

# *Policy Statement*

## *Excellence in Clinical Nursing Practice*

### **Introduction**

It is the position of the Registered Nurses Association of Ontario (RNAO) that excellence in nursing practice must be the vision and goal of every registered nurse, and the collective responsibility of employers, nursing associations, government, educational institutions, and nurses themselves.

### **What Is Excellence?**

In the clinical care domain of nursing, excellent nursing practice is the dynamic process that integrates the best theoretical and practice knowledge (praxis) in each client \* encounter. It involves the ability to promote health and well-being through the health illness continuum within all: the individual; the family; and the community. Excellence involves caring in action and is fundamental to the achievement of optimal health outcomes for the patient, registered nurse, and system.

### **Attributes and Foundations of Excellence**

Excellence requires the enactment of the following attributes. For the **Registered Nurse** these attributes include but are not limited to:

- Ability to think critically<sup>i</sup> in exercising professional and clinical judgment.
- Ability to practice ethically while identifying and addressing complex issues.
- Skill in the delivery of care to individuals, families, communities and populations that is informed by a theoretical knowledge base<sup>ii</sup> and clinical experience.
- The knowledge and ability to establish an effective nurse- client relationship.<sup>iii</sup>
- Ability to access the appropriate resources to provide that care.<sup>iv</sup>
- The integration of primary health care principles into one's practice including a health promotion perspective lived out through collaboration with the client\* to optimize health across the health illness continuum.
- Understanding the impact of the determinants of health on client well being and advocating for change where appropriate.
- Practice that takes into account all dimensions of self (or family or community) and which is first and foremost centered on the needs of the client.
- Practice based on best available evidence.
- Highly developed problem solving, conflict management, and communication skills.
- A spirit of inquiry reflected by a commitment to lifelong learning

through both formal and informal educational opportunities.

- Ability to articulate nursing's contribution to client health outcomes and health system effectiveness.
- Understanding and enacting the full scope of RN practice.
- Speaking out knowledgeably about nursing and health issues.
- The knowledge, skill and ability to quickly adapt to new situations.
- Commitment to advancing the profession of nursing in the interest of the public such as through active membership in one's professional association.

For the **Practice Setting**, these attributes include:

- Care delivery processes that support delivery of excellent nursing care (eg. staffing in accordance with needs of client).
- Care delivery models that support excellence in nursing practice (continuity of caregiver; accountability).
- Employment practices that support continuity of caregiver (i.e., at least 70% of registered nurses working full time).
- Communication systems that support sharing of information about patient care.
- Adequate facilities and equipment (includes the physical environment and access to supplies and equipment.)
- Leadership occurring at all levels of an organization to support client care.

For the **Organization**, these attributes include but are not limited to:

- The philosophy of an organization and its policies and procedures.
- Professional development systems, which include a range of programs and processes that support a learning environment such as orientation and continuing education.
- Response systems to external demands such as changes in legislation and health care trends that can impact client care.<sup>v</sup>

For the **Health Care System**, these attributes can include but are not limited to:

- Upholding the principles of the Canada Health Act: universality, portability, public administration, accessibility, and comprehensiveness.
- Ensuring the sustainability of the system through not for profit care and implementation of primary health care reform.
- An orientation to health rather than disease.
- Extending the principles of the Canada Health Act to all health sectors and including a principle of accountability

### **Living Excellence**

Excellence is visible through a commitment to care that exceeds the minimum standards. Regardless of the practice setting, registered nurses focus their practice on health in its very broadest sense.

Excellence embodies exemplary nursing care in the “lived experience...between patients/clients and nurses.”<sup>vi</sup> This lived experience of care giving necessitates a detailed understanding of patients/clients’ needs to determine appropriate care strategies.

Excellence in clinical practice is dependent upon successful collaboration with others committed to patient care. Successful collaboration is linked with accountability- the ability to accept responsibility for one’s decision-making and judgments. Accountability is based on a realistic appraisal of the impact of nursing practice on client’s health outcomes, particularly one’s own practice and is an essential part of professional practice.

Excellence is also lived through recognition of the professional obligation to work for social change to improve health, to address workplace barriers to excellence and to tackle the systems issues that require change, as an advocate for social change both individually and collectively. By extension, it includes exercising leadership in one’s profession.

While recognizing that today’s work environment poses many challenges to quality practice, excellence is often visible through collaborative efforts to identify and implement strategies to reduce those challenges. In spite of the challenges registered nurses face, nurses must continue to strive for excellence in clinical practice.

