

Background for the 5th Edition Revision

The 5th Edition of the American Nurses Association (ANA) *Nursing: Scope and Standards of Practice* revision was guided by the findings of a research study titled “Diffusion and adoption of the ANA *Nursing: Scope and Standards of Practice* Document: A National Survey” (Culver et al., 2025; Sitzler et al., 2023). The study explored how registered nurses (RNs) across diverse roles and settings engage with the foundational document, revealing critical insights into its accessibility, relevance, and usability in everyday practice.

Key findings from the study highlighted the need for a simplified, user-friendly format that supports practical application while maintaining the integrity of professional scope and standards. Study respondents expressed a desire for better organization, language that is more plain and concise, and content that reflects the realities of modern practice.

ANA convened a workgroup of volunteers with nursing expertise to review, revise, and update the 2021 *Nursing: Scope and Standards of Practice, 4th Edition*. This group developed a charter, project timeline, and guidelines for content revision. In addition to the research-study findings, rich discussions among workgroup members resulted in consensus-driven changes, such as:

- Alignment of terminology with the *Code of Ethics for Nurses*,
- Use of language designed to be flexible and adaptable across diverse settings and roles,
- Removal of graduate-level registered nurse and advanced practice registered nurse (APRN) competencies,

- Streamlined competency statements that enhance clarity and usability, and
- Use of generative AI as a supportive tool.

To align with the *Code of Ethics for Nurses*, this document uses the term “recipient(s) of [nursing] care,” which is defined as “all who receive nursing—whether individuals, families, communities, or populations—recognizing the reciprocity in each of the relationships” (ANA, 2025c, p. xiii). Interested partners are the individuals, groups, or organizations that have an interest in, are affected by, or can influence a decision, project, policy, or outcome. Use of the term “evidence-informed practice,” while encouraging critical evaluation of evidence, acknowledges diverse forms of knowledge.

Graduate-level RNs and APRNs are fully included throughout this document because the scope and standards of practice are foundational to nursing roles and serve as the basis upon which all other nursing scope and standards are built, regardless of role, setting, or specialty. The workgroup acknowledged that entry to practice programs range from associate degree to doctoral degree, making the specification of graduate-level competencies challenging. The workgroup also recognized that nursing specialty and role organizations develop and publish their own scope, standards, and competencies for each APRN role, and therefore deferred to these organizations for APRN competencies. All RNs, including APRNs practicing with expanded authority and graduate-level RNs, are expected to practice in accordance with the scope and standards established in the *Nursing: Scope and Standards of Practice, 5th Edition*.

Competency statements for each standard were streamlined for applicability. Workgroup members developed guidelines for revision following a presentation from a competency expert who provided key concepts, models, and frameworks for competency development and assessment. Competency statements address these guidelines, including domain (e.g., knowledge, skills, abilities, judgment), assessment level, and applicability for all levels of nursing practice and education, regardless of role or setting.

Generative Artificial Intelligence (AI)—specifically, ANA’s Micro-soft Co-Pilot—was applied to the submitted content from workgroup members. This critique of the content created alignment between revisions and the guidelines set forth by the workgroup. Members were presented with, and had to abide by, ANA’s Acceptable Use of Generative AI Tools Guideline. While revising their contributions, workgroup members reviewed AI-generated analyses and recommendations, retaining full decision-making authority and ensuring a final “human in the loop” review.

Resonating with the research study findings to “keep it simple” and to better organize the document into digestible sections, the revised content focuses on four core components:

- **Scope of Nursing Practice:** What, why, how, who, where, and when of nursing
- **Standards of Professional Nursing Practice:** Standards and associated competency statements
- **Context of Nursing:** The art and science of nursing and relevant content that support the scope and standards of practice
- **Appendices:** Additional resources that support and enhance the reader’s understanding of this professional resource

The *Nursing: Scope and Standards of Practice, 5th Edition* is designed to be a dynamic, accessible resource for all RNs, including APRNs—whether working in clinical settings, leadership, education, research, policy, or wherever they may practice. This revised edition exemplifies the profession’s ongoing responsiveness to the needs of the recipients of care and to the evolving healthcare environment.

