

Code of  
Conduct

# Code of Conduct

For Registered Nurses &  
Nurse Practitioners



College of Nursing  
of New Brunswick

# Mandate

## Public protection through regulation of nurses in New Brunswick

Under the *Nurses Act*, the College of Nursing of New Brunswick (CNNB) is legally responsible for protecting the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, as well as individual nurses, responsible for safe, competent, compassionate and ethical nursing practice.

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## Acknowledgements

The content of this document has been adapted with permission from the College of Nurses of Ontario (CNO), *Code of Conduct* (2023); the College of Registered Nurses of Newfoundland and Labrador (CRNNL), *Code of Professional Conduct* (2025); and the Nursing Council of New Zealand, *Code of Conduct for Nurses* (2012). It has been adapted to reflect New Brunswick's regulatory and health system context.



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# Introduction to the Code of Conduct

The College of Nursing of New Brunswick (CNNB) is the professional regulatory body for nurses<sup>1</sup> in New Brunswick. The *Nurses Act* defines the CNNB's responsibilities and grants the authority to establish, maintain, and promote standards for education and [standards of practice](#) for registered nurses (RNs) and nurse practitioners (NPs).

The CNNB *Code of Conduct for Registered Nurses and Nurse Practitioners* (the "Code of Conduct") describes the behavior and conduct that nurses are required to uphold when practicing in New Brunswick (N.B.) or providing services to [clients](#) in N.B. It defines the expected level of performance for safe, competent, compassionate, and ethical [nursing practice](#)<sup>2</sup>.

The Code of Conduct is intended to inform nurses and the public of the foundational nursing values and principles, and the accountabilities that all nurses have to clients, employers, colleagues, and the public. All nurses are responsible for understanding the principles and behaviors outlined in the Code of Conduct and are accountable to apply them to their nursing practice, regardless of their role, title, responsibility, or [domain of practice](#). The Code of Conduct applies to all methods of service delivery, including in-person, virtual, or by telephone. Failure to uphold professional conduct could lead to disciplinary investigation or action.

The Code of Conduct is based on current evidence, and is informed by legislation

The CNNB *Code of Conduct for Registered Nurses and Nurse Practitioners* **replaces** the Standards of Practice for Registered Nurse (2019).\*

The *Standards of Practice for Nurse Practitioners* **remain in effect** as these standards focus on the responsibilities and accountability of nurse practitioner practice which require additional regulation by CNNB.

\* Refer to: [Standards of Practice](#), for standards in effect

and recommendations of the *Truth and Reconciliation Commission of Canada—Calls to Action*. It places clients at the center of [nursing care](#) and includes principles of [cultural safety](#) and [cultural humility](#), diversity, equity, and inclusion to ensure nursing practice is safe, compassionate, equitable, and free from [discrimination](#).

Nurses are expected to use the Code of Conduct along with *relevant federal and/or provincial legislation*, the *CNNB Standards of Practice* and additional *documents*, and organizational requirements to guide their nursing practice. Failure to comply with legislation, the Code of Conduct, and the standards of practice may result in investigation and disciplinary sanctions for professional misconduct.

- 1 CNNB is responsible for regulating registered nurses (RNs), graduate nurses (GNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs) in New Brunswick, as such the term nurse used in this document refers to all forementioned designations. Licensed practical Nurses (LPNs) in New Brunswick are regulated by the Association of New Brunswick Licensed Practical Nurses (ANBLPN).
- 2 This is not a code of ethics—A code of ethics serves as a guide for ethical relationships, behaviors, and decision-making, and supports nurses in addressing ethical challenges that arise in practice, while a code of conduct provides expected behaviors and actionable conduct for safe, competent, compassionate and ethical nursing practice.



# Values

## Values of the Code of Conduct

The following core nursing values form the foundation for professional conduct in nursing practice.



### Respect

Treating others with respect enables professional nursing relationships. Treating someone with respect means acting in a way that values that person's worth, dignity, and uniqueness. It is a fundamental requirement of professional nursing relationships and ethical conduct.



