



College of
Registered Nurses
of Manitoba

Code of Ethical Conduct

Questions?

Contact Department:

204-774-3477 ext 301
1-800-665-2027
practice@crnm.mb.ca

Date published:

01/25

Date Reviewed:

N/A

Code of Ethical Conduct

Introduction

The College of Registered Nurses of Manitoba (the College) Council must, by legislation, adopt a code of ethics governing the conduct of registrants of the College. The Code of Ethical Conduct includes ethical values that provide a frame of reference that governs registrant behaviour.

Compliance with the principles in the Code of Ethical Conduct is required. All registrants are responsible for understanding the Code of Ethical Conduct and are accountable to apply it to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not absolve individual registrants of accountability for their own actions or the primary obligation to meet the principles in the Code of Ethical Conduct. Employers' policies should not require a registrant to practice in a manner that violates the Code of Ethical Conduct.

In this document the use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

Land Acknowledgment

The College of Registered Nurses of Manitoba (College) respectfully acknowledges that our offices, our registrants, and the public we serve reside and work on the traditional territories and ancestral lands of the Anishinaabeg, Ininewak, Anisininewuk, Dakota Oyate, and Dene, and on the national homeland of the Red River Métis.

The College recognizes the historic and ongoing impacts that colonization and systemic discrimination have on the health of First Nations, Inuit and Métis, and that we must take continued, meaningful actions to advance reconciliation and affect change in the regulation of registered nurses.

We respect the Treaties that were made on these territories, and we are committed to moving forward in partnership with First Nations, Inuit and Métis communities in a spirit of reconciliation and collaboration.

Table of Contents

Introduction.	2
Purpose	3
Values Informing Ethical Conduct	3
What is the Code of Ethical Conduct?	4
Principles of the Code	4
<i>Principle 1</i>	
Registrants respect clients' dignity	5
<i>Principle 2</i>	
Registrants provide inclusive and culturally safe care by practicing cultural humility	5
<i>Principle 3</i>	
Registrants provide safe, competent, and ethical care	6
<i>Principle 4</i>	
Registrants work respectfully with the health care team.	7
<i>Principle 5</i>	
Registrants act with integrity in clients' best interests	7
<i>Principle 6</i>	
Registrants maintain public confidence in the nursing profession.	8
Glossary	9
References	13

Purpose

The purpose of the Code of Ethical Conduct is to serve and protect the public interest by setting expectations for safe, ethical, nursing practice. The Regulated Health Professions Act (RHPA) and the College of Registered Nurses of Manitoba (the College) General Regulations require that the College adopt a **code** of ethics governing the conduct of registrants. The Code of Ethical Conduct (the Code) informs registrants and the public of the primary ethical values the nursing profession upholds, and the expected behaviours expressed by them. The values provide guidance for **self-reflection** and decision-making for registrants working through ethical situations at all levels and roles in nursing practice and within the multidisciplinary **health care team**. The Code governs the conduct of all registrants regardless of role or practice setting.

Values Informing Ethical Conduct

In addition to personal values, and client values, ethics in nursing is concerned with the social determinants of health and societal injustices affecting health and well-being. This includes registrants' awareness of these social injustices, efforts to address them and advocate for improvements and change. There are primary nursing values that inform ethical conduct expected from registrants and form the foundation for ethical nursing practice.

Respect

Treating all others with respect enables the development of the intentional caring relationship between the healthcare team including registrants, and those receiving care. Treating clients with respect means behaviour towards them is considerate, compassionate, values their worth, dignity, uniqueness, culture, and individuality. Respect is the foundation for professional nursing relationships and ethical conduct.

Trust

Registrants need to establish trusting relationships with clients to effectively provide care that involves touch, personal information, emotional and physical support, and comfort. Clients need to be able to trust registrants to be safe and competent, not to harm them and to protect them from harm. They need to trust registrants to work in the interests of their health and well-being, allow them to voice their perspectives, ask questions, and be respected for their beliefs, behaviours, and values. Building a trusting relationship requires honesty, acting consistently and delivering safe and competent care. Trust is necessary for registrants to maintain public confidence in the nursing profession.

Partnership

Partnership occurs when clients remain the main decision-maker related to their health care, are fully involved in their care, and are given sufficient information, in a manner they can understand, to make informed decisions about their care and treatment. Working in partnership includes listening to the client, ensuring their independence, views and preferences are valued, and responding to their concerns. Registrants are seen to hold power, as they are experts, a source of information, and provide needed treatment. Registrants must be aware of the inherent power imbalance between themselves and clients and focus on relationship-based care.

