REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES
TRAINING NETWORK

REGISTERED NURSES DIPLOMA TRAINING PROGRAMME

CALL FOR SCHOOL LEAVERS TO APPLY

1. The Ministry of Health and Social Services commenced with a 3 (three) year Registered Nurses Diploma Training Project during 2014 and thus far enrolled 465 students on the programme.

2. The objective of the programme is to facilitate the availability of Registered Nurses to the rural and remote areas of the country where the Government has constructed and still to construct district hospitals, Health Centres and Clinics. Most of these facilities have no Registered Nurses to serve the communities.

3. Invitations are hereby extended to those that are passionate about nursing, well-disciplined and ready to serve the vulnerable and sick within in the Public Health Care Sector of Namibia.

4. This programme is aimed at equipping the regions with Registered Nurses especially in the rural and remote areas.

5. Before the commencement of the training, students will enter into a bonding agreement with the Ministry of Health and Social Services to ensure their commitment of services to the Ministry (which is equal to the number of years of study i.e. 3 (three) years.

6. All successful applicants will be subject to a medical examination and police clearance.

7. **Entry requirements and relevant documents:** All documents must be certified
   a. Applicants must be between the age of 18 and 30 years.
   b. Applicants must be in good health and be well disciplined.
   c. Grade 12 with minimum 24 points in 5 best subjects (including local languages)
   d. English with a D symbol (**only Grade 12 symbols will be considered**)
   e. Biology is compulsory.
   f. Any other Science subject.
   g. Foreign Grade 12 qualifications must be certified by NQA.
   h. Obtain the Project Health Questionnaire and Application form from the Website: [www.mhss.gov.na](http://www.mhss.gov.na) or Regional Health Directorates in all regions.
   i. You may also obtain the Project Health Questionnaire and Application form or other relevant information from email: address at registerednursesdiplomaproject@gmail.com
   j. Copy of any qualification.
   k. Police clearance certificate (may also be obtained at a later stage).

8. **WHO SHOULD NOT APPLY?**
   8.1 APPLICANTS WITH FAKE QUALIFICATIONS
   8.2 APPLICANTS ENROLLED AT ANY OTHER TRAINING INSTITUTION
   8.3 LINE MINISTRIES: SAFETY AND SECURITY AND NDF: ARE HANDLED THROUGH THE RELEVANT LINE MINISTRIES.
   8.4 EMPLOYEES OF MOHSS
9. CLOSING DATE: 4th SEPTEMBER 2015 AT 17HRS.

10. SUBMIT APPLICATIONS TO REGIONAL HEALTH DIRECTORS OFFICE’S IN ALL REGIONS.

Keeping the public safe

Council’s role is to ensure that nurses are competent and fit to practise nursing:

- It receives notifications of health or competence concerns that may impact on nurses’ ability to practise safely or competently.
- It also investigates complaints about nurses where the conduct has not affected a health consumer or where the Health and Disability Commissioner has referred a complaint that affects a health consumer to the Council for appropriate action.
- It also considers court convictions that may reflect adversely on a nurse’s fitness to practise.

Transcript of "Discipline Nursing administration"

1. 1. Bivin Jose Department of Psychiatric Nursing Mar Baselios college of Nursing
2. 2. Introduction A force that promotes individuals or groups to observe the rules, regulations and procedures. Necessary for the effective functioning of an organization “Disciplina” (Latin)= teaching, learning and growing.
4. 4. Definition Orderly conduct of affairs by the members of an organization who adhere to its necessary regulations because they desire to cooperate harmoniously in forwarding the end which the group has in view and willingly recognize that, to do this, their wishes must be brought into a reasonable unison with the requirements on the group in action. • Ordway Teads
5. 5. Continues.. Discipline consists in the submission of one’s impulses & powers to a regulation which imposes from chaos & brings efficiency & economy where there would otherwise it is ineffective and waste. • Percununn
6. 6. Continues... Discipline is a control mechanism employed to ensure compliance with the organizational objectives. It is used to control those who deviate from performance and behavioral standards • ILO
7. 7. Objectives To make the organizational climate adhere to the organizational goals To impart an element of uniformity despite several differences in informal behaviours & other related changes in an organization. To develop a spirit of tolerance & a desire to make adjustments.
8. 8. Continues... To give & seek direction & responsibility To create an atmosphere of respect for the human personality and human relations To increase the working efficiency and morale among the employees To improve the productivity
9. 9. Types 1) Self controlled discipline Employee brings her or his behavior in to agreement with the organizations official behavior code 2) Enforced Discipline Action being enforced by the organization and employee compliance with organization’s rules and regulation
10. 10. Aspects of discipline Positive aspects • Employees believe & support to discipline • Adhere to the rules, regulations & desired standards of performance • Positive support & reinforcement is being imparted Negative aspects • Employees doesn’t believe in & support
the discipline • Forces & constraints in obeying the rules & regulations is being made • Often termed as punitive approach

11. Principles for effective discipline

- All the rules should be framed in cooperation and collaboration with the representatives of employees. All the rules should be appraised at frequent and regular interval to ensure that they are, and continue to be, appropriate, sensible and useful.

12. Rules should vary with changes in the working conditions of employees. Rules should be uniformly enforced if they are to be effective. Penalties should be clearly stated. A disciplinary policy should be preventive rather than punitive. Extreme caution should be exercised to ensure that infringements are not encouraged.

13. If violations of a particular rule are fairly frequent, the circumstances surrounding them should be carefully investigated and studied in order to discover the causes of such violations. Definite and precise provisions for appeal and review of all disciplinary actions should be expressly mentioned in the employees’ handbook or collective agreements.

14. Approaches to discipline

- Human relation approach: Employees are helped to correct their deviant behaviors.
- Human resource approach: Act of indiscipline as failure in development, maintenance or utilization of resources.
- Group discipline approach: Group norms as the standards of discipline.
- Autocratic approach: Rules & disciplines are set and regulated by the leader/supervisors.

15. Guidelines for effective discipline

- Get the facts before acting
- Do not act while you are angry
- Do not suddenly tighten your enforcement rules
- Do not apply penalties inconsistently
- Discipline in private
- Make the offenses clear.