### Trust

Nurses need to establish trusting relationships with clients to support effective nursing practice. Clients need to be able to trust nurses to be safe and competent, not to harm them, and protect them from harm. They need to trust that nurses will act in their best interest, allow them to voice their perspectives, ask questions, and be respectful of their beliefs, behaviors, and values. Building a trusting relationship requires honesty, acting consistently, and practicing safely and competently. Nurses must be trustworthy and maintain the public's trust in the nursing profession.



### Partnership

Partnership occurs when clients are given sufficient information, in a manner they can understand, to make informed decisions and be fully involved. Working in partnership involves listening to the client, supporting their independence, ensuring their views and preferences are valued, and responding to their concerns. Nurses must be aware of the inherent power imbalance between themselves and clients and focus on client-centered care.



### Integrity

Acting with integrity is being honest and consistently honoring the commitment to practice nursing safely and competently. Integrity means consistently being accountable and responsible for all actions and decisions. Nurses are accountable for actions and omissions in their practice and must be able to justify their decisions. It means acting to reduce risk or harm to clients and not abuse their position of trust.



# Principles of the Code of Conduct

## Principle 1

Nurses respect clients' dignity and individuality.

1

## Principle 2

Nurses provide inclusive and culturally safe care.

2

## Principle 3

Nurses are safe, competent, compassionate and ethical in their practice.

3

## Principle 4

Nurses work respectfully with the health care team.

4

## Principle 5

Nurses act with integrity in clients' best interest.

5

## Principle 6

Nurses maintain public confidence in the nursing profession.

6

Each principle is supported by a set of statements of core behaviours that nurses are accountable for upholding. All principles are of equal importance and work together to describe the conduct, behavior, and professionalism necessary for safe, competent, compassionate and ethical nursing practice.





## **Principle 1**

**Nurses respect  
clients' dignity and  
individuality**

# Principle 1

## Nurses respect clients' dignity and individuality

Nurses are respectful of clients, recognize and value each client as a unique individual and are sensitive to and respectful of their needs. They collaborate with clients to promote and protect their well-being.

### Nurses:

- 1.1 treat clients with respect, [empathy, and compassion](#);
- 1.2 respect the client's right to dignity, and refrain from expressing judgment, applying labels, contributing to [stigma](#), or engaging in any behavior—intentional or unintentional—that may be humiliating to the client;
- 1.3 provide [client-centered care](#) and act in clients' best interests, prioritizing clients' values, beliefs, health and well-being in the [nurse-client relationship](#);
- 1.4 support and respect clients' autonomy and their contribution to their own care and well-being;
- 1.5 respect clients' right to make choices and informed decisions, including their right to seek additional advice, and accept or refuse treatment; and involve and support clients in making decisions;
- 1.6 ask for and respect clients' views about their health and respond to their concerns and preferences where practicable;
- 1.7 listen, respond to and collaborate with clients and any person or community the client wants involved in their care, being respectful of their role;
- 1.8 maintain and protect clients' [privacy](#) and dignity, throughout the nurse-client relationship through all methods of service delivery, in all forms of communication, and in all environments, including after the nurse-client relationship ends;
- 1.9 ensure that clients' language and communication needs are met through available resources;
- 1.10 ensure clear and [timely](#) communication with clients in a way they can understand, and invite questions and provide answers or refer them to appropriate resources;
- 1.11 obtain [informed consent](#)<sup>3</sup> from clients or [substitute decision-makers](#) in accordance with relevant federal and/or provincial legislation;
- 1.12 advocate for and integrate principles of [harm reduction](#); and
- 1.13 identify when their own personal beliefs and biases conflict with a client's care plan or best interest and provide safe, compassionate, and timely care, until other arrangements are in place.

3 For more information on the nurse's legal and ethical obligations regarding consent, refer to the [Fact Sheet: Consent](#).