Integrity

Acting with integrity is being honest, and consistently honoring the commitment to deliver safe and competent nursing care. Integrity means being accountable and responsible for one's actions. Registrants are accountable for actions and omissions in their practice and must be able to justify their decisions. It means acting to reduce risk or harm to clients and refraining from abusing a position of trust.

Adapted with permission from the Nursing Council of New Zealand, the Values Underpinning Professional Conduct in the Nursing Council of New Zealand Code of Conduct for Nurses (2012).

What is the Code of Ethical Conduct?

The College has the legislated mandate to govern its members in a manner that serves and protects the public interest by promoting safe nursing practice. The Code describes the accountabilities registrants have for clients, employers, colleagues and the public. The Code describes the behaviour or conduct that the public expects of registrants and what registrants must do to maintain professionalism, competence and ethical behaviour to deliver safe **client** care. All registrants are expected to uphold the Code, regardless of their role, title or responsibility, and in their personal lives behave in a manner that supports public confidence in the nursing profession.

To maintain public trust and confidence in the nursing profession's integrity and care, the Code outlines safe and ethical practice requirements based on current evidence. The Code is also informed by legislation and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action (2015)*. Regulatory bodies like the College play a crucial role in addressing historical injustices and expect that health care professionals provide equitable care to clients, particularly First Nations, Inuit and Métis peoples.

The Code puts clients at the center of **nursing care** and includes principles of **cultural safety** and **cultural humility**, diversity, equity and inclusion to ensure client care is safe, compassionate, equitable and free of stigma, prejudice, and **discrimination**.

Throughout the Code, the word "client" is used broadly, to include individuals, **families**, caregivers, groups, communities and populations who receive nursing care. In some clinical settings, clients may be referred to as a patient, or a resident. As nursing practice has many domains, clients may refer to a nursing student, research subject/participant or another registrant. All registrants are expected to use the Code along with other College practice directions and practice expectations. The Code applies to any method a nurse uses to deliver health care services, such as in-person, virtually or by telephone.

The College considers the Code for regulatory processes and when reviewing the practice of registrants such as in continuing competence and professional conduct processes. Nursing practice is considered in its working context and circumstances.

This document was adapted with permission from the College of Nurses of Ontario (CNO) from the CNO Practice Standard Code of Conduct (2023). The original work is available on cno.org.

[College of Nurses of Ontario's Code of Conduct](#)

It has been adapted to reflect Manitoba's regulatory and health system context.

*A glossary of **bolded** terms is provided at the end of this document.*

Principles of the Code

The Code consists of six principles. Each principle is supported by a set of statements of core behaviours registrants are accountable to uphold. All principles have equal importance and work together to describe the conduct and behaviour necessary for safe and ethical nursing practice in Manitoba.

Principle 1
Registrants respect clients' dignity.

Principle 2
Registrants provide inclusive and culturally safe care by practicing cultural humility.

Principle 3
Registrants provide safe, competent, and ethical care.

Principle 4
Registrants work respectfully with the health care team.

Principle 5
Registrants act with integrity in clients' best interests.

Principle 6
Registrants maintain public confidence in the nursing profession.

Principle 1

Registrants respect clients' dignity.

Registrants work collaboratively with clients and are sensitive to and respectful of their needs. To achieve this, registrants are expected to:

- 1.1 treat clients with respect, empathy and compassion.
- 1.2 provide **client-centered care**, prioritizing clients' health and well-being in the **therapeutic nurse-client relationship**.
- 1.3 act in clients' best interests by respecting their autonomy, care preferences, choices and decisions, including their right to seek additional advice.
- 1.4 respect clients' rights and involve and support clients in making care decisions.
- 1.5 listen to and respond to clients' concerns by collaborating with clients and any person or community the client wants involved in their care.
- 1.6 maintain clients' privacy and dignity, regardless of where the client receives care or of its mode of delivery. This includes after the nurse-client relationship ends.
- 1.7 communicate with clients clearly and in a timely manner.
- 1.8 obtain **informed consent** from clients, or from their **substitute decision-makers** when clients are unable to do so according to relevant federal and/or provincial legislation.
- 1.9 identify when their own personal beliefs conflict with a client's care plan, and provide safe, compassionate and timely care to those clients, until other arrangements are in place.
- 1.10 include principles of **harm reduction** in client care plans.

