



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Entry-to-Practice
Competencies
for Registered
Nurses

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Introduction

The College of Nurses of Ontario (CNO) is the regulatory body for nursing in Ontario. Through provincial government legislation (*Nursing Act, 1991* and *Regulated Health Professions Act, 1991*), CNO is accountable for public protection by ensuring nurses in Ontario practice safely, competently and ethically. CNO fulfills its mandate through a variety of regulatory activities including registration, maintaining standards of nursing practice and education, enforcing nursing standards, conducting continuing competence reviews and establishing competencies required for nursing practice.

Entry-to-practice competencies are the foundation for nursing practice. This document outlines the competencies measured for entry-level registered nurses (RNs) upon initial registration with CNO and entry to practice in Ontario. The competencies also guide the assessment of members' continuing competence for maintaining registration with CNO.

Purpose of the document

The competencies for entry-level RN practice are established for the following purposes:

Protection of the public: Through government legislation (*Nursing Act, 1991* and *Regulated Health Professions Act, 1991*), CNO is mandated by the public to promote and ensure safe, competent and ethical nursing in Ontario.

Practice reference: The competencies are used as a reference or resource to assist RNs to understand entry-level practice expectations and ongoing applications within their professional role.

Approval of nursing education programs: The competencies are used by CNO in evaluating baccalaureate nursing education programs to ensure the curriculum prepares graduates to successfully achieve professional practice standards before entry to practice.

Registration and membership requirements: The competencies are used by CNO to inform registration eligibility decisions.

Legal Reference: The legal definition of nursing practice included in the *Nursing Act, 1991* establishes the basis for the scope of practice in which any nurse may engage. The competencies are the expectations for RNs upon entry to practice in Ontario, and are used as a reference when evaluating the standard of care of registered nurses.

Public information: The competencies inform the public, employers, and other health care providers about registered nursing practice, and assist with accurate expectations for registered nursing practice at the entry level.

Continuing competence: In accordance with CNO's Quality Assurance Program, the competencies are used by members in the annual self-assessment of their nursing practice and development of professional learning goals.

Document background

Entry-level competencies for RNs were first published by CNO in 2005 to align with the regulation change toward a university baccalaureate education requirement for RNs in Ontario. Since then, competencies have been revised every five years at a national level to ensure practice relevance and consistency between jurisdictions.

In 2017, the Canadian Council of Registered Nurse Regulators initiated the most recent review and revisions of entry-to-practice competencies for registered nurses in Canada. The initiative was led by a working group comprised of 11 provincial and territorial nursing regulatory bodies across the nation.

This new set of revisions are based on results of an environmental scan, literature reviews and stakeholder consultation. The regulatory body in each jurisdiction validates and approves the entry-to-practice competencies. They also confirm that the competencies are consistent with provincial and territorial legislation.¹

Overarching principles

The following overarching principles apply to the education and practice of entry-level RNs:

¹ Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement.

1. Entry-level RNs are beginning practitioners. It is unrealistic to expect an entry-level RN to function at the level of practice of an experienced RN
2. Entry-level RNs work within the registered nursing scope of practice, and appropriately seek guidance when they encounter situations outside of their ability
3. Entry-level RNs must have the requisite skills and abilities to attain the entry-level competencies
4. Entry-level RNs are prepared as generalists to practice safely, competently, compassionately, and ethically:
 - in situations of health and illness
 - with all people across the lifespan
 - with all recipients of care: individuals, families, groups, communities and populations
 - across diverse practice settings
 - using evidence-informed practice
5. Entry-level RNs have a strong foundation in nursing theory, concepts and knowledge, health and sciences, humanities, research and ethics from education at the baccalaureate level
6. Entry-level RNs practice autonomously within

legislation, practice standards, ethics and scope of practice in their jurisdiction

7. Entry-level RNs apply the critical thinking process throughout all aspects of practice.

Definition of client

The client is the central focus of registered nursing practice. In the context of this document, “client” refers to a person who receives services from a registered nurse. In most circumstances, the client is an individual, but the client can also include family members or substitute decision-makers. A client can also be a group, community or population.

Competency framework

There is a total of 101 competencies organized thematically under nine roles:

1. Clinician
2. Professional
3. Communicator
4. Collaborator
5. Coordinator
6. Leader
7. Advocate
8. Educator
9. Scholar

Figure 1: Conceptual framework for organizing competencies²



² Copyright © 2015 The Royal College of Physicians and Surgeons of Canada. Retrieved from <http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>. Adapted with permission.

