

RNs' Professional Role is Established by Law

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Registered Nurses (RNs) must have a working knowledge of the California Nursing Practice Act (NPA), as well as a deep understanding of the Scope of Practice, Section 2725 and how it directly relates to consumer protection and patient safety. Given the key decision making role of the RN on the interdisciplinary team, all RNs must be able to articulate the basis for their authority, responsibility and accountability, as well as understand that this right to practice is a privilege.

The Legal Right to Practice Is A Privilege

As RN's, we have decision-making authority through the NPA based on our role in society as a profession. This authority over others is based on an expectation from the public that we have a substantial amount of scientific knowledge and skill, and that we will use our decision-making authority in an ethical and standards-based manner. This decision-making authority and autonomy is a privilege that is further grounded in the professional role obligation to monitor and evaluate the extent to which one's practice is producing positive results in patient care. Thus, Section 2725 was designed to support a professional model of practice and to better describe the RNs' role and its unique contribution to meeting the needs of the public we serve.

It is important to remember that the primary reason for licensure is the protection of the public. Section 2725, defines how we implement this professional role obligation and clearly describes the pivotal decision-making responsibility of RNs in the delivery of care. When there is a lack of understanding of the NPA, the effect is a less than optimal application of our functions.

Building RN Role Capacity and Competence

There is variation in how students within California are taught Section 2725 and other related sections such as the Standards of Competent Performance Title 16, 1443.5. These sections of the California NPA define the role, authority, responsibility and accountability that come with this powerful decision-making role. These statutes and regulations set the minimum standards for the generic RN role. It is critical that faculty teach this nursing role definition in the first semester of the pre-licensure nursing program so that students can make an informed decision as to whether they want to pursue a professional career with such a complex decision-making role, and if so, take the necessary steps to gain the knowledge and skill required to competently enact the professional role of the RN in practice. I believe nursing students must be socialized in the first semester to what it means to be in a profession and understand the obligations that go with that professional role as applied to the RN role. It is vital that professional role development progresses in a consistent and systematic manner throughout the entire nursing program. A curriculum where professional role development is woven into each course will produce registered nurses who understand their professional role and the breadth and depth of their authority and responsibilities related to that professional role. The student will also walk away knowing how to apply it to the discipline specific work of nursing as defined in the scope of practice, in a manner that best serves the public interest.

Over the years I have witnessed significant variation in understanding of the RN role as a professional and its primary work as described in the California NPA, Section 2725. What contributes to this variation? We have an interesting situation in California. Approximately half of all registered nurses working in California have received their nursing education outside of California. Given that each state has its own practice act, this situation has the potential to create variation in understanding of the California Scope of Practice, Section 2725. This in turn creates variation in use of Section 2725 as the legal minimum standard for role and practice competence by the practicing RN. This variation in understanding of Section 2725 and ultimately a variation in practice have the potential to undermine our value and impact patient safety. This situation places responsibility on employers of RN's to verify that these nurses understand their role, responsibility and authority as defined in the NPA.

Lack of differentiation between the generic RN role as described in Section 2725, and the functional role contributes to variation in understanding of the RN role and related practice. Irrespective of one's functional role (i.e. staff nurse, manager, researcher, educator/faculty) each one holds an RN license and is an RN. This requires that each individual follow and implement nursing practice according to his/her specific functional role. Section 2725 is generic to all functional roles in which an RN works, for example:

- Staff nurses and Clinical Nurse Leaders (CNL) provide direct care consistent with Section 2725.
- Clinical Nurse Specialist (CNS) and Nurse Practitioners (NP) do so at advanced levels.
- Educator/ faculty teach to Section 2725 throughout the pre-licensure and graduate curriculum to learners/students.
- Managers ensure that systems are in place to support a professional model of practice so that those they manage can apply Section 2725 at the point of care.
- Researchers use it to better understand and describe the work of nursing and the role we play in provision of care by generating knowledge for practice and by identifying best practices.

If we are to protect the public, academia and service must ensure that the NPA—especially Section 2725—serves as the foundation for preparing, developing, and sustaining a high-quality, competent workforce, and truly making operational the legal and professional standards that guide our practice.

Building RN Role Credibility

At the heart of the professional role is decision-making authority, autonomy and control of practice within established professional standards together with the obligation to monitor and evaluate that practice to a set of standards. This professional role is authorized by the California NPA and provides every RN with the legal authority, responsibility and accountability to provide safe, competent nursing care to patients. It allows every RN to make decisions about the status of health and the recovery process of patients under their care through the keen observation and the determination of abnormality associated with changes in the nursing condition and the medical condition. The patient's 24/7 need for nursing care provides RNs the opportunity to use this unique position to coordinate the care of patients in a manner that supports their recovery or to help achieve a peaceful death.

If the authority to monitor, evaluate and report the patients changing nursing condition and medical condition is not understood, nurses fail to use their authority to act on the patient's behalf as extensively as is allowed in California. Given the complex needs of patients, nurses must work with the health care team in a manner that transfers knowledge and information about the patient condition. The California NPA Section 2725, 4B, speaks to the professional obligation to report and refer and underscores that the RN must adopt the role obligation to be a transferor of knowledge as a primary responsibility of his or her work.

In the end, nursing will be judged not by what it says it can do but rather by what it did do as reported in results. Did our role as a decision maker have an impact on outcomes? Did our efforts add up to changes in outcomes that best serve our patients? Section 2725 can help us consistently and systematically ensure that our role and practice adds value by improving patient outcomes through professional role competence and practice excellence and in this way be true to our commitment to patient safety and consumer protection.