Code of Ethical and Professional Conduct for Registered Nurses and Nurse Practitioners

Purpose

The *Code of Ethical and Professional Conduct for Registered Nurses and Nurse Practitioners* (the Code) applies to **REGISTRANTS**[1] of the College of Registered Nurses of Alberta (CRNA). The purpose of the Code ~~*of Ethical and Professional Conduct for Registered Nurses and Nurse Practitioners* (the Code)~~ is to protect the public by promoting safe registered nurse (RN) and nurse practitioner (NP) practice, and ~~promote~~ behaviours that ~~are in the~~ serve the public interest. Registrants~~[2] of the College of Registered Nurses of Alberta (CRNA)~~ are committed to providing safe, competent and ethical care. They demonstrate this by being responsible and accountable for their practice, while upholding professionalism, maintaining competence, and adhering to ethical behaviour.

The Code describes accountabilities registrants have to **PATIENTS** (also referred to as clients), employers, colleagues and the public. The Code applies to all registrants regardless of their domain of practice, role or setting, and the method they use to deliver professional services, such as in person or through technology.

Patients can expect registrants to meet the core behaviours in their professional practice. This includes putting patients at the centre of nursing care, ensuring patient care is safe, compassionate, ~~equitable~~ and discrimination free.

Registrants are expected to use the Code along with other CRNA standards of practice and guidance documents applicable to their practice. Failure to meet standards of practice or the Code can result in disciplinary action by the CRNA under the *Health Professions Act*.

Principles

The Code consists of six principles. Each principle is supported by statements of core behaviours that registrants are accountable for. All principles have equal importance and work together to describe the conduct, behaviour and professionalism necessary for safe and ethical RN and NP practice.

1. Registrants respect patients' dignity.
2. Registrants provide ~~inclusive and **CULTURALLY SAFE**~~**PERSON-CENTRED CARE**~~, by practicing **CULTURAL HUMILITY**~~.
3. Registrants ~~provide safe and competent care~~practise safely and competently.

1 Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

~~2 Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.~~

Commented [LT1]: Editorial change for clarity and alignment with existing standards

Commented [LT2]: Editorial

Commented [LT3]: Editorial

Commented [LT4]: Editorial

Commented [LT5]: Editorial

Commented [LT6]: RPNA

Commented [LT7]: Editorial

Commented [LT8]: RPNA

Commented [LT9]: Editorial

4. Registrants work respectfully with the **HEALTH-CARE TEAM**.
5. Registrants act with integrity in patients' best interest.
6. Registrants maintain public confidence in the RN and NP profession.

Core Behaviours

Registrants meet the six principles of the Code and are expected to model the following core behaviours.

Principle 1: Registrants Respect Patients' Dignity

Registrants

1.1 establish and maintain **THERAPEUTIC RELATIONSHIPS**;

1.2 treat patients with respect, empathy and compassion;

1.3 respect patients' rights, wishes and provide ~~**PATIENT**~~person-~~CENTRED CARE~~centred care, prioritizing patients' health and well-being in the therapeutic relationship;

1.4 respect and maintain the confidentiality, privacy, dignity and security of patients;

1.5 work in collaboration with patients to reduce pain and discomfort and support them to live and die with dignity;

1.~~6~~5 obtain **INFORMED CONSENT** from patients, or from legal guardian(s) or **SUBSTITUTE DECISION MAKER(S)** when patients are unable to do so;

1.~~6~~7 in cases of **CONSCIENTIOUS OBJECTION**, provide safe, competent and ethical care to those patients until care can be transferred to another health-care provider; and

1.~~7~~8 collaborate and communicate respectfully, in a clear, effective and timely manner with patients, caregivers and with members of the health-care team.

Principle 2: Registrants Provide ~~Inclusive and Culturally Safe~~Person-Centred Care ~~by Practicing Cultural Humility~~

Registrants

2.1 actively listen to and seek to understand patients' perspectives and experiences, practices and preferences;

2.2 do NOT discriminate against patients, health-care team members or others based on ~~identity factors and~~ **PERSONAL ATTRIBUTES**, including those identified in the *Alberta Human Rights Act* ~~(2000)~~;

Commented [LT10]: Editorial

Commented [LT11]: Editorial

Commented [LT12]: RPNA

Commented [LT13]: Editorial

Commented [LT14]: Editorial

~~2.3 recognize unconscious bias and do NOT allow conscious bias, stereotypes or assumptions to influence decision-making and interactions with patients and health-care team members;~~

2.~~4~~ 3 take action to prevent and respond to discrimination against patients;

2.~~5~~ 4 make reasonable efforts to ensure health care is accessible to ~~all~~ patients~~regardless of socioeconomic status, language barriers or disabilities~~by considering and accommodating the individual circumstances, preferences, communication needs, health goals and physical, cognitive and sensory abilities of patients;

~~2.6 make meaningful effort to educate themselves on culturally safe care, including Indigenous health care, **SOCIAL DETERMINANTS OF HEALTH**, cultural safety, cultural humility and **ANTI-RACISM**;~~

2.~~7~~ 5 seek feedback from patients, the health-care team and others to evaluate their own ~~behaviour and culturally safe~~ practice;

~~2.8 address patients and health-care team members by their preferred name, title and pronoun, if shared;~~ and

2.~~9~~ 6 assess patients to determine their risk for **HEALTH INEQUITIES** and take steps to ensure the best patient outcomes.