**Principle 2**

**Nurses provide  
inclusive and  
culturally safe care**

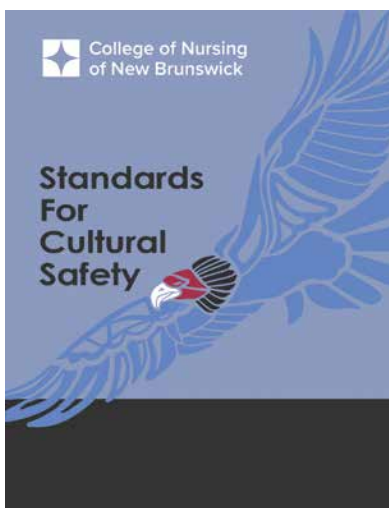
# Principle 2

## Nurses provide inclusive and culturally safe care

Nurses strive to create environments that are inclusive, address and reduce disparities by respecting differences, practice without judgment and do not discriminate. Nurses provide care that is culturally safe.\*

### Nurses:

- 2.1** recognize how [attributes of personal identity and diversity](#)<sup>4</sup> and [structural inequities](#), may impact a client, their lived experience, and their perspective on health care; and respect people's human rights;
- 2.2** take measures to ensure that their own biases, values, beliefs, behaviors, assumptions, and position of power do not interfere with the nurse-client relationship;
- 2.3** provide care that is respectful of and responsive to differences, cultural identities and personal values, and free from assumptions, stereotypes and discrimination;
- 2.4** approach each client with openness, recognizing and respecting diversity and individual choices and values;
- 2.5** avoid imposing their personal, political, religious and cultural beliefs on clients, and intervene if other [health care team](#) members are imposing their beliefs on clients;
- 2.6** seek feedback from clients, the health care team, and others to evaluate their own behavior and practices, continually seeking to improve their ability to provide inclusive and culturally safe care;



\* Refer to the *Standards for Cultural Safety* for the expectations related to the provision of [culturally safe care](#).

4 including those identified in federal and/or provincial legislation, such as the [New Brunswick Human Rights Act](#).



# Principle 2

continued

- 2.7** assess and strive to meet clients' language, cultural, and communication needs with available resources in ways that allow clients to understand;
- 2.8** address clients by their preferred name, title, and pronoun(s);
- 2.9** assess clients to determine their risk for **health inequities** and take steps to support the best client outcomes;
- 2.10** provide care that focuses on clients' strengths, and work with clients to achieve their health and wellness goals;
- 2.11** **advocate** for policies and practices that reduce disparities and eliminate discrimination to contribute to equitable and culturally safe care;
- 2.12** take action to prevent and respond to discrimination against clients; including reporting instances of racism and discrimination as per regulatory requirements<sup>5</sup> and organizational policy; and
- 2.13** undertake continuous education to support inclusive and culturally safe care.

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<sup>5</sup> Refer to the [\*Practice Guideline: Duty to Report\*](#) for the related professional responsibilities.





### Principle 3

**Nurses are safe,  
competent,  
compassionate  
and ethical in their  
practice.**

# Principle 3

**Nurses are safe, competent, compassionate and ethical in their practice.**

Nurses work within the limits of their [scope of practice](#), education, experience, knowledge, skill, and judgment, to ensure safe, competent, compassionate and ethical nursing practice.