16. Continues...

- Get the other side of the story
- Do not let the disciplining become personal
- Do not back down when you are right
- Inform HRD & administration of the outcome & other pertinent details

17. Self discipline

- The ability to regulate one’s conduct by principle and sound judgment, rather than by impulse, desire, or social custom.
- Self discipline can be considered a type of selective training, creating new habits of thought, action, and speech toward improving yourself and reaching goals.

18. Five pillars of self discipline

- Acceptance
- Willpower
- Hard work
- Industry
- Persistence

19. To be self disciplined

- Get yourself organized
- Don’t constantly seek to be entertained
- Be on time
- Keep your word
- Do the most difficult tasks first
- Finish what you start
- Accept correction
- Practice self denial
- Welcome responsibility

20. Factors influencing self-discipline

- Employee awareness and understanding of rules and regulations that govern behavior.
- There must exist an atmosphere of mutual trust.
- Formal authority must be used judiciously.
- Employees should identify with the goals of the organization.

21. Indiscipline

- Disorderliness, insubordination and not following the rules and regulation of an organization.
- Features: Change in the normal behavior, Absenteeism, apathy, go-slow at work, increase in number and severity of grievances, Persistent and continuous demand for overtime allowance, and lack of concern for performance.

22. Causes of indiscipline

- Non-placement of the right person on the right job.
- Undesirable behavior of senior officials.
- Faulty evaluation of persons and situations by executives leads of favoritism.
- Lack of upward communication.
- Leadership which is weak, flexible, incompetent and distrustful.

23. Defective supervision

- Lack of properly drawn rules and regulations.
- Workers’ personal problems, their fears, apprehensions, hopes and aspirations; and their lack of confidence in and their inability to adjust with their superior and equals.
- Worker’s reactions to rigidity and multiplicity of rules and their improper interpretation.
- Intolerably bad working conditions.
24. Personality characteristics Absence of enlightened, sympathetic and scientific management. Errors of judgment on the part of the supervisor or the top management. Discrimination based on caste, colour, creed, sex, language, and place in matters of selection, promotion, transfer, placement and discrimination in imposing penalties and handling out rewards.

25. McGregor's hot stove rule 4 discipline Forewarning Immediate consequences Impartiality Consistency

26. Problem-Employees How to deal them?

27. Meaning Includes marginal employees & impaired employees • Marginal employees: Disrupt the unit functions because of the quantity or quality of their works consistently meet only minimal standards at best • impaired employees are unable to perform their work as the expected level because of chemical/psychological impairment

28. Minor problems • Late attendance or absence from duty • Leaving work place without permission • smoking or eating in prohibited areas and patient areas. • Laziness inefficiency or careless work Major problems • Using hospital facilities unauthorized for personal gain • Refusal to accept or obey an order, using indecent languages • Gross negligence or neglect of work

29. Absenteeism Problems associated to absenteeism: • Patient care may be below standard • Replacement personnel need additional supervision • Financial management of the unit suffers adverse effects

30. Effective strategies to deal absenteeism Enhancing employment satisfaction Adopting a non-punitive discipline model (Haddock) • Remind the problem orally • Follow up with a written reminder if the oral one fails • Grant the employee a day of decision if the written reminder fails • Terminate if the employee decides not to adhere with the standards

31. Characteristic changes in chemically impaired employees • Changes in personality & behaviors • increased irritability, personal care negligence, mood swing, social isolation, increased forgetfulness • Changes in job performance • Delayed work, sloppy charting, medication errors, judgment errors, sleeping on duty • Changes in attendance & use of time • Increased absence, excessive SL, consistent lateness

32. Dealing with the problem employees Recognize & reinforce the intrinsic self-worth of each employee and the role of successful work performance in maintaining positive self-image Clearly identify the performance expectations for all employees and confronts employees when those expectations are not met

33. Assign employees to work roles & situations that successfully challenge or intermittently stretch the employee; does not allow employees to fail repeatedly Focus on employee confrontations on performance deficits and not on the cause of the problem Work in collaboration to formulate a remedial plan of action Ensure the employee understands the performance expectations


- Perform physical exams and health histories
- Provide health promotion, counseling and education
- Administer medications, wound care, and numerous other personalized interventions
- Interpret patient information and make critical decisions about needed actions
- Coordinate care, in collaboration with a wide array of healthcare professionals
- Direct and supervise care delivered by other healthcare personnel like LPNs and nurse aides
- Conduct research in support of improved practice and patient outcomes
- Prepares graduates to engage in the full scope of professional nursing practice across all healthcare settings

What the training entails

- First two years often concentrate on psychology, human growth and development, biology, microbiology, organic chemistry, nutrition, and anatomy and physiology.
- Final two years often focus on adult acute and chronic disease; maternal/child health; pediatrics; psychiatric/mental health nursing; and community health nursing.
- Is intended to result in a deeper understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery
- Includes nursing theory, physical and behavioral sciences, and humanities with additional content in research, leadership, and may include such topics as healthcare economics, health informatics, and health policy

The Registered Nurses Diploma Project is about to advertise for the next 3rd intake therefore to ensure prospective applicants acquire additional information the following important information/requirements are shared with prospective applicants.

1. Self-Discipline and Discipline

Discipline is the treatment suited to a disciple or learner, education, development, of the faculties by instructions, and exercises, training, whether physical, mental, or moral • Jane Nelson, 2002 – Discipline consists in the submission of one’s impulses & powers to a regulation which imposes from chaos & brings efficiency & economy where there would otherwise it is ineffective and waste. • Percununn s

As discipline is a vital components of education it is required that prospective applicants have a clear understanding of discipline, therefore prospective applicants are required to have the ability to apply discipline as an adult learner, demonstrate good understanding of the right conduct, desirable habits and attitudes and subordination. Should also be showing acceptance of being controlled

The ultimate aim of discipline is to create & maintain desirable conditions in the teaching-learning situation & thus to achieve in the achievement of objectives of the training programme.

2. Fitness to practice
It is the MoHSS’s role is to protect the health and safety of the public by ensuring that prospective nurses are competent even at a level of entry and fit to be enrolled and trained as nurses in order to practice nursing once the training is completed. The Project carries out this role by considering the most suitable candidates enter the training programme by deciding whether the prospective applicant comply with certain conditions in order to be enrolled as a student. The of essential skills list to be registered as a student on the Project are as follows:

3. Health

If you have concerns about the health as a person and have reason to believe that you are unable to perform the functions required for the practice of nursing because of some mental or physical condition it is recommended that you should not to apply for the training course. Drug and alcohol or drug abuse cases shall not be considered at all. If you are a prospective student with a mental or physical condition and believe that this condition may affect your ability to practice, you are also required not to apply at this stage. You will also be asked to declare any such condition or health condition in your application. You do not have to declare health conditions that are temporary or do not affect your ability to practice as a nurse such as HIV.