The model represents the multiple roles nurses assume when providing, safe, competent, ethical, compassionate and evidence-informed nursing care in any practice setting. Some concepts are relevant to multiple roles. For the sake of clarity, and to avoid unnecessary repetition, certain key concepts (for example, client-centred) are mentioned once and applied to all competencies.

Bolded terms are defined in the Glossary.

1. Clinician

Registered nurses are clinicians who provide safe, **competent**, ethical, **compassionate**, and **evidence-informed** care across the lifespan in response to **client** needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

- 1.1 Provides safe, ethical, competent, compassionate, **client-centred** and evidence-informed nursing care across the lifespan in response to client needs.
- 1.2 Conducts a **holistic** nursing **assessment** to collect comprehensive information on client health status.
- 1.3 Uses principles of **trauma-informed care** which places priority on trauma survivors' **safety**, choice, and control.
- 1.4 Analyses and interprets data obtained in client assessment to inform ongoing decision-making about client health status.
- 1.5 Develops plans of care using **critical inquiry** to support professional judgment and reasoned decision-making.
- 1.6 Evaluates effectiveness of **plan of care** and modifies accordingly.
- 1.7 Anticipates actual and potential health risks and possible unintended outcomes.
- 1.8 Recognizes and responds immediately when client safety is affected.
- 1.9 Recognizes and responds immediately when client's condition is deteriorating
- 1.10 Prepares clients for and performs procedures, treatments, and follow up care.
- 1.11 Applies knowledge of pharmacology and principles of safe medication practice.
- 1.12 Implements evidence-informed practices of pain prevention, manages client's pain, and provides comfort through pharmacological

and non-pharmacological interventions.

- 1.13 Implements **therapeutic nursing interventions** that contribute to the care and needs of the client.
- 1.14 Provides nursing care to meet palliative and end-of-life care needs.
- 1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care.
- 1.16 Incorporates principles of harm reduction with respect to substance use and misuse into plans of care.
- 1.17 Incorporates knowledge of epidemiological principles into plans of care.
- 1.18 Provides **recovery-oriented** nursing care in partnership with clients who experience a mental health condition and/or addiction.
- 1.19 Incorporates mental **health promotion** when providing nursing care.
- 1.20 Incorporates suicide prevention approaches when providing nursing care.
- 1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.
- 1.22 Incorporates knowledge from nursing science, social sciences, humanities, and health-related research into plans of care.
- 1.23 Uses knowledge of the impact of evidence-informed registered nursing practice on client health outcomes.
- 1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.
- 1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others.
- 1.26 Adapts practice in response to the spiritual beliefs and cultural practices of clients.
- 1.27 Implements evidence-informed practices for infection prevention and control.

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

- 2.1 Demonstrates **accountability**, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated **scope of practice**.
- 2.2 Demonstrates a **professional presence**, and confidence, honesty, integrity, and respect in all interactions.
- 2.3 Exercises professional judgment when using agency policies and procedures, or when practising in their absence.
- 2.4 Maintains client privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies.
- 2.5 Identifies the influence of personal values, beliefs, and **positional power** on clients and the **health care team** and acts to reduce bias and influences.
- 2.6 Establishes and maintains **professional boundaries** with clients and the health care team.
- 2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary.
- 2.8 Demonstrates professional judgment to ensure **social media** and **information and communication technologies (ICTs)** are used in a way that maintains public trust in the profession.
- 2.9 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by
 - a) assessing own practice and individual competence to identify learning needs.
 - b) developing a learning plan using a variety of sources
 - c) seeking and using new knowledge that may enhance, support, or influence competence in practice
 - d) implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse.
- 2.10 Demonstrates **fitness to practice**.
- 2.11 Adheres to the duty to report.
- 2.12 Distinguishes between the mandates of regulatory bodies, professional associations, and unions.
- 2.13 Recognizes, acts on, and reports, **harmful incidences, near misses, and no harm incidences**.

- 2.14 Recognizes, acts on, and reports actual and potential workplace and occupational safety risks.

3. Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.

