nurse or nursing group (1998). McGee suggests that others are dehumanized when nurses and nursing fail to demonstrate respect, whether consciously or not, during care delivery (1994). Many have adopted the concept that *respect must be earned*, but current thinking has evolved that respect is a basic human right that all deserve and need without conditionality.

Lack of respect can lead to harm and suffering. Dempsey (2018) builds on this concept by introducing and differentiating the concepts of *inherent suffering* and *avoidable suffering*. Inherent suffering is the suffering that occurs due to the illness, injury, or disability experienced by the healthcare consumer, family, and community. *Avoidable suffering* occurs due to lack of respect for others manifested by dysfunctional processes and inherent biases embedded within the systems of care. Besides causing suffering of others, avoidable suffering also contributes to caregiver suffering (Dempsey, 2018).

Fifty years ago, Judith Goldsborough wrote a seminal piece in the *American Journal of Nursing* discussing the importance of nurses providing *nonjudgmental care*. One can only wonder what progress nursing and nurses have made since that time. It is essential that nursing education programs ensure student nurses examine differing values and stereotypes, and the profession reminds seasoned nurses of the meaning and value of nonjudgmental care. Goldsborough (1970) describes nonjudgmental nursing care as “learning to relate to each other by using our common bonds, we could then mean and feel the word ‘brother’” (p.2342).

Nonjudgmental care cannot be an acting role in which nurses split themselves in half: their private half suppressing their personal biases but then delivering forced care in their professional role. The risk of bifurcating these feelings is the unconscious emergence of substandard care manifested in many ways: under medicating pain, re-prioritizing nursing care activities, not advocating as strenuously, delivering less comfort via lack of listening or being more aloof, all because someone else has different values and beliefs. An affront toward humanity occurs when judgmental care is rendered.

The nursing profession, rooted in caring relationships, demands that nurses know themselves, and work on the evolution of nonjudgmental attitudes by focusing on the common bonds that bind all of us together. Bauer, Southard, and Kummerow (2017) stipulate that nurses must reflect “unconditional positive regard” for every patient (p. 234). “Patient advocacy, selflessness and a willingness to suspend judgment are hallmarks of compassionate nursing care” which is required when stigmas, stereotypes, and biases enter our practice ethos (Bauer, Southard, and Kummerow, 2017, p. 234). The trust that patients place in nurses is unique, incomparable, sacred, and must not be broken by biases that seep into care delivery and decision-making.

Today’s healthcare environment and global connectivity confirm the need to embrace continued learning about another’s culture, a process that starts with examination of one’s own beliefs and cultural identities (Tervalon and Murray-Garcia, 1998). Gillon (1985) provides this frame of reference: “It is not putting yourself into another’s shoes that is morally relevant, it is understanding what it is like for that other person to be in his or her own shoes that is morally important.” Cultivating an attitude of authentic respect illuminates a path to cultural humility that, according to Ackerman-Barger (2020), provides a framework for promoting health equity.

“Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process” (Gonzales and Levitas, 2020). First described by Tervalon and Murray-García (1998) for use in medical education, this beautiful approach is relevant in nursing and all human sciences. Cultural humility departs from the traditional approach of attaining cultural competence and congruence. It requires a commitment of lifelong learning and exposure starting from providing dignity, respect, and grace to people regardless of origin, race, sexual preference, background, or socioeconomic status. Self-awareness, self-evaluation, and self-critique are also necessary to redress the power imbalances in relationships to advance relationships that are

Index

A

abilities. *See* knowledge, skills, abilities, and judgment

acceptance

of consequences in caring 7

as nursing value 11

accountability 3, 4, 11, 13, 14, 34, 97

and APRN responsibility 3

in Code of Ethics provision 14

definition 109

ethics and 13, 14

to healthcare consumers 4, 34, 74

in implementation 82

in leadership 97

as nursing value 11

professional competence

and 52

accountable for nursing actions.

See accountability

advanced practice registered nurse

competencies. *See also* advanced

practice registered nurses

advocacy 92

assessment 77–78

collaboration 96–97

communication 95

coordination of care 85

diagnosis 78–79

education 99–100

environmental health 107

ethics 90

evaluation 87

health teaching and

promotion 86

implementation 83

leadership 98

outcomes identification 79

planning 81

professional practice

evaluation 105

quality of practice 103

resource stewardship 106

respectful and equitable

practice 93

scholarly inquiry 101

advanced practice registered nurse

roles 3, 46. *See also* certified nurse-

midwives (CNMs); certified nurse

practitioners (CNPs); certified

registered nurse anesthetists

(CRNAs); clinical nurse specialists

(CNSs)