You will find the Health Questionnaire Form in the Website of the |Ministry; at.

See more information on the website about the Project.
Introduction

“Standards are professionally developed expressions of the range of acceptable variations from a norm or criterion” - Avedis Donabedian.

Standards may be defined as “Benchmark of achievement which is based on a desired level of excellence. Criteria are pre-determined elements against which aspects of the quality of medical service may be compared.

What are Nursing Standards?

All standards of practice provided at are needed to practice safely.

They reflect a desired and achievable level of performance against which actual performance can be compared. Their main purpose is to promote, guide and direct professional nursing practice. (Registered Nurses Association of BC (2003) & the College of Nurses of Ontario (2002)

Why are Standards Important?

- Outlines what the profession expects of its members.
• Promotes guides and directs professional nursing practice – important for self-assessment and evaluation of practice by employers, clients and other stakeholders.
• Provides nurses with a framework for developing competencies
• Aids in developing a better understanding & respect for the various & complimentary roles that nurses have. (Registered Nurses Association of BC (2003) & the College of Nurses of Ontario (2002)

What is a profession?

Characteristics of a Profession according to Houle (1980)

1. Concept of mission open to change.
2. Mastery of theoretical knowledge.
3. Capacity to solve problems.
4. Use of theoretical knowledge.
5. Continued seeking of self-enhancement by its members.
6. Formal training.
7. Credentialing system to certify competence.
8. Creation of subculture.
9. Legal reinforcement of professional standards.
10. Ethical practice.
11. Penalties against incompetent or unethical practice.
12. Public acceptance.
13. Role distinctions that differentiate professional work from that of other vocations and permit autonomous practice.
14. Service to society.

Professionalization of nursing

Professionalization is the process by which an occupation achieves professional status. The status of nursing as a profession is important because it reflects the value society places on the work of nurses and the centrality of this work to the good of society. A profession is characterized by prolonged education that takes place in a college or university. Values, beliefs, and ethics relating to the profession are an integral part of the educational preparation. By definition, a professional is autonomous in decision making and is accountable for his or her own actions. Personal identification and commitment to the profession are strong, and individuals are unlikely to change professions. In contrast, an occupation is characterized by training that may occur on the job for varying lengths of time. The training does not incorporate, as a prominent feature, the values, beliefs, and ethics of the occupation. The workers are supervised, and ultimate accountability rests with the employer. Thus commitment is not always strong, and individuals often change jobs (Chitty, 1993).

Professional nursing practice involves “specialized skills essential to the performance of a unique, professional role” the two main concepts that are in the forefront of professional nursing and its services ideal are accountability and autonomy.

Accountability is the state of being responsible and answerable for one’s own behavior. The sphere of a nurse’s accountability is to self, the client, the employing agency, and the profession. The standards of clinical nursing practice by ANA and standards of the various specialty nursing practices document the professional nurse’s scope and limits of accountability. By virtue of these standards, society holds nurses and those under their supervision accountable for their actions.

Autonomy in nursing is the freedom and the authority to act independently. It implies control over one’s practice, and it applies to both decisions and actions.

An accountability based governance system is a predominant feature of professional practice models. Responsibility and authority are established in specified processes rather than in particular individuals who, in turn, determine the placement of accountability. The nurse is central to the organization and is supported by major service components such as standards, quality assurance, continuing education, and peer process. Nursing management has no legitimate role in practice-related decisions; rather, management facilitates, integrates, and co-ordinates nursing operations to support the practitioner.

Professional standards and nursing process

Professional standards ensure that the highest level of quality nursing care is promoted. Excellent nursing practice is a reflection of sound ethical standards. Client care requires more than just the application of scientific knowledge. A nurse must be able to think critically, solve problems, and find the best solution for client’s needs to assist clients in maintaining, regaining, or improving their health. Critical thinking requires the use of scientifically based and practice-
based criteria for making clinical judgments. These criteria may be scientifically based on research findings or practice based on standards developed by clinical experts and quality improvement initiatives.

**Nursing profession and essential components**

Nursing is a helping, independent profession that provides services that contribute to the health of people. Three essential components of professional nursing are care, cure and co-ordination. Caring aspect is rational and requires as nurse to understand the patient’s needs at a level that permits individualization of nursing therapies. To cure is to assist patients in understanding their health problems and to help them to cope. The cure aspect involves the administration of treatments and the use of clinical nursing judgment in determining, on the basis of patient outcomes, whether the plan is effective. Co-ordination of care involves organizing and timing the medical and other professional and technical services to meet the holistic needs of the patient. And often a patient requires many other services simultaneously in order to be well cared for. A professional nurse also supervises, teaches, and directs all of those involved in nursing care. So there are some guidelines are essential to check how the nurses perform professionally and how they exercise the care, cure and co-ordination aspects of nursing. As an independent profession, nursing has increasingly set its own standards for practice. This is called standards of nursing care.

Clinical, administrative, and academic experts have developed standards of nursing practice. The most widely accepted one is American Nurses Association (ANA) 2004 within this document there are standards of professional performance and standards of practice.

**Nursing as a profession**

Nursing is not simply a collection of specific skills, and the nurse is not simply a person trained to perform specific tasks. Nursing is a profession. No one factor absolutely differentiates a job or a profession, but difference is important in terms of how nurse practice. When one can say a person acts “professionally”, for example, we imply that the person is conscientious in actions, knowledgeable in the subject, and responsible to self and others.

As explained before a profession as have some characteristics, one among this is the profession has a code of ethics and standards.

**Standards of Professional Performance**

The ANA Standards of professional Performance describes a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization, this document serves as objective guidelines for nurses to be accountable foe their actions, their patients, and their peers. the standards provide a method to assure clients that they are receiving high-quality care, that the nurses know exactly what is necessary to provide nursing care, and that measure are in place to determine whether the care meets the standards.

