Effective June, 5 2023

Practice Standard

Code of Conduct

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

CONTENTS

Purpose: To protect the public by promoting safe nursing practice

Code of Conduct Pub. No. 49040

ISBN 978-1-77116-127-5

First published in 2019. Revised 2022.

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Ce fascicule existe en français sous le titre : *Code de conduite,* n° 59040

What is the Code of Conduct?

The College of Nurses of Ontario (CNO) protects the public by promoting safe nursing practice. One way we do this is by developing standards of practice for all nurses in Ontario.

The Code of Conduct (Code) is a practice standard describing the accountabilities all nurses registered in Ontario have to clients, employers, colleagues and the public. It explains what people can expect from nurses. The Code also describes what nurses must do to maintain professionalism, competence and ethical behaviour to deliver safe client care. All nurses (Registered Nurses, Registered Practical Nurses, and Nurse Practitioners) are expected to uphold this practice standard, regardless of their role, title or responsibility.

To maintain public trust and confidence in the nursing profession's integrity and care, the Code outlines safe and ethical practice requirements based on current evidence. The Code is also informed by legislation, such as the *Ontario Human Rights Code* and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action (2015)*.

The Code puts clients at the centre of **nursing care** and includes principles of diversity, equity and inclusion to ensure client care is safe, compassionate, equitable and discrimination free.

Throughout the Code, we use the word "**client**" broadly, to include individuals, substitute decision-makers, families, caregivers, groups, communities and populations who receive nursing care.

Nurses are expected to use the Code along with other CNO practice standards. The Code applies to any method a nurse uses to deliver health care services, such as in-person, virtually or by telephone.

CNO considers the Code in regulatory processes and in reviewing the practice of nurses such as in Quality Assurance and Professional Conduct processes. Nursing practice is considered in its working context and circumstances.

The 2019 version of this document was adapted with the permission of the Nursing Council of New Zealand from the Council's *Code of Conduct for Nurses* (2012). This document is a substantial revision of the previous adaptation.

A glossary of **bolded** terms is provided at the end of this document.

Principles of the Code

The Code consists of six principles:

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

Each principle is supported by a set of statements of core behaviours all nurses are accountable for. All principles have equal importance and work together to describe the conduct, behaviour, and professionalism necessary for safe and ethical nursing practice in Ontario.

PRINCIPLE 1

Nurses respect clients' dignity

In this principle, nurses work together with clients with respect and sensitivity to client needs. To do this, nurses are expected to model the following core behaviours:

1.1 Nurses treat clients with respect, empathy and compassion.

1.2 Nurses prioritize clients' health and well-being in the **therapeutic nurse-client relationship**.

1.3 Nurses act in clients' best interests by respecting their care preferences, choices and decisions.

1.4 Nurses respect clients' rights and involve and support clients in making care decisions.

1.5 Nurses listen and respond to clients' concerns by collaborating with clients and any person or community the client wants involved in their care.

1.6 Nurses maintain clients' privacy and dignity, regardless of where the client receives care or of its mode of delivery. This includes after the nurse-client relationship ends.

1.7 Nurses communicate to clients, clearly and timely, the care details they propose to offer.

1.8 Nurses obtain **informed consent** from clients, or from their **substitute decision-makers** when clients are unable to do so, as set out in CNO's *Consent* guideline and the *Health Care Consent Act, 1996*.

1.9 Nurses identify when their own personal beliefs conflict with a client's care plan, and provide safe, compassionate and timely care to those clients, until other arrangements are in place.

PRINCIPLE 2

Nurses provide inclusive and culturally safe care by practicing cultural humility

In this principle, nurses demonstrate cultural humility through **self-reflection** and evaluating their own behaviour. They advocate for equitable and culturally safe care that is free from discrimination. This includes understanding how personal attributes and societal contexts, such as disabilities, sexual identity, anti-Indigenous and anti-Black racism, influence client care. To achieve this principle, nurses are expected to model the following core behaviours:

Self-reflection

2.1 Nurses self-reflect on and identify how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic nurse-client relationship.

2.2 Nurses do not act on any stereotypes or assumptions they may have about clients.

2.3 Nurses seek feedback from clients, the health care team, and others to evaluate their own behaviour and culturally safe practice.

Creating safer health care experiences

2.4 Nurses recognize that many identity factors and **personal attributes**, including those identified in the *Ontario Human Rights Code*, may impact a client, their lived experience and perspective on health care.

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2.5 Nurses assess and strive to meet clients' language, cultural and communication needs in ways clients understand.

