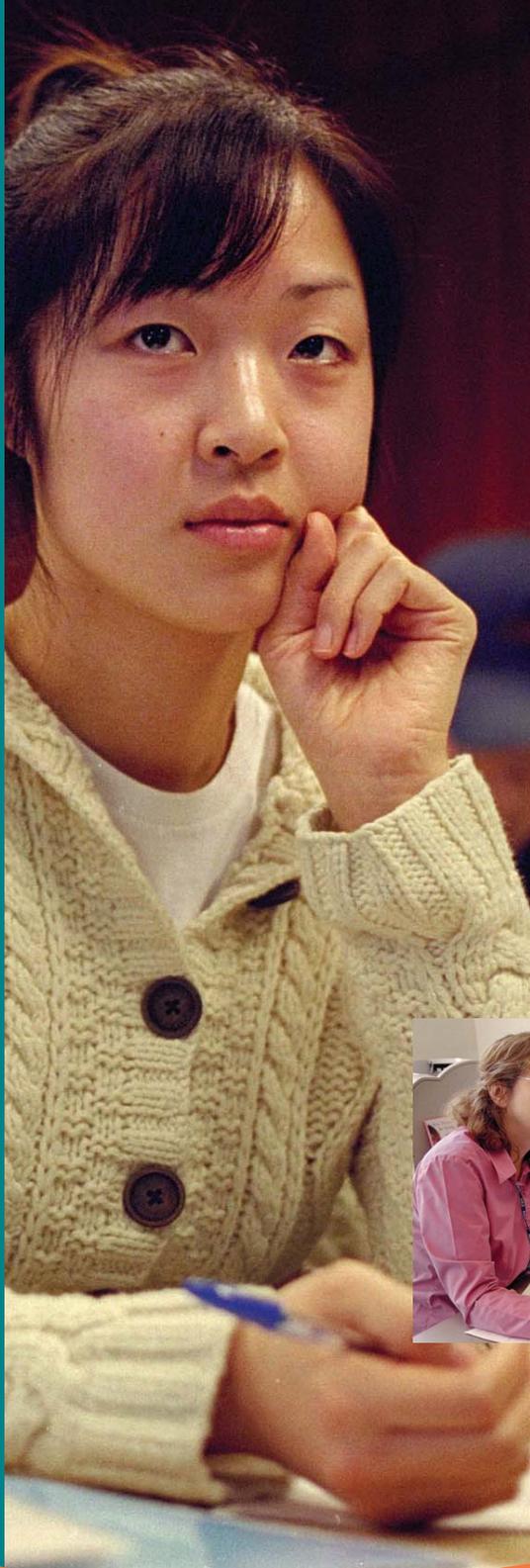


MARCH 2007

 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario
NURSING BEST PRACTICE GUIDELINES PROGRAM

Healthy Work Environments Best Practice Guidelines

Professionalism in Nursing





Greetings from Doris Grinspun, Executive Director Registered Nurses' Association of Ontario

It is with great pleasure that the Registered Nurses' Association of Ontario releases the "Professionalism in Nursing Guideline." This is one of a series of six Best Practice Guidelines (BPGs) on Healthy Work Environments (HWE), developed by the nursing community. The aim of these guidelines is to provide the best available evidence to support the creation of thriving work environments.

Evidence-based HWE BPGs, when applied, will serve to support the excellence in service that nurses are committed to delivering in their day-to-day practice. RNAO is delighted to be able to provide this key resource to you.

We offer our endless gratitude to the many individuals and organizations that are making our vision for HWE BPGs a reality. To the Government of Ontario and Health Canada for recognizing

RNAO's ability to lead this program and providing generous funding. To Donna Tucker – program director from 2003 until 2005 – and Irmajean Bajnok – Director, Centre for Professional Nursing Excellence and the program's lead since 2005, for providing wisdom and working intensely to advance the production of these HWE BPGs. To each and all HWE BPG leaders and in particular, for this BPG, Panel Chair Andrea Baumann and Panel Coordinator Dianna Craig, for providing superb stewardship, commitment and above all exquisite expertise. Thanks also go to the amazing panel members who generously contributed their time and knowledge. We could not have delivered such a quality resource without you!

We thank in advance the entire nursing community, committed and passionate about excellence in nursing care and healthy work environments, who will now adopt these BPGs and implement them in their worksites. We ask that you evaluate their impact and tell us what works and what doesn't, so that we continuously learn from you, and revise these guidelines informed by evidence and practice. Partnerships such as this one are destined to produce splendid results – learning communities – all eager to network and share expertise. The resulting synergy will be felt within the BPG movement, in the workplaces, and by people who receive nursing care.

Creating healthy work environments is both a collective and an individual responsibility. Successful uptake of these guidelines requires the concerted effort of nurse administrators, staff and advanced practice nurses, nurses in policy, education and research, and health care colleagues from other disciplines across the organization. It also requires full institutional support from CEO's and their Boards. We ask that you share this guideline with all. There is much we can learn from each another.

Together, we can ensure that health organizations including nurses and all other health care workers, build healthy work environments. This is central to ensuring quality patient care. Let's make health care providers, their organizations and the people they serve the real winners of this important effort!

Doris Grinspun, RN, MSN, PhD (c), OOnt.

A handwritten signature in black ink that reads "Doris Grinspun". The signature is fluid and cursive, with a long horizontal flourish at the end.

Executive Director

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The Registered Nurses' Association of Ontario (RNAO), with funding from the Ministry of Health and Long-Term Care and in partnership with Health Canada has embarked on a multi-year project of healthy work environments best practice guidelines development, pilot implementation, evaluation and dissemination that will result in the development of six guidelines developed by six expert panels. This guideline was developed by an expert panel convened by the RNAO, conducting its work independent of any bias or influence from funding agencies.

