



CCNE Resource on Required Components of AACN's *The Essentials: Core Competencies for Professional Nursing Education* (2026)

The Commission on Collegiate Nursing Education (CCNE) is the autonomous accrediting arm of the American Association of Colleges of Nursing (AACN). CCNE is responsible for establishing the standards, policies, and procedures used in the accreditation process. CCNE's *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Standards)* (2026) require the following components of *The Essentials: Core Competencies for Professional Nursing Education (Essentials)* (AACN, 2026) to be incorporated by baccalaureate and graduate nursing programs:

- the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);
- the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, *Essentials*, pp. 27-54).

The Domains, Concepts, and Competencies (“DCCs”) are excerpted below as a helpful resource to CCNE constituents and representatives regarding the components from the AACN *Essentials* that are required and addressed in the CCNE accreditation process.

Domains for Nursing (10)

Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. These *Essentials* include 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect the discipline of nursing.

This document delineates the domains that are essential to nursing practice, including how these are defined, what competencies should be expected for each domain at each level of nursing, and how those domains and competencies both distinguish nursing and relate to other health professions. Each domain has a descriptor (or working definition) and a contextual statement...provides a framing for what the domain represents in the context of nursing practice—thus providing an explanation for how the competencies within the domain should be interpreted. The domain designations, descriptors, and contextual statements may evolve over time to reflect future changes in healthcare and nursing practice. Although the domains are presented as discrete entities, the expert practice of nursing requires integration of most of the domains in every practice situation or patient encounter, thus they provide a robust framework for competency-based education. The domains and descriptors used in the *Essentials* are listed below.

- **Domain 1: Knowledge for Nursing Practice**

Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

- **Domain 2: Person-Centered Care**

Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

- *Domain 3: Population Health*

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, healthcare, local government entities, and others for high quality, safe, and accessible patient care for all populations.

- *Domain 4: Scholarship for Nursing Discipline*

Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform healthcare.

- *Domain 5: Quality and Safety*

Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

- *Domain 6: Interprofessional Partnerships*

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

- *Domain 7: Systems-Based Practice*

Descriptor: Responding to and leading within complex systems of healthcare. Nurses effectively and proactively coordinate resources to provide safe, high-quality, and accessible care across all populations.

- *Domain 8: Informatics and Healthcare Technologies*

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

- *Domain 9: Professionalism*

Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

- *Domain 10: Personal, Professional, and Leadership Development*

Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Concepts for Nursing Practice (8)

In addition to domains, there are featured concepts associated with professional nursing practice that are integrated within the *Essentials*. A concept is an organizing idea or a mental abstraction that represents important areas of knowledge. A common understanding of each concept is achieved through characteristics and attributes. Many disciplines, like nursing, have numerous concepts. The featured concepts are well-represented in the nursing literature and thus also are found throughout the *Essentials* and verified through a crosswalk analysis. Specifically, the featured concepts are found in the introduction, across the domains (within domain descriptors and contextual statements), and within the competencies.... Although not every concept is found within every domain, each concept is represented in most domains—and all domains have multiple concepts represented.

The featured concepts found within the *Essentials* are not of ‘lesser importance’ than a domain. Each of these concepts serves as a core component of knowledge, facts, and skills across multiple situations and contexts within nursing practice. Each concept functions as a hub for transferable knowledge, thus enhancing learning when learners make cognitive links to other information through mental constructs. The integration of concepts within the competencies...is essential for the application throughout the educational experience. As an example, can you imagine delivering person-centered care without also considering access, connection, and engagement? Can you imagine having a conversation about population health without considering ethics and health policy? These concepts truly are interrelated and interwoven within the domains and competencies, serving as a foundation to students’ learning. The featured concepts are:

- *Clinical Judgment*

As one of the key attributes of professional nursing, clinical judgment refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking, and clinical reasoning (Manetti, 2019). This process is used to understand and interpret information in the delivery of care. Clinical decision making based on clinical judgment is directly related to care outcomes.

