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### Scope of Nursing Practice; Series I; File 133

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#133 Scope of  
Nursing Practice

AMERICAN NURSES' ASSOCIATION

SCOPE OF NURSING PRACTICE

The 1985 House of Delegates of the American Nurses' Association directed ANA's Cabinet on Nursing Education, Cabinet on Nursing Practice, and Cabinet on Nursing Services to jointly delineate the future scope of practice for persons educated with a baccalaureate or higher degree in nursing and for those educated with an associate degree in nursing. The Task Force on Scope of Practice was formed to address the charge of the House of Delegates. This document constitutes the report of that task force.

In its deliberations, the task force perceived the concept of "scope" of practice to be different from the concept of the "nature" of nursing. The task force concluded that the nature of nursing and its unique contribution to society had been described in Nursing: A Social Policy Statement (ANA, 1980).

The social policy statement describes the nature of nursing as complex and highly interactive, and asserts that society has historically understood nursing to be a non-invasive, nurturing discipline, focused more on creating the physiologic, psychological, and sociocultural environment in which the patient can gain or maintain health or heal than on the diagnosis and treatment of disease.

The task force also noted that other ANA documents had described the nature of nursing as a scholarly discipline (Statement on Nursing Care Research, unpublished), the nature of nursing education (Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper, 1965), the nature of nursing administration (Standards for Organized Nursing Services, 1982, New Organizational Models and Financial Arrangements for Nursing Services, 1986), the nature of specialization (Nursing: A Social Policy Statement, 1980), and Developing a Coordinated System of Certification for Nursing, unpublished).

The task force decided that this document, the ANA statement on the scope of nursing practice, ought to focus exclusively on the dynamic scope of the clinical practice of nursing. The characteristics of that scope of clinical practice are defined in this report.

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## The Single Scope of Clinical Nursing Practice

There is one scope of clinical nursing practice. The core, or essence, of that practice is the nursing diagnosis and treatment of human responses to health and to illness. This core of the clinical practice of nursing is dynamic, and evolves as patterns of human response amenable to nursing intervention are identified, nursing diagnoses are formulated and classified, nursing skills and patterns of intervention are made more explicit, and patient outcomes responsive to nursing intervention are evaluated.

## Differences Between the Technical and Professional Practice of Nursing

The depth and breadth to which the individual nurse engages in the total scope of the clinical practice of nursing are defined by the knowledge base of the nurse, the role of the nurse, and the nature of the client population within a practice environment. In the future, these same characteristics will differentiate the professional and technical practice of nursing.

## Knowledge Base of the Nurse

Differences between the knowledge base for professional and technical nursing practice are both quantitative and qualitative. Education for professional practice is provided within baccalaureate or higher degree programs with a major in nursing. Set within the framework of liberal education, these programs provide for the study of nursing theory within the context of related scientific, behavioral, and humanistic disciplines. Graduates of professional programs have the knowledge base requisite for additional formal education in specialized clinical practice, nursing research, nursing administration, and nursing education.

Graduates of professional programs are prepared to engage in the full scope of the clinical practice of nursing. They must be educated to understand the various modes of nursing inquiry, know the principles of scientific investigation, and be able to synthesize relevant information and make clinical inferences. They must know how to project patient outcomes, establish nursing plans of care to achieve those outcomes, and evaluate the patient's response to nursing intervention. They must apply nursing theory to the assessment, diagnosis, treatment and evaluation of human responses to health and illness in both the individual clinical situation and the broader community setting.

Education for the technical practice of nursing is provided in community colleges or other institutions of higher education qualified to offer the associate degree in nursing. Set within the framework of general education, these programs provide for the study of nursing within the context of the applied sciences. Clinical content is empirical in nature and focuses on skills, facts, demonstrated relationships, and experientially verified observations.

Graduates of associate degree programs are prepared to engage in the technical aspects of the clinical practice of nursing. They must have the knowledge base to apply a circumscribed body of established nursing principles and skills. They must be educated to understand patient problems from a

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biological, social, and psychological perspective, and to use a problem-solving approach to the health care of individuals and their families in a variety of organized nursing service settings.