**ANA Standards of professional performance.**

<table>
<thead>
<tr>
<th>Standards</th>
<th>Definition</th>
<th>Measurement criteria</th>
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</table>
| I: quality of practice | The registered nurse systematically enhances the quality and effectiveness of nursing practice | 1. Demonstrates quality by documenting the application of the nursing process in a responsible, accountable and ethical manner.  
2. Uses quality improvement activities to initiate changes in nursing practice and health care delivery system  
3. Uses creativity and innovation to improve nursing care delivery  
4. Incorporates new knowledge to initiate changes in nursing practice if desired outcomes are not achieved.  
5. Participates in quality improvement activities. |
| II: education   | The nurse attains knowledge and competency that reflects current nursing practice | 1. Participates in ongoing educational activities |


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<tr>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>III: Professional practice evaluation</td>
<td>The nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.</td>
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<tr>
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<td>1. Engage in self-evaluation on a regular basis</td>
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<td>2. Seeks constructive feedback regarding one's own practice</td>
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<td>3. Takes action to achieve goals identified during the evaluation process</td>
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<td>4. Participates in systematic peer review as appropriate</td>
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<td>5. Practice reflects knowledge of current practice standards, laws, and regulations</td>
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<td>6. Provides age-appropriate care in culturally and ethnically sensitive manner</td>
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<td>IV: Collegiality</td>
<td>The nurse interacts with and contributes to the professional development of peers and other health care providers as colleagues</td>
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<td></td>
<td>1. Shares knowledge and skills with peers and colleagues</td>
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<td>2. Provides peers with feedback regarding their practice</td>
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<td></td>
<td>3. Interacts with peers and colleagues</td>
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<td></td>
<td>4. To enhance one's own professional nursing practice</td>
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<td></td>
<td>5. Maintains compassionate and caring relationships with peers and colleagues</td>
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<td></td>
<td>6. Contributes to an environment that is conducive to clinical education nursing students as appropriate</td>
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<td></td>
<td>7. Contributes to a supportive and healthy work environment</td>
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<tr>
<td>V: Collaboration</td>
<td>The nurse collaborates with patient, family, and others in the conduct of nursing practice</td>
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<tr>
<td></td>
<td>1. Communicates with the patient, significant others, and health care providers regarding patient care and nursing's role in the provision of care</td>
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<td></td>
<td>2. Collaborates with patient, family, and other health care providers in the formulation of overall goals and the plan of care and in the decisions related to care and delivery of services</td>
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<td></td>
<td>3. Partners with others to effect change and generate positive outcomes</td>
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<td></td>
<td>4. Document referrals, including provisions for continuity of care, as needed</td>
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</table>
| VI: Ethics | The nurse integrates ethical provisions in all areas of practice | 1. Practice is guided by the Code of Ethics for Nurses with Interpretive Statement  
2. Maintains therapeutic and professional patient-nurse relationship  
3. Delivers care in the manner that preserves patient autonomy, dignity, and rights.  
4. Seeks available resources in formulating ethical decisions  
5. Reports illegal, incompetent or impaired practice  
6. Maintains patient confidentiality within legal and regulatory parameters. |
| --- | --- | --- |
| VII: Research | The nurse integrates research findings in practice | 1. Utilizes best available evidence including research findings to guide practice decisions  
2. Participates in research activities as appropriate to the nurse's education and position such as the following:  
3. Identifying clinical problems suitable for nursing research  
   a. Participating in data collection  
   b. Participating in a unit, organization, or community research committee  
   c. Sharing research activities with others conducting research  
   d. Critiquing research for application to practice  
   e. Uses research findings in the development of policies, procedures, and practice guidelines for patient care  
   f. Incorporates research as a basis for learning |
| VIII: Resource Utilization | The nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services. | 1. Evaluates factors related to safety, effectiveness, availability and cost when practice options would result in the same expected patient outcome  
2. Assists the patient and family in identifying and securing appropriate and available services to address health-related needs  
3. Assigns or delegates tasks as defined by the state nurse practice acts and according to the knowledge and skills of the designated care giver  
4. Assigns or delegate tasks based on the needs and condition of the patient, the potential for harm, the stability of the patient's condition, the complexity of the task, and the predictability of the outcome  
5. Assists the patient and family in becoming informed consumers about the cost, risks, and benefits of treatment and care |
The nurse provides leadership in the professional practice setting and the profession

1. Engages on team work.
2. Works to create and maintain healthy work environments.
3. Teach others to succeed through mentoring.
4. Exhibits creativity and flexibility during change.
5. Directs coordination of care across settings and care givers.
6. Serves in key roles in the work settings by participating on committees, councils, and administrative.
7. Promotes advancement of the profession.
8. Display the ability to define a clear vision, the associated goals, and a plan to implement and measure progress.
9. Demonstrates energy, excitement and a passion for quality work.
10. Willingly accepts mistakes by self and others, thereby creating a culture in which risk-taking is not only safe, but expected.

Standards of care

The standards of care in the ANA nursing: Scopes and Standards of practice (2004) describe a competent level of nursing care. The levels of care are demonstrated through the nursing process. The nursing process is the foundation of clinical decision making and includes all significant actions taken by nurses in providing care to clients. Within these are the nursing responsibilities for diversity, safety, education, health promotion, treatment, self care, and planning for the continuity of care. Standards of care are important if a legal dispute arises over whether a nurse practiced appropriately in a particular case.

ANA Standards of practice

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measurement criteria</th>
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<tbody>
<tr>
<td>1. Assessment</td>
<td>1. Collects data in a systematic and ongoing process.  2. Data collection involves the patient, significant others, and health care providers, when appropriate  3. Priorities data collection activities based on the patients immediate condition or needs determine the priority of data collection  4. Collects pertinent data using appropriate assessment techniques  5. Document relevant data in a retrievable form</td>
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<tr>
<td>2. Diagnosis: The nurse analyzes the assessment data to determine the diagnoses or issues</td>
<td>1. Derives diagnoses from the assessment data  2. Validates the diagnoses with patient, significant others, and health care providers, when possible  3. Documents diagnoses in a manner that facilitates the determination of expected outcomes and plan of care</td>
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<tr>
<td>3. Outcomes identification: The nurse identifies expected outcomes for a plan individualize to the patient or the situation</td>
<td>1. Derives outcomes from the diagnoses  2. Formulates outcomes mutually with the patient and the health care providers, when possible  3. Outcomes are culturally appropriate and realistic in relation to the patients present and potential capabilities  4. Defines expected outcomes in terms of the patient, patient values, ethical considerations, environment, or situation with</td>
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such consideration as associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expecting outcomes.
5. Outcomes are attainable in relation to resources available to the person
6. Outcomes include a time estimate for attainment for expected outcome.
7. Outcomes provide direction for continuity of care
8. Modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.
9. Documents outcomes as measurable goals.