advanced practice registered nurses

(APRNs). *See also* advanced practice

registered nurse competencies;

advanced practice registered nurse

roles

accountability and responsibility

of 3

Consensus Model for APRN

Regulation 40 (*figure*), 41, 46,

50, 92

- competencies 75–77
 - for APRNs 77
 - for graduate-level prepared RNs 77
 - assessment competencies 75–77
 - in diagnosis 78
 - in environmental health 107
 - in evaluation 87
 - in health teaching and promotion 85
 - in outcomes identification 79
 - in planning 80, 81
 - assessment data 12
 - in assessment 76
 - in diagnosis 77, 78
 - in environmental health 107
 - in evaluation 87
 - assessment in nursing practice 3, 5, 9, 11, 12. *See also* Assessment (Standard 1); assessment competencies; assessment data
 - CNMs and 46
 - CNPs and 47
 - definition 109
 - dimensions 109
 - in ethical situations 15–16
 - in evidence-based practice 29
 - as method 33
 - in nursing knowledge and scholarly inquiry 29
 - in nursing process 11–12, 73
 - in quality of care 12
 - in SBAR model 15, 33
 - scholarly inquiry and 29
 - self-assessment 53
 - social determinants of health (SDOH) and 62
 - autonomy in nursing practice
 - caring and 7
 - definition 109
 - ethics and 16, 19, 20 (*table*), 89, 90
 - of healthcare consumer/patient 20 (*table*), 32, 69
 - justice and 25
 - professional 38
 - regulation and 39
 - respect for 7, 19, 20 (*table*), 89, 90
 - authority for nursing practice 14
 - full practice authority 35, 39, 42, 92
 - leadership and 97
 - prescriptive (APRNs) 83
 - avoidable suffering 22. *See also* suffering definition 109–110
- B**
- barriers in nursing practice. *See also* full practice authority
 - to effective communication 76
 - ethical issues and 19
 - to full practice authority 35
 - to health 76
 - of knowledge transfer 31
 - leaders recognizing 38
 - to reimbursement 61
 - beliefs in nursing practice. *See also* bias and biases; values
 - in assessment 77
 - caring and 10
 - competencies 77, 85, 93
 - cultural identity and 22, 23
 - equitable practice and 24, 63, 93
 - of healthcare consumers 33, 34, 85
 - health teaching and promotion and 85
 - nonjudgmental care and 22
 - of nurses and nursing 10, 11, 33
 - respect and 24
 - in respectful and equitable practice 93
 - values and 11
 - beneficence 19, 20. *See also* nonmaleficence
 - definition 110
 - in ethical analysis 19, 20 (*table*)
 - ethical principlism and 131
 - in ethics competencies 89, 90
 - quality of life and 19
 - Benner's novice-to-expert model, 135, 147
 - in mentoring 55

- ethics and 15–17
- organizations and resources 51
- Code of Ethics for Nurses with Interpretive Statements* 11, 13–14, 110. *See also* ethics in nursing
- practice
 - accountabilities established by 109
 - in assessment 76
 - in competencies 81–91, 104
 - ethical competence and 14–15
 - “how” of nursing and 33
 - influencers and 39, 40 (*figure*)
 - as moral foundation for nursing 89
 - in professional practice evaluation 104
 - provisions 14
 - regulation of nursing and 39
 - self-determination and 54
- code of ethics for nursing (definition) 110
- Collaboration (Standard 11) 95
 - competencies 96
 - for APRNs and graduate-level prepared RNs 96–97
- collaboration competencies 96–97
 - in coordination of care 84
 - in diagnosis 78
 - in ethics 89, 90
 - in evaluation 87
 - health teaching and promotion and 85
 - in implementation 82, 83
 - in outcomes identification 79
 - in planning 80
 - in quality of practice 102
 - in resource stewardship 105, 106
 - in scholarly inquiry 101
- collaboration in nursing practice. *See also* Collaboration (Standard 11); collaboration competencies; *various* interprofessional . . . *entries*; teams and teamwork
 - CNSs and 50
 - in Code of Ethics provision 14
 - collaborative plans 78, 80
 - competencies (QSEN) 38
 - CRNAs and 49
 - definition 110
 - ethics and 14, 19, 89, 90
 - with healthcare consumers 32, 34, 79, 84, 85, 87, 105
 - implementation and 16 (*table*), 82
 - interprofessional 5, 14, 32, 33, 56, 82, 102
 - Interprofessional Education Collaborative Expert Panel (IPEC) 36
 - in planning 78, 80
 - research and 101
 - scholarly inquiry 101
 - SDOH and 62
 - structural competency and 62
 - teamwork and 38
- Communication (Standard 10) 94. *See also* communication competencies
 - competencies 94–95
 - for APRNs and graduate-level prepared RNs 95
- communication competencies 94–95
 - in assessment 76
 - in collaboration 96, 97
 - in coordination of care 84
 - in diagnosis 78
 - in environmental health 107
 - in health teaching and promotion 86
 - in implementation 82, 83
 - in leadership 97
 - in respectful and equitable practice 93
- communication in nursing practice 26, 60. *See also* Communication (Standard 10); communication competencies
 - with healthcare consumers 60
 - “how” of nursing and 33
 - nurse energy and 11
 - professional competence and 52
 - teamwork and 19, 36–38