- 3.1 Introduces self to clients and health care team members by first and last name, and professional designation (protected title).
- 3.2 Engages in active listening to understand and respond to the client's experience, preferences, and health goals.
- 3.3 Uses evidence-informed communication skills to build trusting, compassionate, and **therapeutic relationships** with clients.
- 3.4 Uses **conflict resolution** strategies to promote healthy relationships and optimal client outcomes.
- 3.5 Incorporates the process of **relational practice** to adapt communication skills.
- 3.6 Uses information and communication technologies (ICTs) to support communication.
- 3.7 Communicates effectively in complex and rapidly changing situations.
- 3.8 Documents and reports clearly, concisely, accurately, and in a timely manner.

4. Collaborator

Registered nurses are collaborators who play an integral role in the health care team partnership.

- 4.1 Demonstrates collaborative professional relationships.
- 4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health care facility to another, or to residential, community or home and self-care.
- 4.3 Determines their own professional and **interprofessional** role within the team by considering the roles, responsibilities, and the scope of practice of others.
- 4.4 Applies knowledge about the scopes of practice of each regulated nursing designation

to strengthen intraprofessional collaboration that enhances contributions to client health and well-being.

- 4.5 Contributes to health care team functioning by applying group communication theory, principles, and group process skills.

5. Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the health care team, and other sectors to ensure continuous, safe care.

- 5.1 Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.
- 5.2 Monitors **client care** to help ensure needed services happen at the right time and in the correct sequence.
- 5.3 Organizes own workload, **assigns** nursing care, sets priorities, and demonstrates effective time management skills
- 5.4 Demonstrates knowledge of the delegation process.
- 5.5 Participates in decision-making to manage client transfers within health care facilities.
- 5.6 Supports clients to navigate health care systems and other service sectors to optimize health and well-being.
- 5.7 Prepares clients for transitions in care.
- 5.8 Prepares clients for discharge.
- 5.9 Participates in emergency preparedness and disaster management.

6. Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

- 6.1 Acquires knowledge of the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 6.2 Integrates **continuous quality improvement** principles and activities into nursing practice.
- 6.3 Participates in innovative client-centred care models.
- 6.4 Participates in creating and maintaining a healthy, respectful, and psychologically safe workplace.

- 6.5 Recognizes the impact of **organizational culture** and acts to enhance the quality of a professional and safe practice environment.
- 6.6 Demonstrates self-awareness through reflective practice and solicitation of feedback.
- 6.7 Takes action to support culturally safe practice environments.
- 6.8 Uses and allocates resources wisely.
- 6.9 Provides constructive feedback to promote professional growth of other members of the health care team.
- 6.10 Demonstrates knowledge of the health care system and its impact on client care and professional practice.
- 6.11 Adapts practice to meet client care needs within a continually changing health care system.

7. Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

- 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.
- 7.2 Resolves questions about unclear orders, decisions, actions, or treatment.
- 7.3 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.
- 7.5 Supports **environmentally responsible practice**.
- 7.6 Advocates for safe, competent, compassionate and ethical care for clients.
- 7.7 Supports and empowers clients in making informed decisions about their health care, and respects their decisions.
- 7.8 Supports healthy public policy and principles of **social justice**.
- 7.9 Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.

- 7.10 Advocates for client's rights and ensures informed consent, guided by legislation, practice standards, and ethics.
- 7.11 Uses knowledge of **population health, determinants of health, primary health care,** and health promotion to achieve health equity.
- 7.12 Assesses client's understanding of informed consent, and implements actions when client is unable to provide informed consent.
- 7.13 Demonstrates knowledge of a substitute decision maker's role in providing informed consent and decision-making for client care.
- 7.14 Uses knowledge of **health disparities** and inequities to optimize health outcomes for all clients.

8. Educator

Registered nurses are educators who identify learning needs with clients and apply a broad range of educational strategies towards achieving optimal health outcomes.

- 8.1 Develops an education plan with the client and team to address learning needs.
- 8.2 Applies strategies to optimize client **health literacy**.
- 8.3 Selects, develops, and uses relevant teaching and learning theories and strategies to address diverse clients and contexts, including lifespan, family, and cultural considerations.
- 8.4 Evaluates effectiveness of health teaching and revises education plan if necessary.
- 8.5 Assists clients to access, review, and evaluate information they retrieve using information and communication technologies (ICTs).

9. Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

- 9.1 Uses best evidence to make informed decisions.
- 9.2 Translates knowledge from relevant sources into professional practice.
- 9.3 Engages in self-reflection to interact from

a place of **cultural humility** and create culturally safe environments where clients perceive respect for their unique health care practices, preferences, and decisions.

- 9.4 Engages in activities to strengthen competence in **nursing informatics**.
- 9.5 Identifies and analyzes emerging evidence and technologies that may change, enhance, or support health care.
- 9.6 Uses knowledge about current and emerging community and **global health** care issues and trends to optimize client health outcomes.
- 9.7 Supports research activities and develops own **research skills**.
- 9.8 Engages in practices that contribute to lifelong learning.

Glossary

Accountability

The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009)

Assessment

Systematically gathering, sorting, organizing and documenting data in a retrievable format. (Perry, Potter & Ostendorf, 2018)

Assign

Assigning is determining or allocating responsibility for particular aspects of care that may include controlled and non-controlled act procedures. Assigning care may require nurses to supervise aspects of care or teach procedures. (College of Nurses of Ontario, 2007)

Client

A client is a person with whom the nurse is engaged in a therapeutic relationship. In most circumstances, the client is an individual but the client may also include family members and/or substitute decision-makers. The client can also be a group (e.g., therapy), community (e.g., public health) or population (e.g., children with diabetes). (College of Nurses of Ontario, 2002)

Client Centre

An approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making. (Registered Nurses Association of Ontario, 2006)

Compassionate

Showing sensitivity in understanding another person's suffering, combined with a willingness to help and promote that person's well-being. (Perez-Bret, Altisent & Rocafort, 2016).

Competency

An observable ability of a registered nurse at entry level that integrates the knowledge, skills, abilities, and judgment required to practise nursing safely and ethically (Canadian Council of Registered Nurse Regulators, 2013, CanMEDS, 2015)

Competent

The demonstration of integrated knowledge, skills, abilities and judgment required to practise nursing safely and ethically (College of Nurses of Ontario, 2018a)

Conflict resolution

The various ways individuals or institutions address conflict (for example, interpersonal, work) to move toward positive change and growth (College of Registered Nurses of Nova Scotia, 2012)

Continuous quality improvement

A continuous cycle of planning, implementing and evaluating the effectiveness of strategies, and reflecting to see what further improvements can be made (College and Association of Registered Nurses of Alberta, 2014)

Critical inquiry

A process of purposive thinking and reflective reasoning through which practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions within a particular context. (Brunt, 2005)

Cultural humility

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner regarding understanding another's experience. (First Nations Health Authority, 2018)

Cultural safety

An outcome based on respectful engagement that recognizes and strives to address the health care system's inherent power imbalances. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority, 2018)

Determinants of health

Factors that influence health beyond our individual genetics and lifestyle choices (Government of Canada, 2018)

Environmentally responsible practice

Practice that supports environmental preservation and restoration while advocating for initiatives

that reduce environmentally harmful practices to promote health and well-being. (Canadian Nurses Association, 2017b)

Evidence-informed

How nursing decisions are made with clients, using an ongoing process that incorporates research, clinical expertise, client preferences and other available resources. (Canadian Nurses Association, 2010)

Fitness to practice

Freedom from any cognitive, physical, psychological or emotional condition or dependence on alcohol or drugs that impairs ability to provide nursing care (Canadian Nurses Association, 2017a)

Global Health

The optimal well-being of all humans from the individual and the collective perspectives. Health is considered a fundamental right and should be equally accessible to all (Canadian Nurses Association, 2017a)

Harm Reduction

Policies, programs and practices to reduce adverse health, social and economic consequences of legal and illegal psychoactive drugs without necessarily reducing drug consumption (Canadian Nurses Association, 2017c)

Harmful Incidence

A patient safety incident resulting in harm to patient (Canadian Patient Safety Institute, 2009)

Health care team

A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations. (Canadian Nurses Association, 2017a)

Health disparities

Differences in health status that occur among population groups defined by specific characteristics (Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, 2004)

Health Inequities

Differences in health status or distribution of health resources between different population groups, arising from social conditions in which people are born, grow, live, work and age (World Health Organization, 2017)

Health literacy

The ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course (Rootman, & Gordon-El-Bihbrey, 2008)

