

College of Registered Nurses of Alberta

Draft Code of Ethics

Code of Ethics and Professional Conduct

Month Year

DRAFT CODE OF ETHICS

Approved by the College of Registered Nurses of Alberta (CRNA) Council, **Month Year**.

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Purpose

The purpose of the *Code of Ethics and Professional Conduct* (the Code) is to protect the public by promoting safe nursing practice. Registrants of the CRNA provide safe, competent and ethical care and demonstrate that by being responsible and accountable for their practice, maintaining professionalism, competence and ethical behaviour.

The Code describes accountabilities registrants have to clients, employers, colleagues and the public. The Code applies to all registrants and regardless of the method they use to deliver professional services, such as in person or through technology.

Registrants are expected to use the Code along with other CRNA standards of practice and guidance.

Expected Outcome

Clients can expect registrants to meet the core behaviours in their professional practice. This includes putting clients at the centre of nursing care, ensuring care is safe, compassionate, equitable and discrimination free.

Principles

1. Registrants respect clients' dignity.
2. Registrants provide inclusive and culturally safe care by practicing **CULTURAL HUMILITY**¹.
3. Registrants provide safe and competent care.
4. Registrants work respectfully with the health-care team.
5. Registrants act with integrity in clients' best interest.
6. Registrants maintain public confidence in the nursing profession.

¹ Words and phrases displayed in **BOLD CAPITALS** upon first mention are defined in the Glossary.

Core Behaviours

Registrants meet the six principles of the Code and are expected to model the following core behaviours. Registrants

1. are **TRUTHFUL** in their professional practice;
2. identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of clients in their care;
3. promote healthy relationships with clients, essential care partners and members of the health-care team by managing and resolving conflict for best client care;
4. treat clients with respect, empathy and compassion;
5. provide **CLIENT-CENTRED CARE**, prioritizing clients' health and well-being in the therapeutic relationship;
6. maintain clients' privacy and dignity;
7. obtain **INFORMED CONSENT** from clients, or from their **DECISION MAKER(S)** when clients are unable to do so;
8. uphold their duty to provide care and do not abandon clients whom they have a commitment to provide care;
9. in cases of **CONSCIENTIOUS OBJECTION**, provide safe, competent and ethical care to those clients until other arrangements are in place;
10. self-reflect and identify how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic relationship and relationships with health-care team members or others;
11. seek feedback from clients, the health-care team and others to evaluate their own behaviour and culturally safe practice;
12. recognize that identity factors and **PERSONAL ATTRIBUTES**, including those identified in the *Alberta Human Rights Act (2000)*, may impact clients and health-care team members, their lived experiences and perspectives on nursing and health care;
13. recognize the role of history, society and past traumatic experiences (e.g., slavery and colonization), and their impacts in shaping health, well-being and health-care experiences (First Nations Health Authority, n.d.);
14. actively listen to and seek to understand clients' experiences;
15. address clients and health-care team members by their preferred name, title and pronoun;
16. assess clients to determine their risk for **HEALTH INEQUITIES** and take steps to ensure the best client outcomes;

17. do not allow stereotypes or assumptions to influence decision-making and interactions with clients and health-care team members;
18. take action to prevent and respond to discrimination against clients;
19. strive to protect clients from any type of harm, neglect or abuse. Registrants take action to stop, **REPORT** and refrain from unsafe, incompetent, unethical or unlawful practice;
20. undertake continuous education in many areas to provide culturally safe care, including Indigenous health care, **DETERMINANTS OF HEALTH, CULTURAL SAFETY**, cultural humility and **ANTI-RACISM**;
21. recognize and work within the limits of their scope of practice and their knowledge, skill and judgment;
22. identify when clients' therapeutic needs are outside of their scope of practice or individual competence and support or refer clients to seek services from the appropriate health-care professionals;
23. seek and use the best available evidence to inform their practice;
24. use their knowledge, skill and judgment while engaged in professional practice, collaborating with clients, essential care partners and other members of the health-care team regarding care plans, implementation, and evaluation;
25. use **TRAUMA AND VIOLENCE-INFORMED APPROACHES** to care for clients, and when interacting with essential care partners and members of the health-care team;
26. use critical thinking, exercising reasonable judgment and set justifiable priorities in practice;
27. conduct research ethically and within legal boundaries (e.g., privacy laws), including placing clients' well-being above all other research objectives;
28. when working with students, place clients' safety and well-being above all other objectives, including fulfilling educational obligations;
29. respond to clients' needs in a timely manner. When timely care is not possible, registrants explain to clients the reasons for delay and take steps to avoid or limit client harm;
30. advocate for and support clients in accessing timely health care that meets clients' needs;
31. ensure the use of technology and scientific advances do not replace or diminish human relationships, are compatible with the safety, dignity, and rights of people (International Council of Nurses, 2021);
32. demonstrate professionalism and treat all clients and health-care team members with respect in all contexts, including on social media;