- decision-making and 29
 - ethical situations and 16 (*table*), 18 (*table*), 19, 20 (*table*), 132
 - knowledge and 28, 29, 52
 - standards and 4, 73, 114
 - “when” of nursing and 42–43
- continuity of care 81, 84
- continuous quality improvement 32. *See also* quality improvement
- continuum of care 82. *See also* care continuum
- Coordination of Care (Standard 5A) 84
 - competencies 84
 - for APRNs 85
 - for graduate-level prepared RNs 84
 - coordination of care in nursing practice 33. *See also* care coordination;
 - cost-effective care and 60
 - in outcomes identification 79
 - in planning 81
- core competencies
 - of healthcare professionals 32
 - interprofessional (IPEC), 36–37
 - nursing organization
 - responsibility 52 (*table*)
- costs and financial issues 57, 61. *See also* Resource Stewardship (Standard 17)
 - assessment and 76
 - cost containment 35, 37, 61
 - cost-effective care 45, 49, 50, 60–61, 106
 - healthcare costs 35, 37
 - planning and 81
 - policy and 35
 - resource stewardship and 105–106
- COVID-19 pandemic 59
 - costs and reimbursement and 61
 - healthcare worker protection 63
 - palliative care and 70
 - structural competence and 62
 - telehealth and virtual visits 61, 67, 68
- creativity in nursing practice 5, 6, 7, 9, 10, 43, 57, 102
 - caring and 9, 10
 - creative thinking 27
 - future nursing opportunities and 57
 - Nursing Professional Model and 9, 10
 - quality of practice and 102
 - “when” of nursing and 43
- credentialing and credentials in nursing practice 45, 58. *See also* certification of registered nurses
 - professional competence and 51, 52 (*table*)
 - of RNs 44
- critical thinking 5
 - competencies 82, 101
 - in education 99
 - as framework/model for nursing process 4, 11, 73, 113
 - in implementation 82
 - judgment and 53
 - mentors and 56
 - nursing theory guided practice (NTGP) and 30
 - in nursing wisdom 11
 - in scholarly inquiry 101
- cultural competencies. *See also* Respectful and Equitable Practice (Standard 9)
 - in advocacy 91, 92
 - in assessment 75, 76
 - in communication 94
 - in diagnosis 78
 - in ethics 90
 - in health teaching and promotion 85
 - in implementation 83
 - in outcomes identification 79
 - in quality of practice 102
 - in respectful and equitable practice 93–94
- cultural humility 7, 23–25, 32, 93
 - competencies 93, 94
 - definition 111
 - tenets 24

- certified nurse practitioners (CNPs) and 47
- clinical nurse specialists (CNSs) and 50
- clinical registered nurse anesthetists (CRNAs) 49
- in definition of nursing 1, 2
- diagnosis competencies 77–79. *See also* Diagnosis (Standard 2); diagnosis in nursing practice
 - in assessment 77
 - in evaluation 87
 - in implementation 83
 - in outcomes identification 79
 - in planning 80, 81
 - in quality of practice 103
- diagnosis in nursing practice 3, 6, 12. *See also* Diagnosis (Standard 2); diagnosis competencies; diagnosis and treatment
 - caring and 43
 - as clinical judgment 111
 - definition 111
 - in definition of nursing 1, 2
 - in ethical analysis 20 (*table*)
 - in ethical decision-making 17
 - in ethical situations 15, 16 (*table*), 17
 - in nursing process 11, 73
 - professional competence and 52
 - “when” of nursing and 43
- disaster planning and management 58–60
- discrimination and discriminatory health care practices 93, 106. *See also* bias; exclusion; intersectionality; racism
- disease 6. *See also* COVID-19; epidemics; health; illness
 - as distinct from illness 112
 - health and 112
 - prevention 2, 43, 46, 47, 80, 85, 86
 - transmission between human and animal 59
- diverse populations, healthcare needs of 82, 94