Principle 2

Registrants provide inclusive and culturally safe care by practicing cultural humility.

In this principle, registrants understand how personal attributes and societal contexts, such as disabilities, sexual identity, and racism, influence client care. To achieve this principle, registrants are expected to:

- 2.1 self-reflect on and identify how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic nurse-client relationship.
- 2.2 ensure they are aware of the stereotypes and assumptions they may have about clients and ensure they do not influence their decision-making or interactions.
- 2.3 seek feedback from clients, the health care team, and others to evaluate their own behaviour and culturally safe practice.
- 2.4 recognize that many identity factors and **personal attributes**, including those identified in federal and/or provincial legislation, such as the Canadian Human Rights Act, may impact a client, their lived experience and perspective on health care.
- 2.5 recognize the role of history, society, and past traumatic experiences, and their ongoing impacts that continue to shape health, well-being, and health care experiences (FNHA, n.d).
- 2.6 assess and strive to meet clients' language, cultural and communication needs in ways clients understand.
- 2.7 ask clients if they are open to sharing their lived experiences.
- 2.8 actively listen and seek to understand the client's lived experiences.
- 2.9 address clients by their preferred name, title and pronoun.

- 2.10 assess clients to determine their risk for **health inequities** and take steps to ensure the best client outcomes.
- 2.11 provide care that focuses on clients' resilience and strengths.
- 2.12 work with clients to achieve their health and wellness goals considering the client's background, and respecting their cultural beliefs and traditions.
- 2.13 advocate for equitable and culturally safe care that is free from racism and discrimination.
- 2.14 take action to prevent and respond to racism and/or discrimination against a client.
- 2.15 participate in and advocate for culturally safe and inclusive practice environments free from racism and discrimination.
- 2.16 continually seek to improve their ability to provide culturally safe care.
- 2.17 undertake continuous education in many areas, including First Nations, Inuit and Métis health care, **determinants of health**, cultural safety, cultural humility, and **anti-racism**.
- 3.2 recognize and work within the limits of their **scope of practice** and their knowledge, skill and judgment.
- 3.3 identify when clients' therapeutic needs are outside of their scope of practice or individual **competence** and support clients to seek services from the appropriate health care professionals.
- 3.4 seek and use the best available evidence to inform their practice.
- 3.5 conduct research ethically, including placing client well-being above all other research objectives.
- 3.6 use **clinical reasoning** and judgment when providing nursing care.
- 3.7 use **critical inquiry** to assess, plan, implement, evaluate, and modify client care, together with clients and the health care team.
- 3.8 use **trauma and violence informed approaches** to care for clients and when interacting with members of the health care team.
- 3.9 be responsive and available to clients in their care.
- 3.10 respond to client needs and give timely nursing care. When timely care is not possible, registrants explain to clients the reasons for the delay and take steps to avoid or limit client harm.
- 3.11 advocate for and support clients in accessing timely health care that meets clients' needs.
- 3.12 engage in safe **medication practices**, including having authorization and requisite knowledge, skill and judgment.
- 3.13 maintain clear, complete, accurate and timely **documentation** and not document false or misleading information. [Documentation Guidelines for Nurses \(crnm.mb.ca\)](https://www.crnmb.ca/resources/guidelines-for-nurses)
- 3.14 conduct **appropriate business practices** if in **self-employed practice**, including accurate record keeping, informing clients of fee components and charging fitting and reasonable fees. [Self-Employed Practice Direction \(crnm.mb.ca\)](https://www.crnmb.ca/resources/self-employed-practice-direction)

The subheadings in Principle 2 and statements 2.1, 2.7, 2.10, and 2.14 are adapted from BCCNM's Indigenous Cultural Safety, Cultural Humility, and Anti-Racism practice standard (British Columbia College of Nurses and Midwives, 2022).

Principle 3

Registrants provide safe, competent, and ethical care.

In this principle, registrants work within the limits of their scope of practice, education, experience, knowledge, skill and judgment. To achieve this principle, registrants are expected to:

- 3.1 identify themselves to clients consistent with the College's public register, using their name, professional title, and their role within the health care team.

- 3.15 take reasonable steps to ensure continuity of care for clients when ending the therapeutic nurse-client relationship and support the client in finding alternative services, as appropriate.
- 3.16 contributes to, uses, and evaluates new knowledge, tools, and technology relevant to the area and nature of their practice setting.

Principle 4

Registrants work respectfully with the health care team.