## Role of the Nurse

Professional nurses in clinical practice function as direct care givers in both institutional and community settings. In addition, professional nurses function as clinical specialists, as patient care managers, as clinical educators, as clinical researchers, and as case managers or coordinators of patient care services within the broader health service system. Professional nurses collaborate with health care colleagues and provide direction to the technical nurse.

Professional nurses develop nursing policies, procedures, and protocols and set standards of practice for nursing care for all client populations in all practice settings. Professional nurses assess human responses to health and illness, formulate nursing diagnoses, explicate nursing intervention, direct and evaluate nursing practice.

Technical nurses function primarily as direct care givers within organized nursing services and use a problem-solving approach to the care of individuals and their families in institutional and community settings. Technical nurses use policies, procedures, and protocols developed by professional nurses in implementing an individual's plan of care. Technical nurses are accountable for practicing within these guidelines.

## Nature of the Client Population Within the Practice Environment

The scope of clinical practice in which the professional nurse may engage is limited only by the depth and breadth to which the profession has evolved, and is not further limited by the nature of the client population or the practice environment.

The scope of clinical practice in which the technical nurse may engage is limited to the application of the circumscribed body of nursing principles and skills established by the profession for defined patient populations.

Technical nurses practice in settings in which nursing is controlled through mechanisms such as organized nursing services, professional nursing staff structures, and professional nursing standards, policies, procedures, and protocols.

## Professional and Legal Regulation of Practice

Nursing, like other professions, is accountable for ensuring that its members act in the public interest by providing the unique service society has entrusted to them. The process by which the profession does this is called professional regulation, or self-regulation. Nursing regulates itself by defining its practice base, providing for research and development of that practice base, establishing a system for nursing education, establishing the structures through which nursing services will be delivered, and providing quality assurance mechanisms such as a code of ethics, standards of practice,

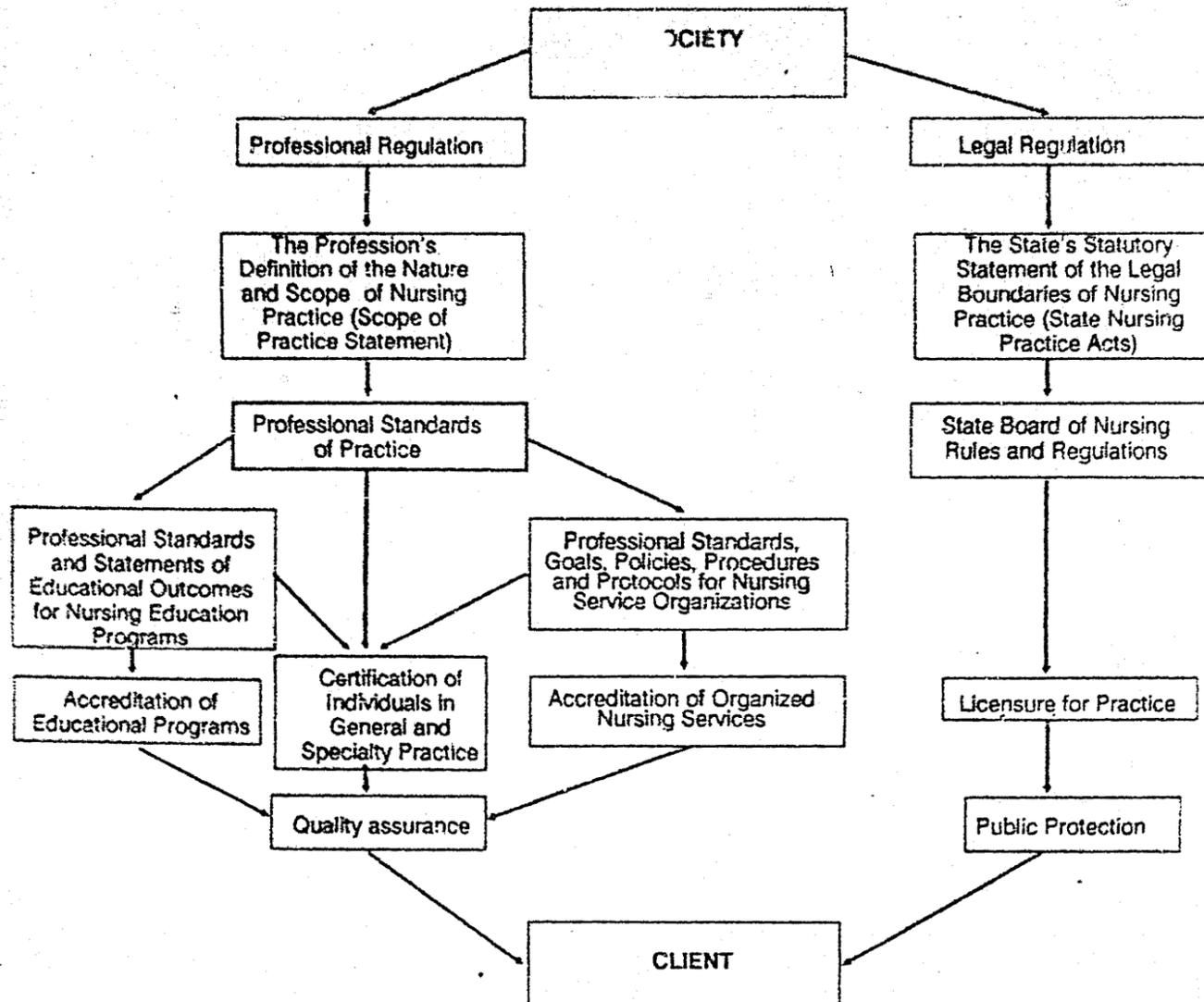
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structures for peer review and a system of credentialing. Professional nursing is accountable to derive standards of practice for defined patient populations in specific practice environments.