- diversity 11, 21, 43, 56. *See also* diverse populations; equitable health care; equity; respectful and equitable practice
 - advocacy and 91, 92
 - implementation and 82
 - licensure and 44
 - of nurses 20, 24, 64
 - as nursing value 11
 - respect and 21, 24
 - respectful and equitable practice and 93–94
 - teams and 38
- documentation competencies
 - in assessment 76
 - in collaboration 97
 - in coordination of care 84
 - in diagnosis 78, 79
 - in evaluation 87
 - in implementation 82
 - in outcomes identification 79
 - plan-of-care documentation 97
 - in planning 81
 - in professional practice evaluation 104
 - in quality of practice 102

E

- EBP process 29. *See also* evidence-based practice
- Education (Standard 13) 98
 - competencies 98–100
 - for APRNs and graduate-level prepared RNs 99–100
- education competencies 98–100
 - in collaboration 97
 - in ethics 90
 - in health teaching and promotion 86
 - in outcomes identification 80
 - in respectful and equitable practice 93
- education of healthcare consumers 34, 86. *See also* health education; health promotion; health teaching and health promotion

- ethical obligations 13, 15
- ethical principles 9, 13, 15, 18 (*table*), 19, 90, 100, 111, 131–132. *See also* ethical principlism
 - ethical analysis and 16 (*table*), 18 (*table*), 19
 - ethical decision-making and 13, 15, 111, 132
 - Professional Nursing Model and 9
 - of research 100
 - in scholarly inquiry 100
- ethical principlism 129, 131. *See also* ethical principles
- ethical sensitivity 14–15
 - in case study in ethical situations 15–17
 - definition 111
 - as moral problem recognition 15
- ethical situations. *See also* ethical decision-making ; ethical dilemmas
 - ethical principles and 131–133
 - using the nursing process in (case study) 15–19
- ethical theories and approaches 15, 16 (*table*), 129–133
- Ethics (Standard 7) 89. *See also* ethics competencies; ethics in nursing practice
 - competencies 89–91
 - for APRNs and graduate-level prepared RNs 90–91
- ethics competencies 89–91
 - in assessment 76
 - in implementation 83
 - in outcomes identification 79
 - in professional practice
 - evaluation 104
 - in scholarly inquiry 100, 101
- ethics in nursing practice 5, 12–20. *See also* Code of Ethics for Nurses; Ethics (Standard 7); morals and ethics in nursing practice; various “ethical . . .” and “ethics . . .” entries
 - caring and 7
 - context of 16 (*table*), 18 (*table*), 19, 20 (*table*), 132
 - ethical dilemmas 18 (*table*), 19, 132
 - ethics of care 16 (*table*), 51, 129, 132–133
 - interprofessional teams 36
 - justifiable actions 15, 129
 - knowledge and knowing 27, 33 and morals 129–133
 - nursing process applied to 15–17, 18
 - nursing research 33
 - professional competence and 51
 - in professional nursing model 9–10, 11
 - situation ethics 9
 - theories/theory and 15, 16 (*table*), 111, 129–133
 - virtue ethics 16(*table*), 52, 129, 132–133
- ethics of care 16 (*table*), 51, 129
 - virtue ethics and 132–133
- Evaluation (Standard 6) 86
 - competencies 86–87
 - for APRNs and graduate-level prepared RNs 87
- evaluation competencies 86–87
 - in collaboration 96
 - in health teaching and promotion 86
 - in implementation 82
 - in professional practice evaluation 103–105
 - in quality of practice 102, 103
 - in respectful and equitable practice 94
 - in resource stewardship 106
 - in scholarly inquiry 101
- evaluation in nursing practice. *See also* Evaluation (Standard 6); evaluation competencies; self-evaluation; Professional Practice Evaluation (Standard 16)
 - advocacy and 35
 - data 87
 - definition 111

care delivery knowledge 64–65
culture of innovation and 53, 56
disaster planning and
 management 58–60
healthcare worker protection 63–64
mindfulness 66–67
nursing initiative 71–72
palliative care 70–71
quality of life 68–71
reimbursement and cost-effective
 care 60–61
structural competency 62–63