33. collaborate and communicate professionally, clearly, effectively and in a timely manner with clients, essential care partners and the health-care team to provide safe client care;
34. uphold professional conduct at all times, including demonstrating professionalism in their interactions and co-operations with the CRNA;
35. respect the property of their clients, health-care team members and employers;
36. support, mentor and teach health-care team members, including students;
37. only direct health-care team members to perform nursing practice or an intervention they are educated or competent to perform;
38. provide and accept feedback from clients and the health-care team to support therapeutic client outcomes and effective team performance;
39. advocate for and contribute to a safe organizational culture, including psychological safety;
40. fairly divide and advocate for resources. Registrants objectively coordinate care, based on health-related needs;
41. participate and advocate to improve the quality of their practice setting to support safe client care;
42. maintain current registration with the CRNA;
43. are accountable for their own decisions, actions and related outcomes;
44. understand and practice in compliance with relevant laws, standards of practice, code of ethics and regulatory guidance, and follow employer requirements relevant to the practice setting;
45. in independent practice establish their own policies and ensure adherence;
46. question and report policies and procedures inconsistent with therapeutic client outcomes, best practices and safety standards;
47. take accountability for their errors, report and learn from them;
48. report **UNPROFESSIONAL CONDUCT** to the appropriate person, agency or regulatory college, whether or not harm has occurred;
49. self-reflect, identifying learning needs in their practice and engage in continuous learning to maintain and improve their competence;
50. articulate RN and NP contributions to the delivery of health-care services; and
51. do not publicly communicate health care statements that contradict the best available evidence.

Glossary

ANTI-RACISM – “Any approach that reduces power differences by benefitting minority racialized groups and/or disadvantaging dominant racialized groups” (Paradies, 2005 as cited in Reading, 2014).

CLIENT-CENTRED CARE – “Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions” (Institute of Medicine, 2001 as cited in Doktorchik et al., 2018).

CONSCIENTIOUS OBJECTION – A situation where a registrant communicates promptly and respectfully where a treatment or procedure conflicts with their own personal, moral or religious beliefs (freedom of conscience and religion).

CULTURAL HUMILITY – An unending process where health-care providers engage in self-reflection and self-critique to minimize power differentials between them and their clients. It helps clinicians build skills to understand a client’s cultural context through the client’s perspective and emphasizes the importance and value of others’ perspectives and cultures (Zinan et al., 2021; Virkstis et al., 2021).

CULTURAL SAFETY – An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority et al., 2021).

DECISION MAKER(S) – A person who can give informed consent for treatment or procedure. A decision maker may be an alternate decision maker, co-decision maker or specific decision maker. The type of decision maker is outlined in employer requirements according to applicable legislation.

DETERMINANTS OF HEALTH – The broad range of factors that determine individual and population health such as a person’s individual characteristics and behaviours, the social and economic environment, and the physical environment (Government of Canada, 2024).

HEALTH INEQUITIES – Differences in health status or in the distribution of health resources among different population groups due to the social conditions in which people are born, grow, live, work and age (World Health Organization, 2018).

INFORMED CONSENT – For consent to be informed, the registrant must explain the intervention, including alternative options, as well as risks and complications. Consent must be voluntary and cannot be coerced from the client through undue influence or intentional misrepresentation.

PERSONAL ATTRIBUTES – Qualities or characteristics unique to a person (College of Nurses of Ontario, 2023). As reflected in the *Alberta Human Rights Act* (2000), this includes race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation.

REPORT – The legal and organizational requirement to disclose safety issues related to health-care professionals' individual practice, or issues impacting practice settings.

TRAUMA AND VIOLENCE-INFORMED APPROACHES – Policies and practices regarding the provision of services and programming that include a violence-informed approach, work to minimize harm to victims of violence, and aid in healing and justice (Ponic et al., 2016).

TRUTHFUL – Speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information (College of Nurses of Ontario, 2023).

UNPROFESSIONAL CONDUCT – Means “unprofessional conduct” as defined in Section 1(1)(pp) of the *Health Professions Act* (2000, pp. 13-15).

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