Principle 3: Registrants ~~Provide Safe and Competent Care~~Practise Safely and Competently

Registrants

3.1 recognize and work within the limits of their scope of practice and their knowledge, skill and judgment;

3.2 identify when patients' therapeutic needs are outside of the registrants' scope of practice or individual competence and support or refer patients to seek services from the appropriate health-care professionals;

3.3 seek and use the best available evidence to inform their practice;

3.4 use critical thinking, exercise reasonable judgment and set justifiable priorities in practice;

3.5 collaborate with patients, caregivers and with members of the health-care team regarding care plans, implementation, and evaluation;

3.6 ensure they have sufficient training, knowledge, judgement and competence in the technology they use;

3.7 ensure the use of technology and scientific advances do NOT replace or diminish human relationships, are compatible with the safety, dignity and rights of people;

Commented [LT15]: RPNA

Commented [LT16]: RPNA

Commented [LT17]: RPNA

Commented [LT18]: RPNA

Commented [LT19]: RPNA

Commented [LT20]: Editorial

3.8 use **TRAUMA AND VIOLENCE-INFORMED APPROACHES** to care for patients, and when interacting with caregivers and with members of the health-care team;

3.9 conduct research ethically and within legal boundaries (e.g., privacy laws), including placing patients' well-being above all other research objectives;

3.10 when working with students, place patients' safety and well-being above all other objectives, including fulfilling educational obligations;

3.11 in administration, support the creation of a practice environment that enables the health-care team to meet their ethical and professional obligations;

3.12 respond to patients' needs in a timely manner. When timely care is not possible, registrants explain to patients the reasons for delay and take steps to avoid or limit patient harm; and

3.13 in self-employed practice, are responsible for creating and maintaining their own evidence-informed policies and procedures, focused on patients' best interest, and ensure these are adhered to.

Principle 4: Registrants Work Respectfully With the Health-Care Team

Registrants

4.1 treat all health-care team members with respect ~~in all contexts, including on social media~~;

Commented [LT21]: RPNA

4.2 do NOT physically, verbally, emotionally, financially, or sexually harass or abuse health-care team members;

4.3 support, mentor and teach health-care team members;

4.4 do NOT direct health-care team members to perform RN or NP practice or an intervention they are not educated or competent to perform;

4.5 provide and accept feedback from the health-care team to support therapeutic patient outcomes and effective team performance; and

4.6 contribute to abuse-free practice environments that provide physical and **PSYCHOLOGICAL SAFETY**.

Principle 5: Registrants Act With Integrity in Patients' Best Interest

Registrants

5.1 are **TRUTHFUL** in their professional practice;

5.2 identify and manage **CONFLICTS OF INTEREST** in the best interest of the patient;

5.~~2~~ 3 identify and address moral or ethical issues using **ETHICAL REASONING**, seeking support when necessary;

5.~~3~~ 4 promote healthy relationships with patients, caregivers and with members of the health-care team by managing and resolving conflict for best patient care;

5.~~4~~ 5 have a professional and ethical obligation to ensure continuity of care for their patients. Registrants uphold their duty to provide care and do NOT abandon patients whom they have a commitment to provide care. Registrants end the patient relationship in accordance with the CRNA standards;

Commented [LT22]: Editorial

5.~~5~~ 6 do NOT engage in any form of harassment, abuse or neglect towards patients, whether physical, verbal, emotional, financial or sexual;

5.~~6~~ 7 strive to protect patients from any type of harm, neglect or abuse. Registrants take action to stop, **REPORT** and refrain from unsafe, incompetent, unethical or unlawful practice;

5.~~7~~ 8 equitably allocate and advocate for resources under their control. Registrants coordinate care based on objective assessment of health-related needs; and

5.~~8~~ 9 participate and advocate to improve the quality of their practice setting to support safe patient care.