- *Communication*

Communication, informed by nursing and other theories, is a central component in all areas of nursing practice. Communication is defined as an exchange of information, thoughts, and feelings through a variety of mechanisms. The definition encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals and between nurses and other health professionals is necessary for the delivery of high quality, individualized nursing care. With increasing frequency, communication is delivered through technological modalities. Communication also is a core component of team-based, interprofessional care and closely interrelated with the concept Social Determinants of Health (described below).

- *Compassionate Care*

As an essential principle of person-centered care, compassionate care refers to the way nurses relate to others as human beings and involves “noticing another person’s vulnerability, experiencing an emotional reaction to this, and acting in some way with them in a way that is meaningful for people” (Murray & Tuqiri, 2020). Compassionate care is interrelated with other concepts such as caring, empathy, and respect and is also closely associated with patient satisfaction.

- *Access, Connection, and Engagement*

Collectively, access, connection, and engagement refer to a broad range of individual (e.g., preparation, life experience, resources), population (e.g., workforce needs, community characteristics), and social considerations (e.g., educational pathways, support systems, learning environments) and are adapted in the *Essentials* as foundational concepts which guide how nursing education is designed and delivered. Although

considered to be closely related, each serves a distinct purpose and understanding them separately can improve how they are applied in nursing education and nursing practice.

Access references the availability of opportunities, resources, and pathways that enable individuals from a wide range of backgrounds to participate fully in nursing education and the profession. These backgrounds may include, but are not limited to, age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic location; national origin; immigration status; language; physical or cognitive limitations that substantially affect daily activities; religious beliefs; and socioeconomic circumstances.

Connection represents learning, work, and organizational environments in which faculty, students, staff, and administrators can build meaningful relationships, experience support, feel valued, and can contribute fully. Connected environments are intentional and value differing perspectives, experiences, and backgrounds. Within these environments, individuals work collaboratively to ensure that the perspectives and experiences of others are invited, acknowledged, and respected.

Engagement in nursing education refers to the use of responsive educational systems and practices that recognize differences in learners' preparation, experiences, and available resources, and provide appropriate support to promote full participation and academic success. Engagement-focused approaches strengthen access to nursing education, support learner development, and prepare graduates to meet professional competencies. Effective academic environments foster respect, clear expectations, and meaningful participation, enabling all learners to progress without unnecessary obstacles or limiting assumptions.

Two related concepts that align with access, connection, and engagement include addressing embedded barriers within educational systems and promoting professional responsibility and ethical practice to ensure students are prepared to provide effective care for all patient populations. In nursing education, the concepts of access, connection, and engagement are further narrowed to address the student. **Access** refers to students' responsibility to obtain and use the resources, instruction, clinical experiences, and support systems necessary for learning and skill development. **Connection** involves the student's engagement in developing meaningful relationships formed between peers, staff, faculty, patients, as well as the links between theoretical knowledge and clinical practice that help learners integrate concepts into real-world care. **Engagement** describes the degree to which nursing students actively participate in their learning, showing curiosity, asking questions, practicing competency development, reflecting on experiences, and contributing to patient care and classroom or clinical discussions. Together, access, connection, and engagement form the foundation of effective nursing education and support students' growth into competent, compassionate professionals.

- *Ethics*

Core to professional nursing practice, ethics refers to principles that guide a person's behavior. Ethics is closely tied to moral philosophy involving the study of or examination of morality through a variety of different approaches (Tubbs, 2009). There are commonly accepted principles in bioethics that include autonomy, beneficence, non-maleficence, and justice (ANA 2015; ACNM, 2015; AANA, 2018; ICN, 2012). The study of ethics as it relates to nursing practice has led to the exploration of other relevant concepts, including moral distress, moral hazard, moral community, and moral or critical resilience.

- *Evidence-Based Practice*

The delivery of optimal healthcare requires the integration of current evidence and clinical expertise with individual and family preferences. Evidence-based practice is a problem-solving approach to the delivery of healthcare that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values (Melnik, Fineout-Overhold, Stillwell, & Williamson, 2010). In addition there is a need to consider those scientific studies that ask: whose perspectives are solicited, who creates the evidence, how is that evidence created, what questions remain unanswered, and what harm may be created? Answers to these questions are paramount to incorporating meaningful, culturally safe, evidence-based practice (Nursing

Mutual Aid, 2020).

