

ADVISORY
OPINION

OPINION: Nurse Accountability
ADOPTED: May 30, 1996
REVISED:
REAFFIRMED: 5/2000

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, [Neb. Rev. Stat. 38-2216 \(2\)](#). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Accountability for Professional Conduct of Nurses

Professional conduct for nurses is nursing behavior (acts, decisions and practices) which through professional experience, have become established by the consensus of the expert opinion of practicing nurses as conduct which is reasonably necessary for the protection of the public interest. Nursing behaviors that reflect professional conduct include the following:

Provision of nursing care with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problems. Respect is demonstrated by ensuring that patient welfare prevails, and empowerment of patients to participate in health care decisions and outcomes. Nurses should:

1. Consider patient decisions regarding treatment. Patient self-determination requires that patients be given accurate and all necessary information; be assisted with determination of opinions; be able to accept, refuse, or terminate treatment without coercion; and be given emotional support.
2. Understand, consider, and respect individual patient attributes in tailoring care to personal needs and in maintaining the individual's self-respect and dignity.
3. Provide nursing care irrespective of the nature of the health problem. If ethically opposed to treatment methods, the nurse should make any refusal to participate in care known in advance and in time for other appropriate arrangements to be made.
4. Provide an environment for nursing care in which the behavior, language, gestures, acts, and/or communications styles between health care providers and between health care providers and patients is indicative of mutual respect and consideration, non-offensive, and respectful of individual patient attributes.
5. Establish and maintain boundaries for the expected and accepted psychological and social distance in the nurse/patient relationship to allow the patient to build trust and the nurse to build credibility. Maintaining boundaries provides for a balance between patient vulnerability and influence of the nurse who possesses special knowledge, expertise and authority.

Safeguarding the patient's right of privacy and confidentiality

1. By protecting the patients right to personal privacy to the reasonable extent desired.
 - a.) Provide private space for visitation or meetings with whomever the patient wishes to be private, including full visual privacy;
 - b.) Provide auditory privacy and privacy for telephone communication; and
 - c.) Provide nursing care and personal hygiene in a manner that maintains the privacy of the patient's body.
2. By judiciously protecting information of a confidential nature.
 - a.) Sharing relevant data and with members of the health care team. Only information pertinent to a patient's treatment and welfare should be disclosed. Such disclosure should be made only to those directly concerned with the patient's care.
 - b.) Sharing information necessary for peer review, third-party payment, and other quality assurance mechanisms only when disclosed under defined policies, mandates, or protocols which assure that the rights, well-being, and safety of the patient are maintained.

Safeguarding the patient and the public when health care and safety are affected by incompetent, unethical, or illegal practice by any person. Safeguarding behaviors include:

1. Reporting within organizational structures and according to the policies and procedures of the organization, concerns regarding questionable practice of any health care team member and the potential detrimental effect such practice may have upon patient welfare.
2. Reporting those things required by law:
 - a.) To the Department any first- hand knowledge of practice by another licensed nurse indicating gross incompetence, pattern of negligent conduct, unprofessional conduct, practice while impaired by alcohol/drugs or physical, mental, or emotional disability.
 - b.) To the Department any first- hand knowledge of practice by another health care professional indicating gross incompetence and/or practice while impaired by alcohol/drugs or physical, mental, or emotional disability.
 - c.) To the Department of self if any of the following actions occur due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment:
 - i. any loss of employment in lieu of termination;
 - ii. resignation; licensure denial;
 - iii. loss or voluntary limitation of privileges;

- iv. loss of membership in a professional organization;
 - v. adverse action pertaining to professional liability coverage;
 - vi. licensure discipline, settlement, voluntary surrender, or limitation in another State or jurisdiction; or
 - vii. conviction of felony or misdemeanor in this or any other State or jurisdiction.
- d.) To the Department any first hand knowledge of practice of any licensed profession by a person without a license to practice that profession.
- e.) To the appropriate authorities if reasonable cause exists to believe that a vulnerable adult has been subjected to abuse or conditions or circumstances that would result in abuse in accordance with  [Neb. Rev. Stat. 28-372](#).
- f.) To the appropriate authorities if reasonable cause exists to believe that a child has been subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which reasonably would result in abuse or neglect in accordance with  [Neb. Rev. Stat. 28-711](#).
3. Providing an environment for nursing care in which the behavior, acts, and communication style promotes a sense of safety and security for patients and free from creating a threatening and/or assaultive atmosphere.