*In this principle, registrants are accountable to one another and are expected to build and maintain respectful relationships with the **health care team**. To achieve this, registrants are expected to:*

- 4.1 self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with health care team members.
- 4.2 identify stereotypes and assumptions and ensure they do not influence decision-making and interactions with health care team members.
- 4.3 address health care team members by their requested name, title and pronoun.
- 4.4 recognize many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as the Canadian Human Rights Act, may impact a health care team member, their lived experience and perspective on nursing and health care.
- 4.5 treat all health care team members with respect in all contexts, including on **social media**. [Social Media and Social Networking \(crnm.mb.ca\)](http://crnm.mb.ca)
- 4.6 collaborate and communicate with the health care team in a clear, effective, professional and timely way to provide safe client care.

- 4.7 refrain from physical, verbal, emotional, financial, or sexual harassment or abuse of health care team members.
- 4.8 support, mentor and teach health care team members, including students.
- 4.9 assess the learning needs of health care team members they are teaching, supervising and/or assigning. Registrants determine whether individuals have the proper knowledge, skill and judgment to perform safe care.
- 4.10 only direct health care team members to perform nursing care they are adequately educated and competent to perform.
- 4.11 provide and accept feedback from the health care team to support positive/therapeutic client outcomes and effective team performance.
- 4.12 advocate for and contribute to a supportive, inclusive, and safe organizational culture, including psychological safety, anti-racism, and respect for the cultural beliefs and traditions of health care team members.
- 4.13 respectfully manage disagreement and conflict within the health care team in the interest of the client. [Interprofessional Collaborative Care \(crnm.mb.ca\)](http://crnm.mb.ca)

Principle 5

Registrants act with integrity in clients' best interests.

In this principle, registrants are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-client relationship. To achieve this, registrants are expected to:

- 5.1 fairly divide and advocate for resources. Registrants objectively arrange/coordinate care, based on health- and social-related needs.

Principle 6

Registrants maintain public confidence in the nursing profession.

In this principle, registrants promote dignity and respect for the nursing profession by portraying respectful behaviour and showing leadership. To achieve this, registrants are expected to:

- 5.2 protect the **privacy** and **confidentiality** of clients' **personal health information** as outlined in legislation (and/or regulatory documents). [Maintaining Privacy and Confidentiality \(crnm.mb.ca\)](#)
 - 5.3 only share clients' personal health information for therapeutic reasons and only in compliance with laws and standards of practice governing privacy and confidentiality.
 - 5.4 support client decision making in accordance with relevant provincial legislation, and not act as substitute decision-maker for their clients.
 - 5.5 identify, prevent and do not practice in situations that cause a **conflict of interest**. If a conflict of interest exists or arises at any point during the therapeutic nurse-client relationship, registrants explore alternative services with clients.
 - 5.6 place their client interests and professional responsibilities ahead of their **personal gain**.
 - 5.7 initiate, establish and maintain **professional boundaries** with clients and terminate the nurse-client relationship as set out in CRNM's [Professional Boundaries for Therapeutic Relationships \(crnm.mb.ca\)](#)
 - 5.8 not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their clients.
 - 5.9 strive to protect clients from any type of harm, neglect or abuse. This includes calling attention to racism and discrimination, as well as taking action to stop unsafe, incompetent, unethical or unlawful practice.
 - 5.10 be **truthful** in their professional practice.
 - 5.11 identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of clients in their care.
 - 5.12 promote healthy relationships with clients, their caregivers, advocates and members of the health care team by managing and resolving conflict for best client care.
 - 5.13 uphold their **duty to provide care** and not **abandon** clients to whom they have a commitment to provide care. [Duty to Provide Care \(crnm.mb.ca\)](#)
- 6.1 understand and practice in compliance with relevant laws, employer policies, practice directions, and practice expectations.
 - 6.2 be accountable for their own decisions, actions, omissions and related outcomes.
 - 6.3 take accountability for their errors and learn from them.
 - 6.4 report any error, near miss, events of racism and discrimination (whether individual interpersonal or institutional), unsafe behaviour, unethical conduct or system issue to relevant individuals including employers and/or CRNM and other regulatory colleges, whether or not harm has occurred.
 - 6.5 participate and advocate for improving the quality of their practice setting to support safe client care.
 - 6.6 not steal, misuse, abuse or destroy the property of their clients, health care team or employers.
 - 6.7 not practice when impaired by any substance.
 - 6.8 self-reflect on their personal health and seek help if their health affects their ability to practice safely.
 - 6.9 remove themselves from the provision of care if they do not have the necessary physical, mental, or emotional capacity to practice safely and competently, after informing their employer. If self-employed, registrants arrange for someone else to attend to their clients' health care needs. [Fitness To Practice \(crnm.mb.ca\)](#)