## Nurses:

- 3.1** identify themselves to clients consistent with CNNB’s public register, providing their name, professional title, and their role within the health care team;
- 3.2** recognize and work within the limits of their scope of practice<sup>6</sup> and their knowledge, skill, and judgment;
- 3.3** identify when clients’ therapeutic needs are outside of their scope of practice or individual [competence](#) and support clients to seek services from the appropriate health care professionals;
- 3.4** seek and use the best available evidence to inform their practice, and to ensure that any information or advice given is evidence-based;
- 3.5** apply [clinical reasoning](#) and judgment when providing nursing care;
- 3.6** use [critical inquiry](#) to assess, plan, implement, evaluate, and modify client care, in collaboration with clients and the health care team;
- 3.7** apply principles of [trauma and violence- informed care](#) for clients and when interacting with members of the health care team;
- 3.8** respond to client needs and give timely nursing care; when timely care is not possible, advise client of the delay, and the steps taken to avoid or limit client harm;
- 3.9** take steps to minimize risk and ensure that their nursing practice does not harm the health or safety of clients;
- 3.10** advocate for and support clients in accessing appropriate, safe and timely health care that meets clients’ needs;
- 3.11** take reasonable steps to ensure continuity of care when ending the nurse-client relationship, and support the client in finding alternative services as appropriate;
- 3.12** engage in safe [medication management](#) practices, as outlined in the *Standards for Medication Management*, including having authorization and requisite knowledge, skill, and judgment;

<sup>6</sup> Refer to *Practice Guideline: Scope of Practice* for more information on the concepts associated to scope of practice.



# Principle 3

continued

- 3.13** maintain clear, complete, accurate, and timely **documentation**, as outlined in the *Standards for Documentation*, and do not document false or misleading information, or delete, alter, modify, or falsify someone else's documentation or record;
- 3.14** conduct **appropriate business practices** if engaged in **self-employment**, as outlined in the *Practice Guideline: Self-employed Practice*, including accurate record keeping, informing clients of fee components, and charging reasonable fees;
- 3.15** demonstrate professional judgment when they contribute to, use, and evaluate new knowledge and technology, and advocate for best practices; and
- 3.16** conduct research ethically, including placing client well-being above all other research objectives.





#### Principle 4

**Nurses work  
respectfully with the  
health care team**

# Principle 4

## Nurses work respectfully with the health care team

Nurses are accountable to one another and are expected to build and maintain respectful relationships with the health care team.

### Nurses:

- 4.1** take measures to ensure that their own biases, values, beliefs, behaviors, assumptions, and position of power do not interfere with or negatively impact relationships with health care team members;
- 4.2** recognize that many identity factors and personal attributes, including those identified in federal and/or provincial legislation, including the *New Brunswick Human Rights Act*, may impact a health care team member, their lived experience, and perspective on nursing practice;
- 4.3** treat all health care team members with civility, respect, and professionalism, fostering a safe and supportive environment free from any form of mistreatment (physical, verbal, emotional, financial or sexual) in all contexts, including [social media](#)<sup>7</sup>;
- 4.4** address health care team members by their preferred name, title, and pronoun(s);
- 4.5** acknowledge the experience and expertise of colleagues, and respect their scope of practice/scope of employment and contributions;
- 4.6** interact and engage in decision-making with health care team members based on respect and collaboration, avoiding the influence of stereotypes or assumptions;
- 4.7** collaborate and communicate with the health care team in a clear, effective, professional, and timely manner to support safe nursing practice;
- 4.8** assign, delegate and supervise nursing care (that they are educated and competent to perform)<sup>8</sup>; and that respects the competence and scope of practice/or scope of employment of other team members;
- 4.9** assess the knowledge, skill, and judgment of other members of the health care team and provide [mentoring](#), teaching and support as required;
- 4.10** provide and accept constructive feedback from the health care team to support positive and therapeutic client outcomes and effective team performance;

<sup>7</sup> Refer to [Practice Guideline: Social Media](#)

<sup>8</sup> Refer to [Practice Guideline: Assigning, Delegating, Teaching and Supervising in Nursing Practice](#)



# Principle 4

continued

**4.11** advocate for and contribute to a supportive, inclusive and safe organizational culture, including **psychological safety, anti-racism,** and respect for the cultural beliefs and traditions of health care team members; and

**4.12** respectfully manage differences of professional opinion, disagreement and conflict within the health care team respecting views and opinions.





Principle 5

**Nurses act with integrity in the client's best interest**

# Principle 5

## Nurses act with integrity in the client's best interest

Nurses practice with honesty, fairness and reliability, making decisions that prioritize the health, safety, dignity and overall well-being of clients, protecting them from harm and advocating for their interest. This also involves taking responsibility for their actions.