Scope of Nursing Practice

DEVELOPMENT AND FUNCTION OF THE SCOPE AND STANDARDS OF PRACTICE

The American Nurses Association's (ANA's) *Nursing: Scope and Standards of Practice, 5th Edition* describes a competent level of nursing practice and professional performance common to all registered nurses (RNs) in the United States (U.S.). ANA addresses competence and competency in nursing practice as definable, measurable, and assessed in context (ANA, 2025a). Appendix A, the ANA *Position Statement on Competence and Competency in the Nursing Professional Role*, provides a detailed contemporary discussion of competence and competency in the nursing profession.

All RNs (including advanced practice registered nurses [APRNs]) are expected to perform competently in accordance with published standards, regardless of role, population, specialty, or practice environment. The public expects RNs to demonstrate professional competence throughout their careers. ANA acknowledges that RNs are individually responsible and accountable for maintaining professional role competence (ANA, 2025a). Supportive academic, organizational, regulatory, and systemic entities need to be in place to provide accessible, affordable, and convenient resources to achieve this outcome.

Standards of Professional Nursing Practice accompany the Scope of Nursing Practice statement. ANA's Standards of Professional Nursing Practice are divided into two sections. The first section identifies the **Standards of Practice**:

1. Assessment
2. Diagnosis/Problem Identification

3. Goals/Outcomes Identification
4. Planning
5. Implementation
6. Evaluation

The second section describes the **Standards of Professional Performance**:

7. Ethics
8. Advocacy
9. Respectful, Equitable, and Inclusive Practice
10. Communication
11. Collaboration
12. Leadership
13. Education
14. Scholarly Inquiry
15. Safe, Quality Practice
16. Professional Practice Evaluation
17. Resource Stewardship
18. Environmental Health

The Standards of Practice describe competent nursing practice, whereas the Standards of Professional Performance describe competent behavior in the professional role. The standards are authoritative statements of the actions and behaviors that all RNs, regardless of role, population, specialty, or practice environment, are expected to competently perform (ANA, 2025a).

Each standard is supported by competency statements that delineate and exemplify the essential components of competence, allowing for comprehensive assessment within the context of the RN's professional practice environment (ANA, 2025a). The list of competencies is not exhaustive, and whether a particular competency statement applies depends on the context, circumstances, or situation.

The scope and standards are subject to revision as knowledge and scientific evidence are discovered, and as new professional practice guidelines are developed and accepted. In addition, specific conditions

and clinical circumstances may affect the application of standards at a given time (e.g., during a disaster, epidemic, or pandemic). The Scope of Nursing Practice statement and standards are subject to formal review, revision, and approval processes. RNs are accountable for their professional actions toward themselves, recipients of nursing care (including individuals, families, communities, or populations), nursing peers, the interprofessional team, and society.

SCOPE OF NURSING PRACTICE

The Scope of Nursing Practice defines what, why, how, who, where, and when RNs practice. Answering these questions paints a complete picture of nursing's current and evolving role in healthcare and beyond. The depth and breadth with which RNs engage in their scope of nursing practice are dependent on the context, including but not limited to, education, role, experience, certification, setting, population, and lawful authority. The following sections describe each scope of nursing practice component.

WHAT IS NURSING? (DEFINITION OF NURSING)

Nursing is a person-centered, evidence-informed profession that integrates the art and science of caring, critical thinking and judgment, promotion of health and wellness, disease and injury prevention, and alleviation of suffering to support healing through compassionate presence across the lifespan. Registered nurses assess, diagnose, plan, implement, and evaluate care in partnership with recipients of care (including individuals, families, communities, and populations) and the interprofessional team, within diverse settings. Grounded in ethical practice and cultural humility, nursing advocates for equity, safety, and dignity in every interaction and upholds the integrity of the profession itself. Nursing practice is informed by ongoing education, research, and interprofessional collaboration. As a vital and evolving profession, nursing protects and advances the health of people and populations, with a deep appreciation for the interrelatedness of life circumstances, experiences, and connections with one another.

WHY REGISTERED NURSES PRACTICE

RNs respond to the evolving needs of individuals, populations, and society to achieve positive health outcomes. Nursing practice is grounded in a social contract that calls for RNs to care for people's health and advocate for quality, safety, and well-being for all populations. Individuals may choose the nursing profession due to an interest in health, science, math, or technology, and a desire to work in diverse settings. The nursing profession is characterized as meaningful and purposeful work in varied roles, requires lifelong learning, and provides countless opportunities for advancement to grow and lead.