G

Geriatric Care Managers (GCMs) 69
global health 76, 99
graduate-level prepared registered nurses
 APRNs as 2, 109
 competencies. *See* graduate-level
 prepared registered nurse
 competencies
 definition 2, 112
 education preparation 45
 research competencies 30
 “who” of nursing and 3
graduate-level prepared registered nurse
competencies
 advocacy 92
 assessment 77
 collaboration 96–97
 communication 95
 coordination of care 84–85
 diagnosis 78
 education 99–100
 environmental health 107
 ethics 90
 evaluation 87
 health teaching and promotion 86
 implementation 82–83
 leadership 98
 outcomes identification 79–80
 planning 81
 professional practice evaluation
 104–105
 quality of practice 102–103
 resource stewardship 106

respectful and equitable practice 94
scholarly inquiry 101

H

hazards and hazard prevention 95, 107
healing in nursing practice 6–9
 in care and caring 7, 11, 110
 in definition of nursing 1, 2
 facilitation of 1, 2, 6, 80, 112
 in planning 80
 self-healing 7
 “when” of nursing and 42, 43
health. *See also* illness; social
 determinants of health; wellness
 definition 112
health and safety 14, 26, 77. *See also*
 safety and health of healthcare
 consumers; safety and health of nurses
health and wellness care in nursing
practice 2, 35. *See also* wellness
 in assessment 75, 76
 in health teaching and
 promotion 85
 in planning 80
 wellness–illness continuum 47
health education 47, 64, 86. *See also*
 education of healthcare consumers;
 Health Teaching and Health
 Promotion (Standard 5B)
health equity 23, 24, 62, 63. *See also* equity
health, global. *See* global health
health–illness continuum 5, 78
 wellness–illness continuum 47
health information 36, 86
health outcomes 36, 39. *See also*
 expected outcomes; healthcare
 consumer outcomes; healthcare
 outcomes; outcomes; outcomes
 identification
 art and science of nursing 5
 in quality of practice 102, 103
 in resource stewardship 105
 scholarly inquiry and 27
 and social determinants of
 health 114
 whole person care and 5

Human Caring Science Theory (Jean Watson) 6–7, 137 (table)
humility. *See* cultural humility

I

illness 5–7, 112. *See also* disease; health; wellness

- definition 112
- health and 2, 5
- health–illness continuum 5, 7, 78
- inherent suffering and 22, 112
- palliative care and 70
- prevention of 1, 2, 19, 32, 50, 80
- structural competency and 62, 63
- wellness–illness continuum 47
- “when” of nursing and 42, 43

Implementation (Standard 5) 82–83.
See also implementation competencies;

- implementation in nursing practice competencies 82–83
 - for APRNs 83
 - for graduate-level prepared RNs 82–83

implementation competencies 82–83.
See also implementation in nursing practice

- in environmental health 107
- in evaluation 87
- in leadership 97, 98
- in planning 81
- of plans 83, 99, 106
- in professional practice evaluation 105
- in quality of practice 102
- in resource stewardship 106
- in scholarly inquiry 101

implementation in nursing practice 82–83.
See also Implementation (Standard 5);

- implementation competencies
 - in ethical decisions 13, 15
 - in ethics and ethical situations 13, 16 (table), 17, 18 (table)
 - in nursing process, 11, 73
 - of nursing process 32

practice-focused nursing and 31
research-focused nursing and 31, 32

inclusion 19–26, 56. *See also* exclusion; fairness

- policy advocacy and 35
- respectful and equitable practice and 93
- structural competence and 62

inequity 21. *See also* bias; equity; exclusion; fairness; injustice; racism
definition 112

influencers in regulation of nursing 39, 40 (figure)

informatics in nursing practice 12, 33, 38, 45, 60

- in core competencies of all healthcare professionals 32

inherent suffering 22
definition 112

injury. *See* illness

injustice and injustices 21. *See also* bias; exclusion; fairness; inequity; justice; racism

- definition 112
- social injustice 26, 66

innovation in nursing practice 6, 9, 21, 53, 71–72. *See also* future opportunities for nursing
in competencies 80, 97, 101, 102, 106

- culture of innovation 53
- energy and 11
- future nursing opportunities and 56–58

graduate-level prepared nurses and 45

interventions and 9

leadership and 97

planning and 80

practice-focused practice and 31

- quality of practice and 102
- resource stewardship and 106
- scholarly inquiry and 101
- “when” of nursing and 43