The legal contract between society and the recognized professions is spelled out in statute. Legal regulation is the process by which the state attests to the public that the individual licensed to practice is at least minimally competent to practice.

Figure I illustrates the parallel relationships of the component parts of professional and legal regulation.

FIGURE I  
PROFESSIONAL AND LEGAL REGULATION OF NURSING PRACTICE



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The professional regulation of nursing practice is based on the profession's definition of the nature and scope of nursing practice. Professional standards evolve from the scope of nursing practice. Standards provide the framework for the development of competency statements as well as for statements of educational outcomes and standards for organized nursing services. The profession also uses its standards in the accreditation and certification processes that lead to quality assurance for the client.

The legal regulation of nursing practice is based on the definition of nursing in nursing practice acts. Legal boundaries are derived from this definition of nursing and are used to provide the basis for interpretation of the safe practice of nursing. Rules and regulations evolve from these acts and are the guidelines used by state boards of nursing to issue licenses and ensure the public safety. The statutory definition of nursing needs to encompass the profession's definition of its practice base, and to be general enough to provide for nursing's dynamic nature and evolving practice but specific enough to differentiate the professional and technical practice of nursing and to differentiate nursing from other statutorily regulated health professions.

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Adopted by the 1987 ANA House of Delegates

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## APPENDIX

### HISTORICAL OVERVIEW

Following a request by its 1964 House of Delegates, the American Nurses' Association identified two categories of nursing practice and delineated the educational preparation for each category, with the minimum preparation for beginning professional nursing practice being baccalaureate education in nursing, and the minimum preparation for beginning technical nursing practice being associate degree education in nursing. The 1965 document presenting these concepts was Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper.<sup>1</sup>