HOW REGISTERED NURSES PRACTICE

The nursing process, a systematic, evidence-informed framework, guides RNs in delivering safe, effective, and person-centered care. The process consists of six interrelated steps: assessment, diagnosis/problem identification, goals/outcomes identification, planning, implementation, and evaluation. This dynamic and iterative process integrates evidence, critical thinking, and judgment across all nursing roles and settings.

Professional nursing is grounded in evidence-informed practice (EIP). EIP integrates the best available evidence with clinical expertise, knowledge, values and preferences belonging to the recipient of care, and contextual factors (Registered Nurses' Association of Ontario, 2021). EIP is applicable to all RNs across roles and settings, as it combines "knowledge and experience, client preferences and values, and the clinical state and circumstances" (Kumah et al., 2022, p. 6).

Evidence-based practice (EBP) represents a more formal, systematic process that includes rigorous appraisal, synthesis, and translation of research evidence (Melnyk & Fineout-Overholt, 2019). EBP is often associated with roles and systems that focus on advanced analytics, scholarly work, or improvements to programs, policies, and organizational processes.

Critical thinking and judgment are foundational to the nursing process. Critical thinking involves purposeful, reflective reasoning used to analyze data, make decisions, and solve problems (Facione, 2015). Judgment is the interpretation and evaluation of needs and responses, often

under conditions of uncertainty. The American Nurses Credentialing Center defines judgment as the cognitive and ethical process of making decisions by integrating critical thinking, problem-solving, ethical reasoning, and decision-making (2026).

Another definition offered by Betts and colleagues (2019) explains that “nursing clinical judgment is the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solution in order to deliver safe client care” (p. 21). One way to develop these skills is to follow a framework that breaks down each step in this process.

Multiple frameworks support the development of clinical judgment. One such framework is the nursing process, considered to be a historical explanation for how nurses gather data, make decisions, plan, conduct, and evaluate the care they give. This approach is still taught in prelicensure nursing courses as an initial explanation for how nurses think and prioritize care, and one that nursing students can use as they begin to develop their professional identity and clinical judgment skills.

The National Council of State Boards of Nursing (NCSBN) Clinical Judgment Measurement Model (NCJMM), developed by NCSBN, provides a structured framework for teaching and assessing clinical judgment in nursing practice. This model outlines six core steps: recognizing and analyzing cues, prioritizing hypotheses, generating solutions, taking action, and evaluating outcomes (NCSBN, n.d.-a). To ensure valid assessment of these skills, NCSBN researchers incorporated this framework into the Next Generation National Council Licensure Examination (NCLEX) using real-world case studies. This approach measures a nursing licensure candidate’s ability to think critically and make sound clinical decisions (NCSBN, n.d.-d). The NCJMM complements the traditional nursing process approach by providing a structured framework for recognizing cues, prioritizing hypotheses, and generating solutions, thereby enhancing decision-making and quality care (Betts et al., 2019). See Table 1 to review the alignment between the nursing process and NCJMM.

TABLE 1

Alignment Between the Nursing Process and the NCSBN Clinical Judgment Measurement Model

Nursing Process	NCSBN Clinical Judgment Measurement Model	Concept Alignment
Assessment	Recognizing cues	Collecting data, observing signs, interpreting information
Diagnosis/Problem Identification	Analyzing cues	Identifying problems, noticing patterns from assessment activities
Goals/Outcomes Identification	Prioritizing hypotheses	Determining most important needs, issues, and goals
Planning	Generating solutions	Identifying interventions based on goals and priorities
Implementation	Taking action	Carrying out the planned interventions
Evaluation	Evaluating outcomes	Assessing effectiveness, determining next steps, reassessing

Application of Clinical Judgment Frameworks Across Nursing Roles

The nursing process and other clinical judgment frameworks are integral to nursing clinical care and are also used across all nursing roles and settings. Examples include, but are not limited to, the following:

- **Education:** Curriculum development, learner assessment, and instructional design
- **Administration/Leadership:** Policy creation, staffing decisions, and quality improvement initiatives
- **Case Management:** Home assessments, care needs assessments, and care coordination
- **Informatics:** Design of clinical decision-support tools, workflows, and data systems

- **Research:** Study design and implementation, ethical review, interpretation of findings, and translation into practice
- **Legal Consulting:** Assessing standard of care, and breakdown of care evaluation
- **Public Health:** Trend identification, setting public health goals, and education needs

Regulation of Nursing Practice

Regulation of nursing practice protects the public and recipients of care by ensuring that RNs are qualified, competent, and accountable to deliver safe nursing care. Professional practice standards, laws and regulations, and organizational policies regulate nursing practice in distinct and overlapping ways.

