



Outlook

*on the
Practice of
Nursing*



Ordre
des infirmières
et infirmiers
du Québec



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Note – In accordance with OIIQ editorial policy, the feminine pronoun
is used without prejudice, simply to make for easier reading.

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Nurses from 30 health care facilities (RSTCCs, RLTCs, CLSCs) and teaching institutions (CEGEPs and universities) also participated.

Special thanks are extended to the clients who, during our focus group activities, agreed to share their expectations regarding health care delivery by nurses.

2004 Update

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Consultation

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Introduction

In 1996, the Bureau of the Ordre des infirmières et infirmiers du Québec (OIIQ) formally adopted a document entitled *Outlook on the Practice of Nursing*. This outlook was defined based on clients' and significant others' expectations and with the help of nurses from various areas of activity, geographical regions of Quebec, health care settings and fields of practice.

This outlook on nursing practice is based on professional practice, orientations in the health care system and emerging trends in evaluation. Furthermore, both the health care policy in Quebec – focussed on client outcomes – and the primary health care approach emphasize partnership with clients and their participation in care. Given that both these orientations affect nurses, they have guided the preparation of this document.

Major amendments were made to the *Nurses Act* (R.S.Q., c. I-8) as a result of the entry into force in 2003 of the *Act to amend the Professional Code and other legislative provisions as regards the health sector* (S.Q. 2002, c. 33). The field of practice of the profession has been brought up to date, 14 professional activities (R.S.Q., c. I-8, s. 36) are now reserved to nurses and a provision stipulating that nurses who are so qualified can now engage in five activities reserved to doctors (s. 36.1) has been added to the *Act*.

This new edition of *Outlook on the Practice of Nursing* has been updated to reflect these new legislative provisions.

This document begins by outlining the beliefs and assumptions on which the practice of nursing is based. These beliefs and assumptions colour one's perception of the person (family, group or community), health, the environment and nursing care, which in turn orients professional practice. This section is followed by the foundations of professional practice for the coming years, which are summarized in the section "Goal of Nursing Practice." Then, the descriptive statements relating to professional practice define the partnership with the client, the main functions of nurses (health promotion, prevention of disease, accidents and social problems, the therapeutic process, functional rehabilitation), quality of life and professional commitment. These descriptive statements define the nature of nursing practice. They allow nurses to fully perform their roles and help them clarify this role to their clients, colleagues in other disciplines, the general public and the various levels of government. An application of these descriptive statements with a view to protecting the public is presented at the end of the document as a series of essential criteria pertaining to the client, the nurse and the organization.

Before reading this document, it is helpful to review some definitions. First of all, the anticipated client outcomes provide indications that can help evaluate the effects of the care given to a client or a category of clients. The elements of practice refer to the nursing care and treatment provided for the client, and the organizational elements are external factors that contribute to the quality of professional nursing practice.

This outlook can be used as a guide by OIIQ members and can serve as a reference for nurses who work in diverse sectors such as clinical practice, education, administration or research. The descriptive statements and the essential criteria should be considered as a starting point. They will surely be fine-tuned over time and as professional practice evolves. The Bureau of the OIIQ hopes this *Outlook* will be used as a guide by Quebec nurses for the continuous improvement of the services offered to the population.

Foundations of the Nursing Profession

All the beliefs and values related to a way of perceiving the person, the health, the environment and the nursing, which guide the practice of the nursing profession.

Person

Indivisible, unique and evolving entity who acts in accordance with his/her choices, values and beliefs and to the best of his/her abilities. Persons interrelate with other persons, the family, group or community, as well as with their environment.

Health

Dynamic and continuous process in which a person (family, group or community) aspires to a state of equilibrium that fosters well-being and quality of life.

This process involves adaptation to multiple environmental factors, a learning process and commitment on the part of the person and society.

Environment

All the components in a person's surroundings with which that person interacts (family, group or community). The environment includes the following dimensions: physical (living environment, care setting), psychosocial (natural or organized network that offers support or imposes constraints), political and economic (laws and regulations, popular movements such as support groups or consumers' associations), spiritual (values, beliefs), cultural (ethnic origin, feminist movement), and organizational (care delivery structure).