Principle 6: Registrants Maintain Public Confidence in the RN and NP Profession

Registrants

6.1 maintain current registration with the CRNA;

6.2 are open, honest, transparent, and co-operate with the CRNA, offering complete and accurate information;

6.3 are accountable for their own decisions, actions and related outcomes;

6.4 understand and practice in compliance with laws, standards of practice, code of ethics (the Code) and regulatory guidance relevant to the practice setting;

6.5 question policies and procedures inconsistent with therapeutic patient outcomes, best practices and safety standards;

6.6 take accountability for their errors, report and learn from them;

6.7 do NOT steal, misuse, abuse or destroy the property of their patients, health-care team members and employers;

6.8 report **UNPROFESSIONAL CONDUCT** to the appropriate person, agency or regulatory college, whether or not harm has occurred;

6.9 self-reflect, identifying learning needs in their practice and engage in continuous learning to maintain and improve their competence; and

6.10 clearly communicate the distinct roles and contributions of RNs and NPs in the delivery of health-care services, emphasizing their impact on patient outcomes and overall care.

Glossary

~~**ANTI-RACISM** – "The active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably" (Government of Canada, 2023)~~

CONFLICT OF INTEREST – A situation where a registrant's duty to act in the patient's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct or indirect transactions. A conflict of interest can exist even if the registrant is confident their professional judgment is not being influenced by the conflicting interest or relationship. Conflicts of interest can be:

Real conflict of interest: The registrant's actions directly benefit their own interests or those of a personal or affiliated connection.

Potential conflict of interest: A situation where a registrant's actions could lead to personal gain or benefit.

Perceived conflict of interest: A situation in which an informed person might reasonably believe a conflict of interest exists, even if none does.

CONSCIENTIOUS OBJECTION – A situation where a registrant communicates promptly and respectfully where a treatment or procedure conflicts with their own personal, moral or religious beliefs (freedom of conscience and religion).

~~**CULTURAL HUMILITY** – "Is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning." (Foronda et al., 2016)~~

~~**CULTURAL SAFETY** – "An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care." (First Nations Health Authority et al., 2021)~~

ETHICAL REASONING - The process of evaluating and reflecting on moral issues to make principled decisions, safeguarding the well-being and rights of patients while upholding high ethical standards of the profession. Three most commonly used frameworks of ethical

Commented [LT23]: RPNA

Commented [LT24]: RPNA

Commented [LT25]: RPNA

reasoning in nursing practice include the principle-based approach, ethical decision-making models and the ethical theories approach. (De Silva et al., 2024)

HEALTH-CARE TEAM – Members of the intraprofessional ~~and~~ and/or interprofessional team ~~and~~ and/or community supporting patient care. This also includes students, new learners, Indigenous and traditional healers (College of Nurses of Ontario ~~[CNO]~~, ~~2023~~2026)

HEALTH INEQUITIES – Differences in health status or in the distribution of health resources among different population groups due to the social conditions in which people are born, grow, live, work and age (World Health Organization ~~[WHO]~~, 2018).

INFORMED CONSENT – For consent to be informed, the registrant must explain the intervention, including alternative options, as well as risks and potential complications. Consent must be voluntary and cannot be coerced from the patient through undue influence or intentional misrepresentation.

PATIENT(S) – The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.~~The term patients can refer to clients, residents, families, groups, communities and populations.~~

~~**PATIENT-CENTRED CARE** – "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions" (Institute of Medicine, 2001).~~

PERSON-CENTRED CARE - An approach to nursing and health care in which the individual's values, preferences, needs, and life context are respected and responded to, engaging them as an active partner in planning, decision-making, and delivery of holistic, safe, and compassionate care (adapted from World Health Organization, n.d.).

PERSONAL ATTRIBUTES – Qualities or characteristics unique to a person (College of Nurses of Ontario, ~~2023~~2026). As reflected in the *Alberta Human Rights Act* (2000), this includes race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, and sexual orientation.

PSYCHOLOGICAL SAFETY – "~~the~~ The absence of harm or threat of harm to mental well-being that an individual might experience" (Mental Health Commission of Canada, 2022).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), neonatal nurse practitioners (NNPs), graduate neonatal nurse practitioners (GNNPs) and RN, NP or NNP courtesy registrants on the College of Registered Nurses of Alberta registry.~~Includes RNs, graduate nurses, certified graduate nurses, NPs, graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.~~

Commented [LT26]: Editorial

Commented [LT27]: Editorial

Commented [LT28]: Editorial

Commented [LT29]: Editorial

Commented [LT30]: Editorial

Commented [LT31]: Editorial

Commented [LT32]: Editorial

Commented [LT33]: Editorial

REPORT – The legal and organizational requirement to disclose safety issues related to health-care professionals' individual practice, or issues impacting practice settings. Examples of legal reporting requirements include (but are not limited to) reporting to proper authorities the procurement or performance of female genital mutilation, or sexual abuse or sexual misconduct by regulated members under the *Health Professions Act* (2000), and abuse of adult patients receiving services from publicly-funded care agencies under the *Protection for Persons in Care Act* (2009). Another example of reporting involves children who are abused, neglected or otherwise in need of intervention under the *Child, Youth and Family Enhancement Act* (2000). Examples of organizational reporting requirements include (but are not limited to) reporting hazards, close calls and adverse events. There are other legislative reporting requirements.

