



# NURSING IN COLLABORATIVE ENVIRONMENTS

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**Registered Psychiatric Nurses Association of Saskatchewan  
Saskatchewan Association of Licensed Practical Nurses  
Saskatchewan Registered Nurses' Association**

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## **INTRODUCTION**

Nursing has a history rich in the provision of quality care and in the development of self-regulation policy. In Saskatchewan, nursing is a self-regulated profession, accountable to the public within the legislative context of provincial law. There are three professional nursing practitioners in Saskatchewan: Registered Psychiatric Nurses (RPNs), Licensed Practical Nurses (LPNs) and Registered Nurses (RNs). There are three respective professional regulatory bodies: Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), Saskatchewan Association of Licensed Practical Nurses (SALPN) and Saskatchewan Registered Nurses' Association (SRNA). Each of these regulatory bodies is responsible to and mandated by a separate statute of the Saskatchewan legislature: *The Registered Psychiatric Nurses Act*, *The Licensed Practical Nurses Act*, and *The Registered Nurses Act*.

All three regulatory bodies are responsible for the registration, licensure, counselling and disciplining of their members, and for the development of codes of ethics, standards for education and practice. These documents describe the ethical and professional behaviors expected of Registered Psychiatric Nurses, Licensed Practical Nurses and Registered Nurses by which individual practitioners will be evaluated by clients, employers, colleagues and themselves.

All three regulatory bodies have the authority to define the scope of practice of their respective practitioners within legislation and bylaws. Registered Psychiatric Nurses, Licensed Practical Nurses and Registered Nurses share a common body of nursing knowledge. The RPNAS, SALPN and SRNA acknowledge and accept overlaps between the scope of practice of the three regulated nursing professions, as well as the practice of other health disciplines. Definition of the scope of practice of the nursing practitioner is the responsibility of each of the respective regulatory bodies. RPNAS, SALPN and SRNA also recognize that scope of practice changes over time, as the health care delivery system is not a static environment. Cooperation and collaboration between and among professional regulatory bodies, government, health districts and educational institutions will provide guidance and at the same time ensure public safety.

## **PURPOSE OF THIS DOCUMENT**

Today's health care environment requires providers of health services to increase their ability to deliver safe and effective care that is both accessible and affordable. Doing so means ensuring that health human resources in general, and nursing human resources in particular, are used in a collaborative manner that maximizes their utilization and is in keeping with their applicable scope of practice.

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Collaborative practice requires clients, employers, RPNs, RNs and LPNs to work together to determine how to best meet the needs of clients requiring nursing services through the appropriate utilization of nursing practitioners. Everyone involved in establishing collaborative practice must be knowledgeable about the needs of the clients, the practice environment, the way care is provided, and the roles and responsibilities of the various nursing practitioners.

This document has been co-authored by the RPNAS, the SALPN and the SRNA in order to meet the information and decision support needs of their members and others regarding appropriate and best utilization of nursing practitioners.

The document provides general guidelines and underlying principles related to the use of all nurses, in keeping with the promotion of professional practice.

## **GUIDING PRINCIPLES**

The following guiding principles have been developed to facilitate clients, employers, nursing organizations and nurses working together to utilize all the capacities of nurses to provide quality nursing care.

### **Collaborative Nursing Practice**

1. RNs, LPNs and RPNs provide care directed first and foremost toward the health and well-being of the client. Nursing practitioners work collaboratively and cooperatively with clients, families, each other, and other care providers in order to provide safe, quality care that maximizes benefits to the client.
2. RNs, LPNs and RPNs act in a manner consistent with professional responsibilities, ethical and legal guidelines, and standards of practice.
3. The regulatory bodies (SRNA, SALPN and RPNAS) have the legislated responsibility to articulate scopes of practice for their respective practitioners, to establish practice and ethical standards and to review practitioners who do not meet the standards.
4. RNs, LPNs, and RPNs practice within their own individual level of competence. They seek additional information and/or guidance of a competent practitioner when aspects of the care required are beyond their current skill level or competence.

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5. Practitioners recognize that within the nursing team there are areas of shared competencies and overlapping roles, and that scopes of practice evolve over time in response to changing health care needs. In some care situations, several health care provider groups may possess the necessary knowledge, skills and judgment to provide that care; in other situations the knowledge, skills and judgment required may be unique to one practitioner.