Nursing

Dynamic process intended to maintain, restore or improve the health, well-being and quality of life of a person (family, group or community), prevent disease, accidents and social problems and promote rehabilitation. This process encompasses the assessment and monitoring of the person's physical and mental state of health, the determination of the therapeutic nursing plan and the nursing care and treatment plan, activities related to nursing and medical care and treatment, and to information, professional advice, teaching, referral and client support. These activities are carried out within a partnership with the client and with due respect for the client's capacities.

Beliefs and Assumptions

Following are the beliefs that colour one's perceptions of the person (family, group or community), health, the environment and nursing:

- People aspire toward health, well-being and a good quality of life.
- People, in co-operation with those close to them, are active partners in health care.
- Environment has an influence on clients' health, well-being and quality of life.
- Professional commitment is first an individual one, and the various activities resulting from this commitment help define one's professional identity.
- Nursing care demands scientific knowledge, continuous updating of this knowledge, capacity to make clinical judgments and the mastery of complex technical skills through experience.
- Nursing care is as much an art as a science, and is experienced as a unique and creative work.
- Nurses are responsible to clients for the care they give them and must therefore be held accountable for the quality of the care they provide.
- As partners in the health care delivery system, nurses make a unique contribution within the interdisciplinary team.

Person (Family, Group or Community)

- The person¹ is an indivisible, unique and evolving entity.
- The person has beliefs as well as social, political, cultural and spiritual values.
- The person has a health history and is capable of making choices according to individual capacities; these may vary with time and may be dependent upon environmental conditions.
- People learn from their experiences and can generally recognize their resources and limitations with regard to health.
- People have rights and responsibilities with regard to health, and contribute, according to their capacities, to the care they receive. People can express their expectations as part of their partnership with the nurse.
- People interrelate with other people, within their families, their natural support networks and their communities.

1. The definitions applying to the "person" are generally understood as also applying to the family, group and community.

Health

- Health is a dynamic and continuous process; it is a subjective experience.
- Health is a value toward which every person aspires, even though health may be more fragile at certain stages of a person's life and even though the person may suffer from a disability during specific phases of an illness.
- Health is a person's capacity to perform tasks related to the fulfillment of his/her role using individual resources and those of friends and family, in a manner that is satisfactory to the person and his/her significant others.²
- Health goes beyond healthy living habits: it includes aspiring to a greater degree of well-being and a better quality of life. It presupposes a commitment on the part of the person and society.
- Health can have various meanings according to each person's perception.
- Several environmental factors can influence health. These factors require the person to adapt to preserve his/her well-being and quality of life, as well as to evolve toward self-actualization.
- Health is learning experience based on past and newly acquired knowledge.

Environment

- The environment is the framework surrounding a person's life. It has several dimensions: psychological, social, spiritual, political, cultural, economic and organizational.
- The environment is made up of all the components of the person's surroundings with which the person interacts and that influence his/her health, well-being and quality of life.
- The environment is a set of conditions within which the nurse and the client interact.
- In various ways, the environment can be a source of support for the person and contribute to his/her growth. If the environment is healthy, safe and stimulating, it promotes the person's health, well-being and quality of life.
- The environment can be harmful if it contains cumulative risk factors affecting health, well-being and quality of life; it can be threatening and constraining.

2. The OIIQ uses the term "significant other" in a broad sense, to designate any important person in the client's life.

Nursing

- Nursing contributes in a specific manner to the maintenance, restoration and improvement of a person's health, well-being and quality of life.
- Nursing takes into account the person's health history: to elicit this history, the nurse establishes a relationship with the client in which each partner can express his/her expectations.
- Nursing helps people assume their health-related responsibilities and mobilize their resources to maintain, restore or improve their health. Nursing also takes into account the environments in which clients evolve.
- Nursing helps people acquire adaptation mechanisms that will enable them to prevent or to overcome health problems and crisis situations.
- Nursing helps compensate for a person's deficits and guides the person as he/she adapts to a new health situation.
- Nursing helps the person learn how to increase his/her repertoire of personal resources with a view to assuming individual health care responsibilities and acquiring self-care skills.
- Nursing is stamped with humanism: the nurse promotes the rights of persons in her care and helps them in situations where their rights are violated.
- Nursing takes place in an interdisciplinary setting; it is offered in concert with services rendered by other health care professionals and community resources, with a view to ensuring a continuum of care and services.