~~**SOCIAL DETERMINANTS OF HEALTH** – Are social and economic factors that influence health and health inequities. They are conditions in which people are born, grow, work, live and age, and forces and systems that shape daily life conditions such as economic policies and systems, development agendas, social norms, social policies and political systems (WHO, n.d.).~~

SUBSTITUTE DECISION MAKER(S) – A person authorized to make ~~health~~ health-care decisions on behalf of a patient who lacks capacity.

THERAPEUTIC RELATIONSHIP – A relationship established and maintained with a patient by the ~~RN or NP~~registrant, through the use of professional knowledge, skills and attitudes, in order to provide ~~nursing care~~professional services expected to contribute to the patient's health outcomes.

TRAUMA AND VIOLENCE-INFORMED APPROACH~~ES~~ – This approach recognizes the connections between violence, trauma and health acknowledging that trauma can be ongoing. It emphasizes safety, trust, choice, collaboration and strengths while also addressing the broader social context in which people live (Government of Canada, 2025).~~Policies and practices regarding the provision of services and programming that include a violence-informed approach, work to minimize harm to victims of violence, and aid in healing and justice (Ponic et al., 2016).~~

TRUTHFUL – Speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information. (College of Nurses of Ontario, ~~2023~~2026)

UNPROFESSIONAL CONDUCT – Means "unprofessional conduct" as defined in Section 1(1)(pp) of the *Health Professions Act* (HPA, 2000~~, pp. 14-15).~~) and refers to what types of conduct can be treated as unprofessional conduct under the HPA and could be addressed through a college's complaints and discipline processes.

Commented [LT34]: RPNA

Commented [LT35]: Editorial

Commented [LT36]: Editorial

Commented [LT37]: Editorial

Commented [LT38]: Editorial

Commented [LT39]: Editorial

References

Alberta Human Rights Act, RSA 2000, c A-25.5. https://open.alberta.ca/publications/a25p5

British Columbia College of Nurses and Midwives. (2020). *Professional standards for registered nurses and nurse practitioners*. https://www.bccnm.ca/Documents/standards_practice/rn/RN_NP_Professional_Standards.pdf

Child, Youth and Family Enhancement Act, RSA 2000, c C-12. https://open.alberta.ca/publications/c12

College of Nurses of Ontario. (202~~3~~). *Code of conduct*. https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49040_code-of-conduct.pdf~~https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf~~

College of Physicians and Surgeons of Alberta. (2022). *Virtual care*. https://cpsa.ca/wp-content/uploads/2021/12/Virtual-Care.pdf

De Silva, D. K. M., Madhushika, G. V. G., Prabhani, S. D. D., & Asuakkody, T. A. (2024). Overview of ethical reasoning in nursing: A scoping review. *Sri Lankan Journal of Nursing, 3*(1), 46-60. https://doi.org/10.4038/sljn.v3i1.50

~~First Nations Health Authority, First Nations Health Council, & First Nations Health Director's Association. (2021). *Anti-racism, cultural safety & humility framework*. https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf~~

~~Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210-217. https://doi.org/10.1177/1043659615592677~~

~~Government of Canada. (2023, September 11). *Anti-racism lexicon*. https://www.canada.ca/en/department-national-defence/services/systemic-racism-discrimination/anti-racism-toolkit/anti-racism-lexicon.html~~Government of Canada. (2025). *Trauma and violence-informed approaches to policy and practice*. https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

Health Professions Act, RSA 2000, c H-7. https://kings-printer.alberta.ca/documents/Acts/H07.pdf

~~Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. National Academies Press. https://doi.org/10.17226/10027~~

International Council of Nurses. (2021). *The ICN code of ethics for nurses*. https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

Mental Health Commission of Canada. (2022). *Psychological health and safety in the workplace – Prevention, promotion, and guidance to staged implementation*. https://www.csagroup.org/wp-content/uploads/2421865-Z1003-13EN.pdf

~~Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma- (and violence-) informed approaches to supporting victims of violence: Policy and practice considerations. *Victims of Crime Research Digest*, 9, 3-15.~~

Protection for Persons in Care Act, SA 2009, c P-29.1. https://open.alberta.ca/publications/p29p1

World Health Organization. (2018, February 22). *Health inequities and their causes*. https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes

World Health Organization. (n.d.). *Integrated people-centred care*. https://www.who.int/health-topics/integrated-people-centered-care - tab=tab_1

Commented [LT40]: Editorial to align with changes in the Code and Glossary

World Health Organization. (n.d.). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Acknowledgements

This content is adapted from the College of Nurses of Ontario (CNO); the original work is available on cno.org. It has been adapted to reflect Alberta's regulatory and health system context.