- 6.10 self-reflect, identify learning needs in their practice and engage in continuous learning to maintain their competence.
- 6.11 participate in and keep records of their participation in the **Continuing Competence Program**. [CCP Workbook \(crnm.mb.ca\)](https://www.crnmb.ca/crp-workbook)
- 6.12 not publicly communicate health care statements that contradict the best available evidence.
- 6.13 not engage in any acts of **professional incompetence, professional misconduct, conduct unbecoming** and report any concerns related to these acts and/or **fitness to practice**, and comply with the **duty to report**. [Duty to Report to the College of Registered Nurses of Manitoba \(crnm.mb.ca\)](https://www.crnmb.ca/discipline-definitions) [Discipline Definitions \(crnm.mb.ca\)](https://www.crnmb.ca/discipline-definitions) [Fitness To Practice \(crnm.mb.ca\)](https://www.crnmb.ca/fitness-to-practice)
- 6.14 cooperate with the College, including cooperation in investigations and offering complete and accurate information.

Glossary

Abandonment (Abandon) –When a nurse discontinues care after receiving a client assignment without negotiating a mutually acceptable withdrawal of service with the client, arranging for suitable alternative or replacement services, or allowing the employer, a reasonable opportunity to provide alternative or replacement services. (College of Registered Nurses of Manitoba, 2024)

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)

Appropriate Business Practices – Reasonable actions that nurses in self-employment carry out for client safety. (College of Nurses of Ontario, 2023)

Client(s) – May be an individual, family, group or community, or population that is the beneficiary of care who may be referred to as a patient or resident and may also refer to a nursing student, research subject/participant and another

registrant. (College of Registered Nurses of Manitoba, 2019)

Client-centred care: Consideration of clients' individual needs and preferences, and ensures clients are active participants in all aspects of their health care decisions. (College of Nurses of Ontario, 2023) <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/patient-centred-care/>

Clinical Reasoning - Is a complex clinical decision-making process that uses formal and informal thinking strategies to gather and analyze client information, weigh the significance of the information, select the best practice to respond to the situation, and learn from the situation. Clinical reasoning is the cognitive process underlying clinical judgment, appropriate decision making, and professional competence in nursing. Nurses use the nursing process to perform clinical reasoning and make clinical judgments when providing patient care. (Mohammadi-Shahboulaghi, F. et al, 2021), (Simmons, B., 2010)

Code – A document which is clear about its purpose and precise with its language so that its requirements can be clearly understood. (Collings-Hughes, D. et al., 2022)

Conduct Unbecoming – Relates to conduct not during the practice of nursing. It is conduct that is reprehensible and seriously reflects upon and shatters professional integrity to the point where protection of the public is involved. (College of Registered Nurses of Manitoba, 2018)

Confidentiality - The duty to protect, respect and maintain the privacy of personal health information, the obligation to refrain from disclosing personal health information outside the circle of care to others not involved with the use of the information in the normal course of their authorized work. (College of Registered Nurses of Manitoba, 2024)

Conflict of Interest – When a nurse's personal interests improperly influence their professional judgment or conflict with their duty to act in clients' best interests. This includes financial and non-financial benefit, whether direct or indirect. (College of Nurses of Ontario, 2023)

Continuing Competence Program – *The Regulated Health Professions Act* requires registered nurses to participate in an annual continuing competency program that promotes high standards of knowledge, skill and ethical practice. The goals of the program are to encourage self-reflection of nursing practice, enrich nursing practice, and address individual learning needs to maintain public safety and trust in the nursing profession. (College of Registered Nurses of Manitoba, 2024)

Competence – The ability of a registrant to integrate and apply the knowledge, skills, judgment, and personal attributes to practise safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values, and beliefs (Canadian Nurses Association, 2015). [Framework for the Practice of Registered Nurses in Canada 2015 \(hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com\)](https://www.hc-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)

Critical Inquiry - This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards. (Brunt, B.A., 2005)

Cultural Humility – A lifelong process of self-reflection, self-critique and commitment to understanding and respecting different points of view, while engaging with others humbly, authentically and from a place of learning. (Government of Canada, 2023) [Anti-racism lexicon -Canada.ca](https://www.canada.ca/en/department-national-defence/services/systemic-racism-discrimination/anti-racism-toolkit/anti-racism-lexicon.html)

Cultural Safety – Health care professionals adopt a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority. Cultural safety is 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. It is the client who determines when the care received is culturally safe. (First Nations Health Authority et al., 2021; First Nations Health Authority, n.d.)