Health promotion

Enabling people to improve and increase control over their health by moving beyond individual behaviour toward a wide range of social and environmental interventions (World Health Organization, 2018a)

Holistic

A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person, the response to illness, and the effect of the illness to meet self-care needs (Jasemi, Valizadeh, Azmanzadeh & Keogh, 2017)

Information and communication technologies (ICTs)

A diverse set of technological tools and resources used to communicate, create, disseminate, store, and manage information (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012)

Interprofessional

Members from different healthcare disciplines working together towards common goals to meet the client's health care needs (Canadian Health Services Research Foundation, 2012)

Medical Assistance in Dying (MAiD)

The situation in which a person seeks and obtains medical help to end their life. This can be achieved through either physician-assisted suicide or voluntary euthanasia (Government of Canada, 2016)

Near miss

A client's safety incident that did not reach the client and therefore resulted in no harm (Canadian Patient Safety Institute, 2009)

No harm incidence

A patient safety incident that reached the patient but no discernible harm resulted. (Canadian Patient Safety Institute, 2009)

Nursing informatics

Nursing informatics science and practice integrates nursing, information and knowledge, and their management, with information and communication technologies to promote health in people, families, and communities worldwide (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012)

Organizational culture

Member held assumptions and values about their organization that is different from one organization to the next (Sullivan, 2012)

Palliative care

An approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through preventing and relieving of suffering by means of early identification, impeccable assessment, and treatment of pain and other problems (for example, physical, psychosocial and spiritual) (World Health Organization, 2018b)

Plan of care

A plan that includes priority nursing interventions to achieve client centered goals (College of Registered Nurses of Nova Scotia, 2017a)

Population health

An approach to health that aims to improve the entire population's health and to reduce health inequities among population groups. To reach these objectives, it looks at and acts upon the broad range of factors and conditions that strongly influence our health (Public Health Agency of Canada, 2012)

Positional power

The assumed authority or influence a person holds over others by virtue of the title of his or her position (College of Registered Nurses of Nova Scotia, 2017b)

Primary health care

A focus on delivering client-centred services that

include accessibility, active public participation, health promotion and chronic disease prevention and management, use of appropriate technology and innovation, and intersectoral cooperation and collaboration (Canadian Nurses Association, 2015)

Professional Boundaries

The point at which the relationship changes from professional and therapeutic to unprofessional and personal. It defines the limits of the professional role. Crossing a boundary means that the care provider is misusing the power in the relationship to meet personal needs, rather than the needs of the client, or behaving in an unprofessional manner with the client. The misuse of power does not have to be intentional to be considered a boundary crossing (CNO, 2006, RNAO, 2006)

Professional presence

The demonstration of confidence, integrity, optimism, passion and empathy that aligns with legislation, practice standards, and ethics through verbal and nonverbal communications (Canadian Patient Safety Institute, 2017)

Recovery-oriented nursing care

A perspective that recognizes recovery as a personal process for people with mental health conditions or addictions to gain control, meaning and purpose in their lives (Canadian Association of Schools of Nursing, 2015)

Relational practice

Conscious participation with clients using listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts (Doane, & Varcoe, 2007)

Research Skills

The ability to critically appraise the various aspects of a scientific research study.

Safety

The pursuit of the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes (Canadian Patient Safety Institute, 2017)

Scope of practice

Roles, functions, and accountabilities that

registered nurses are legislated, educated, and authorized to perform, as defined in Section 3 of the Nursing Act, 1991: “The practice of nursing is the promotion of health and assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”

Social justice

Studying and understanding the root causes and consequences of disparities regarding the unfair distribution of society’s benefits and responsibilities by focusing on the relative position of one social grouping in relation to others (Canadian Nurses Association, 2017a)

Social media

Software applications (web-based and mobile) allowing creation, engagement and sharing of new or existing content, through messaging or video chat, texting, blogging and other social media platforms (Bodell, & Hook, 2014)

Therapeutic nursing intervention

Any treatment, based on clinical judgement and knowledge, a nurse performs to enhance client outcomes (Butcher, Bulechek, McCloskey Dochterman, & Wagner, 2019)

Therapeutic relationship

A relationship a nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, to provide nursing care expected to contribute to the client’s well-being (Canadian Nurses Association, 2017a)

Trauma-informed care

A strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk, & Olivet, 2010)

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