### **Practice Environment**

6. LPNs, RNs, and RPNs advocate for practice environments that have the human, physical, and financial resources necessary for the provision of safe, competent, ethical, cost-effective, and cost-efficient care.
7. Agencies that employ LPNs, RNs and RPNs play an important leadership role in creating and maintaining practice environments that foster:
  - Quality patient care;
  - Satisfying professional practice;
  - Collaborative and interdisciplinary approaches to client care;
  - Shared decision-making; and
  - Participation by all employees in the development and implementation of strategic plans
8. The practice of LPNs, RNs, and RPNs is based on a combination of acquired knowledge, skills, and judgment, and cannot be reduced solely to a list of tasks.
9. The provision of safe client care is a shared responsibility. All organizations and health care providers involved in the delivery of nursing services have a responsibility to provide safe care.
10. There are a variety of ways (models of care) in which care can be provided to ensure appropriate use of nursing resources. These models include a mix of regulated nursing professionals and may include unregulated health care workers.
11. LPNs, RNs and RPNs believe that decision-making is enhanced when the following criteria are met:
  - Input and participation in decision-making is sought from all those impacted by the decision;
  - Where possible, the decision is supported by research and/or concrete evidence;

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- The impact of the decision in relation to quality care and nursing services is evaluated; and
  - Where applicable, decisions should promote, and not detract from, a spirit of cooperation and teamwork among care providers.

12. Working in collaboration through their respective professional bodies and putting the needs of the clients first, LPNs, RPNs, and RNs will work to influence decision-makers in the development of public policy that fosters a health-promoting environment and excellence in nursing practice.

13. Sustained collaboration between citizens, clients, the nursing regulatory bodies, health authorities, and Saskatchewan Health is essential to ensure the public's need for accessible, affordable health care is met and to maximize utilization of LPNs, RNs, and RPNs.

### **Nursing Education/Professional Development**

14. LPNs, RNs, and RPNs believe that in order to maintain competence, life-long learning is essential. To complement experience, nursing practitioners are expected to build on their basic education through strategies such as self-directed study, nursing rounds, journal reading, inservice sessions and workshops, and/or by obtaining additional education credentials/certification.

## **ACCOUNTABILITY**

At all times, RNs, RPNs, and LPNs are accountable for their own practice, however, the provision of safe client care is a shared responsibility. All organizations and health care providers involved in the delivery of nursing services have a responsibility to provide safe care.

### **To Whom Are Nurses Accountable?**

RNs, RPNs and LPNs are accountable to their clients and owe a legal duty of care to them. Each practitioner is accountable for his or her own actions.

RNs, RPNs and LPNs have an employment relationship with their employer and are expected to follow agency policies and procedures.

RNs, RPNs, and LPNs have a legislated relationship with their regulatory bodies--SRNA, RPNAS, and SALPN--and are required to follow the standards and policies for nursing practice developed by the applicable body.

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### **For What are Nurses Accountable?**

RPNs, LPNs and RNs are accountable for:

- Having the competence to practice nursing;
- Knowing the limits of their competence;
- Responding to unsafe or inappropriate client care or circumstances which do or might affect client care;
- Knowing when and how to involve others;
- Advocating for improvements in clinical nursing practice and health care; and
- Functioning within their recognized scope of nursing practice and within all relevant legislation.

Information about the competencies, standards, policies and scopes of practice for RPNs, LPNs and RNs is contained in the professional regulatory bodies' documents. These documents are updated regularly by the professional regulatory bodies to reflect changes in education and the practice environment that influence the scope of practice of nursing practitioners.

### **What is the Responsibility of Nurses When Assigning Work to Unregulated Health Care Providers?**

Unregulated health care providers contribute to client care by providing personal care, supporting activities of daily living and/or carrying out assigned nursing tasks or procedures. The assignment of a nursing task or procedure to an unregulated health care provider must be appropriate, meaning that the RPN, LPN or RN must consider the client's status and requirements for care, the competence of the unregulated health care provider and the practice environment.

The RPN, LPN or RN who is assigning a task or procedure to an unregulated health care provider is responsible for ensuring appropriate support is provided. The amount of support depends upon the complexity of the task or procedure and the competence of the person performing it.

### **What is the Responsibility of Employers?**

Employers have a responsibility to ensure that job descriptions, policies, and procedures for all employees providing nursing care are developed in keeping with relevant legislation and competencies, professional standards, and scopes of practice for the nursing practitioners. The employer documents should identify the roles and responsibilities of RPNs, LPNs and RNs within the various practice settings and address how collaborative practice is carried out.

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Employers are responsible for complying with relevant nursing legislation with respect to licensing and registration and for reporting professional misconduct or incompetence resulting in termination.

Under the doctrine of vicarious liability, employers are liable for the negligent acts of employees who are acting within the scope of their employment. The employer also has an obligation to ensure the allocation of human resources that result in safe staffing patterns and appropriate skill mix for the provision of nursing care.

Employers should involve all nursing practitioners in determining appropriate practice models and utilization of competencies. Employers and nursing practitioners share responsibility for ensuring access to continuing education and experience that promotes life-long learning.

## **CONTRIBUTIONS TO THE PRACTICE OF NURSING**

The purpose of this section is to provide guidance to nursing practitioners and their employers in identifying the optimal composition of nursing teams that will best meet client care needs in a given situation. The client may be an individual, group of individuals, community or population.