Goal of Nursing Practice

Nursing practice aims to enable people (person, family, group or community) to take charge of their health, according to their capacities and to the resources available in their environment, regardless of their stage of life and regardless of the phase of their illness. Nursing practice also has the purpose of enabling persons to ensure their own well-being and to maintain a good quality of life.

Descriptive Statements

Seven categories of statements describe the various aspects from which the practice of nursing can be considered:

- 1** Nurse-client partnership
- 2** Health promotion
- 3** Prevention of disease, accidents and social problems
- 4** Therapeutic process
- 5** Functional rehabilitation
- 6** Quality of life
- 7** Professional commitment

The underlying principle of each descriptive statement is defined in terms of the foundations on which it rests. The statements describe anticipated client outcomes, elements of practice and organizational elements. Their presentation reflects the process that has been used for their development, starting from the expectations of clients and of their significant others.

These seven categories use the terms listed in the glossary on page 25.



Nurse-Client Partnership

All clients are responsible for their own health. When clients express a need or expectation, the nurse, taking into account their capacities, encourages them to mobilize their personal resources and those available in their environment. The nurse-client alliance is established through a relationship characterized by mutual respect and shared objectives.

PRINCIPLE

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients state that they are considered as unique persons and as partners in nursing care activities. Family members accompany the clients, if the clients wish it and when they feel the need. The clients state that they have received sufficient information on their health situation to make informed decisions. Clients participate in the planning of their care and treatment to the best of their abilities and make choices. They notice continuity and follow-up in the care and treatment activities. They are aware of certain resources within the health care setting that are available to them.	The nurse recognizes the uniqueness of clients as persons. She establishes a partnership with clients and helps the family participate in the care. This partnership is reflected in the nurse's approach, notably by her attentiveness and the way in which she responds to the needs and expectations expressed by the client. The nurse uses a nursing process to plan care and treatment activities with clients based on their needs and expectations. This planning includes measures to ensure the continuity and follow-up of nursing and medical care and treatment and is intended to help clients use their personal resources and those available in their environment.	The concepts of person, health, environment and nursing care are stated in writing. Family participation is encouraged. The family is invited to accompany the client. The means to take account of the client's needs and expectations and ensure follow-up on care and treatment (policies, documentation system for nursing care, etc.) are implemented.

Health Promotion

PRINCIPLE

All clients aspire to health and well-being. The nurse helps clients apply the choices they make while respecting their capacities, which may vary over time. The clients' choices are dependent upon their expectations, personal resources and the resources in their environment.



ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients adopt healthy living habits and make good use of their personal resources and those in their environment. They make choices that enable them to maintain or improve their health and well-being.	The nurse helps clients use and broaden their personal repertoire of resources to maintain or improve their health and well-being. She facilitates the exchange of health-related knowledge and helps clients make choices. The nurse acknowledges the health-related behaviours that clients have acquired and takes into account the way they learn.	Health promotion programmes are available.
Clients participate in activities that improve the quality of their environment and that help them adapt to any environmental constraints.	The nurse identifies, in co-operation with clients, the ways in which they can foster a healthy, safe and stimulating environment.	Implementation of environment enhancement initiatives proposed by nurses is facilitated.
Clients pass on to others the information they receive.	The nurse trains multiplying agents and chooses with clients the most relevant educational strategies.	Training activities for nurses are planned.



Prevention of Disease, Accidents and Social Problems

All clients face risks related to their state of health, living habits, life transitions or to the environment. The nurse helps clients identify potential problems related to these risks and helps clients adapt to actual problems so as to maintain their health and well-being.

PRINCIPLE

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients indicate the risk factors for their health and recognize their personal limitations. They identify living habits and factors likely to trigger infection, illness, accidents, crisis situations or violence. They apply preventive measures.	The nurse develops and applies, in co-operation with clients and other health professionals, programmes to prevent infections, disease, accidents, crisis situations or violence. She assesses risks for clients and, when she detects a risk situation, determines the appropriate preventive measures and screening, monitoring and follow-up procedures, in the therapeutic nursing plan.	Programmes to prevent infection, disease, accidents and social problems are available.
Clients are aware of the diagnostic measures they are undergoing for screening purposes. They know the vaccine administered.	The nurse decides whether there is a need for restraint measures to protect the client, after evaluating the other possible solutions and consulting the members of the interdisciplinary team as necessary. She determines the clinical monitoring parameters in the client's therapeutic nursing plan.	Nursing programmes for screening and responding to risk or crisis situations or violence are implemented in keeping with client needs and environmental risks.
	The nurse initiates diagnostic procedures for screening purposes and performs vaccinations as part of public health-related activities.	All written information on the application of prevention and nursing programmes is available to nurses (e.g. Quebec immunization protocol, the institution's protocol regarding restraint measures).

