

“Standards of Care” and “Standards of Practice”

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“Standard of care” and “standard of practice” are related healthcare concepts, but they are not fully synonymous. The original essay correctly connects both with safe, competent nursing, yet it merges a legal benchmark with professional expectations too quickly. A standard of care is generally the level and type of care that a reasonably prudent healthcare professional with similar training would provide under comparable circumstances. It is applied contextually in negligence and malpractice analysis and may be informed by statutes, regulations, professional standards, clinical evidence, expert testimony, accreditation requirements, and facility policies. Standards of practice are authoritative statements describing the competent activities and behaviors expected of members of a profession. In nursing, they help define the nursing process, professional performance, scope, and accountability. A nurse can violate a professional standard without every violation becoming malpractice, and a malpractice case cannot be decided simply by pointing to one guideline. Understanding the distinction helps nurses recognize how licensure, discipline, ethics, organizational policy, and civil liability interact. (American Nurses Association, 2021; Moffett & Moore, 2011)

What the Standard of Care Means

The standard of care is not a promise of a perfect outcome. Healthcare involves uncertainty, and a patient can experience harm even when clinicians act competently. The legal question is usually whether the professional’s conduct fell below what was reasonably expected in the circumstances. Those circumstances include available information, urgency, the professional’s role and training, the patient’s condition, the resources reasonably available, and accepted practice at the relevant time. The standard may change as evidence, technology, and professional consensus develop. A treatment that was reasonable years ago may become inappropriate after better evidence or safer alternatives emerge. Conversely, a guideline published after an event should not be used automatically to judge earlier conduct. (Moffett & Moore, 2011)

What Standards of Practice Mean in Nursing

The American Nurses Association describes scope of practice as the “who, what, where, when, why, and how” of nursing. Its *Nursing: Scope and Standards of Practice*, fourth edition, contains national standards of practice and professional performance with competencies. Standards of practice describe competent nursing actions such as assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Standards of professional performance address ethics, advocacy,

communication, collaboration, leadership, education, scholarly inquiry, quality, professional practice evaluation, resource stewardship, and environmental health. These standards apply broadly, while specialty organizations may publish additional standards for defined populations and settings. (American Nurses Association, 2021)

Scope of Practice, Standard of Practice, and Standard of Care

Scope of practice identifies which services a professional is educated, competent, and legally permitted to perform. Standards of practice describe how members of the profession are expected to perform their authorized work. The standard of care is the context-specific benchmark used to evaluate whether care was reasonably competent. The concepts overlap because a nurse who works outside legal scope or disregards professional standards may also fall below the standard of care. They remain distinct because scope is primarily about authority and boundaries, standards of practice are professional expectations, and standard of care is an evaluative legal concept applied to particular facts. Clear terminology prevents nurses from assuming that one national document overrides state law or that compliance with an internal policy guarantees freedom from liability. (American Nurses Association, 2021; Moffett & Moore, 2011)

State Nurse Practice Acts and Board Regulations

Nursing licensure is regulated at the state level in the United States. Each jurisdiction has a nurse practice act and board rules defining licenses, titles, delegation, discipline, education, and scope. A nurse must know the law of the jurisdiction where practice occurs, including requirements applicable to telehealth or cross-border care. State boards may investigate allegations such as unsafe practice, impairment, falsification, boundary violations, diversion, unprofessional conduct, or practicing beyond competence. Board discipline can include education, monitoring, reprimand, probation, suspension, or revocation. This regulatory process protects the public and is separate from a civil malpractice lawsuit, though the same event can produce both.

Professional Standards as Evidence, Not Automatic Verdicts

Professional standards can help courts, employers, regulators, and experts explain expected conduct. They are not always legally binding by themselves, and their relevance depends on jurisdiction and facts. A national standard may be persuasive but must be interpreted with state law, specialty practice, and the clinical environment. Guidelines often include flexibility because patients differ and evidence may not cover every situation. Treating a guideline as a rigid rule can be unsafe when

individual circumstances require deviation. When a nurse departs from a usual protocol for a clinically justified reason, the reasoning should be communicated and documented appropriately. (American Nurses Association, 2021; Moffett & Moore, 2011)

Facility Policies and Procedures

Healthcare organizations create policies to translate law, evidence, accreditation requirements, and professional standards into local processes. Policies may address medication administration, patient identification, falls, restraints, infection prevention, emergency response, consent, documentation, delegation, and reporting. Staff should follow applicable policies, but organizations must keep them current, accessible, realistic, and supported by training and resources. A policy cannot authorize conduct prohibited by law, and an outdated policy does not excuse unsafe care. A policy stricter than the general external standard can also become relevant in litigation or discipline. Nurses should report contradictions and unsafe system barriers rather than silently improvising.