- *Health Policy*

Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process (Keller & Ridenour, 2021). Nurses play critical roles in advocating for policy that impacts patients and the profession, especially when speaking with a united voice on issues that affect nursing practice and health outcomes. Nurses can have a profound influence on health policy by becoming engaged in the policy process on many levels, which includes interpreting, evaluating, and leading policy change.

- *Social Determinants of Health*

Determinants of health, a broader term, include personal, social, economic, and environmental factors that impact health. Social determinants of health, a primary component of determinants of health “are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.”

The social determinants of health contribute to wide health differences and an imbalance in resources in areas such as economic stability, education quality and access, healthcare quality and access, neighborhood and built environment, and social and community context (Healthy People, 2030). Nursing practices such as assessment, health promotion, access to care, and patient teaching support improvements in health outcomes. The social determinants of health are closely interrelated with the concepts of access, connection, engagement, health policy, and communication.

Competencies (45) Organized by Domain

Domain 1: Knowledge for Nursing Practice

Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Contextual Statement: Knowledge for Nursing Practice provides the context for understanding nursing as a scientific discipline. The lens of nursing, informed by nursing history, knowledge, and science, reflects nursing’s desire to incorporate multiple perspectives into nursing practice, leading to nursing’s unique way of knowing and caring.

Preparation in both liberal arts and sciences and professional nursing coursework provides graduates with the essential abilities to function as independent, intellectually curious, socially responsible, competent practitioners (Tobbell, 2018). A liberal education creates the foundation for the development of intellectual and practical abilities within the context of nursing. Further, liberal education is the key to understanding self and others; contributes to safe, quality care; and informs the development of clinical judgment.

1.1 Demonstrate an understanding of the discipline of nursing’s distinct perspective and where shared perspectives exist with other disciplines.
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.
1.3 Demonstrate clinical judgment founded on a broad knowledge base.

Domain 2: Person-Centered Care

Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Contextual Statement: Person-centered care is the core purpose of nursing as a discipline. This purpose intertwines with any functional area of nursing practice, from the point of care where the hands of those that give and receive care meet, to the point of systems-level nursing leadership. Foundational to person-centered care is respect for differences, preferences, values, needs, resources, and the determinants of health unique to the individual. The person is a full partner and the source of control in team-based care. Person-centered care requires the intentional presence of the nurse seeking to know the totality of the individual's lived experiences and connections to others (family, important others, community). As a scientific and practice discipline, nurses employ a relational lens that fosters mutuality, active participation, and individual empowerment. This focus is foundational to educational preparation from entry to advanced levels irrespective of practice areas.

With an emphasis on access, connection, and engagement, person-centered care is based on best evidence and clinical judgment in the planning and delivery of care across time, spheres of care, and developmental levels. Contributing to or making diagnoses is one essential aspect of nursing practice and critical to an informed plan of care and improving outcomes of care (Olson et al., 2019). Diagnoses at the system-level are equally as relevant, affecting operations that impact care for individuals. Person-centered care results in shared meaning with the healthcare team, recipient of care, and the healthcare system, thus creating humanization of wellness and healing from birth to death.

2.1 Engage with the individual in establishing a caring relationship.
2.2 Communicate effectively with individuals.
2.3 Integrate assessment skills in practice.
2.4 Diagnose actual or potential health problems and needs.
2.5 Develop a plan of care.
2.6 Demonstrate accountability for care delivery.
2.7 Evaluate outcomes of care.
2.8 Promote self-care management.
2.9 Provide care coordination.

Domain 3: Population Health

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, healthcare, local government entities, and others for the improvement of population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

Contextual Statement: A population is a discrete group that the nurse and others care for across settings at local, regional, national, and global levels. Population health spans the healthcare delivery continuum, including public health, acute care, ambulatory care, and long-term care. Population health also encompasses collaborative activities among stakeholders—all relevant individuals and organizations involved in care, including patients and communities themselves—for the improvement of a population’s health status. The purpose of these collaborative activities, including development of interventions and policies, is to strive toward access to healthcare and improved health for all. Access, connection, engagement, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from multiple factors that influence the health of a defined group. Population health includes population management through systems thinking, including health promotion and illness prevention, to achieve population health goals (Storfjell, Wehtle, Winslow, & Saunders, 2017). Nurses play a critical role in advocating for, developing, and implementing policies that impact population health globally and locally. In addition, nurses respond to crises and provide care during emergencies, disasters, epidemics, or pandemics. They play an essential role in system preparedness and ethical response initiatives. Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention, and containment of factors contributing to the emergency.