Prevention of Disease, Accidents and Social Problems (continued)

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients are aware of their personal resources and the resources in their environment to which they can turn in a stress, crisis or transition situation. They satisfactorily perform tasks related to their social roles.	The nurse helps clients become aware of their personal resources, informs them of the resources offered in their environment and helps them deal with their specific situation. She pays particular attention to clients who are vulnerable or at risk. In co-operation with other health professionals, the nurse engages in activities intended to correct practices and policies that may lead to health and social problems.	Written information is made available to clients. Nurses are offered training on the prevention of disease, accidents and social problems.



Therapeutic Process

PRINCIPLE

All clients who learn the diagnosis of their health problem need to be cared for, treated, informed, reassured and comforted. The nurse assesses their physical and mental state of health and, with the clients, determines the nursing care and treatment required to maintain, restore or improve their health or to help them die with dignity. She encourages clients to take part, to the best of their abilities, in the care and treatment stipulated in the nursing care and treatment plan, of which she ensures the realization. She provides clients with the assistance they require and, throughout the therapeutic process, takes into account their reactions.

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients describe their health situation in their own words and express their feelings about it. Clients state that they are reassured and comforted in the health care setting. Clients are aware of and co-operate in the nursing care and treatment they are receiving.	The nurse assesses clients' physical and mental state of health and determines the therapeutic nursing plan and the nursing care and treatment plan. She exhibits clinical skills and makes the appropriate decisions based on clients' situations. She ensures a therapeutic presence for each client and reassures them as required. The nurse informs clients of their state of health and of the care and treatment they will receive. The nurse provides nursing care and treatment, using the necessary invasive techniques. She determines the treatment plan for wounds and alterations of the skin and teguments and provides the required care and treatment. The nurse co-ordinates care and treatment activities for her group of clients, taking each client's priorities into account. She makes sure that clients receive the care and treatment stipulated for them in the nursing care and treatment plan, in accordance with the nursing therapeutic plan. The nurse teaches clients what they need to know and supports them as they learn.	The delivery system and the organization of nursing care allow for safe, efficient and effective delivery of care and treatment to clients through the optimal use of professional skills to attain the anticipated client outcomes. Nurses are provided with rules governing nursing care, nursing protocols, nursing care methods, policies or regulations concerning nursing care, as well as reference documents. A nursing care evaluation system is in place. This evaluation covers both the quality of nursing care and the quantity of nursing care required. Teaching programmes tailored specifically to the needs of various groups of clients are introduced, and a system to assess these programmes is put in place.

Therapeutic Process (continued)

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients who learn that they suffer from a condition with a bleak prognosis, that they are in the terminal stage of an illness or that death is imminent have the opportunity to express their emotions, feelings and desires. Family members who are experiencing a loss have the same opportunity.	The nurse knows the course of the disease, recognizes mourning or loss reactions in clients, and accompanies clients and their families. The nurse clarifies individual meanings of mourning or loss with clients and their families.	Care is organized so as to permit close support for people in the terminal stage of illness, for those who are dealing with a loss, and for their family members.
Clients are aware of and co-operate with the diagnostic measures, invasive examinations, diagnostic tests and medical treatment they are undergoing.	The nurse ensures that clients are aware of the diagnostic measures, invasive examinations and medical treatment they are undergoing. The nurse initiates diagnostic measures and performs invasive diagnostic examinations or tests, according to a prescription. The nurse provides and adjusts medical treatment, including medications, according to individual or collective prescriptions and any protocols in effect in the health care institution. The nurse intervenes in emergencies, crises and situations of violence, according to the clients' needs and the policies of the health care institution.	Collective prescriptions, medical protocols, rules or policies relating to medical care, medical treatment and drugs, as well as any appropriate reference materials, are made available to nurses. General guidelines on emergencies, crisis situations and violence, along with intervention methods and required materials, are made available to nurses.
Clients know the desired effects and side effects of drugs administered to them.	The nurse makes sure that clients know the desired effects and side effects of medications administered to them. The nurse evaluates the effects of care, treatment and medications that clients receive and checks with them about their reactions. She intervenes as the situation requires, makes the relevant clinical decisions and adjusts the therapeutic nursing plan as necessary.	Drug-related teaching programmes and documentation are made available to nurses and clients.