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<tr>
<th>Planning: The nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes</th>
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<tbody>
<tr>
<td>1. The plan is individualized to the patient and patients condition or needs</td>
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<td>2. Develops the plan with the patient, significant others, and health care providers, when appropriate.</td>
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<td>3. Includes strategies within the plan that address each of the identified diagnosis or issues, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.</td>
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<td>4. Provides for continuity within the plan.</td>
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<td>5. Incorporates an implementation pathway or timeline within the plan.</td>
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<td>6. Utilizes the plan to provide direction to other members of the health care team.</td>
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<td>7. Defines the plan to reflect current status, rules, and regulations and standards.</td>
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<td>8. Integrates current trends and research affecting care in the planning process.</td>
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<td>9. Considers the economic impact of the plan.</td>
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<td>10. Uses standardized language or recognized terminology to document the plan.</td>
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<th>Implementation</th>
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<tr>
<td>1. Interventions are consistent with the established plan of care</td>
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<td>2. Implements interventions in a safe and appropriate manner.</td>
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<tr>
<td>documents interventions</td>
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<td>3. Utilizes evidence-based interventions and treatments specific to the diagnosis or problem.</td>
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<td>4. Collaborates with nurse colleagues to implement the plan</td>
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<td>5. Utilizes community resources and systems to implement the plan.</td>
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</table>
5A: Co-ordination of care. The registered nurse coordinates care delivery.

5B: Health teaching and health promotion
- Provides health teaching that addresses such topics as healthy lifestyles, risk reducing behaviors, developmental needs, activities of daily living, and preventive self-care.
- Uses health promotion and health teaching methods appropriate to the situation and the patient’s developmental level, learning needs, readiness, ability to learn, language preference, and culture.
- Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.

5C: Consultation: the advanced practice registered nurse and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others and effect change.
- Synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.
- Facilitates the effectiveness of a consultation by involving the patient in decision-making and negotiating role responsibilities.
- Communicates consultation recommendations that facilitate change.

5D: Prescriptive Authority and Treatment: the advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- Prescribes evidenced-based treatments, therapies, and procedures considering the patient’s comprehensive health care needs.
- Prescribes pharmacological agents based on a current knowledge of pharmacology and physiology and based on clinical indicators, the patient’s status needs, and the results of diagnostic and laboratory tests.
- Evaluates therapeutic and potential adverse effects and potential adverse effects of pharmacological and non-pharmacological treatment.
- Provides patients with information about intended effects and potential adverse effects of proposed prescriptive therapies.
- Provides information about costs, alternative treatments and procedures, as appropriate.

6: Evaluation
- Evaluation is systematic, ongoing, and criterion-based.
- Involves the patient, significant others, and the healthcare providers in the evaluation process, when appropriate.
- Uses ongoing assessment data to revise diagnoses, outcomes, and plan of care as needed.
- Documents revisions in diagnoses, outcomes, and the plan of care.
- Evaluates the effectiveness of interventions in relation to outcomes.
- Documents the patient’s response to interventions.
Code of ethics

Nursing has a code of ethics that defines the principles by which nurses provide care to their clients. In addition, nurses incorporate their own values and ethics into practice. The code of ethics for nurses with interpretive statements provides a guide for carrying out nursing responsibilities that provide quality nursing care and provides for the ethical obligations of the profession.

Standard nursing care: An Asset

In order to ensure quality care, the nursing care needs some standards. Standards are degree of excellence. The aim of standard nursing care is to support and contribute to excellent practices. The role of nurses is constantly changing to meet the growing needs of health services.

Objectives

- Plan
- Holistic Approach
- Appropriate Diagnosis
- Realistic Goal
- Selecting Appropriate Media
- Quality Care rather than quantity
- Economize Time, Material, Energy

Types of standard care

- Structure -- Things we use
- Process -- Things we do
- Outcome -- The result

Characteristics of standard care

- Dynamic
- Reflects Changes
- Not Static

Brief description of methods and procedure

S - Successful termination of helping relationship for client.

T - To have clear idea or conception of the distinct goal, nursing the patient and health needs of society.

A - Assertive planning.

N - Nature of client-nurse interaction.

D - Directing others.

A - Analytical thinking.

R - Respect status and policies.

D - Data collection in accordance with goal.

Standard: Nursing practice requires that a conceptual model for nursing be the basis for the independent part of that practice.
Elements: Nurses are required to have a clear idea or conception of the distinct goal of nursing, the patient, the health needs of the society, the source of client difficulty, the focus, and the modes of nursing intervention and the expected consequences of nursing activities.

Standard: Nursing practice requires the effective use of the nursing process.

Elements: Nurses are required to collect data in accordance with their conception of the goal of nursing, the client, the source of client difficulty, the four models, and the modes of intervention conceptual models for nursing.

Standard: Nursing practice requires that the helping relationship be the nature of client-nurse interaction.

Elements: Nurses are required to increase the likelihood that the client will perceive the health service experience as understandable, manageable, and meaningful at the outset.

Nurses are required to ensure a successful termination of the helping relationship.

Standard: Nursing practice requires nurses to fulfill professional responsibilities.

Elements: Nurses are required to respect status and policies relevant to the profession and the practice setting. Nurses are required to comply with the code of ethics of their profession. Nurses are required to function as members of a health team.