### Nurses:

- 5.1** are truthful in their communication, give accurate information and avoid misleading the client;
- 5.2** coordinate, distribute, utilize resources within their control and advocate for resources as required;
- 5.3** ensure that the client's voice is heard in decisions, especially when the client cannot advocate for themselves;
- 5.4** protect the privacy and **confidentiality** of clients' **personal health information** as outlined in relevant federal/provincial legislation, and/or documents, such as the *Personal Health Information Privacy and Access Act* and the *Practice Guideline: Privacy and Confidentiality*;
  - 5.4.1** share and disclose clients' personal health information for therapeutic reasons only as necessary, and in compliance with relevant federal, provincial legislation and regulatory requirements governing privacy and confidentiality;
  - 5.4.2** avoid discussing clients or practice issues in public places, including on social media, and refrain from sharing any details that could inadvertently identify clients;
- 5.5** support client decision-making in accordance with relevant provincial or federal legislation, and refrain from acting as substitute decision-makers for their clients;
- 5.6** place their clients' interests and professional responsibilities ahead of their **personal gain**;
- 5.7** identify, avoid and not practice in situations that cause a **conflict of interest**<sup>9</sup>, and when a conflict of interest exists or arises at any point during the nurse-client relationship, disclose and explore alternative services with clients;
- 5.8** initiate, maintain and conclude the nurse-client relationship respecting appropriate **professional boundaries** at all times, as set-out in the *Standards for the Nurse-Client Relationship*;

9 For more information on identifying and managing actual, potential, or perceived conflict of interest, refer to the *Practice Guideline: Conflict of Interest*.



# Principle 5

continued

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- 5.9** strive to protect clients from any type of harm, neglect or abuse<sup>10</sup>, and take action to stop and refrain from unsafe, incompetent, unethical, or unlawful practices, including refraining from physically, verbally, emotionally, financially, or sexually abusing, harassing or neglecting their clients;
  - 5.10** identify moral or ethical situations, and respond to proactively address conflict, dilemmas and/or distress of clients;
  - 5.11** promote healthy relationships with clients, their caregivers, advocates and members of the health care team by managing and resolving conflict to best meet client needs; and
  - 5.12** uphold their [duty to provide care](#)<sup>11</sup> and do not abandon<sup>12</sup> clients to whom they have a commitment.

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<sup>10</sup> For more information, refer to the [Fact Sheet: Client Abuse](#).

<sup>11</sup> For more information, refer to the [Practice Guideline: Duty to Provide Care](#).

<sup>12</sup> For more information, refer to the [Fact Sheet: Abandonment](#).





Principle 6

**Nurses maintain  
public confidence  
in the nursing  
profession**

# Principle 6

## Nurses maintain public confidence in the nursing profession

Nurses promote dignity and respect for the nursing profession by portraying professionalism and showing leadership. They maintain a high standard of professional and personal behavior to maintain confidence in the nursing profession and refrain from engaging in conduct that could reasonably be considered unprofessional, disgraceful, dishonorable, or harmful to the standing reputation of the nursing profession.

### Nurses:

- 6.1** understand and practice in accordance with relevant legislation<sup>13</sup>, standards of practice<sup>14</sup>, regulatory requirements and practice guidelines<sup>15</sup>, and organizational requirements;
- 6.2** accurately represent themselves (protected title/designation) and the nature of the services they provide;
  - 6.2.1** do not claim to be a registered nurse or nurse practitioner without holding a current registration certificate;
  - 6.2.2** do not falsify records relating to their registration or practice;
- 6.3** take accountability for their own decisions, actions, omissions, errors and related outcomes; and learn from them;
- 6.4** report any error, unethical or unsafe behavior/conduct, or system issue to relevant individuals including employers, CNNB or other regulatory bodies, whether or not harm has occurred;
- 6.5** advocate for and participate in improving the quality of their practice setting to support safe nursing practice;
- 6.6** respect and do not steal, misuse, abuse, or destroy the property of their clients, health care team or employers;

13 The legislated scopes of practice for RNs and NPs are outlined in the [Nurses Act](#). RNs and NPs are also accountable for practicing in accordance with applicable provincial and federal legislation relevant to their practice; refer to the [Jurisprudence Guide](#) for legislation that applies to nursing practice in NB.