Therapeutic Process (continued)

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients co-operate in the various clinical monitoring methods and express their feelings about them.	The nurse monitors clients' physical and mental condition in order to track their progress and quickly detect any complication. She evaluates the effects of care and treatment administered, based on relevant parameters, including clinical monitoring data, and clients' reactions. She intervenes as necessary, depending on problems and risks detected, and adjusts the therapeutic nursing plan as required.	Equipment and tools for documenting nursing care are made available to nurses so as to ensure the clinical monitoring required by clients' condition, including the monitoring of relevant parameters. On-the-job training activities are implemented to simplify the use of this equipment and these tools.
Clients see continuity in the care and services they receive.	Depending on her field of practice, she participates in pregnancy care, deliveries and postpartum care.	Interdisciplinary consulting mechanisms are put in place.
Clients know why they are referred for consultation to another professional or directed toward another resource in the health care setting.	The nurse provides clinical follow-up for clients with complex health problems, by clinically assessing and monitoring their condition and adjusting the therapeutic nursing plan and, if applicable, medical treatment according to an individual or collective prescription. She takes an interdisciplinary approach for this purpose, in co-operation with clients, and liaises with the different departments, professionals and health care institutions concerned.	Case management and follow-up tools such as clinical paths are made available to nurses.
	The nurse records all the clinical information necessary to monitor clients' condition and ensure the continuity of care and treatment, including data relating to clinical assessments, problems identified, the therapeutic nursing plan and its adjustments, interventions and outcomes, as well as clients' reactions. She ensures that clients' records are kept up to date.	Reference documents are available to guide nurses' charting of their care activities.



Functional Rehabilitation

PRINCIPLE

All clients who experience limitations subsequent to an illness or accident can expand their self-care repertoire and enhance their well-being according to their capabilities. The nurse accompanies clients in their efforts to recover a new equilibrium and to adapt to their environment.

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients talk about their body image and self-esteem. After rehabilitation, they describe themselves as they really are. They list ways they can change their environment according to their needs.	The nurse helps clients to recover the equilibrium they seek and to adjust to their new self-image.	Policies allow clients to participate in their care, in accordance with the adopted conception of nursing.
Clients perform activities of daily living (ADL) and instrumental activities of daily living (IADL) despite the disabilities, deficiencies or handicaps caused by the illness or accident. They make plans to recover optimum functioning in a fixed period of time and with a view to self-actualization.	The nurse guides clients to help them or family members maximize their potential and recover their autonomy. She teaches clients means of ensuring their safety and well-being, and strategies that will allow them to perform activities of daily living. She facilitates clients' return to their natural environment or their arrival in a protected setting. She cooperates with various professionals in designing an interdisciplinary intervention plan.	Care and teaching programmes in functional rehabilitation, adapted to the needs of various client groups, are made available to nurses. Mechanisms are put in place to promote interdisciplinarity and to encourage dialogue between resources within the health care settings and the health care delivery network.



Quality of Life

PRINCIPLE

All clients strive for an optimum quality of life and have the right to have their values respected. The nurse encourages clients to use their personal resources and those of their environment to enhance their quality of life. She helps clients to express their needs in this respect and to give meaning to their health situation.