Determinants of Health – The broad range of personal, social, economic and environmental factors determining individual and population health. The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture or race/racism. (Government of Canada, 2024)

Discrimination - An action or a decision that treats a person or a group badly for reasons such as their race, age, or disability, or other category protected in Human Rights legislation, either through deliberate intention or unintentionally through its impact. (Government of Canada, 2023) <https://www.canada.ca/en/department-national-defence/services/systemic-racism-discrimination/anti-racism-toolkit/anti-racism-lexicon.html>

Documentation – Any written or electronically generated information about a client that describes their status, care or services. Through documentation the registered nurse communicates observations, decisions, actions, and outcomes of these actions for clients, demonstrating the nursing process. It is a legislative and regulatory requirement and acts as legal proof of health care provided. (College of Registered Nurses of Manitoba, 2024)

Duty to Provide Care – A professional responsibility that applies regardless of employment status or employment relationship; and once a nurse has accepted an assignment of care, the nurse holds the ethical and legal responsibility to continue to provide care for the assigned time-period. (College of Registered Nurses of Manitoba, 2024)

Duty to Report – Registrants have a duty to report concerns about the conduct, competence, and fitness of another registrant. (College of Registered Nurses of Manitoba, 2024)

Fitness to Practice - Means that registrants possess the physical and psychological (emotional, behavioral, and cognitive) capacity to practice safely and competently, in their nursing practice role. Consideration of fitness to practice must acknowledge the following:

- Fitness to practice includes freedom from dependence on alcohol or drugs.
- Fitness to practice may be impacted by a treatment a registrant receives for an illness, condition or addiction.
- Fitness to practice can fluctuate over time, so self-assessment should be conducted regularly, frequently, and before and during any scheduled practice.

(College of Registered Nurse of Manitoba, 2024)

Families (family) – In matters of caregiving, family is recognized at those people identified by the person receiving or in need of care who provides familial support, whether or not there is a biological relationship. However, in matters of legal decision-making, it must be noted that provincial legislation is not uniform across Canada and may include an obligation to recognize family members in priority according to their biological relationship. (Canadian Nurses Association, 2017)

Harm Reduction – An evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances to abstain or stop. (Canadian Mental Health Association – Ontario, 2024)

Health Care Team – Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers. (College of Nurses of Ontario, 2023)

Health Inequities – Differences in health status or in the distribution of health resources among different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization, 2018)

Informed Consent – Valid consent includes six criteria: genuine and voluntary, the procedure must not be an illegal procedure, the consent must authorize the treatment or care as well as

the particular care giver, the consentor must have the legal capacity to consent, the consentor must have the necessary mental capacity to consent, and the consentor must be informed. To be genuine and voluntary, consent should be obtained without coercion, threat, or undue influence and without the influence of drugs or alcohol. For consent to be informed, sufficient information about material risks and benefits should be relayed to the client. This information should be disclosed in easily understood terminology and should include the consequences of refusing treatment and an explanation of possible alternatives. [InfoLAW: Consent to Treatment: The role of the nurse - Canadian Nurses Protective Society \(cnps.ca\)](https://www.cnps.ca/InfoLAW/Consent-to-Treatment-The-role-of-the-nurse-Canadian-Nurses-Protective-Society-cnps.ca)

Medication Practices – Client-centered practices of the most safe and effective medication therapy. Practices may include but are not limited to administration, prescribing, dispensing, medication storage, inventory management and disposal of medications. (College of Nurses of Ontario, 2023)

Nursing Care – Care given to a client, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination. (College of Nurses of Ontario, 2023)

Personal Attributes – Qualities or characteristics unique to a person. As reflected in The Human Rights Code: Province of Manitoba (1987), this includes ancestry, including colour and perceived race, nationality or national origin, ethnic background or origin, religion or creed, or religious belief, religious association or religious activity, age, sex, including sex-determined characteristics or circumstances, such as pregnancy, the possibility of pregnancy, or circumstances related to pregnancy, gender identity, sexual orientation, marital or family status, source of income, political belief, political association or political activity, physical or mental disability or related characteristics or circumstances, including reliance on a service animal, a wheelchair, or any other remedial appliance or device, and social disadvantage.