14 Nurses are accountable to the standards of practice; for more information, refer to: [Professional Practice—Standards of Practice](#).

15 CNNB resources support nursing practice, guide decision-making and help understand accountabilities for safe, competent and ethical nursing practice, these resources are available in the [CNNB Document Library](#).



# Principle 6

continued

- 6.7** maintain their [fitness to practice](#)<sup>16</sup> by:
- 6.7.1** reflecting on their personal health and seek help if their health affects their ability to practice safely and competently;
  - 6.7.2** removing themselves from practicing nursing, after informing their employer, if they do not have the necessary physical, mental, or emotional capacity to practice safely and competently; in this case, self-employed nurses must notify the client and arrange for someone else to attend to their client’s health care needs;
  - 6.7.3** not practicing when impaired by any substance;
- 6.8** identify their learning needs by self-assessing their practice, engage in continuous learning to maintain their competence; and meet the requirements of the [Continuing Competence Program \(CCP\)](#);
- 6.9** ensure professional statements that they publicly communicate are evidence-informed;
- 6.10** do not engage in any acts of [professional incompetence](#), [professional misconduct](#), or [conduct unbecoming the profession](#) and report any concerns related to these acts and/or fitness to practice in compliance with the [duty to report](#)<sup>17</sup>; and
- 6.11** cooperate with CNNB, including cooperating in investigations, offering complete and accurate information, and providing timely responses.

16 For more information on the expectations related to fitness to practice, refer to [FAQ: Fitness to Practice: What does that mean?](#)

17 Nurses have an obligation to report as outlined in the to [Practice Guideline: Duty to Report](#).



# Glossary

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**Advocate** • Actively supporting the protection and safeguarding of clients' rights and interests. It is an integral part of nursing and contributes to the foundation of trust inherent in nurse–client relationships.

**Anti-racism** • The active process of identifying and eliminating racism by challenging systems, organizational structures, policies, practices and attitudes so that power is redistributed and shared equitably amongst racial groups.

**Appropriate business practices** • Reasonable actions that nurses in self-employment 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 policies.

**Attributes of personal identity and diversity** • Characteristics that define an individual and shape their sense of self. As reflected in the *New Brunswick Human Rights Act*, this includes race, color, national or ethnic origin, ancestry, place of origin, creed or religion, age, physical or mental ability, marital or family status, sex, sexual orientation, gender identity or expression, social condition and political belief or activity, and may also include language or other identify factors.

**Client(s)** • An individual, family, group, community or population who require nursing services. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; and in research, the client may be a subject or participant.

**Client-centred care** • An approach in which clients are viewed as whole persons. It is not merely about delivering services where client is located. Their care involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making.

**Clinical reasoning** • A skill, process, or outcome where a clinician observes, collects, and interprets data to diagnose and treat clients. Multiple components of clinical reasoning include information gathering, hypothesis generation, forming a problem, generating a differential diagnosis, selecting a leading or working diagnosis, providing diagnostic justification, and developing a management or treatment plan

**Competence** • An individual's capability for consistently integrating the required knowledge, skill and judgment for safe, ethical, and effective nursing practice.

**Conduct unbecoming the profession** • Actions or behavior by a professional that violate the conduct, standards, integrity, or dignity expected of members of that profession. It relates to any behavior—whether on or off duty that damages public trust in the profession, violates professional codes of conduct, standards, or regulations, that shows poor judgment, dishonesty, or lack of integrity, or reflects negatively on the reputation of the profession or the individual's ability to perform their duties responsibly.

**Confidentiality** • The ethical and legal obligation to keep someone's personal and private information secret or private.