ANTICIPATED CLIENT OUTCOMES	ELEMENTS OF PRACTICE	ORGANIZATIONAL ELEMENTS
Clients state that they appreciate the care and treatment they have received and the fact that their conception of quality of life has been respected.	The nurse asks clients to specify the main criteria that define their quality of life, and takes these factors into account in her interventions. She uses clients' personal resources and takes into account the resources and constraints of their environment. She encourages the maintenance of natural support networks.	Control mechanisms are put in place to promote clients' quality of life.
Clients indicate the resources, both personal and environmental, that will help them improve their quality of life.	The nurse ensures that her interventions will enhance clients' well-being.	Evaluation tools are made available to nurses to enable them to determine client satisfaction with the care and treatment received.
Clients state that they feel supported and well cared for by nurses.	The nurse helps clients find meaning in the situation they are experiencing.	Courses on various values, cultures and religions are offered to nurses.
Clients explain their situation and describe the transformations they are undergoing (evolving being).	The nurse's conduct is compatible with the legal, moral and ethical imperatives of the nursing profession.	A code of ethics defining conduct that will ensure respect for client rights is made available to nurses, as are the <i>Code of Ethics of Nurses</i> and other legal documents related to the practice of nursing.
Clients express their satisfaction that their values and rights as health services users have been respected.	If clients request it, the nurse informs them of how to gain access to their files.	A description of how clients may gain access to their files is made available to nurses.
Clients who have made the request know how to gain access to their files.	The nurse supports clients in the defence of their rights and intercedes for them if necessary. She reminds clients of their health-related responsibilities.	
Clients understand their rights and responsibilities and feel supported in any procedures they undertake.		

Professional Commitment

PRINCIPLE

The nurse demonstrates that her professional practice is based on sound scientific knowledge that she updates continuously. The nurse is committed to her profession and exhibits solidarity with other nurses. She builds her professional identity through various nursing care and treatment activities. She recognizes the importance of interdisciplinarity and the need to co-operate with organizations within the community.



ELEMENTS OF PRACTICE

The nurse has a conception of the person, health, the environment and nursing; she pursues a goal in the practice of her profession and is able to describe that goal as well as the other elements of her conception.

The nurse is familiar with and respects the *Nurses Act*, and the *Code of Ethics of Nurses*, as well as the other acts and regulations governing her practice.

The nurse commits herself to continuous education and to updating her knowledge.

The nurse demonstrates in her practice that she:

- uses new knowledge;
- contributes to the development of new knowledge;
- helps renew care practices; and
- participates in nursing research projects or conducts research in nursing.

The nurse asserts her professional identity by:

- explaining her role to clients, the general public and various health care professionals;
- participating in various interdisciplinary committees that have repercussions on nursing; and
- participating in committees where her presence is requested (e.g., Council of Nurses)

The nurse exhibits leadership skills:

- within her profession, by initiating innovative nursing care approaches;
- within the health system, by contributing, with a view to interdisciplinary co-operation, to improving quality of care and services within the health care setting and the health care network; and
- within society, by explaining and demonstrating nursing's contribution to health.

The nurse co-operates with members of the health care team to ensure that clients constantly receive quality care.

In the practice of her profession, the nurse:

- collaborates with educational institutions and facilitates field work for students;
- helps to train nursing externs and candidates for the profession of nursing;
- shares her expertise and makes constructive comments to her nursing colleagues; and
- is proud of her profession.

The nurse is well informed about:

- the functioning of the health care system;
- the major problems affecting changes in health and welfare policies;
- the social situations affecting the health system (e.g., shortage of resources, aging population); and
- the progress of the discipline of nursing.

Together with members of the interdisciplinary team and health care institution administrators, the nurse participates in promoting legislative and social measures to improve health and social services (representations to amend or adopt health policies, draft bills, regulations, etc.).

The nurse acts responsibly, by:

- making sure that she has the necessary competencies before intervening in a clinical situation;
- using human, material and financial resources wisely; and
- taking into account her own health-related rights and obligations.

The nurse is responsible, at all times, for the care and treatment she administers to clients.

Application of Descriptive Statements with Regard to Public Protection

For purposes of professional inspection, the Bureau of the Ordre des infirmières et infirmiers du Québec has adopted essential criteria, defined on the basis of the application of the descriptive statements, with a view to protecting the public. These essential criteria are used to develop evaluation tools for use in professional inspection. Supervision of professional practice targets the client, the nurse and the organization, while the nurse is the main focus of specific inquiries into professional competence.

ESSENTIAL CRITERIA

THE CLIENT (ANTICIPATED OUTCOMES)

The client is exempt from:

- infections, accidents, pressure sores, abuse and violence directly related to nursing care;
- controllable pain.

The client states that he/she is informed, confident and safe with respect to:

- his/her environment;
- his/her health status;
- his/her care and treatment;
- the choices and decisions concerning his/her health.