- credentialed and 45
 - ethics and 13, 15
 - evidence-based practice and 29–32, 81
 - innovation and 57
 - nursing process and 11
 - to provide care delivery 64
 - quality and 41
 - research and 28, 33
 - “when” of nursing and 3, 42
 - wisdom and 11, 56
- knowledge, skills, abilities, and judgment 51. *See also* judgment; knowledge; skill and skills
- in assessment 75, 76, 77
 - caring and 7, 110
 - competencies as integrating 52, 74, 110
 - in education 98, 99
 - ethical 13
 - in ethics 90
 - graduate-prepared RNs 2, 45
 - in leadership 97
 - in planning 81
 - professional competence and 52
 - in quality of practice 103
 - research knowledge 31–32
 - in respectful and equitable practice 93
 - in scholarly inquiry 100, 101
 - self-determination and 54
- L**
- laws and legal issues in nursing practice 21, 25, 35. *See also* regulation of professional nursing practice
- ethics and 76, 89
 - laws and regulations 46, 74, 83, 85
 - legal nurse consultants and nurse attorneys 35
 - licensure of RNs 44
 - nurse practice acts 41–42, 46, 54, 82, 143
 - organizational policy and 42
 - regulatory model and 42
 - standards and 42
 - statutes, rules, and regulation 81, 104
- Leadership (Standard 12) 97
- competencies 97–98
 - for APRNs and graduate-level prepared RNs 98
 - leadership competencies 97–98
 - in advocacy 92
 - in collaboration 97
 - in communication 95
 - in coordination of care 84
 - in ethics 90
 - in implementation 83
 - in planning 81
 - in professional practice evaluation 104–105
 - in quality of practice 102
 - leadership in nursing practice 4
 - knowledge and 28, 52
 - moral courage and 19
 - participative leadership 38
 - professional competence 52
 - research and 31
 - teams, teamwork, and 38
 - in value analysis 61
 - “when” of nursing and 3
- learning in nursing practice. *See also* education; licensure and education; lifelong learning; professional development
- informal 52
 - professional competence and 52
 - reflective 52
- legal nurse consultants and nurse attorneys 35
- licensure and education of RNs 2, 3, 44–51. *See also* education of RNs
- advocacy and 35
 - of APRNs 3, 41, 44, 46
 - of certified nurse-midwives (CNMs) 46–47
 - of certified nurse practitioners (CNP) 47–49
 - of certified registered nurse anesthetists (CRNAs) 3, 49–50

N

National Council Licensure

Examination for Registered Nurses
(NCLEX-RN) 44

National Institute of Nursing Research (NINR) 28

Nightingale, Florence and the science of
nursing 26, 27

nonjudgmental care 22–23

nonmaleficence

definition 112

in ethical analysis 19, 20 (*table*)

ethical principlism and 131

in ethics 90

quality of life and 19

nurse attorneys and legal nurse

consultants 35

nurse–healthcare consumer

partnership 6, 7, 9, 34, 80, 81, 87,
103. *See also* healthcare consumer

entries

nurse midwifery. *See* certified

nurse-midwives

nurse practice acts as regulation of

nursing 41, 46, 54, 74, 82, 143

nurse researchers 28, 29, 45

nursing, definition. *See* definition of
nursing

nursing knowledge 27–32. *See also*

knowledge in nursing; nursing

knowledge and scholarly inquiry;

scholarly inquiry; Scholarly Inquiry
(Standard 14)

cost-effective care and 60

education and 98

evidence-based practice and
29–30

quality and 41, 113

scholarly inquiry and 27–32

the “when” of nursing and 3

nursing knowledge and scholarly

inquiry 27–32. *See also* knowledge;

scholarly inquiry; Scholarly Inquiry
(Standard 14)

nursing organizations. *See* organ-

izations; professional organizations

nursing process 11–12, 32, 57, 113

as critical thinking model 4, 11,
73, 114

as decision-making foundation 4,
73, 114

definition 113

ethical situations and 15–17,
18 (*table*)

in implementation 82

innovation and 57

Standards of Practice and 4,
73, 114

nursing research 27–32. *See also*

nursing knowledge and scholarly
inquiry; Scholarly Inquiry

(Standard 14)

Code of Ethics provision and 14

in collaboration 97

definition 113

in environmental health 107

ethical conduct of 33

evaluation and 87

evidence and 39

nurse education and 27

nurse researchers 28, 29

nursing knowledge and
27–32, 33

in quality of practice 102, 103

research-focused nursing 31

in respectful and equitable
practice 94

in scholarly research inquiry
100–101

theory and 33

translational research 30,
31–32

wisdom and 11

nursing science. *See also* science of
nursing

caring as 7

nursing knowledge and 27

nursing theories, theorists, and theory
135–138. *See also* theories, theorists,
and theory in nursing