**Conflict of interest** • When a nurse's personal interests 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.

**Continuing Competency Program (CCP)** • Program approved by the Board that focuses on promoting and enhancing the competence of registrants throughout their careers.

**Critical inquiry** • Expands upon critical thinking to encompass critical reflection on actions. Critical inquiry is a process of purposeful thinking and reflective reasoning



# Glossary

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where the nurse examines ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice.

**Cultural humility** • Process of self-reflection that aims to understand personal and systemic biases and develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when understanding another's experience.

**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.

**Culturally safe care** • Culturally safe care is a refinement of the "cultural safety" concept. Nurses do everything they can to provide culturally safe care, but they remain aware that they are in a position of power in nurse-client relationships, and some clients may never feel entirely safe. Nurses allow those who receive care to determine what they consider to be safe. Nurses support them in drawing strength from their personal identity, culture, background, and community.

**Discrimination** • An action or decision that results in the unfair or negative treatment of a person or group due to conscious or unconscious prejudice, bias, or stereotypes. Discrimination can occur intentionally or unintentionally and often reflects unexamined privilege that favors one group over others based on differences such as race, color, national or ethnic origin, ancestry, place of origin, creed or religion, age, physical or mental ability, marital or family status, sex, sexual orientation, gender identity or expression, social condition, and political belief or activity.

**Documentation** • A nursing action that produces a written and/or electronic account of pertinent client data, nursing clinical decisions and interventions, and the client's responses in a health record.

**Domain of practice** • Domains or areas of practice are identified within the profession of nursing: clinical practice, research, education, consultation, management, administration, policy development and regulation. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered nurses may practice in more than one domain within the context of their role.

**Duty to provide care** • Nurses have a professional duty and a legal obligation to provide persons receiving care with safe, competent, compassionate and ethical care. There may be some circumstances in which it is acceptable for a nurse to withdraw from care provisions or to refuse to provide care.

**Duty to report** • Nurses question, intervene, report, and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care. Nurses must be attentive to indications that a colleague is unable to provide such care regardless of the reason. In this situation, the nurse is obligated to take the steps necessary to ensure client safety. Reporting a situation that may compromise client safety is a nurse's professional obligation.

**Empathy and compassion** • Empathy involves the ability to understand and share the feelings of others, while compassion is characterized by a proactive desire to alleviate suffering. These are core attributes that define the quality and effectiveness of patient-centered care.



# Glossary

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**Fitness to practice** • All the qualities and capabilities of an individual relevant to his or her capacity to practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological, or emotional condition, and impairment from alcohol or drugs.

**Harm reduction** • An approach directed toward individuals or groups that aims to reduce the harms associated with certain behaviors. Harm reduction approaches greatly reduce morbidity and mortality associated with risky health behaviors. For example, implementing an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping

**Health care team** • Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes the health and other government sectors, representatives from private, voluntary, and non-profit groups, as well as 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.

**Informed consent** • The process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment and involvement in research. Consent is considered informed when a person has been given all the information that a reasonable individual in similar circumstances would need to make a decision

about treatment, intervention, or procedure, and when any additional questions they had were answered.

**Medication management** • Client-centered care optimizing safe, effective, and appropriate drug therapy provided in collaboration with clients and their health care teams. Medication management may include but is not limited to the following activities: administration, prescribing, dispensing, medication storage, inventory management, and disposal of medications.

**Mentoring** • A supportive and collaborative relationship in which a more experienced nurse (mentor) provides guidance, counsel, and teaching to a less experienced nurse, nursing student, or other health care professional to facilitate professional growth and development.

**Nurse-client relationship** • A planned, time-limited and goal-directed connection between a nurse and a client and their significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the interaction, the therapeutic nurse-client relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect.

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

**Nursing practice** • The application of specialized, evidence based knowledge drawn from nursing theory and the health and human sciences, including the principles of primary health care. It encompasses roles in clinical practice, research, education, consultation, management, administration, policy development, and regulation.