THE NURSE (ELEMENTS OF PRACTICE)

In the practice of her profession, the nurse assumes her responsibilities relating to all aspects of her field of practice, in particular:

- assessing clients' physical and mental state of health;
- determining and adjusting the therapeutic nursing plan and ensuring that it is carried out;
- administering nursing and medical care and treatment;

and to the activities reserved to nurses under section 36 of the *Nurses Act*.

The nurse shows that she has the knowledge for her professional practice, in particular by making the appropriate clinical decisions.

In the practice of her profession, the nurse:

- takes the necessary means to ensure continuity of care;
- identifies and analyses risks to the safety of clients whether they are related to them or to the environment;
- takes the means to prevent harm to the client;
- evaluates the results following nursing interventions.

The nurse assumes her role in interaction with the other team members.

ORGANIZATION (ORGANIZATIONAL ELEMENTS)

Means are in place in the organization of nursing care to provide clients with safe care with respect to:

- the number and the quality of human resources required;
- the identification of dangerous situations and the corrective measures to be undertaken;
- the work organization and the care delivery system.

The nurse, within the organization, takes the means to maintain client safety.

Conclusion

This document proposes a renewed vision of nursing practice, a vision that emerges from clients' expectations and rests on foundations recognized by nurses. The descriptive statements (and the essential criteria derived from them) are in accordance with this vision and are in keeping with the present orientations of the professional system and the health and social services system. The OIIQ hopes that this outlook will be reflected in nurses' daily practice and that it will help them to recognize themselves as partners with their clients. The OIIQ also hopes that this document will help to explain what quality practice is and will support nurses in their commitment to assuming the various aspects of their role.

Nurses Act

R.S.Q., c. I-8, s. 36, modified by S.Q. 2002, c. 33, s. 12

36. The practice of nursing consists in assessing a person's state of health, determining and carrying out of the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care.

The following activities in the practice of nursing are reserved to nurses:

- 1) assessing the physical and mental condition of a symptomatic person;
- 2) providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan;
- 3) initiating diagnostic and therapeutic measures, according to a prescription;
- 4) initiating diagnostic measures for the purposes of a screening operation under the Public Health Act (chapter S-2.2);
- 5) performing invasive examinations and diagnostic tests, according to a prescription;
- 6) providing and adjusting medical treatment, according to a prescription;
- 7) determining the treatment plan for wounds and alterations of the skin and teguments and providing the required care and treatment;
- 8) applying invasive techniques;
- 9) participating in pregnancy care, deliveries and postpartum care;
- 10) providing nursing follow-up for persons with complex health problems;
- 11) administering and adjusting prescribed medications or other prescribed substances;
- 12) performing vaccinations as part of a vaccination operation under the Public Health Act;
- 13) mixing substances to complete the preparation of a medication, according to a prescription; and
- 14) making decisions as to the use of restraint measures.

36.1 Nurses may, if they are so authorized by regulations under subparagraph *b* of the first paragraph of section 19 of the Medical Act (chapter M-9) and under paragraph *f* of section 14 of this Act, engage in one or more of the following activities referred to in the second paragraph of section 31 of the Medical Act:

- 1) prescribing diagnostic examinations;
- 2) using diagnostic techniques that are invasive or entail risks of injury;
- 3) prescribing medications and other substances;
- 4) prescribing medical treatments; and
- 5) using techniques or applying medical treatments that are invasive or entail risks of injury.

Professional Code

R.S.Q., c. C-26, s. 39.4, introduced by S.Q. 2002, c. 33, s. 4

39.4 The field of practice of the members of an order includes disseminating information, promoting health and preventing illness, accidents and social problems among individuals and within families and communities to the extent that such activities are related to their professional activities.

Glossary

Anticipated client outcomes

Indices that reveal the effects of nursing care provided to individual clients or a category of clients. These indices include improvement of the clients' health, well-being and quality of life, and acquisition of new knowledge or self-care skills by clients. Satisfaction indices may also be considered as an anticipated outcome.

Client

Person (family, group or community) who solicits nursing in order to be cared for, treated, informed, reassured and comforted, and to acquire the skills required to maintain or improve health, well-being or quality of life.

Community

Grouping of persons with a common characteristic. Communities are generally defined in terms of three characteristics: a common geographical territory (neighbourhood, school), a common feature (religious beliefs, age) or a common problem (polluted waterway). Most members of a community may not know each other personally and may not have direct contact with each other.