Personal Gain – Advantage or benefit, financial or otherwise, a nurse receives because of their position. A personal gain can be monetary (cash, gifts, or rewards) or give the nurse other personal advantages. A personal gain includes the nurse's family's interests, charitable causes or organizations the nurse supports.

It does not include a nurse's salary or benefits. (College of Nurses of Ontario, 2023)

Personal Health Information – As reflected in the *Personal Health Information Act (PHIA) 2024*, including any identifying information about client's physical or mental health or their family's health history.

Privacy - The right of an individual within limits to determine when, how and to what extent personal information is collected, used and disclosed about him/herself. (College of Registered Nurses of Manitoba, 2024)

Professional Boundaries – Identify the parameters of the therapeutic relationship in which registered nurses provide care for the purpose of meeting the client's therapeutic needs. The registered nurse is accountable and takes responsibility for setting and maintaining the boundaries of a therapeutic relationship regardless of the clients' actions or requests. (College of Registered Nurses of Manitoba, 2019)

Professional Incompetence – An act or omission or a series of acts or omissions demonstrating a lack of reasonable knowledge, skill, judgment and/or lack of concern for a client's welfare to the extent that the client's safety was in jeopardy. (College of Registered Nurses Manitoba, 2018)

Professional Misconduct – An act or omission which falls short of the rules or standards of what would be proper in the circumstances and ordinarily required to be followed by a nurse while engaged in the practice of registered nursing. (College of Registered Nurses of Manitoba, 2018)

Racism – Any individual action, or institutional practice which treat people differently because of their colour or ethnicity. (Government of Canada, 2023)

Registrant(s) – Includes registered nurses, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse. (Regulated Health Professions Act, 2009)

Scope of Practice – The RN, RN(AP) or RN(NP) scope of practice refers to the interventions that RNs, RN(AP)s, and RN(NP)s are authorized, educated, and competent to perform. Set out in *The Regulated Health Professions Act (2009)* and *The College of Registered Nurses General*

Regulations (2017), the scope of practice is further articulated by the College of Registered Nurses practice directions, practice expectations, and the Code of Ethical Conduct.

Self-Employed Practice – Nurses in independent practice are self-employed (for example, operating their own economic enterprise) for the purposes of offering nursing services and/or operating their own nursing business. (College of Nurses of Ontario, 2023)

Self-Reflection – An intentional and continuous process nurses engage in to critically think about their practice. Reflecting on practice daily helps nurses identify strengths and any learning needs. (College of Nurses of Ontario, 2023)

Social Media – Community based online communication tools (websites and applications) used for interaction, content sharing and collaboration. Types of social media include blogs or microblogs (personal, professional, or anonymous), discussion forums, message boards, social networking sites and content-sharing websites. (College of Nurses of Ontario, 2023)

Substitute Decision Maker – A person, who makes a treatment decision for someone who cannot make their own decision. (College of Nurses of Ontario, 2023)

Therapeutic Nurse-Client Relationship – A planned, goal-directed and contractual connection between a registered nurse and a client for the purpose of providing care to the client to meet the client's therapeutic needs. (College of Registered Nurses of Manitoba, 2019)

Trauma and Violence-Informed Approaches – Policies and practices regarding the provision of services and programming that include a violence-informed approach, and work to minimize harm to victims of violence, and aid in healing and justice. The approaches are built on a foundational understanding of the impact of violence and trauma on people's lives, health and behaviours. (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)