### **Supporting Excellence**

Inadequate workplace supports are a key contributor to nurse burnout.<sup>vii</sup>

However, the work environment can successfully support excellence. For example, it can significantly impact nurses’ ability to prevent complications in their patients/clients.<sup>viii</sup>

Since registered nurses’ job satisfaction is a strong determinant of the overall satisfaction level of clients, it is critical that administrators and managers make the necessary changes in work environments to support nurses in their care giving efforts<sup>ix</sup>. A humanized work environment recognizes the challenges of the work place and those in nurses’ personal lives.

A workplace that supports excellence will:

- Respect the expertise of the registered nurse.
- Establishes the organizational and practice models that support excellence in clinical practice.
- Make it possible to practice at full scope based on educational preparation.<sup>x</sup>
- Support the registered nurse’s decision-making and judgment<sup>xi</sup> including through strong administrative support.
- Facilitate access to staff and continuing education.
- Actively support nursing students and new graduates through strong preceptorship and mentorship programs.
- Nurture potential leaders.
- Support the work of nurse administrators and managers.
- Foster a spirit of inquiry and a commitment to scholarship.
- Support nurses in providing optimum patient care and exercising self care through a variety of means.

- Strengthen linkages between service and education.
- Provide opportunities to share knowledge including access to databases and other resources.
- Provide opportunities for staff to obtain certification in their specialty practice area
- Participate in initiatives that support excellence in care such as Advanced Clinical Fellowship and the development and implementation of Nursing Best Practice Guidelines.
- Foster a humane work environment that celebrates achievements, nurtures leaders, and supports nurses in the delivery of care.
- Regards all domains of practice as complementary and equal in value.

## Conclusion

In the midst of a constant changing landscape in health care, the pursuit of excellence anchors nursing practice in achieving optimal client care and health outcomes. Excellence is the goal and responsibility of employers, nursing associations, policy and decision-makers, educational institutions, and registered nurses. The Registered Nurses Association of Ontario will continue to uphold a vision of excellence for all registered nurses both through its philosophy, mission, and programs, and initiatives that actively support registered nurses in their pursuit of practice excellence. The public deserves nothing less.

\* The term client can also refer to patient, family community or population depending on the practice setting.

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<sup>i</sup> The attribute of critical thinking refers to the “ability to bring a critical intelligence to bear on a range of theoretical insights and practical problems” (College of Nurses of Ontario (2001), Practice Expectations of RNs and RPNs: Final Report. Toronto: Author.)

<sup>ii</sup> Foundational nursing knowledge includes an understanding of “nursing’s ways of knowing” which include empirics, esthetics, personal knowledge, and ethics. As described by Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1, 13-23.

<sup>iii</sup> See Establishing Therapeutic Relationships Best Practice Guidelines. [www.rnao.org](http://www.rnao.org)

<sup>iv</sup> Grinspun, D. (2000). Taking care of the bottom line. In Gustavson, D. (Ed), *Care and consequences: The impact of Health Reform*. Halifax: Fernwood Publishing.

<sup>v</sup> College of Nurses of Ontario. 2004. Quality Assurance Practice Setting Consultation Program. Author. The factors listed are the elements of the practice setting consultation program and further information is available thorough the College and at [www.cno.org](http://www.cno.org). See Employers.

<sup>vi</sup> Perry, Beth (1998). *Moments in Time. Images of Exemplary Nursing Care*. Ottawa: Canadian Nurses Association.

<sup>vii</sup> RNAO, RPNAO (2000). *Ensuring the care will be there. Report on nursing recruitment and retention in Ontario*. Toronto: Author. Also, Registered Nurses Association of Ontario (2002). *Client-Centred Care*. Toronto: RNAO

<sup>viii</sup> Aiken, L, Clarke, S., Sloane, D., Sochalski, J., & Silber, J. (2002). Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. *Journal of the American Medical Association*, 16 (Oct. 23-30), 1987 – 1993. In addition to mortality, the study also examined failure to rescue (deaths within 30 days of admission among patients who experienced complications). 23.2% experienced a major complication that was not evident on admission.

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<sup>ix</sup> (Op. cit). Aiken, et al (2002) study results showed that nurses contribute to patient care through interventions that prevent complications and death.

<sup>x</sup> Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blyth, J., Bourbonnais, R., Cameron, S. et al (2001). Commitment and care: The benefits of a healthy workplace for nurses, their patients and the system. Toronto and Ottawa: Change Foundation and the Canadian Health Services Research Foundation.

<sup>xi</sup> Benner, Patricia (1984). From novice to expert: Excellence and power in clinical nursing practice. Massachusetts: Addison-Wesley.