Prevention of disease, accidents and social problems

Activities intended to reduce current or potential health risks (infections, accidents, suicide, crisis situations or violence, etc.). These risks may be related to living habits, transitions in life or to the environment.

Elements of practice

Interventions related to the nurse's field of practice, intended to maintain, restore or improve clients' health, or to help them die with dignity. These interventions include professional activities reserved to nurses under section 36 of the *Nurses Act* and related activities, information, health promotion and prevention of disease, accidents and social problems.

Family

Two or more people linked emotionally who define themselves as a family unit (nuclear family, extended family, single-parent

family, blended family). Each family is a social system with distinctive values, structural features and functions. This system evolves throughout the various stages of life.

Functional rehabilitation

Activities designed to help clients recover as quickly as possible the functions lost as a result of physical or mental illness, an accident or an addiction problem.

Group

Two or more people who communicate and identify with each other and are interdependent because of one or more common interests.

Health history

Events, facts, gestures or all information related to a person's (family, group or community) health and associated with the person's past or present situation.

Health problem

Difficulty that a person (family, group or community) must diminish or resolve in order to maintain or reach a state of equilibrium and evolve toward self-actualization.

Health promotion

Activities designed to help clients maintain or improve their health, well-being and quality of life.

Interdisciplinarity

Situation in which services provided for a person, family, group or community are offered by diverse healthcare professionals acting in collaboration. After jointly determining their common goals and objectives relating to the person, family, group or community, these professionals decide on solutions and interventions, their priority, and how their respective roles and activities are to be shared in light of their specific disciplines.

Interdisciplinary intervention plan

Plan that includes the interventions planned jointly by members of the multidisciplinary team, to meet clients' care and support needs during an episode of care.

Glossary (continued)

Natural support network

Group of persons surrounding an individual and providing him/her with emotional, cognitive and material support. This network comprises significant others such as relatives, neighbours, friends, teachers, guardians, foster family members, etc.

Nursing care and treatment plan

Plan that includes all the nursing care and treatment, prescribed medical care and treatment and other interventions whose implementation is planned and ensured by the nurse.

Nursing process

Methodical approach that can be applied to nursing; it includes data collection and interpretation, planning and implementing of interventions as well as the evaluation of the fulfillment of objectives (or anticipated outcomes).

Organizational elements

External factors that contribute to the quality of the practice of nursing, in particular human and material resources, the health care facility's nursing policies, rules governing nursing care and other support mechanisms for nursing practice.

Partnership

Alliance between two or more persons who share a common objective, determined by mutual agreement. Clients and nurses are partners with regard to maintenance and improvement of clients' health; even when clients are going through a particular transitional stage of their life or experiencing health problems that make them vulnerable, they remain active partners.

Professional commitment

Behaviour of a nurse who is aware that she belongs to a profession, to a service network and to a society. The nurse must use her scientific knowledge and her art to serve her fellow citizens, the clients of the health network and her colleagues in nursing and in other disciplines.

Quality of life

Clients' view of their health and well-being, i.e. as perceived and experienced by them. Interventions intended to maintain or improve quality of life are evaluated based on the degree of clients' physical and psychological well-being, their degree of autonomy, feeling of security and the extent to which they achieve self-actualization. The assessment of the quality of life must take into account clients' personal resources, those found in their natural support network and those found in the environment.

Self-care

A person's (family, group or community) capacity to perform activities that best satisfy his/her health needs as well as those of family and friends.

Therapeutic nursing plan

Recorded in the client's file, the therapeutic nursing plan is determined and adjusted by the nurse on the basis of her clinical assessment. It provides an evolving clinical profile of the client's priority problems and needs, and states the nursing directives issued for the client's clinical follow-up, particularly as regards clinical monitoring, care and treatment. The therapeutic nursing plan covers the continuum of care and services and may encompass more than one episode of care.

Therapeutic process

Nursing care and treatment activities intended to help clients deal with reactions associated with illness or diagnosis, along with activities designed to support them as they restore their health or to help them die with dignity. These activities include diagnostic and therapeutic activities initiated or performed by the nurse according to a prescription, as well as activities aimed at helping or encouraging clients to participate in the care and treatment required by their state of health.

Well-being

Subjective and multidimensional experience as a result of harmony between a person's aspirations, health-promoting behaviours and environmental conditions.

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