The Elements of Negligence and Malpractice

A malpractice claim generally requires more than showing that a standard existed. The claimant typically must establish a duty owed by the professional, a breach of the applicable standard of care, causation connecting the breach with injury, and legally recognized damages. Requirements and terminology vary by jurisdiction. A medication error may constitute a breach, but liability also depends on whether it caused harm. Conversely, severe harm alone does not prove negligence. Expert testimony is often used to explain the expected conduct and causal relationship, although some events may be understandable without specialized testimony. Nurses should not interpret this framework as a reason to minimize near misses; events without legal damages still provide opportunities for safety improvement. (Moffett & Moore, 2011)

Compliance and Professional Accountability

Compliance means more than avoiding penalties. It includes adherence to law, payer rules, privacy, documentation standards, ethical obligations, organizational policy, and conditions of participation. Nurses are personally accountable for their actions while practicing within systems that influence safety. An employer's instruction does not automatically excuse conduct outside scope or competence. At the same time, organizations have duties involving staffing, equipment, training, supervision, culture, and workload. Accountability should therefore avoid blaming the last individual in a failed process while ignoring system design.

Competence and Continuing Education

Licensure establishes entry-level authority, not permanent competence in every procedure. Nurses must maintain knowledge and skill relevant to their actual role. New technology, medications, evidence, and patient populations may require education, validation, precepting, or supervision. A nurse asked to perform an unfamiliar high-risk procedure should disclose the limitation and seek qualified assistance rather than proceed unsafely. Employers should not treat a signature on an online module as proof of competence when hands-on assessment is necessary. Continuing education is most effective when linked to identified practice needs and measured outcomes. (American Nurses Association, 2021; Harper & Maloney, 2022)

Delegation and Supervision

Delegation is a frequent source of compliance risk. The nurse must consider the task, patient condition, competence of the delegatee, predictability of the outcome, available supervision, and jurisdictional rules. Responsibility for performing a delegated task may transfer, but accountability for the delegation decision and appropriate follow-up remains with the nurse according to applicable law. Tasks involving assessment, judgment, teaching, or unstable patients may not be delegable in the same manner as routine activities. Clear communication should include what is to be done, what findings must be reported, and when the nurse will reassess. (National Council of State Boards of Nursing, 2019)

Documentation as Part of Practice

Documentation communicates the patient's condition, interventions, response, and plan across the team. It also provides evidence of reasoning and continuity. Records should be timely, accurate, objective, complete enough for care, and free from alteration or speculation. Copy-and-paste practices can reproduce outdated information and create contradictions. Late entries and corrections should follow policy rather than conceal an omission. The phrase "if it was not documented, it was not done" is not an absolute legal rule, but absent documentation can make care difficult to demonstrate and can endanger the patient. Overdocumentation of irrelevant templates can be as problematic as omission because critical information becomes hidden. (American Nurses Association, 2021)

Communication and Escalation

Standards of practice require communication and collaboration, especially when a patient deteriorates or an order appears unsafe. Nurses should use structured communication, confirm urgent information, and follow the chain of command when concerns are not addressed. Merely documenting that a provider was notified may be insufficient if the patient remains at risk and further escalation is

reasonably necessary. Psychological safety matters because staff must be able to question decisions without retaliation. Organizations should define rapid-response and escalation pathways clearly and review cases in which staff attempted to raise concerns. (American Nurses Association, 2021)