Standard in Nursing Practice

Professional Responsibilities

- Health team member
- Ethics
- Policies

Conceptual

- Health needs of society
- Nursing intervention

Effective use of nursing process

- Data collection
- Diagnosis
- Goal
- Intervention
- Evaluation

Unity

- Setting standards
- Planning individual patient care
- Monitoring and evaluating patient and environment
- Coordinating services to the patient

CONCLUSION

"Nursing Standards of Care" pertain to professional nursing activities that are
demonstrated by the nurse through the nursing process. These involve assessment, diagnosis, outcome identification, planning implementation, and evaluation. The nursing process is the foundation of clinical decision making and encompasses all significant action taken by nurses in providing care to all consumers. While “Nursing Standards of Professional Performance” describe the roles of all professional nurses, there are many other responsibilities that are hallmarks of professional nursing. These nurses should be self-directed and purposeful in seeking necessary knowledge and skills to enhance career goals. Other activities—such as membership in professional organizations, certification in specialty or advanced practice, continuing education and further academic education, are desirable methods of enhancing the nurse’s professionalism. Accountability for one’s practice as a professional rests with the individual nurse.

REFERENCES

5. Potter PA, Perry AG. Basic Nursing; Essentials for practice. 6th edn. Mosby; St Louis.2007.
Learning Outcomes

*Upon successful completion of this subject, students should:*
- be able to discuss and reflect upon the history of nursing and development of the discipline;
- be able to demonstrate an understanding and reflect upon the discipline of nursing in a changing context;
- be able to demonstrate an understanding of how self impacts on and may be affected by nursing;
- be able to demonstrate an understanding of the principles that underpin the concepts of critical thinking and reflection and significance of these concepts to nursing;
- be able to demonstrate an understanding and apply the skills required to find and use evidence through research;
- be able to demonstrate an understanding of the roles and functions of the inter-professional health care team;
- be able to demonstrate an understanding and application, at a beginning level, of the principles of formal academic writing;
- be able to demonstrate a basic level of proficiency in prerequisite mathematical calculations for medication administration;
- be able to describe the frameworks and processes of professional and legal contexts of nursing;
- be able to explore the influences of culture on nursing practice from an international perspective;
- be able to use technology to aid research and present information in a professional manner, consistent with organisational requirements; and
- be able to participate in the professional development of self.

Syllabus

1. **• Meaning – Discipline- disciples (Pupils) + Descipere (to comprehend).** – Applying standards in a consistent, flexible & fair manner. • Definition – Discipline is the treatment suited to a disciple or learner, education, development, of the faculties by instructions, and exercises, training, whether physical, mental, or moral • Jane Nelson, 2002 – Discipline consists in the submission of one’s impulses & powers to a regulation which imposes from chaos & brings efficiency & economy where there would otherwise it is ineffective and waste. • Percununn

2. **Aims of discipline** 1. To create & maintain desirable conditions in the teaching-learning situation & thus to achieve in the achievement of objectives 2. To create favorable attitude towards the establishment & maintenance of conditions essential to effective work, in order to achieve the desired objectives. 3. To assist the development of self-control & cooperation which are regarded as essential traits in the daily living as well as professional functioning.

3. **Facts about discipline** Vital component in the process of education Control of behavior to attain a goal & purpose Good understanding of right of conduct, the information of desirable habits & attitudes Subordination of individual interests in order to bring efficiency and economy Willing acceptance of being controlled
4. Principles of discipline 1. In harmony with the total goals of education 2. Based on and controlled by love and not by fear. 3. Positive & constructive. 4. Ensure quality of justice to all, respect for individual rights & dignity and a humanitarian treatment of the same.

5. Mean for successful implementation of the educational program 6. Disciplinary policies and procedures should be primarily preventive, secondarily corrective, and never reattribute. 7. Situation specific disciplinary actions followed by counseling. 8. It is something which the teacher helps the children to attain, not something the teacher maintains.

6. Disciplines in personal- make talk in private 10. Relate the act of misconduct to the act of correction (educative) 11. Avoid collective punishments – it can provoke unnecessary resentment 12. Never allow disciplinary procedures to interfere with the educational opportunities. 13. Serious cases only to be referred further 14. Seek professional help if needed

7. Functions of discipline Facilitate & assist in learning those standards of conduct acceptable within the society. Helps to acquire characteristics of positive nature such as self control and persistence Assists in securing stability of the social order Achieve security & maturity

8. Types of discipline 1. Authoritarian discipline – Traditional form – Authority of old over young – Punishment for undesirable behavior 2. Democratic discipline – Students & teachers have mutual participation 3. Self discipline – True discipline – Satisfy the need for satisfying the need of self respect & security. – Source of control largely within the individual students

9. Assertive discipline Clear expectation for the required behavior is set out by the teacher Specific, concrete, & verbal praises are given for the desired behavior. Negative reinforcement for the undesired behaviors Teacher is assertive in insisting on the application of the rewards & sanctions Power resides with the teacher where choice is with the students (teacher can tell explicitly about the desired behavior and the consequences; students can chose to obey or not to obey.

10. Nature of discipline Natural discipline Compulsive discipline Supernatural discipline Personal discipline Social discipline

11. Compulsive discipline: – Lowest level of discipline, imposed from top to down. – External rules by force – Establishment of permanent & proper habits of conduct. 2. Personal discipline – Personality centered – It is educative in nature 3. Social discipline: – Group norms based – Self control is exercised through the social context

12. Class-room disciplinary measures Desirable measures Undesirable measures • Personal conference • Suggestions regarding maintaining & adherence to guidelines • Deprivation of privileges • Use of probation & honor • Seating arrangements of the students • Use of threat, forced apology • Punishing the group for the offense of one student • Use of students misdeed as an example • Nagging, scolding

13. Measures to maintain class discipline • Ensure class room conditions are favorable to the lesson planned • Make sure that the teaching process doesn’t depress the class morale • Appropriate reinforcement on time • Neither too friendly nor too remote with the students • Watch for the signs of trouble very carefully • Plan the class with desirable pace with appt. learning measures

14. • Be fair-mind & impartial- favoritism in any sense can lead to will lead to withdrawal of co-operation and indiscipline among students. • When there is an order, impose it firmly & unambiguously • Teacher must know when & how to punish (i.e. to implement disciplinary measures) • Ensure the necessity for a reprimand • Follow
up all important disciplinary matters • Revise & execute the best among the measures adopted by reviewing

15. **Oral reprimand** • Nature of misconduct, the corrective action required, & the consequences if not been corrected. Disciplinary process

- **Written reprimand** • Formal written statement on nature of misconduct, the corrective action required, & the consequences if not been corrected.
- **Suspension/ financial penalty** • Temporary & immediate removal from the job + written reprimand
- **Demotion** • It is done with misconduct of managerial persons
- **Disciplinary termination** • Culminating misconducts • Determining the employee is no longer suitable for the specific employment

16. **To conclude;** • Discipline is a vital component in the process of education • It should be control of behavior to attain the instructional objectives • Disciplinary guidelines help the teachers to make the environment student-centered.