The *Nursing: Scope and Standards of Practice, 5th Edition* defines what is expected of all RNs professionally. The Nurse Practice Act within each jurisdiction defines what is legally permitted. Finally, the organizational policy outlines what is allowed within a specific limited setting. RNs are accountable to all three, and when differences exist, the most restrictive rule typically governs practice. Understanding how these regulatory layers interact is important for safe, ethical, and effective nursing practice.

Code of Ethics for Nurses (Code)

Code of Ethics for Nurses (ANA, 2025c) is the authoritative guide for ethical nursing practice and is an important resource when navigating complex care decisions. Grounded in nursing's moral tradition, the *Code* helps RNs maintain professional integrity; address challenging choices; and promote social justice, human dignity, and health equity in all areas of practice.

Scope and Standards of Nursing Practice

Scope describes *what* an RN is legally and professionally expected to do, whereas standards describe *how an* RN practices competently, ethically, and consistently. The *Nursing: Scope and Standards of Practice, 5th Edition* is the foundational document for all RNs that defines the

what, why, how, who, where, and when of professional nursing. Specialty nursing and role organizations provide detailed guidance for specific areas of practice through their own scopes, standards, and competencies. The scope and standards set expectations for safe, effective, and accountable care.

Nurse Practice Acts and Board of Nursing Regulations

The Nurse Practice Act is a law that defines the scope of RN practice, how they attain and maintain licensure, and what they are responsible for in a U.S. state, commonwealth, or territory. Boards of nursing implement and enforce the law by creating written rules called regulations. Boards of nursing can also support nursing practice by issuing advisory opinions and position statements to help RNs understand how the rules apply in various situations. Collectively, the laws, regulations, opinions, and statements shape how RNs practice safely, legally, and professionally in their jurisdiction.

Specialty Certification

Specialty certification provides formal recognition of competence in focused knowledge areas, advanced skills, or population-specific care. Specialty certification is available to both RNs and APRNs through a variety of nationally recognized certifying bodies. Achieving and maintaining certification typically requires an active RN license, clinical hours in a specialty, and passing a certification exam, followed by ongoing professional development for renewal, thereby promoting life-long learning and supporting high-quality care.

Practice Setting, Organizational Policies, and Procedures

Regulation at the organizational, institutional, or systems level is reflected in policies, procedures, and governing statements. These documents often reflect institutional priorities; applicable federal, state, or local laws; and accreditation standards. Although the latter is not regulatory in nature, various accrediting agencies may require nursing practice to adhere to defined accreditation standards. Regulation influences how nursing roles are defined, how professional standards are

applied, and how nursing practice is implemented across diverse care settings.

Model Representing Regulation of Professional Nursing Practice

As RNs assume expanded roles in care delivery and system leadership, it is important to recognize how evolving regulations support and shape such progress. The Model Representing Regulation of Professional Nursing Practice (ANA, 2021), as shown in Figure 1, illustrates key regulatory influencers (i.e., ring around flame) that guide professional

FIGURE 1 Model Representing Regulation of Professional Nursing Practice (2021)



nursing practice (i.e., flame). A more detailed discussion about this model can be found in Appendix B.

WHO ARE REGISTERED NURSES?

Education

Students prepare for entry into nursing by completing one of several educational pathways, including diploma, associate, baccalaureate, or direct-entry graduate programs. Each path provides education in the art and science of nursing and qualifies graduates to sit for the licensure examination to become a registered nurse. Their education and training focus on knowledge and skills acquisition, building trusted relationships, showing compassion, using evidence-informed practices, and providing person-centered care.

Graduate education in nursing builds on entry-level nursing preparation, often follows practice experience, and prepares RNs for advanced roles such as those in clinical care, research, education, public health, and leadership. These roles often extend beyond the point of care, further enabling RNs to influence health systems, shape policy, and contribute to innovative solutions that address population health challenges.

RNs engage in professional development as a form of lifelong learning, continuously updating their knowledge and skills. This includes continuing education, ongoing professional development, association membership, civic engagement, and advocacy. RNs demonstrate a commitment to professional growth throughout their careers.