This section outlines the respective contributions to collaborative nursing made by RNs, LPNs and RPNs.

The extent to which individual nurses may work independently is dependent upon the client condition, the practice environment, the scope of practice, the competence of the individual practitioner, and the availability of decision-support and clinical consultation.

It is recognized, however, that nursing practitioners in the workplace seldom work in isolation, and that decisions, such as allocation of human resources, will be affected by the actual workplace environment. Every workplace and every situation is unique.

Individual practitioners may practise at varying levels of competence depending on their continuing education and experience. Employers and nursing practitioners share responsibility for ensuring access to continuing education and experience that promotes life-long learning.

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### **Nature and Use of Nursing Knowledge**

There are three professional nursing practitioner groups in Saskatchewan: RNs, LPNs and RPNs. These three groups draw from the same body of nursing knowledge but differ in the depth and breadth of their nursing knowledge.

While each group has its own set of rights, relationships and obligations, the following principles and obligations apply to all equally:

- Completion of a nursing education program approved by the regulatory body;
- Successful passing of a licensure/registration examination;
- Licensure/registration with the regulatory body; and
- Maintenance of competency through continuous learning and experience

### **Educational Preparation**

Nursing education programs for RNs, LPNs and RPNs differ in length, content and credential based on these differences in the nursing knowledge.

These differences define the practice expectations of each regulated nursing practitioner.

As of the year 2000, **initial** Saskatchewan registrants will be required to complete the following:

RN: 4 year Baccalaureate in Nursing

LPN: 1 ½ year certificate

RPN: 3 year diploma (four year Baccalaureate recommended)

The amount of time required to complete these programs may vary depending on the individual and factors such as access, mode of delivery and prior learning assessment.

### **Role Definitions**

The required knowledge for nursing is derived from physical, biological, and behavioural arts and sciences, and is common to all three nursing practitioners.

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In addition to the following roles, some factors should be considered in identifying the optimal composition of nursing teams that will best meet client needs in a given situation:

- Client Characteristics;
- Client care needs;
- Degree of predictability of client condition;
- Circumstances and Environment;
- Potential for urgent or unexpected outcomes;
- Ability to anticipate needs; and
- Availability of resources

### **Licensed Practical Nurses**

Licensed Practical Nurses apply a knowledge-based nursing practice independently and in collaboration with the client and other health care professionals to promote an optimal state of health for a diverse clientele, in a variety of settings.

LPNs use skills and interventions to meet the physical, social/cultural, emotional and spiritual needs of the client, including the following:

- Helping clients, families, and communities to promote and maintain an optimal level of wellness throughout the life span, and promoting dignity in death;
- Supporting, assisting, and caring for clients during illness; and
- Enhancing the clients' ability to cope with the effects of illness and disability.

LPNs provide direct care by assessing client health needs, participating in the planning of care, implementing nursing interventions, and evaluating outcomes.

LPNs are accountable for the nursing care they provide within the knowledge and skills outlined by legislation and the profession. They are also responsible for maintaining competency through continuous learning, education and experience.

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## **Registered Nurses**

Registered Nurses practise in settings that vary from large, urban, tertiary hospitals to small, rural, community hospitals, from outposts to private homes to the inner city streets, and from schools and workplaces to group homes and prisons. The work of Registered Nurses brings them into contact with people of all ages, from all backgrounds and in varying states of illness or wellness. RNs provide services to individuals, families, groups, and the community as a whole. The practice of registered nursing means the performance for clients of health care services that require the application of professional nursing knowledge and skill. These services include the following:

- Promoting, maintaining and restoring the health of the general public;
- Teaching nursing theory and practice;
- Counselling persons about health care;
- Coordinating\* health care services; and
- Engaging in direct care, administration, mentoring, education, consultation, teaching, and research for any of the foregoing.

The purpose of registered nursing practice is to assist individuals, families, groups, and communities to acquire the knowledge, skills, and attitudes needed to strengthen their health. Registered Nurses contribute to the realization of the vision of health as a resource through nurse-client relationships characterized by expert caring, health promotion, equal partnerships, and effective leadership.

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## **Registered Psychiatric Nurses**

Registered Psychiatric Nurses practise to promote mental health, increase capacity and facilitate self-efficacy with individuals, groups, families, communities, and populations. Through the application of self-awareness and deliberate consciousness, Registered Psychiatric Nurses use the therapeutic milieu to promote positive change in both the physical and mental health of the client. Comprehensive psychiatric nursing care, through the nursing process, assists the individual to meet psychosocial, physiological, and developmental needs, including the following:

- Promoting, maintaining, and restoring the holistic health of diverse populations;
- Teaching and practice;
- Developing authentic therapeutic relationships through application of effective interpersonal skills; and
- Coordinating\* mental health and psycho-social services.