3.1 Manage population health.
3.2 Engage in effective partnerships.
3.3 Consider the socioeconomic impact of the delivery of healthcare.
3.4 Advance population health policy that emphasizes collective well-being for populations served.
3.5 Demonstrate advocacy strategies.
3.6 Advance preparedness to protect population health during disasters and public health emergencies.

Domain 4: Scholarship for the Nursing Discipline

Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform healthcare (AACN, 2018).

Contextual Statement: Nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. Scholarship is inclusive of discovery, application, integration, and teaching. While not all inclusive, the scholarship of discovery includes primary empirical research, analysis of large data sets, theory development, and methodological studies. The scholarship of practice interprets, draws together, applies, and brings new insight to original research (Boyer, 1990; AACN 2018).

Knowledge of the basic principles of the research process, including the ability to critique research and determine its applicability to nursing’s body of knowledge, is critical. Ethical comportment in the conduct and dissemination of research and advocacy for human subjects are essential components of nursing’s role in the process of improving health and healthcare. Whereas the research process is the generation of new knowledge, evidence-based practice (EBP) is the process for the application, translation, and implementation of best evidence into clinical decision-making. While evidence may emerge from research, EBP extends beyond just data to include patient preferences and values as well as clinical expertise. Nurses, as innovators and leaders

within the interprofessional team, use the uniqueness of nursing in nurse-patient relationships to provide optimal and compassionate care, address barriers and uneven experiences to healthcare, and evaluate outcomes across all populations.

4.1 Advance the scholarship of nursing.
4.2 Integrate best evidence into nursing practice.
4.3 Promote the ethical conduct of scholarly activities.

Domain 5: Quality and Safety

Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Contextual Statement: Provision of safe, quality care necessitates knowing and using established and emerging principles of safety science in care delivery. Quality and safety encompass provider and recipient safety and the recognition of synergy between the two. Quality or safety challenges are viewed primarily as the result of system failures, as opposed to the errors of an individual. In an environment fostering quality and safety, caregivers are empowered and encouraged to promote safety and take appropriate action to prevent and report adverse events and near misses. Fundamental to the provision of safe, quality care, providers of care adopt, integrate, and disseminate current practice guidelines and evidence-based interventions.

Safety is inclusive of attending to work environment hazards, such as violence, burnout, ergonomics, and chemical and biological agents; there is a synergistic relationship between employee safety and patient safety. A safe and just environment minimizes risk to both recipients and providers of care. It requires a shared commitment *to create and maintain* a physically, psychologically, secure, and just environment. Safety demands an obligation to remain non-punitive in detecting, reporting, and analyzing errors, possible exposures, and near misses when they occur.

Quality and safety are interdependent, as safety is a necessary attribute of quality care. For quality healthcare to exist, care must be safe, effective, timely, efficient, equitable, and person-centered. Quality care is the extent to which care services improve desired health outcomes and are consistent with patient preferences and current professional knowledge (IOM, 2001). Additionally, quality care includes collaborative engagement with the recipient of care in assuming responsibility for health promotion and illness treatment behaviors. Quality care both improves desired health outcomes, and prevents harm (IOM, 2001). Addressing contributors and barriers to quality and safety, at both individual and system levels, are necessary. Essentially, everyone in healthcare is responsible for quality care and patient safety. Nurses are uniquely positioned to lead or co-lead teams that address the improvement of quality and safety because of their knowledge and ethical code (ANA Code of Ethics, 2015). Increasing complexity of care has contributed to continued gaps in healthcare safety.

5.1 Apply quality improvement principles in care delivery.
5.2 Contribute to a culture of patient safety.
5.3 Contribute to a culture of provider and work environment safety.