Medication Safety

Medication administration illustrates the interaction of standards, systems, and judgment. Nurses verify the patient, medication, dose, route, time, indication, allergies, relevant assessment, and response according to policy and clinical context. Barcode systems reduce some errors but do not replace judgment; workarounds may create new hazards. An order that appears inconsistent with the patient's condition should be clarified. High-alert medications require additional safeguards. When an error occurs, immediate patient assessment and disclosure through proper channels take priority over self-protection. Just-culture review distinguishes human error, risky shortcuts, and reckless conduct while examining system contributors. (American Nurses Association, 2021)

Infection Prevention and Environmental Safety

Hand hygiene, personal protective equipment, device care, isolation, aseptic technique, and environmental controls are professional and organizational responsibilities. Compliance cannot depend solely on individual memory. Supplies must be available, staffing adequate, and workflow designed to make safe action practical. Nurses should stay current with public-health and facility guidance because recommendations may change with evidence and local risk. Failure to follow infection-control practice can expose multiple patients and staff, making the standard of care broader than one bedside interaction. (American Nurses Association, 2021)

Ethics and the Standard of Practice

Professional practice includes respect for autonomy, confidentiality, dignity, justice, and the patient's values. Legal compliance is the minimum, not the entire ethical obligation. A nurse can behave disrespectfully or exploit a boundary without producing a traditional negligence injury. The ANA's Code of Ethics was updated in 2025 and should be read alongside scope and standards. Ethical practice includes advocacy when policies or resource limitations threaten patients, as well as attention to equity and discrimination. Personal beliefs do not justify abandonment or stigmatizing treatment. (American Nurses Association, 2025)

Telehealth and Digital Practice

Telehealth creates questions about licensure location, privacy, informed participation, identity, documentation, emergency planning, and whether remote assessment is adequate. A technology

platform does not change professional accountability. Nurses must know where the patient is located, what jurisdiction applies, and how to respond if the person deteriorates or disconnects. Artificial-intelligence and decision-support tools can assist but may contain bias or error. The clinician remains responsible for evaluating whether a recommendation fits the patient and for protecting confidential information. (American Nurses Association, 2021)

Staffing and System Constraints

A nurse's standard of care is evaluated within circumstances, but chronic understaffing cannot become a permanent excuse for unsafe practice. Excessive workload increases missed care, delayed response, error, and burnout. Nurses should prioritize immediate risk, seek assistance, document objective conditions through appropriate channels, and use staffing-objection or assignment-concern procedures where available. Managers and executives must analyze acuity, skill mix, turnover, and workflow rather than relying only on fixed ratios or budget. Safe staffing is both a system responsibility and a professional concern.

Responding to a Potential Compliance Issue

When a possible breach occurs, the first step is protecting the patient. The nurse should assess, provide necessary intervention, notify appropriate clinicians and leaders, and document the clinical facts. Separate safety or incident reports should follow organizational policy and generally should not be referenced as part of the medical record unless required. Evidence should not be altered, and staff should cooperate honestly with review. Organizations should disclose events according to law and policy, support affected patients and staff, and identify corrective action. Retaliation against good-faith reporting undermines compliance and safety.

Quality Improvement Versus Punishment

Standards should guide learning as well as discipline. Quality improvement uses data to identify patterns, test changes, and monitor whether outcomes improve. A single event may reveal a system problem involving equipment design, confusing labels, training, or communication. However, a learning culture does not mean absence of consequences for deliberate falsification, diversion, abuse, or reckless disregard. Just culture aligns the response with the nature of behavior while maintaining organizational accountability. The goal is to prevent recurrence rather than satisfy a desire to assign blame quickly. (American Nurses Association, 2021; Harper & Maloney, 2022)

Conclusion

Standards of care and standards of practice both protect patients and support professional accountability, but they serve different functions. The standard of care is a contextual benchmark used in evaluating reasonable clinical conduct and potential negligence. Standards of practice describe the competent actions and professional behaviors expected of nurses, while scope of practice identifies authorized boundaries. State law, board regulation, ANA standards, specialty guidance, evidence, facility policy, and clinical circumstances all contribute to the professional environment. Compliance requires more than memorizing rules: nurses need current competence, communication, documentation, ethical judgment, and willingness to escalate risk. Organizations must provide the staffing, training, technology, and culture necessary for those standards to be achievable. (American Nurses Association, 2021, 2025; Moffett & Moore, 2011; National Council of State Boards of Nursing, 2019)

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