Registered Psychiatric Nurses have general and psychiatric professional nursing knowledge, skills and abilities. They practice in diverse settings with diverse clients, independently and in collaboration with other disciplines. Registered psychiatric nursing practice includes direct care, administration, education, consultation and research.

\* **“Coordinating”** does not imply that the coordinator has authority or control over the service or person being coordinated or that the service or person being coordinated is under the direction of the coordinator.

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**GLOSSARY OF  
TERMS*****Accountability***

Being professionally answerable for one's own actions.

***Administration***

Those designated by an employer to manage, supervise, oversee and provide mentoring to meet policy needs/results.

***Authority***

The power or right to enforce obedience; delegated power.

***Act/Legislative Autonomy***

An Act is a written ordinance made by a parliament or legislative body. Professional autonomy is the authority and responsibility received by each regulatory body under its Act to perform on behalf of the legislature a delegated regulatory function (also see *independent/autonomous practice*).

***Collaboration***

The act of working jointly in agreement, harmony and partnership.

***Competence***

The judicious application of knowledge, attitudes and skills required for performance in a designated role and setting.

***Competencies***

The knowledge, abilities, skills, judgments, attitudes and values required for the successful functioning of the nursing practitioner.

***Community***

A group of people bound together through: mutual interest; geographical location; health needs; common characteristics; or culture.

Examples: seniors, disabled, aboriginal, children, town, rural area, or neighborhood

***Context***

The circumstances relevant to something under consideration

***Direct Care***

The act of collaborating with clients to provide care.

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### ***Discipline/Practice of Nursing***

A branch of instruction or learning that has caring as its core concept. The practice of nursing encompasses promotion and maintenance of health, prevention of disease and injury, restoration of health, rehabilitation, and palliation.

Competencies that are not exclusive to one discipline of practice, or shared competencies are those that are based on the art and science of nursing, and include assessing, planning, intervening, evaluating and organizing care for clients as well as practising in a collaborative manner. Further, the concepts of caring and holism are integral to all professional nursing care.

### ***Independent/Autonomous Practice***

Independent/ autonomous practice for professionals reflects the status of self-governance that places upon the professional the responsibility to provide quality, safe services to the public without the need to depend on another entity for control, validity or value. (also see *Act/Legislative Autonomy*).

### ***Interdependent Practice***

Linking nursing service providers, depending on each other, to provide a comprehensive range of client care.

### ***Leadership***

The act of guiding, by persuasion or example, to promote and sustain quality, professional services by being fully knowledgeable and informed of current competencies, credentials and licensing requirements of the team.

### ***Models of Care***

A framework that is used to organize the manner in which care will be provided, based on a philosophy of client care, (e.g. client-centered care, family centered care), which describes the responsibility of the care provider. Examples may include team nursing, primary nursing, case management, functional nursing.

### ***Nursing Process***

The systematic series of goal-directed activities related to assessment, planning, implementation and evaluation of an individual's care.

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***Population***

All persons sharing a common health issue, problem or characteristic. These people may or may not come together as a group.

***Scope of Practice***

The scope of practice for a profession refers to the range of competencies and standards of a qualified practitioner. It establishes the boundaries of a profession. The scope of practice for a profession is established through governing legislation and through internal regulations and/or policies adopted by the appropriate regulatory body.

***Standards***

Standards are desirable and achievable levels of performance against which actual performance can be measured. Standards reflect the values and beliefs of a profession and clarify what the profession expects of its members. The standards apply to all members of a profession and set the minimal acceptable levels of performance. They state levels below which performance is unacceptable. Individual members of the profession may exceed the expectations of established standards.

***Therapeutic Milieu***

General setting where treatment occurs, regardless of the philosophy of treatment.

***Unregulated Health Care Provider***

Workers who are not governed or controlled by legislation.

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**FOR MORE  
INFORMATION**

Documents relating to the practice of RPNs, LPNs or RNs may be acquired from the appropriate nursing regulatory body.

**Registered Psychiatric Nurses  
Association of Saskatchewan**

2055 Lorne Street  
Regina, SK S4P 2M4  
Phone: (306) 586-4617  
Fax: (306) 586-6000  
E-mail: [rpnas@rpnas.com](mailto:rpnas@rpnas.com)

**Saskatchewan Association of  
Licensed Practical Nurses**

2310 Smith Street  
Regina, SK S4P 2P6  
Phone: (306) 525-1436  
Fax: (306) 347-7784  
E-mail: [eleeson@salpn.com](mailto:eleeson@salpn.com)

**Saskatchewan Registered  
Nurses' Association**

2066 Retallack Street  
Regina, SK S4T 7X5  
Phone: (306) 359-4200  
Fax: (306) 525-0849  
E-mail: [info@srna.org](mailto:info@srna.org)