Professional development on the Code of Conduct and the Guidelines: Professional Boundaries needs to be completed by end of July 2015. Nurses are expected to include this information on their professional development record which will be assessed as part of their PDP or may be requested by the Council if they are selected for the recertification audit.

Please Note:

The Council requirement to complete professional development on the Code of Conduct and Professional Boundaries is a one off requirement.

E-Learning Package (Developed by Canterbury and West Coast District Health Board)

All Nurses are also able to access an e-learning package on the Code developed by the Canterbury and West Coast District Health Boards.

INSTRUCTIONS:

To access the course users will need to:

1. click the link above then select the 'login as guest' option
2. work your way through the online package following the instructions outlined in the package.
3. complete the assessment and fill in your contact details at the end to enable CDHB to email you a certificate.

Guidelines: Professional Boundaries

The booklet Guidelines: Professional Boundaries discusses the sometimes challenging but critical issue of professional boundaries in more detail. It is designed to be read alongside the Code.

The key message of both documents is that nurses must make the care of patients their first concern. To do this effectively, they must maintain professional boundaries.

Nurses are expected to familiarise themselves with the Code and the Guidelines and incorporate these standards in their practise. Over the next three years, as part of the continuing competence requirements, all nurses will be required to complete professional development on the Code of Conduct and professional boundaries. Nurses are also able to access an e-learning package on the Code developed by the Canterbury and West Coast District Health Boards. To access the course users will need to select the 'login as guest' option.

A series of interactive presentations is currently being planned around the country to support nurses in meeting this requirement and to foster examination and discussion of the new principles and guidance. Online learning is also being explored as a way of making education available to all nurses, whatever their place or time of work.

Guidelines: Social Media & Electronic Communication
Guidelines: Social Media & Electronic Communication is a new guidance document to help nurses think about their use of social media and electronic communications in relation to standards of professional conduct. The new guidelines explore the benefits and pitfalls of social media providing detailed guidance to expand on the principles and standards of behaviour outlined in the new Code of Conduct for nurses, published in the middle of 2012. Of the eight principles in the Code, four directly intersect with the use of social media and electronic communications.

Clear direction is given to nurses. For example in relation to protecting patient privacy, nurses are reminded to be aware that patient emails, answer phone messages and texts may be accessed by others. In relation to maintaining professional boundaries, nurses are advised that boundaries could be breached when health consumers are made ‘friends’ on personal social media websites. The new guidance document is the second in a series of guidelines expanding on the Code and follows the release of guidelines on professional boundaries.

What has become clear is that even when social media is used with good intentions, patient confidentiality and privacy can be inadvertently breached. Patients don’t have to be named to be identifiable and even with the strictest privacy settings, information can forwarded and shared in potentially ever-expanding networks. Similarly deleted content may remain accessible.

The strengths and limitations of using text-messaging to deliver health services

by Michael Thorn, Senior Policy Adviser, Medical Council of New Zealand

The way we communicate is changing all the time. New technologies provide us with new ways of sharing information, and of providing health care.

Text-messaging is not particularly new, but for a significant proportion of the public, particularly for young people in more deprived communities, it has become the primary means of communicating.

Using text-messaging can build bridges to patients who have traditionally been difficult to connect with, improve your relationship with these patients and make it easier, cheaper and more convenient for patients to seek information and advice. It can also lead to new ways of delivering care. Automated systems can be used to send supportive health messages to patients in times of particular need – for example when trying to quit smoking or make other healthy lifestyle changes like being more active or managing weight. Automatic reminders can be sent to patients whose wellbeing is dependent on regular medication and to support people with long-term conditions to self-manage between clinic visits. It can also allow you to swiftly communicate test results and to ask and answer simple questions.

Failure to embrace text-messaging when dealing with some patients may make it harder for you to reach them. On the other hand, this mode of communication also has its limitations, and embracing it in an uncritical manner can result in patient harm or risk privacy breaches.

The Code of Health and Disability Services Consumers’ Rights (the Code) requires providers to ensure that communication between providers and consumers of health care is effective, and that consumers receive the information that is appropriate to their needs, rather than specifying the form of the communication.

Text-messaging can be an unreliable method of communication, with delayed transmission and no ability to determine if a message has been received. Furthermore, text messages can be open to misinterpretation. For
this reason you need to be clear to patients that text-messaging should not routinely be used in an emergency, and you should be careful about using it when information provided by the patient indicates that a face-to-face intervention or clinical assessment is needed.

Several cases considered by the Health and Disability Commissioner demonstrate the risks of trying to provide care by means of text message when a greater level of assessment and communication is required. For example, the Commissioner was critical of a counsellor for providing advice via text message to a patient with depression, when the counsellor did not have full information about the patient’s situation, and her attempt to provide fairly complex clinical advice in a single text left that message open to misinterpretation (see Opinion 09HDC01409)*.

In case 11HDC00596 the Commissioner was critical of a midwife communicating with her patient via text message, where the midwife had only recently assumed care for the woman, and had never met or cared for her previously. The woman sent a text to the midwife expressing concern about a lack of foetal movement. The midwife replied by text, but did not attempt to clarify the clinical situation by seeking more information from the patient, and did not follow up to ask whether the woman had felt foetal movement. Although the woman received the text message, it confused her and she did not follow the advice. In this particular context, a greater level of assessment and intervention was warranted. The use of text-messaging did not allow the midwife to properly assess the woman’s level of concern or allow her to be sure that the woman had received the advice and interpreted it as intended. In addition, the text message might have provided the patient with a false assurance that her situation was expected or normal. The Commissioner stated, “Phoning the woman allows the midwife to better assess any concern that has been expressed and determine whether a physical consultation is necessary. At the very least, text message advice should be followed up by a phone call”.

This case demonstrates how important it is that both the practitioner and the patient have the same expectations about when and how to use text messages. The midwife seems to have assumed that the patient would contact her if her symptoms continued or worsened, and it seems likely that the patient assumed that the midwife would have let her know if her reported symptoms were serious.