2.6 Nurses ask clients if they are open to sharing their lived experiences.

2.7 Nurses address clients by their preferred name, title and pronoun.

2.8 Nurses actively listen to and seek to understand the client's lived experiences.

2.9 Nurses assess clients to determine their risk for **health inequities** and take steps to ensure the best client outcomes.

2.10 Nurses give care that focuses on clients' resilience and strengths. Nurses work with clients to achieve their health and wellness goals.

2.11 Nurses take proper action to prevent discrimination and when they observe or identify discrimination against a client.

2.12 Nurses participate and advocate for culturally safe and inclusive practice environments.

Training and education

2.13 Nurses continually seek to improve their ability to provide clients culturally safe care.

2.14 Nurses undertake continuous education in many areas, including Indigenous health care, **determinants of health**, cultural safety, **cultural humility** and anti-racism.

The subheadings in Principle two and statements 2.1, 2.6, 2.9 and 2.11 are adapted from BCCNM's *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard (British Columbia College of Nurses and Midwives, 2022).

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PRINCIPLE 3

Nurses provide safe and competent care

In this principle, nurses work within the limits of their legal scope of practice, education, experience, knowledge, skill and judgment to ensure safe and competent nursing care. To do this, nurses are expected to model the following core behaviours:

3.1 Nurses identify themselves to clients consistent with CNO's public register, using their name, title (RN, RPN, NP) and their role within the health care team.

3.2 Nurses recognize and work within the limits of their legal **scope of practice** and their knowledge, skill and judgment.

3.3 Nurses identify when clients' therapeutic needs are outside of their legal scope of practice or individual competence and support clients to seek services from the proper health care professionals.

3.4 Nurses seek and use the best available evidence to inform their practice.

3.5 Nurses conduct research ethically, including placing client well-being above all other research objectives.

3.6 Nurses use their knowledge, skill and judgment when giving nursing care. Nurses modify client care plans, together with clients and the health care team.

3.7 Nurses respond and are available to clients in their care.

Continued >

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PRINCIPLE

3.8 Nurses give timely nursing care. When timely care is not possible, nurses explain to clients the reasons for delay and take steps to avoid or limit client harm.

3.9 Nurses advocate for and support clients in accessing timely health care that meets clients' needs.

3.10 Nurses are accountable for engaging in safe **medication practices** as set out in CNO's *Medication* practice standard, including having proper legal authority and requisite knowledge, skill and judgment.

3.11 Nurses are accountable for maintaining, and keeping clear, complete, accurate and timely **documentation** as set out in CNO's *Documentation* practice standard. Nurses do not document false or misleading information.

3.12 Nurses in **independent practice** conduct **appropriate business practices** as set out in CNO's *Independent Practice* guideline, including accurate record keeping, informing clients of fee components and charging fitting and reasonable fees.

3.13 Nurses discontinue nursing services if the client requests it. Nurses arrange timely alternative or replacement services or provide clients a reasonable opportunity to arrange alternative services.

PRINCIPLE 4

Nurses work respectfully with the health care team to best meet clients' needs

In this principle, nurses are accountable to one another and are expected to build and maintain respectful relationships with the **health care team.** To do this, nurses are expected to model the following core behaviours:

4.1 Nurses self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with health care team members.

4.2 Nurses identify and do not act on any stereotypes or assumptions they may have about health care team members.

4.3 Nurses address health care team members by their preferred name, title and pronoun.

4.4 Nurses recognize many identity factors and personal attributes, including those identified in the *Ontario Human Rights Code*, may impact a health care team member, their lived experience and perspective on nursing and health care.

4.5 Nurses demonstrate professionalism and treat all health care team members with respect in all contexts, including on **social media**.

4.6 Nurses collaborate and communicate with the health care team in a clear, effective, professional and timely way to provide safe client care.

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4.7 Nurses do not physically, verbally, emotionally, financially, or sexually harass or abuse health care team members.

4.8 Nurses support, mentor and teach health care team members.

4.9 Nurses assess the learning needs of health care team members they are teaching, supervising and/or assigning. Nurses determine whether individuals have the proper knowledge, skill and judgment to perform safe nursing care.

4.10 Nurses delegate nursing care so it upholds the expectations outlined in the *Nursing Act, 1991*. Nurses do not direct health care team members to perform nursing care they are not adequately educated for or competent to perform.

4.11 Nurses provide and accept feedback from the health care team to support positive client outcomes and effective team performance.