# Glossary

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**Personal gain** • An advantage or benefit that an individual obtains for themselves or for people or organizations with whom they have personal connection. Personal gain can take the form of monetary benefits (cash, gifts, rewards, discounts), or non-monetary advantages (preferential treatment, support or benefits directed toward a personal or family interest). It does not include a nurse's salary or employment benefits. Personal gain becomes relevant in the context of conflict of interest when it has the potential of influencing professional decisions or actions. For example, providing better care to a client that has offered you gift.

**Personal health information** • Identifying information about an individual in oral or written record (Ombud New Brunswick, n.d.). This comprises everything that an organization holds in its records about an individual, which can include for example: name, age, race, nationality, blood type, education, and identifying numbers or symbols.

**Privacy** • 1) Physical privacy is the right or interest in controlling or limiting the access of others to oneself; 2) informational privacy is the right of individuals to determine how, when, with whom, and for what purposes any of their personal information will be shared. A person has a reasonable expectation of privacy in the health care system so that health care providers who need their information will share it only with those who require specific information.

**Professional boundaries** • Defining lines which separate the therapeutic behavior of a nurse from any behavior which, well intentioned or not, could reduce the benefit of nursing care to clients. They are the limits to the nurse-client relationship which allow for a safe and therapeutic connection between the nurse and the client. It is the nurse's

responsibility to establish and maintain professional boundaries, and to determine when actions or behaviors deviate from established boundaries and become non-therapeutic and unprofessional in nature.

**Professional incompetence** • Acts or omissions on the part of a nurse, in their professional practice, including the care of a patient, that demonstrate a lack of knowledge, skill or judgements, or disregard for the welfare of a client of a nature and to an extent as to render the member unfit or unsafe to practice nursing or to practice nursing without conditions, limitations or restrictions.

**Professional misconduct** • Digression from established or recognized professional conduct, standards or rules of practice of the profession.

**Psychological safety** • A climate of trust and respect in which people are comfortable working to their full scope of practice and potential and hold the belief that teammates and leadership will support, and not embarrass or punish, a colleague for speaking up in the line of work.

**Scope of practice** • Activities that nurses are educated and authorized to perform, as set out in legislation and described by standards, limits, and conditions set by regulators.

**Self-employment** • Refers to nurses operating their own economic enterprise to provide nursing services.

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



# Glossary

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**Standards of practice** • Establish the regulatory and professional foundation for nursing practice. These standards establish for all nurses, the public, government and other external collaborators the expected level of performance of a nurse. Relates to the written standards of practice approved by the CNNB Board, and other standards of practice inherent in the nursing profession.

**Stigma** • Negative, unfounded attitudes or beliefs (i.e., prejudice) towards an individual based on their actual or perceived membership.

**Structural inequities** • The systemic and deeply embedded social, economic, and political disadvantages that are produced and maintained through laws, policies, institutional practices, and cultural norms. These inequities result in unequal access to resources, opportunities, and outcomes for certain populations, often based on race, ethnicity, indigeneity, gender, socioeconomic status, immigration status, and other intersecting identities.

**Substitute decision-maker** • A capable person with the legal authority to make health-care treatment or withdrawal of treatment decisions on behalf of an incapable person.

**Timely** • (with respect to a response or action) Occurring within a timeframe required to achieve safe, effective and positive client outcomes.

**Trauma and violence-informed care** • Trauma- and violence-informed care (TVIC) creates emotionally, culturally, and physically safe services by understanding the experiences of trauma and their impacts on people's lives and behaviors. TVIC accounts for the intersecting impacts of systemic and interpersonal violence and the structural inequities on a person's life, emphasizing both historical and ongoing violence and its traumatic impacts. Key principles include fostering trust by offering authentic choice, collaboration, and connection; providing strength-based and capacity-building care to support clients; and creating environments where clients do not experience re-traumatization or harm.



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# Code of Conduct

For Registered Nurses &  
Nurse Practitioners



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