nursing theory guided practice

(NTGP) 30

- in evaluation 87
- in health teaching and promotion 86
- in implementation 82, 83
- in outcomes identification 79
- in quality of practice 102, 103
- in resource stewardship 106
- in respectful and equitable practice 94
- planning in nursing practice. *See also* Planning (Standard 4); planning competencies
 - definition 113
 - disaster planning 58–60
 - in ethical situations 16 (*Table*), 17
 - in nursing process 11–12
- polarity thinking and decision-making 57
- policy, policies, and policymakers 26, 31, 34–35
 - advocacy and 34, 35, 91, 92, 93, 98
 - in assessment 76
 - in Code of Ethics provisions 14
 - in environmental health 107
 - in ethics 90
 - global environmental health policies 107
 - in leadership 98
 - in model of nursing regulation 40 (*figure*), 41–42
 - organizational 40–42, 93, 104
 - professional practice evaluation 104
 - quality of practice and 101, 102
 - research informing 27
 - in respectful and equitable practice 93
 - self-determination and 54
 - structural competency and 62–63
- population health 5, 87. *See also* community and public health
- practice acts for nurses. *See* nurse practice acts
- practice-focused nursing 31
- practice settings. *See also* workplace environments and settings
 - equity and 21
 - ethics and 12, 89
 - evidence-based practice and 31
 - leadership and 97
 - regulation and 41, 42
 - safe practice environments 45, 107
 - scholarly inquiry and 100
- prescription and prescriptive authority of APRNs 3, 83
- presence in nursing practice. *See also* compassionate presence
 - authentic presence 110
 - caring and 7
 - compassionate presence 1, 2 11
 - in end-of-life and palliative care 70
 - as nursing value 11
- prevention
 - advocacy and 35, 93
 - beneficence and harm prevention 93, 110
 - in definition of nursing 1, 2, 112
 - disease prevention 2, 43, 46, 47, 80, 85, 86
 - in environmental health 107
 - epidemiologic models and 32
 - error prevention 33
 - hazard prevention 107
 - in health teaching and promotion 85, 86
 - illness prevention 1, 2, 19, 32, 50, 80, 145
 - risk prevention 86
 - violence prevention 35
 - “when” nursing happens and 43
- principles of ethics. *See* ethical principles
- processes of nursing practice (“how” of nursing) 32
- professional competence 51–53. *See also* competence in nursing practice; professional role competence
 - context and 53
 - culture of innovation and 53

- coordination of care 84
- diagnosis 77–78
- education 98–99
- environmental health 106–107
- ethics 89–90
- evaluation 86–87
- health teaching and promotion 85–86
- implementation 82
- leadership 97–98
- outcomes identification 79
- planning 80–81
- professional practice evaluation 103–104
- quality of practice 101–102
- resource stewardship 105–106
- respectful and equitable practice 93
- scholarly inquiry 100
- registered nurses (RNs)
 - competencies.
 - definition 2, 113
 - legal title of 44
- regulation and regulatory issues in nursing practice 21, 33, 38–42. *See also* laws and legal issues in nursing practice
 - in advocacy 91, 92
 - APRN as regulatory title 46
 - Consensus Model for APRN Regulation 40 (*figure*), 41, 46, 50, 92
 - in ethics 89
 - in implementation 82
 - influencers in nursing regulation 39–42
 - laws and regulations 21, 46, 74, 83, 85, 91
 - licensure and education of RNs 45–51
 - model of 39–42
 - nurse practice acts as regulation of nursing 40–41, 46, 54, 74, 82
 - in planning 81
 - policy advocacy and 35
 - professional competence and 51, 52 (*table*)
 - professional identity and 54
 - professional nursing model and 40 (*figure*)
 - in professional practice evaluation 104
 - in quality of practice 103
 - statutes, rules, and regulation 81, 104
- reimbursement
 - advocacy for 35
 - and cost-effective care 60–61
 - for telehealth 61
- research-focused nursing 31
- research in nursing 27–32. *See also* nursing research
- research knowledge and evidence-based practice 31–32
- Resource Stewardship (Standard 17) 105–106.
 - competencies 105–106
 - for APRNs and graduate-level prepared RNs 106
- respect 19–26, 32. *See also* respectful and equitable practice
 - art of nursing and 5
 - assessment and 75
 - for autonomy 7, 19, 20 (*table*), 89, 90
 - avoidable suffering and lack of 109
 - caring and 6, 7
 - in Code of Ethics provision 14
 - collaboration and 96, 110
 - communication and 94, 95
 - cultural 9
 - cultural humility and 23, 111
 - in ethical analysis 20 (*table*)
 - ethics and 14, 19, 89, 90
 - “how” of nursing and 32
 - leadership and 97
 - respectful and equitable practice 93
 - teams and 37 (*table*)
 - values and 11