It is important to have a conversation with a patient before you start sending them information by means of text, primarily to make sure that they are comfortable communicating with you in this way. As part of that conversation you should make clear that if they are worried about their condition, or need urgent care, then they should telephone or attend in person. Likewise, you should make clear that in some circumstances it may not be appropriate for you to communicate urgent or critical information to them by text, and that you may instead phone or arrange an appointment to see them.

Case 11HDC00771 is another case involving midwifery care and provides similar lessons to the cases already discussed, but in this case the Commissioner was also critical of the midwife’s failure to appropriately document her contact with the patient. There are obviously some practical issues with incorporating texts into a patient record. There are some systems that will capture messages automatically, but in their absence transcribing texts into a file can be a time-consuming chore. You needn’t include everything sent or received by text, just what is relevant to the patient’s ongoing care. In particular, you should ensure that you note in the patient record any exchange which contains: relevant clinical information; decisions made about care or treatment; clinical advice provided to patients; a proposed management plan; or a treatment prescribed. Make these notes as soon as possible after the exchange. In other words, record what you would if you were providing information to the patient in a verbal exchange.

The lessons that we have learnt from the use of text-messaging apply just as well to other forms of modern communication such as email and applications such as WhatsApp, and of the next wave of innovation set to change our lives. Embrace technological change, but before taking the leap make sure that you: seek the patient’s consent and set clear boundaries for use with the patient; check assumptions; follow up appropriately if something raises concerns, including to ensure that the patient has received and interpreted the information correctly; use other options, if possible, in an emergency; and make sure that anything that is relevant to the
patient’s ongoing care is captured in the patient record. Always aim to communicate effectively with your patient, regardless of the mode of communication utilised.

* The full Opinions of all cases referenced can be found at www.hdc.org.nz. The easiest way to find them is to go to the “Decisions and Case Notes” page and then search using the last four digits of the reference number (eg, search for case 09HDC01409 by entering “1409” into the search box) or alternatively to google the full case reference (eg, google “09HDC01409”).

Developing the Code and Guidelines

The new Code of Conduct and Guidelines were developed through a rigorous process of research, analysis and consultation.

The Code has not had a substantial review since its initial development in 1994–1995. Since then there have been major changes in society, technology, nursing practice, and the healthcare and legislative environments.

These changes needed to be reflected in a new Code.

The project began by reviewing these changes and analysing the former Code of Conduct and competencies for registered nurses against the more recent Codes of Conduct that have been developed by other nursing (UK and Australia), medical (New Zealand and Australia) and midwifery (New Zealand) regulatory bodies. Information from disciplinary investigations and findings was also examined.

The resulting draft (which was sent out for consultation) was significantly different from the former Code. The four original principles were changed and extended to seven, to emphasise the needs and rights of the health consumer and to make more explicit the values of respect and trust as the foundations of ethical relationships and behaviour. More information was included on privacy and confidentiality, health consumer rights and documentation of care. New areas were included – for example, working with others in the health care team, and professional boundaries.

Developing the guidelines began as a joint project by the Council and the Australian Nursing and Midwifery Council. In the end, however, the Council was not satisfied that this effectively reflected our specific New Zealand context, and decided to develop a separate New Zealand guidance document.

The consultation process

Between November 2011 and February 2012, the Council consulted with nurses, the wider health sector, Māori and consumer organisations.

Three focus groups were held with nurses and health consumers. The Council received 74 submissions on the Code, 40 from organisations and 34 from individuals. Of the 22 submissions received on the Guidelines, 21 were from groups and organisations. The Council’s Māori Advisors also provided feedback.

The majority of submissions were positive about the changes to the Code, seeing it as a relevant and more useful document. Most submissions on the Guidelines were also positive. Two submissions thought the guidance on professional boundaries could have been included in the Code.

There was widespread support for the move to making standards of professional behaviour more explicit. Many suggestions were made about rewording and many of these were incorporated in the final draft, which went to the Council in April 2012. Particular attention was paid to the wording of the principles, to keep them in alignment with the values.

The most significant change was the addition of a new principle about respecting the cultural needs and values of health consumers. In line with this, a guidance box on working with Māori to improve health outcomes was removed. The content was made more relevant to individual nurses and integrated with the standards under the new principle. Definitions of “culture”, “cultural safety” and “kawa whakaruruahau” now appear in the guidance box on cultural safety. “Culture” is given a broad definition.
Another change to the Code was the removal of a guidance box on social media. This issue is now addressed under the principles of confidentiality and privacy, and professional boundaries. Advice on social media was added to the guidance box on professional boundaries and included in the Guidelines: Professional Boundaries.

Other smaller changes were made to ensure that the standards align with the Code of Health Consumer Rights (1996). The Code of Rights is now included in the Introduction to the Code.

Analysis of Submissions on draft code of conduct (PDF, 443 KB)

Consultation with young people on the Code of Conduct

A new report providing valuable insight into the views of young people about what matters to them when receiving nursing care has been released by the Nursing Council and the Office of the Children’s Commissioner. In developing the new Code of Conduct and the Guidelines: Professional Boundaries, the Council sought to consult widely and enlisted the assistance of the Office of the Children’s Commissioner to reach young people. Focus groups were held with a diverse range of young people aged 14–18, some of whom had considerable experience of nursing services.

One of the key findings of the consultation was the importance of the role nurses play in young people’s positive experience of health care.

The young people spoke about the importance of respect, being informed about their health situation, and the need for their information to be kept confidential when receiving health care from nurses.

They would like nurses to build relationships with young people to get the best health outcomes for them. They want to be consulted and included in all decisions to do with their health needs.

Young people stressed the importance of receiving information that is clear, easy to understand, non-judgemental, and given with a good dose of patience and warmth.

A consultation with Young People on the Nursing Council of New Zealand’s Code of Conduct (PDF, 311 KB)

Downloads

- Code of Conduct Booklet full (PDF, 671 KB)
- Code of Conduct Booklet short (PDF, 172 KB)
- Flipbook
- Code of Conduct A4 poster (PDF, 227 KB)
- Code of Conduct A3 poster (PDF, 265 KB)
- Guidelines Prof Boundaries Booklet full (PDF, 151 KB)
- Guidelines Prof Boundaries Booklet short (PDF, 126 KB)
- Flip book
- Guidelines Social Media (PDF, 250 KB)

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As discipline is essential component of education