Licensure

RNs are licensed professionals authorized to practice nursing in a U.S. state, commonwealth, or territory. Through licensure, RNs are held to standards that reflect their responsibility to deliver ethical, evidence-informed care and uphold public trust across all settings. Licensure requirements may differ by jurisdiction (e.g., minimum age, background checks, state-specific training, criteria for taking the NCLEX); however, all nursing licensure candidates must pass the NCLEX to become licensed and to use the RN designation. This professional designation may be used for as long as the license remains active, in good

standing, and is maintained through the jurisdiction's required renewal process. APRNs apply for an additional license to recognize their APRN role, but this title varies across jurisdictions.

Within the United States, individual states, commonwealths, and territories that joined the Nurse Licensure Compact recognize a multi-state RN license that allows RNs to practice in other compact states, including via telehealth (NCSBN, n.d.-c). This multi-state RN license expands access to care and supports workforce mobility. RNs are accountable to the Nurse Practice Act and regulations of the state where the recipient of care is located.

Credentialing and Privileging

Credentialing is the process of verifying a healthcare provider's general qualifications, whereas privileging is the process of authorizing that provider to perform specific clinical procedures or services within a particular healthcare facility (The Joint Commission, 2021; Patel & Sharma, 2022). RNs and APRNs undergo credentialing to verify licensure, education, and competence. Credentialing supports the safety of the recipients of care and assures the public that an RN and APRN possess the knowledge, skills, abilities, and judgment to deliver high-quality care in diverse roles. RN and APRN scope of practice is defined by Nurse Practice Acts, regulatory requirements, and organizational policy. Competence is maintained through ongoing education, skills validation, and performance evaluation.

In many healthcare settings, credentialing is followed by privileging—a separate organizational process that authorizes an individual to perform specific procedures or functions based on verified education, training, experience, and demonstrated competence. In select jurisdictions, legislative and regulatory language and requirements provide for privileging of RNs. APRNs operate within an expanded scope of practice and can be credentialed and privileged to perform advanced clinical functions within a specific practice environment, such as diagnosing, prescribing treatments and medications, and performing procedures. APRN privileges are based on graduate education, national certification, verified training, experience, and demonstrated skill competence.

Advanced Practice Registered Nurses

APRNs are initially licensed as RNs. Their advanced practice role builds upon the foundational knowledge, competencies, and professional standards established in RN practice. Graduate education and supervised clinical training prepare APRNs in one of four recognized roles: certified nurse-midwife (CNM), clinical nurse specialist (CNS), certified nurse practitioner (CNP), and certified registered nurse anesthetist/anesthesiologist (CRNA).

APRNs diagnose and manage acute and chronic conditions, prescribe treatments and medications, perform procedures, and lead evidence-informed practice. APRNs provide advanced clinical care and leadership in population health, policy, and system transformation. APRN practice is defined by Nurse Practice Acts, laws, and regulations in each jurisdiction; the nursing specialty organization's scope and standards; as well as the healthcare facility's policy, procedures, and bylaws.

The development of the Consensus Model for APRN Regulation was intended to align education, accreditation, licensure, and certification requirements to support safety and increased access to APRNs (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008). Nearly all jurisdictions require APRNs to have national board certification for licensure.

APRN practice supports healthcare delivery by expanding capability in terms of health promotion, assessment, diagnosis, and management for recipients of care (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008). Key components of APRN responsibility include the following:

- Promote and maintain health and wellness;
- Advanced assessment, ordering and interpreting diagnostic tests, identifying differential diagnoses, and determining diagnoses;
- Expand nursing practice through leadership, research translation, and health system improvement;

- Care management of acute and chronic conditions, including prescribing treatments and interventions, both pharmacologic and non-pharmacologic;
- Support quality improvement efforts;
- Mentor and support nursing peers and the interprofessional team; and
- Advocate for policy changes that improve population health.

Each APRN role has a unique history, shares a focus on providing clinical care, and is characterized by specific educational preparation, professional competencies, and certification requirements. Each role has a scope and standards of practice developed by its specialty organizations. The following four sections provide additional content and resources related to each of the four APRN roles.