4.12 Nurses contribute to a safe organizational culture.

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PRINCIPLE 5

Nurses act with integrity in clients' best interest

In this principle, nurses are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-client relationship. To do this, nurses are expected to model the following core behaviours:

5.1 Nurses fairly divide and advocate for resources. Nurses objectively arrange care, based on health-related needs.

5.2 Nurses protect the privacy and confidentiality of clients' **personal health information** as set out in CNO's *Confidentiality & Privacy – Personal Health Information* practice standard and the *Personal Health Information Protection Act, 2004*.

5.3 Nurses do not share clients' personal health information, unless for therapeutic reasons and only in compliance with laws and standards of practice governing privacy and confidentiality.

5.4 Nurses do not act as attorneys for personal care or as substitute decision-makers for their clients in accordance with the *Health Care Consent Act, 1996*.

5.5 Nurses identify, prevent and do not practice in situations that cause a **conflict of interest**. If a conflict of interest exists or arises at any point during the therapeutic nurse-client relationship,nurses explore alternative services with clients.

5.6 Nurses place their professional responsibilities ahead of their **personal gain**.

5.7 Nurses initiate, establish and maintain professional **boundaries** with clients and terminate the nurse-client relationship as set out in CNO's *Therapeutic Nurse-Client Relationship* practice standard.

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5.8 Nurses do not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their clients as set out in CNO's *Therapeutic Nurse-Client Relationship* practice standard and the *Regulated Health Professions Act, 1991*.

5.9 Nurses strive to protect clients from any type of harm, neglect or abuse. This includes taking action to stop and refrain from unsafe, incompetent, unethical or unlawful practice.

5.10 Nurses are **truthful** in their professional practice.

5.11 Nurses identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of clients in their care.

5.12 Nurses promote healthy relationships with clients, their caregivers, advocates and members of the health care team by managing and resolving conflict for best client care.

PRINCIPLE 5

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PRINCIPLE

Nurses maintain public confidence in the nursing profession

In this principle, nurses promote dignity and respect for the nursing profession by portraying professionalism and showing leadership. To do this, nurses are expected to model the following core behaviours:

6.1 Nurses understand and practice in compliance with relevant laws and **standards of practice** and do not breach them.

6.2 Nurses are accountable for their own decisions, actions, omissions and related outcomes.

6.3 Nurses take accountability for their errors and learn from them.

6.4 Nurses **report** any error, unsafe behaviour, unethical conduct or system issue to relevant individuals, including employers, CNO and other regulatory colleges, whether or not harm has occurred.

6.5 Nurses participate and advocate for improving the quality of their practice setting to support safe client care.

6.6 Nurses do not steal, misuse, abuse or destroy the property of their clients, health care team or employers.

6.7 Nurses self-reflect on health and seek help if their health affects their ability to practice safely.

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6.8 Nurses do not practice when impaired by any substance.

6.9 Nurses self-reflect, identify learning needs in their practice and engage in continuous learning to improve their competence.

6.10 Nurses participate in and keep records of their participation in CNO's Quality Assurance Program.

6.11 Nurses do not publicly communicate health care statements that contradict the best available evidence.

6.12 Nurses do not engage in any acts of professional misconduct or incompetence.

6.13 Nurses cooperate with CNO, including cooperation in investigations and offering complete and accurate information.

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PRINCIPLE

GLOSSARY

Appropriate business practices: Reasonable actions that nurses in independent practice carry out for client safety. This includes, but is not limited to, record keeping, setting reasonable fees, getting professional liability protection, using accurate advertising and developing proper staffing policies.

Boundaries: The points when a relationship changes from professional and therapeutic to unprofessional and personal. Therapeutic nurse-client relationships put clients' needs first. Crossing a boundary means a nurse is misusing their power and trust in the relationship to meet personal needs or is behaving in an unprofessional manner with the client. Crossing a boundary can be intentional or unintentional. See CNO's *Therapeutic Nurse-Client Relationship* practice standard.

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to, "patients" or "residents."

Conflict of interest: When a nurse's personal interests improperly influence their professional judgment or conflict with their duty to act in clients' best interest. This includes financial and non-financial benefit, whether direct or indirect.

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: Effective client care by a health care provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of their own culture on their practice. It addresses issues of inequality rooted in historical and structural violence and discrimination leading to power differences and imbalances. Instead, it focuses on safe systems, clinical settings and interactions (Gower et al., 2022; Withall et al., 2021).