The 1978 House of Delegates charged the association with deriving a comprehensive statement of competencies for the two categories of nursing practice.<sup>2</sup> The Commission on Nursing Education formed the Ad Hoc Competency Work Group, which gave the 1980 House of Delegates a lengthy report listing selected competencies for baccalaureate-prepared and associate degree-prepared nurses, and making recommendations.<sup>3</sup> The 1980 House of Delegates resolved that a progress report on the development of a comprehensive statement of competencies should be presented to the 1982 House of Delegates.<sup>4</sup> The Commission on Nursing Education received a report from the Ad Hoc Competency Work Group in November 1981. The commission decided that "further efforts to describe nursing roles from a competency base could best be done in the practice setting. . . . Attempting to define nursing practice from a competency base instead of an educational base has not served to clarify two kinds of nursing practice."<sup>5</sup>

In 1984 and 1985, ANA reaffirmed the educational bases and established titles for two categories of nurses in the future. The educational bases are baccalaureate and associate degree preparation in nursing; the titles are registered nurse and associate nurse; the categories are professional and technical nursing practice.

The 1985 House of Delegates directed the Cabinets on Nursing Education, Practice, and Services to collaborate in developing scope of practice statements for future professional and technical nurses. The Task Force on Scope of Practice was appointed, consisting of representatives from the three cabinets and a consultant from the National Commission on Nursing Implementation Project. An informational report on the task force's progress, "Scope of Practice for Technical and Professional Nursing," was presented to the 1986 House of Delegates by the Cabinet on Nursing Education.

Several meetings were held in 1985, 1986, and 1987 to determine areas of agreement vis-a-vis the nursing profession's scope of practice on the part of the various sectors of organized nursing. For example, in 1985 and 1987, ANA representatives met with representatives of the National Federation of Licensed Practical Nurses to clarify both organizations' positions regarding titling and licensing for nursing practice.

In 1986, chairpersons of all ANA cabinets met with the National League for Nursing's council chairpersons to plan for the implementation of two levels of nursing practice. In 1987, representatives of ANA, NLN, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, and the National Commission on Nursing Implementation Project and

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the chair of the ANA Task Force on Scope of Practice met to consider common organizational understandings vis-a-vis scope of practice. Representatives of ANA, NLN, and the National Council of State Boards of Nursing met to consider the implications of the profession's definition of its clinical scope of practice for licensure examinations.

Information upon which to base the statement on the scope of practice has been collected, analyzed, and shared. All ANA cabinets, state nurses' associations, participants in the Nursing Organization Liaison Forum, and other key nursing organizations participated in the field review of the scope of nursing practice statement. The National Commission on Nursing Implementation Project collected information developed by state nurses' associations, ANA, NLN, AONE, NFLPN, and other organizations and groups regarding categories of nursing practice, and conducted an initial content analysis of the statements of competencies of nurses prepared with a baccalaureate in nursing and those with an associate degree in nursing. The American Association of Colleges of Nursing conducted a two-year project to define the essential elements of college and university education for professional nursing. The documents developed by these projects were shared with the relevant ANA cabinets and were instrumental in the task force's development of this scope of practice statement.

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- 3 American Nurses' Association. Summary of Proceedings: 1980 Convention. Kansas City, Mo.: the Association, 1981, 275-288.
- 4 Ibid., 85.
- 5 American Nurses' Association. Summary of Proceedings: 1982 Convention. Kansas City, Mo.: the Association, 1983, 96.

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TASK FORCE ON SCOPE OF PRACTICE

Gail Harkness, Dr.P.H., R.N., Massachusetts, chairperson, representing the Cabinet on Nursing Education

Mary Griffith, M.N., R.N.,C., Idaho, representing the Cabinet on Nursing Practice

Russell E. Tranbarger, M.S., R.N., C.N.A.A., North Carolina, representing the Cabinet on Nursing Services

Vivien DeBack, Ph.D., R.N., Wisconsin, consultant, project director of the National Commission on Nursing Implementation Project

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Nursing Practice

**American Nurses' Association, Inc.**

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Margaret M. Stynes, Ed.D., R.N., FAAN  
President

Judith A. Ryan, Ph.D., R.N.  
Executive Director



Washington Office  
1101 14th Street, N.W.  
Suite 200  
Washington, D.C. 20005  
(202) 789-1800

FOR YOUR INFORMATION

JUN 6 1988

**TO:** Presidents  
Executive Directors  
State Nurses' Associations  
  
ANA Cabinets  
  
ANA Council Executive Committees

**FROM:** The Cabinet on Nursing Practice

**DATE:** May 31, 1988

**RE:** "Implementation of Orders by Registered Nurses"

Enclosed is a copy of the above-named statement provided for your information. This statement was prepared in response to requests from the field for guidance when faced with orders by paraprofessionals or non-nurses.