Assuming responsibility and accountability for individual actions, practice, and decisions at the level for which the nurse is licensed by critically reviewing self, knowing what he/she needs to know, knowing what he/she does not know, recognizing when it matters to know, and seeking appropriate assistance, supervision and/or counsel. Neither physician's orders nor agency policies relieve the nurse of accountability for actions taken and judgments made. The nurse demonstrates responsibility by:

1. Applying the nursing process to all patients in a manner that recognizes patient rights, the collaborative relationship between the nurse and the patient, and assists the patient in maximizing his or her health capabilities and participating in the evaluation of the effectiveness of the nursing care.
2. Knowing the legal, ethical, and prevailing accepted parameters of practice;
3. Acknowledging himself/herself in behaviors, actions and decisions, and learning to build on the positive experience or learning from the negative experiences;
4. Differentiating between positive and negative accountability; positive accountability is triggered by concerns for patient and negative accountability is triggered by fear for reputation and self;
5. Acknowledging when a decision or action has not been in the best interest of a patient while taking corrective action in the patient's behalf.
6. Being open to receiving other perceptions, new knowledge, and feedback;

7. Identifying his/her role within the community of the group as evidenced by communicating information to appropriate health team members;
8. Recognizing that he/she is not the only accountable member of the health care team, and trusts appropriately including consulting with other nurses and other health care team members;
9. Advocating for patients;
10. Intervening as a response to an unexpected outcome;
11. If a RN, recognize individual responsibility and accountability to delegate in a manner that protects public health, welfare and safety by assessing patient(s) and resources, developing a delegation plan, implementing the delegation plan including the provision of direction and supervision, and evaluating the delegation plan;
12. If a LPN, practice nursing only under circumstances in which direction is provided by a RN or licensed practitioner;
13. When supervising, provide oversight to assure whether nursing care is adequate and delivered appropriately, and assessing the competency of the care giver; and
14. If a nursing manager, establishing policies and guidelines reflective of legal and prevailing accepted standards, and if a staff nurse, working within the identified parameters of agency policies and guidelines.

Demonstrating honesty and integrity as is reflected in the fundamental values needed by the nurse that permeates all aspects of nursing practice. Imperative to promoting nursing behaviors that encourage demonstration of honesty and integrity is creating an environment where admitting mistakes or errors of omission is seen as constructive, as an opportunity for systems improvement, as a method to identify potential educational/staff development needs, and as an opportunity to assist individuals to identify areas needing competency improvements. Expert and seasoned nurses should create an atmosphere that encourages novices or the inexperienced to seek consultation and collaboration with colleagues; seasoned nurses should role model professional behaviors.

The nurse demonstrates honesty and integrity in practice by:

1. Documenting accurately, completely and in a timely manner;
2. Presenting reports congruent with current patient condition (allowing for clinical instability);
3. Having what is documented and reported by himself/herself correspond to what is observed by others;
4. Respecting property and belonging of patients and agencies;

5. Willingly participate and cooperate with organizations, with the department and other appropriate agencies seeking to determine whether health care standards and safety of patients may have been compromised;
6. Admitting mistakes;
7. Maintaining an active nursing license in good standing;
8. Providing employers or prospective employers with accurate and complete information regarding qualifications, skills and abilities, and employment history; and
9. Providing accurate and complete information in both oral and written communications connected with the practice of nursing.

Knowing and incorporating prevailing accepted standards into nursing practice at the level for which the nurse is licensed as reflected in the need for the nurse to achieve the necessary knowledge, skills and abilities, and make professional decisions based on that knowledge and the expectations delineated in the prevailing accepted standards. The nurse demonstrates knowledge and incorporation of prevailing accepted standards into practice by:

1. Exhibiting behavior consistent with prevailing accepted standards; and
2. Knowing limitations and understanding the framework provided by prevailing accepted standards.

Maintaining competency in nursing

1. Elements of a professionally competent nurse are a specific knowledge base, awareness of and adherence to prevailing accepted practice standards, psychomotor skills, decision-making skills, communication skills, experience and attitude at the level for which the nurse is licensed. Each of these elements is essential in determining nurse competency:
 - a.) Knowledge base. The nurse must have a knowledge base of sufficient breadth and depth for safe and effective nursing practice, and which provides the nurse with the fundamental information necessary to make sound decisions. The knowledge base includes nursing, behavioral, and biological and physical sciences.
 - b.) Adherence to standards of practice including accepted prevailing standards of practice, specialty standards, institutional standards, as well as ethical codes and legal standards.
 - c.) Psychomotor skills. The nurse must have the psychomotor skills needed to collect information about a particular patient and to perform the interventions required for a particular nursing situation, and which along with a knowledge base enable the nurse to gather the information necessary to make nursing decisions about nursing problems and desired patient outcomes.

