

IDAHO BOARD OF NURSING
PHILOSOPHY OF NURSING PRACTICE

Nursing practice is dynamic. It continually evolves in response to scientific advances in healthcare, emerging economic trends and the changing needs of society. The regulation of nursing practice must be sufficiently adaptable to support this evolution.

Regardless of the setting in which it occurs, nursing practice enhances the public health, safety and welfare. This is true in both traditional settings, such as hospitals, nursing homes and medical clinics, and in nontraditional settings such as private homes and assisted living facilities, where healthcare delivery is the primary focus. It is equally true in those practice settings in which healthcare is not the primary focus, such as public schools, summer camps and religious communities.

Nursing practice does not occur in a vacuum. Although nurses often work autonomously, appropriate care encompasses collaboration between the nurse and all members of the healthcare delivery system. It also requires that individuals be involved in decisions about their own health care, which includes participating in decisions about who will provide their care and in what settings that care will be delivered. Nurses may interface directly with individuals receiving care or indirectly through others providing care. Nurses determine the appropriate interface and role responsibilities when providing or coordinating care.

Whether providing or coordinating the provision of care, the nurse's actions must be within the defined scope of nursing practice. Application of the Board's decision-making guidelines will assist the nurse to evaluate whether a proposed course of conduct falls within the individual's scope of nursing practice. This evaluation will, in turn, allow nurses to perform functions for which they have appropriate education, demonstrate competence, and which are consistent with the recognized standards for practice. It allows nurses to decide under what circumstances delegation of nursing functions to others is appropriate as well as when a different nurse interface is appropriate and will not compromise public safety.

Adopted April 29, 2010
Idaho Board of Nursing