Domain 6: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Contextual Statement: Professional partnerships that include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional partnerships require a coordinated, integrated, and collaborative implementation of the unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on needs of the individual, community, population, and context of care.

6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.
6.2 Perform effectively in different team roles, using principles and values of team dynamics.
6.3 Use knowledge of nursing and other professions to address healthcare needs.
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of healthcare. Nurses effectively and proactively coordinate resources to provide safe, quality, and compassionate care to all populations.

Contextual Statement: Using evidence-based methodologies, nurses lead innovative solutions to address complex health problems and ensure optimal care. Understanding of systems-based practice is foundational to the delivery of quality care and incorporates key concepts of organizational structure, including relationships among macro-, meso-, and microsystems across healthcare settings. Knowledge of financial and payment models relative to reimbursement and healthcare costs is essential. In addition, the impact of local, regional, national, and global structures, systems, and regulations on individuals, and all populations must be considered when evaluating patient outcomes. As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems, to address embedded barriers and advocate for the needs of all populations. System awareness, innovation, and design also are needed to address such issues and embedded barriers.

7.1 Apply knowledge of systems to work effectively across the continuum of care.
7.2 Incorporate consideration of cost-effectiveness of care.
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Contextual Statement: Healthcare professionals interact with patients, families, communities, and populations in technology-rich environments. Nurses, as essential members of the healthcare team, use information and communication technologies and informatics tools in their direct and indirect care roles. The technologies, the locations in which they are used, the users interacting with the technology, the communication occurring, and the work being done all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, the utilization of information and communication technologies in healthcare settings changes how people, processes, and policies interact. Using these tools in the provision of care has both short- and long-term consequences for the quality of care, efficiency of communications, and connections between team members, patients, and consumers. It is essential that nurses at all levels understand their role and the value of their input in health information technology analysis, planning, implementation, and evaluation. With the prevalence of patient-focused health information technologies, all nurses have a responsibility to advocate for access for all and assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.

8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.

8.2 Use information and communication technology to gather data, create information, and generate knowledge.

8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to populations served in a variety of settings.

8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.

8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.

Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

Contextual Statement: Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and collective well-being. Professional identity formation necessitates the development of emotional intelligence to promote social good, and demonstrate ethical comportment, moral courage, and assertiveness in decision making and actions. Nursing professionalism is a continuous process of socialization that requires the nurse to give back to the profession through the mentorship and development of others.

Professional identity, influenced by one's personal identity and unique background, is formed throughout one's education and career. Nursing identity flourishes through engagement and reflection in multiple experiences that is defined by differing perspectives and voices. As a result, nurses embrace the history, characteristics,

and values of the discipline and think, act, and feel like a nurse. Professional identity formation is not a linear process but rather one that responds to challenges and matures through professional experiences as one develops confidence as a nurse.

9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.
9.2 Employ participatory approach to nursing care.
9.3 Demonstrate accountability to the individual, society, and the profession.
9.4 Comply with relevant laws, policies, and regulations.
9.5 Demonstrate the professional identity of nursing.
9.6 Integrate access, connection, and engagement as core to one's professional identity.

Domain 10: Personal, Professional, and Leadership Development

Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.

Contextual Statement: Competency in personal, professional, and leadership development encompasses three areas: 1) development of the nurse as an individual who is resilient, agile, and capable of adapting to ambiguity and change; 2) development of the nurse as a professional responsible for lifelong learning and ongoing self-reflection; and 3) development of the nurse as a leader proficient in asserting control, influence, and power in professional and personal contexts, which includes advocacy for patients and the nursing profession as leaders within the healthcare arena. Development of these dimensions requires a commitment to personal growth, sustained expansion of professional knowledge and expertise, and determined leadership practice in a variety of contexts.

Graduates must develop attributes and skills critical to the viability of the profession and practice environments. The aim is to promote access for all and retention in the profession, self-awareness, avoidance of stress-induced emotional and mental exhaustion, and re-direction of energy from negative perceptions to positive influence through leadership opportunities.

10.1 Demonstrate a commitment to personal health and well-being.
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.
10.3 Develop capacity for leadership.

Updated: July 2026