- d.) Decision Making. The nurse must have the ability to process information prudently to determine a logical, deliberate and well-grounded conclusion. The information used must be accurate and collected appropriately. The outcome of decision-making is choosing the right action, at the right time, using the right resources.
 - e.) Communication is the ability to interact therapeutically and exchange accurate, appropriate, and timely information with patients, families and other health care professionals.
 - f.) Previous experience is an essential element of a nurse's knowledge base, skills and decision-making. Experience is the transference of learning from previous nursing situations where the nurse had direct observation and participation. Experience assists the nurse to make astute observations and judgments, learn new skills more quickly and process new information more easily.
 - g.) Professional attitude, which is the manner in which the nurse interacts and attaches to responsibility and the standards of behavior for the profession. It is also the integrity of the nurse to acknowledge personal limitations in knowledge and skills.
2. Self-behaviors which reflect actions on behalf of the nurse to maintain continued competency include:
- a.) Assessing self, using the Nurse Practice Act and prevailing accepted standards of practice as guides;
 - b.) Planning and initiating the necessary strategies to maintain and advance competence, and evaluating their effectiveness;
 - c.) Keeping abreast of current nursing literature and nursing research as appropriate to level of licensure; and
 - d.) Providing learning opportunities for others as appropriate for level of licensure.
3. Demonstration of competency in practice is reflected by exercising informed judgment and use of individual competency and qualifications as criteria in providing nursing care, seeking consultation, accepting responsibilities, and assigning/delegating and supervision nursing activities to others who provide nursing care. Behaviors include:
- a.) Applying knowledge and skills at the level for which the nurse is licensed and at the level required for a particular practice situation
 - b.) Applying the nursing process to all patients in accordance with N.A.C. 172 Chapter 99 Regulations Governing the Provision of Nursing Care, Section 003. The nurse must know what information is needed to make sound nursing judgments and how to gather that information. Nursing decisions are made regarding nursing interventions and outcomes that are appropriate to the particular patient situation. Nursing decisions are also made after an

- analysis of the effectiveness and efficiency of the interventions in relation to the desired outcome.
- c.) Accepting only those assignments for which the nurse has the knowledge, skills and abilities, including all of the competency elements, to provide safe and appropriate care for patients. When making a decision to accept or refuse an assignment, the nurse should recognize his/her individual responsibility to perform a self assessment for any of the competency elements.
- i. Knowledge and experience in general nursing vs. specialty nursing varies greatly based upon education and background. A novice or generalist nurse may be able to perform parts of a specialty assignment, or a specialty nurse may be able to provide parts of an assignment in another specialty area or generalist area.
 - ii. Acknowledging that experience, education and background may also affect the nurse's knowledge of the prevailing accepted standards for a specific assignment. The nurse may need to seek additional consultation, direction etc. as appropriate for the specific assignment.
 - iii. The nurse must consider affective abilities such as decision making and attitude when accepting assignments for which he/she would normally consider himself/herself competent but such assignment involves long shifts, double shifts, multiple jobs, unfamiliar environment etc.
 - iv. The nurse should give sufficient notice of intent to accept a partial assignment or refuse an assignment so as to allow for alternative arrangements to be made.
- d.) Assigning nursing cares to others only under circumstances for which the nurse making the assignment has reason to believe the nurse accepting the assignment has the knowledge, skills and abilities, including all of the competency elements, to provide safe and appropriate care for patients. When making assignment decisions, the nurse should recognize his/her individual responsibility to assess the competency of the nurse expected to accept the assignment relative to the specific assignment request.
- i. Nursing service administrators should consider each of the competency elements when making assignment requests for nursing practice roles.
 - ii. Nursing service administrators must consider adequacy of available resources when requesting licensed nurses to accept assignments. Such resources should include consideration of human resources as well as support resources for nurses needing additional consultation, direction etc.
 - iii. Nursing service administrators and nursing managers must consider affective abilities such as decision making and attitude when requesting nurses to accept assignments

for which he/she would normally consider the nurse to be competent but such assignment request involves long shifts, double shifts, multiple jobs, unfamiliar environments etc.

- e.) Contributing accurate, complete and timely information that will assist the health care team to plan and provide comprehensive care to patients. The nurse must be aware of the services available to patients and obtain the services required or make the proper referrals.
- f.) Asking for assistance appropriately and seeking consultation as warranted.
- g.) Providing supervision, either as part of the delegation process or when assigned such responsibilities by his/her employer, in such a manner to assure the adequacy of nursing care and the competency of the care givers.
- h.) If a registered nurse, delegating using a systematic delegation decision making process that allows for safe, accountable, and responsible provision of nursing care in congruence with NAC  [Title 172 Chapter 99](#) Regulations Governing the Provision of Nursing Care,  [Section 004.01](#).