References

- British Columbia College of Nurses and Midwives. (2022).** *Indigenous cultural safety, cultural humility, and anti-racism practice standard.* https://www.bccnm.ca/Documents/cultural_safety_humility/All_PS_cultural_safety_humility.pdf
- Brunt, B. A. (2005).** Critical Thinking in Nursing: An integrated review. *Journal of Contin Educ Nurs*, Mar-Apr 36(2): 60-7. <https://doi:10.3928/0022-0124-20050301-05>
- Canadian Mental Health Association – Ontario (August 2024).** *Harm Reduction.* <https://ontario.cmha.ca/harm-reduction>
- Canadian Nurses Association. (2017).** *Code of Ethics for Registered Nurses.* Ottawa. https://cna.informz.ca/cna/data/images/Code_of_Ethics_2017_Edition_Secure_Interactive.pdf
- Canadian Nurses Association. (2015).** *Framework for the practice of Registered Nurses in Canada.* <https://www.cna-aicc.ca/en/nursing/regulated-nursing-in-canada/rn-practice-framework2>
- Canadian Nurses Protective Society. (2018).** *InfoLAW: Consent to Treatment – The role of the nurse* [InfoLAW: Consent to Treatment: The role of the nurse - Canadian Nurses Protective Society \(cnps.ca\)](https://www.cnp.ca/infolaw/consent-to-treatment-the-role-of-the-nurse)
- College of Nurses of Ontario. (2023).** *Practice Standard: Code of Conduct.* https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf
- College of Registered Nurses of Manitoba (2024).** *Continuing Competence Program Workbook for RN and RN(NP)s.*
- College of Registered Nurses of Manitoba (2024).** *Duty to Provide Care.*
- College of Registered Nurses of Manitoba (2024).** *Duty to Report to the College of Registered Nurses of Manitoba.*
- College of Registered Nurses of Manitoba (2024).** *Fitness to Practice.*
- College of Registered Nurses of Manitoba (2024).** *Maintaining Privacy and Confidentiality.*
- College of Registered Nurses of Manitoba (2024).** *Principles of Quality Registered Nursing Documentation.*
- College of Registered Nurses of Manitoba (2023).** *Social Media and Social Networking.*
- College of Registered Nurses of Manitoba (2022).** *Practice Direction: Self-Employed Practice*
- College of Registered Nurses of Manitoba (2019).** *Entry Level Competences (ELCs) for the Practice of Registered Nurses.* [Entry-Level-Competencies_practice-of-RNs_aug24.pdf \(crnm.mb.ca\)](https://www.crnmb.ca/entry-level-competencies-practice-of-rns-aug24.pdf)
- College of Registered Nurses of Manitoba (2024).** *Interprofessional Collaborative Care Practice Direction*
- College of Registered Nurses of Manitoba (2019).** *Professional Boundaries for Therapeutic Relationships.*

College of Registered Nurses of Manitoba (2025). *Discipline Definitions.*

Collings-Hughes, D., Townsend, R. & Williams, B. (2022). Professional codes of conduct: A scoping review. *Nursing Ethics*, Vol 29(1), 19-34. <https://doi.org/10.1177/09697330211008634>

First Nations Health Authority. (n.d.). *FNHA's policy statement on cultural safety and humility.* <https://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>

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>

Government of Canada (2024, June 13). *Social determinants of health and health inequalities.* <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Government of Canada (2023). *Anti-racism lexicon.* <https://www.canada.ca/en/department-national-defence/services/systemic-racism-discrimination/anti-racism-toolkit/anti-racism-lexicon.html>

Government of Manitoba (2024). *Personal Health Information Act (PHIA).* <https://www.gov.mb.ca/health/phia/index.html>

Government of Manitoba (2017). *College of Registered Nurses of Manitoba General Regulations.* https://web2.gov.mb.ca/laws/regs/current_pdf-regs.php?reg=114/2017

Government of Manitoba (2009). *The Regulated Health Professions Act S. M. 2009, c.15.* https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=r117

Government of Manitoba (2000). *The Protection for Persons in Care Act, CCSM, 2000, c. P144.* <https://www.gov.mb.ca/health/protection>

Government of Manitoba (1987). *The Human Rights Code, CCSM, 1987, c. H175.* https://www.web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=h175

Mohammadi-Shahboulaghi, F., Khankeh, H., & HosseinZadeh, T. (2021). Clinical reasoning in nursing students: A concept analysis. *Nursing Forum* (Hillsdale), 56(4), 1008–1014. <https://doi.org/10.1111/nuf.12628>

Nursing Council of New Zealand (2012). *Code of Conduct for Nurses.* [Code of Conduct](#)

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. [Victims of Crime Research Digest No. 9 \(justice.gc.ca\)](#)

Simmons, B. (2010). Clinical Reasoning: concept analysis. *Journal of Advanced Nursing*, 66(5), 1151-1158. <https://doi.org/10.1111/j.1365-2648.2010.05262.x>

Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action.* https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

World Health Organization (2018). *Health inequities and their causes.* [Health inequities and their causes \(who.int.\)](#)



College of
Registered Nurses
of Manitoba

890 Pembina Highway
Winnipeg, Manitoba R3M 0M8
204-774-3477
www.crnmb.ca