NURSE-MIDWIVES

Midwifery practiced by Certified Nurse-Midwives (CNMs) includes care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including pre-conception care. CNMs also provide primary care from adolescence throughout the lifespan, as well as care for healthy newborns within the first 28 days of life (American College of Nurse-Midwives, n.d.). More information about CNMs is available at <https://midwife.org>.

CLINICAL NURSE SPECIALIST

The work of the Clinical Nurse Specialist (CNS) includes, but is not limited to, diagnosis and treatment of acute or chronic conditions in an identified population, with emphasis on specialist care for at-risk patients and populations. CNS practice extends from wellness to illness and from acute to primary care. The CNS improves outcomes by providing direct care, leading evidence-informed practice, and optimizing organizational systems (National Association of Clinical Nurse Specialist, 2022). To learn more about CNSs, refer to <https://nacns.org>.

NURSE PRACTITIONER

Certified Nurse Practitioners (CNPs) provide a full range of primary, acute, and specialty healthcare services including ordering, performing, and interpreting tests; diagnosing and treating acute and chronic conditions; prescribing treatments; managing care; and offering counseling and health education. CNP practice spans multiple population foci, including acute care; adult–gerontology; family and individuals across the lifespan; neonatal; pediatrics; psychiatric–mental health; and women’s health/gender-related care; with adult–gerontology and pediatric specialties further delineated as primary or acute care (American Association of Nurse Practitioners, n.d.). More information about CNP practice is available at <https://aanp.org>.

NURSE ANESTHETIST/ANESTHESIOLOGIST

A Certified Registered Nurse Anesthetist/Anesthesiologist (CRNA) specializes in administering anesthesia and providing care before, during, and after surgical, therapeutic, diagnostic, and obstetrical procedures. CRNAs are qualified to deliver the full spectrum of anesthesia services and pain management in every healthcare setting (American Association of Nurse Anesthesiology, 2025). To learn more about CRNA practice, refer to <https://www.aana.com/>.

WHERE REGISTERED NURSES PRACTICE

RNs practice nursing in diverse settings wherever care, information, or advocacy are needed. Wherever nursing happens, the approach is person-centered, evidence-informed and applies the nursing process to promote health and wellness. Practice settings vary from hospitals, ambulatory care, long-term care, and skilled nursing facilities, to educational institutions, government, military, faith-based and community organizations, correctional, public health, virtual environments, and countless other settings. Nurses engage in care, leadership, education, advocacy, consultative, and many other roles.

ANA’s *Principles of Virtual Nursing* define virtual nursing as “leveraging remote technology and tools to provide safe and quality patient care through the application of the nursing process by emphasizing

communication, compassion, and collaboration throughout the continuum of care” (ANA, 2025d, p. 1). Virtual nursing empowers RNs to address increasing healthcare needs and access to care challenges, while improving the experience for recipients of care.

WHEN NURSING OCCURS

Nursing practice occurs whenever the RN recognizes a need (e.g., support, guidance, healing, advocacy) and uses knowledge, skills, abilities, and judgment to improve health or well-being. Recipients of care often receive nursing during health challenges, developmental and situational crises, life transitions, health maintenance, and societal changes. Nursing can occur retrospectively when RNs reflect on care to understand outcomes and improve future practice by reviewing adverse events through analysis, identifying risk factors or patterns in health, and understanding contributing factors. Nursing in the present occurs when RNs provide care and make decisions in real time to address the needs of the recipient of care. Nursing can also be prospective when RNs support process improvement changes for care quality and safety, and promote health and prevent illness by providing guidance, education, and health coaching on disease and injury prevention.

EMERGING GLOBAL, SOCIETAL, AND NURSING PRACTICE

Nursing practice is continually shaped by global, societal, and evidence-informed developments, such as

- Health equity;
- Climate and planetary health;
- Structural determinants, including economic policies, social structures, institutional practices, and so on;
- Increasing workforce mobility;
- Integration of digital tools, such as telehealth and artificial intelligence (see Appendix C on Artificial Intelligence in Nursing Practice); and
- Expanded contributions and influences from innovation.

These forces reshape how, where, and to whom nursing care is delivered. New and evolving domains of nursing knowledge expand bodies of evidence that impact quality, safety, and health outcomes. These developments underscore the dynamic nature of nursing practice and affirm that the scope of nursing must remain responsive to emerging evidence and evolving roles. The updated nursing standards and accompanying competencies reflect this growing evidence.