Determinants of health: The broad range of personal, social, economic and environmental factors determining individual and population health. The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture or race/racism (Government of Canada, 2022).

Documentation: Health records, which may be in a variety of forms (for example, paper, electronic, audio), used to reflect the client's needs or goals, the nurses' inactions, actions and decisions, communication with other health care providers and the outcomes and evaluation of those inactions, actions or decisions.

Health care team: Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers.

Health inequities: Differences in health status or in the distribution of health resources among different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization, 2018)

Independent practice: Nurses in independent practice are self-employed (for example, operating their own economic enterprise) for the purposes of offering nursing services and/or operating their own nursing business.

Informed consent: As described under the *Health Care Consent Act*, a person's consent is informed if the person receives information about a treatment that a reasonable person in the same circumstances would require to make a decision and if the person receives responses to their requests for additional information about the treatment.

The information must include the treatment's nature, expected benefits, material risks and side effects; alternative courses of action; and likely consequences of not having the treatment.

Medication practices: Client-centred practices of the most safe and effective medication therapy. Practices may include but are not limited to the following activities: administration, prescribing, dispensing, medication storage, inventory management and disposal of medications.

Nursing care: Nursing care given to a client, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination.

Personal attributes: Qualities or characteristics unique to a person. As reflected in the *Ontario Human Rights Code*, this includes citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance (in housing) and record of offences (in employment). Personal attributes also include political affiliation, income and social status.

Personal gain: Advantage or benefit, financial or otherwise, a nurse receives. A personal gain can be monetary (cash, gifts, or rewards) or give the nurse other personal advantages. A personal gain includes the nurse's family's interests, charitable causes or organizations the nurse supports. It does not include a nurse's salary or benefits.

Personal health information: As reflected in the *Personal Health Information Protection Act, 2004*, including any identifying information about clients' physical or mental health or their family's health history.

Quality Assurance Program: A CNO program in which nurses demonstrate their commitment to continuing competence and quality improvement of their knowledge, skill, and judgment through assessing themselves, their practice and peers. CNO's Quality Assurance Program is mandated by the *Regulated Health Professions Act, 1991*.

Report: The legal and organizational requirement to disclose safety issues related to health care professionals' individual practice, or issues impacting practice settings. Examples of legal reporting requirements include reporting to proper authorities any health care team member whose actions or behaviours toward clients are unsafe or unprofessional according to applicable legislation, including, but not limited to, the *Fixing Long-Term Care Homes Act, 2021*, *Child, Youth and Family Services Act, 2017* and the *Public Hospitals Act, 1990*. Another example is reporting a regulated health professional's sexual abuse of a client to the registrar of the proper regulatory college according to the *Regulated Health Professions Act, 1991*. An example of an organizational reporting requirement is reporting medication near-misses.

Resilience: The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional or behavioral flexibility and adjustment to external and internal demands. Some factors contribute to how well people adapt to adversities, predominant among them:

- the ways individuals view and engage with the world
- the availability and quality of social resources
- specific coping strategies (APA Dictionary of Psychology, 2022)

Self-reflection: An intentional and continuous process nurses engage in to critically think about their practice. Reflecting on practice daily helps nurses identify strengths and any learning needs. See CNO's Quality Assurance program for more information.

Scope of practice: The expectations and limitations of nurses' duties and responsibilities. Nurses are legislated, educated and authorized to perform roles, responsibilities and functions, as reflected in the controlled acts authorized to nurses in the *Regulated Health Professions Act, 1991* and in Section 3 and 4 of the *Nursing Act, 1991*, and those acts' regulations. The scope of practice is further defined in Section 3 of the *Nursing Act, 1991*: "The practice of nursing is the promotion of health and assessment of, the provision of, care for and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function."

GLOSSARY

Social media: Community-based online communication tools (websites and applications) used for interaction, content sharing and collaboration. Types of social media include blogs or microblogs (personal, professional, or anonymous), discussion forums, message boards, social networking sites and content-sharing websites.

Standards of practice: Expectations for how a competent nurse should perform. Standards of practice describe nurses' expected behaviour and contribute to public protection.

Substitute decision-maker: Person, identified by the *Health Care Consent Act, 1996*, who makes a treatment decision for someone who cannot make their own decision. See CNO's *Consent* guideline for more information.

Therapeutic nurse-client relationship: A professional relationship between a nurse and a client, which focuses on meeting the client's health needs. There are five components to the nurse-client relationship: trust, respect, professional intimacy, empathy and power.

Truthfulness: Speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information.

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March 2024
2024-27