MG/LSC:llc:064  
5/31/88

Enclosure

# #133 Scope of Nursing Practice

## AMERICAN NURSES' ASSOCIATION

### Implementation of Orders by Registered Nurses

#### PROBLEM

The association periodically issues papers to respond to areas of concern brought to its attention by constituent state nurses' associations or on issues of public interest. This paper responds to the concern from nurses about orders from others for patient care. The paper specifically addresses the issue of autonomy and the need for nurses to control their practice.

The practice of nursing often involves the collaborative relationship with other members of the health team. In a collaborative relationship, functions and activities sometimes overlap. Where collaborative problems exist, "nurses monitor to detect their onset/status and collaborate with medicine for their treatment."<sup>1</sup> "Direct communication between the registered nurse and the physician is preferred, although there may be those unusual circumstances in which the physician is unable to communicate directly with the nursing staff."<sup>2</sup>

As electronic communications have increased and as the health care system has grown in complexity and physical size, the ability of the nurse and the physician to communicate directly has been impaired. Alternative methods of communication have evolved and include such things as standing orders and policies which allow telephone orders which must be signed within a given time frame.

Added to these physical barriers between direct nurse-physician communication is the physician's assistant. Registered nurses are encountering difficulties determining if a physician's assistant is initiating or transmitting an order, and in some instances, the registered nurses are questioning the appropriateness of the order. In other situations, nurses in advanced practice have had their own orders changed by the physician's assistant, with no indication that the physician supervising the physician's assistant was aware of the suggested change.

#### Relevant Principles

"Collaboration means true partnership in which the power of both sides is valued by both with recognition and acceptance of separate and combined spheres of activities and responsibility, mutual safeguarding of the legitimate interests of each party, and a commonality of goals that is recognized by both parties. This is a relationship based upon recognition that each is richer and more truly real because of the strength and uniqueness of the other."<sup>3</sup>

Registered nurses are licensed professionals who practice is authorized by law. Nurses are accountable to their clients and families for maintaining standards of practice. The law does not place the nurse under the direct supervision of any health discipline.

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#### Structured Process

In late 1986, the Board of Registered Nursing in California responded to inquiries regarding the registered nurse's responsibility for implementing an order when the legal authority for the order is not clear or when the appropriateness of the order is questioned. The board developed guidelines which they expect competent registered nurses to follow.<sup>4</sup> The guidelines include the following points.

##### Assessment

The registered nurse is to assess all orders before implementation and determine if the order is as follows:

- . In the client's best interest
- . Initiated by a person legally authorized to give direction for client care in their state
- . In accordance with all applicable statutes, regulations, and agency policies

##### Action

If the criteria are met, the nurse may implement the order or delegate implementation to the appropriate person(s). If the criteria are not met or if there is any confusion, doubt, or misunderstanding about the order, the registered nurse is to seek clarification from available resources. These may include, but are not limited to, the initiator of the order, the nursing supervisor, the attending physician, or other authorized medical officer.

The directive advises that the nurse should act as the client's advocate by challenging, and if appropriate, changing decisions or activities which, in the nurse's judgment, are not in the client's best interest.

##### Nursing Administrators

It is crucial that nursing supervisors and administrators support the nurse in not implementing an order which is not clearly in the client's best interest. There should be written policies and procedures which define the process and channels of communication for the challenging and changing of orders by registered nurses.

Approved by the Cabinet on Nursing Practice

3/3/88  
(Date)

LC:bb:097  
05/31/88

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