- definition of nursing 1–2
- definitions for 2–3
- description (“who,” “what,” “where,” “when,” “why,” and “how”) 3
- ethics for nurses 12–15
- the “how” of nursing 32–42
- opportunities for the future of nursing 56–71
- science of nursing 26–32
- standards development and function 4
- the “when” of nursing 42–43
- the “who” of nursing 44–56
- SDOH. *See* social determinants of health
- Seacole, Mary Jane (19th c. nurse in Crimea), 27
- self-assessment (nurses) 53, 146, 152
 - competence evaluation and, 148
- self-awareness and cultural humility 23
- self-care (healthcare consumers) 50
 - in coordination of care 84
 - in diagnosis 78
 - in health teaching and promotion 85
- self-care (nurses)
 - competencies 90
 - mindfulness and 67
- self-compassion 66
- self-critique 24
 - cultural humility and 23
- self-determination 51, 53–54
 - Code of Ethics for Nurses* and 54
 - healthcare consumer 89
 - as nursing value 11
 - professional competence and 51
- self-development 90
- self-evaluation 24. *See also* professional practice evaluation
 - cultural humility and 23
 - in professional practice evaluation 103
- self-healing 7
- self-knowledge and caring 7
- self-management (healthcare consumers) 34, 85
- self-reflection 24, 90, 99, 103, 131
 - ethics and 90
 - in professional practice evaluation 103
- self-regard 52, 145, 146
- settings for healthcare and nursing work. *See also* practice settings; workplace environments
- skill and skills in nursing practice 5, 45, 74, 97. *See also* knowledge, skills, abilities, and judgment
 - in assessment 9, 77
 - caring and 7
 - communication 36, 94, 95
 - critical thinking 101
 - ethical 13, 15
 - professional competence and 52–54
 - in respectful and equitable practice 93
 - in scholarly inquiry 100
 - specialty certification and 41
 - teamwork and communication skills 33, 36, 38
- social contract of nurses and nursing 3, 19–20. *See also* diversity; equity; inclusion; social justice
 - SDOH and 19–20
 - social justice and 26
- social determinants of health (SDOH) 35, 64, 93, 94. *See also* social determinants of health
 - competencies
 - definition 114
 - social contract and 20
 - social justice and 25
 - structural competency and 62
- social determinants of health competencies
 - in advocacy 91, 92
 - in assessment 75
 - in environmental health 106
 - in structural competency 62
- social injustice 26, 66

- in diagnosis 78
- in environmental health 107
- in health teaching and promotion 86
- in implementation 82
- in resource stewardship 105
- telehealth in nursing practice
 - aging in place and 69
 - in assessment 76
 - “care anywhere” and 67
 - expanded use during COVID-19 pandemic 61, 67
 - licensure and 44
 - mental health 68
 - reimbursement for 60
- terminal values 115
- theories, theorists, and theory in nursing
 - in competencies 83, 87, 105, 106
 - description/definition 28
 - in ethics 15, 16 (*table*), 17, 129–130
 - evidence-based practice and 29–32
 - in health teaching and promotion 86
 - Human Caring Science Theory (Watson) 6, 137
 - in implementation 83
 - nursing knowledge and 27–30, 33
 - nursing theory guided practice (NTGP) 30
 - Professional Nursing Model and 10
 - in scholarly inquiry 101
 - selected theorists 135–138
 - social justice and 25
 - theories and theory define 28
 - theory-driven approaches 33, wisdom and 11
- theory-driven/theory-guided practice 33, 83
- theory-making process and scholarly inquiry 29
- translational research 30, 31–32
- trust and trustworthiness 9, 11
 - in collaboration 96
 - in communication 95

- ethics and 11, 18 (*table*), 131
- evidence-based practice and 30
- in leadership 97
- of nurses 23
- as nursing value 11
- research and 30
- teams and 38
- truthfulness 131. *See* veracity

V

- value analysis 61
- values in nursing practice 11
 - in assessment 75, 77
 - caring and 7, 11, 22
 - Code of Ethics* and 110
 - in collaboration and 96
 - competencies 73, 75, 86, 92, 95, 99
 - cultural 94
 - definition 115
 - equitable practice and 95
 - ethics and 13, 14, 16–19, 36, 90
 - evidence-based practice and 29, 30
 - health teaching and promotion and 85
 - of healthcare consumers 33, 85, 100
 - instrumental values 115
 - interprofessional practice and 36
 - nonjudgmental care and 22
 - of nurses and nursing 54
 - in outcomes identification 79
 - personal values 13, 14, 115
 - polarity 57
 - in professional nursing model 9–11
 - professional values 13, 15, 115
 - in respectful and equitable practice 93
 - in scholarly inquiry 100
 - terminal values 115
- veracity
 - definition 115
 - in ethical decision-making 131
 - fidelity vs. 131
- virtue ethics 16 (*table*), 51, 129, 132–133
- virtues in nursing practice 19, 131, 132