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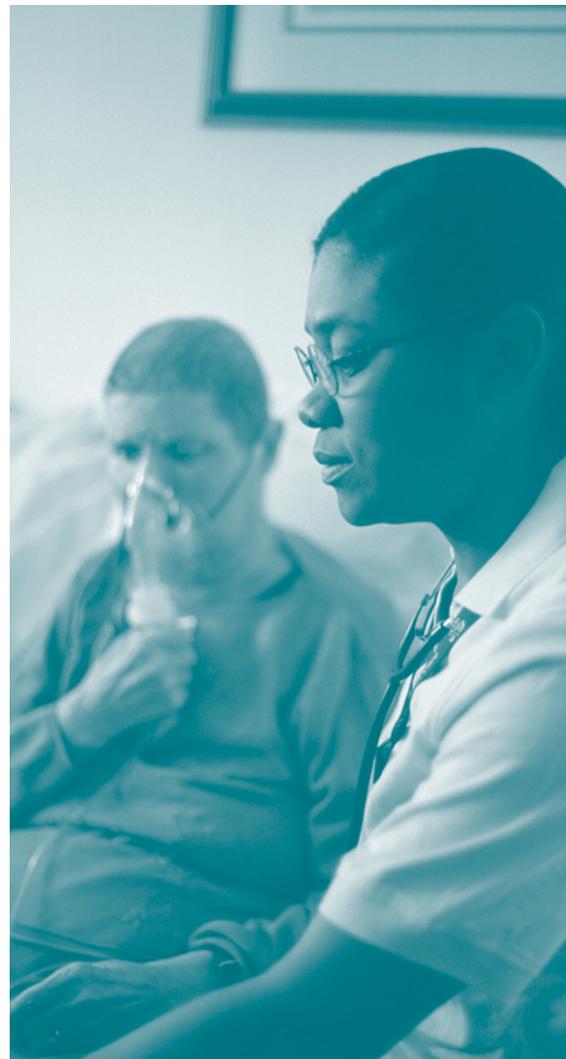
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Throughout this document words marked with the symbol G can be found in the Glossary of Terms (Appendix A).



Background to the Healthy Work Environments Best Practice Guidelines Project

In July of 2003 the Registered Nurses' Association of Ontario (RNAO), with funding from the Ontario Ministry of Health and Long-Term Care, (MOHLTC) working in partnership with Health Canada, Office of Nursing Policy, commenced the development of evidence-based best practice guidelines in order to create healthy work environments⁶ for nurses.⁶ Just as in clinical decision-making, it is important that those focusing on creating healthy work environments make decisions based on the best evidence possible.

The Healthy Work Environments Best Practice Guidelines⁶ Project is a response to priority needs identified by the Joint Provincial Nursing Committee (JPNC) and the Canadian Nursing Advisory Committee.¹ The idea of developing and widely distributing a healthy work environment guide was first proposed in *Ensuring the care will be there: Report on nursing recruitment and retention in Ontario*² submitted to MOHLTC in 2000 and approved by JPNC.

Health care systems are under mounting pressure to control costs and increase productivity while responding to increasing demands from growing and aging populations, advancing technology and more sophisticated consumerism. In Canada, health care reform is currently focused on the primary goals identified in the Federal/Provincial/Territorial First Ministers' Agreement 2000,³ and the Health Accords of 2003⁴ and 2004⁵:

- the provision of timely access to health services on the basis of need;
- high quality, effective, patient/client-centered and safe health services; and
- a sustainable and affordable health care system.

Nurses are a vital component in achieving these goals. A sufficient supply of nurses is central to sustain affordable access to safe, timely health care. Achievement of healthy work environments for nurses is critical to the safety, recruitment and retention of nurses.

Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nursing workforce.^{2, 6-10} Some have suggested that the basis for the current nursing shortage is the result of unhealthy work environments.¹¹⁻¹⁴ Strategies that enhance the workplaces of nurses are required to repair the damage left from a decade of relentless restructuring and downsizing.

There is a growing understanding of the relationship between nurses' work environments, patient/client outcomes and organizational and system performance.¹⁵⁻¹⁷ A number of studies have shown strong links between nurse staffing and adverse patient/client outcomes.¹⁸⁻²⁸ Evidence shows that healthy work environments yield financial benefits to organizations in terms of reductions in absenteeism, lost productivity, organizational health care costs,²⁹ and costs arising from adverse patient/client⁶ outcomes.³⁰

Achievement of healthy work environments for nurses requires *transformational change*, with “interventions that target underlying workplace and organizational factors”.³¹ It is with this intention that we have developed these guidelines. We believe that full implementation will make a difference for nurses, their patients/clients and the organizations and communities in which they practice. It is anticipated that a focus on creating healthy work environments will benefit not only nurses but other members of the health care team. We also believe that best practice guidelines can be successfully implemented only where there are adequate planning processes, resources, organizational and administrative supports, and appropriate facilitation.

The project will result in six Healthy Work Environments Best Practice Guidelines

- Collaborative Practice Among Nursing Teams
- Developing and Sustaining Effective Staffing and Workload Practices
- Developing and Sustaining Nursing Leadership
- Embracing Cultural Diversity in Health Care: Developing Cultural Competence
- Professionalism in Nursing
- Workplace Health, Safety and Well-being of the Nurse

“ *A healthy work environment is...
...a practice setting that maximizes the health
and well-being of nurses, quality patient/client
outcomes, organizational performance and
societal outcomes.* ”

Organizing Framework for the Healthy Work Environments Best Practice Guidelines Project

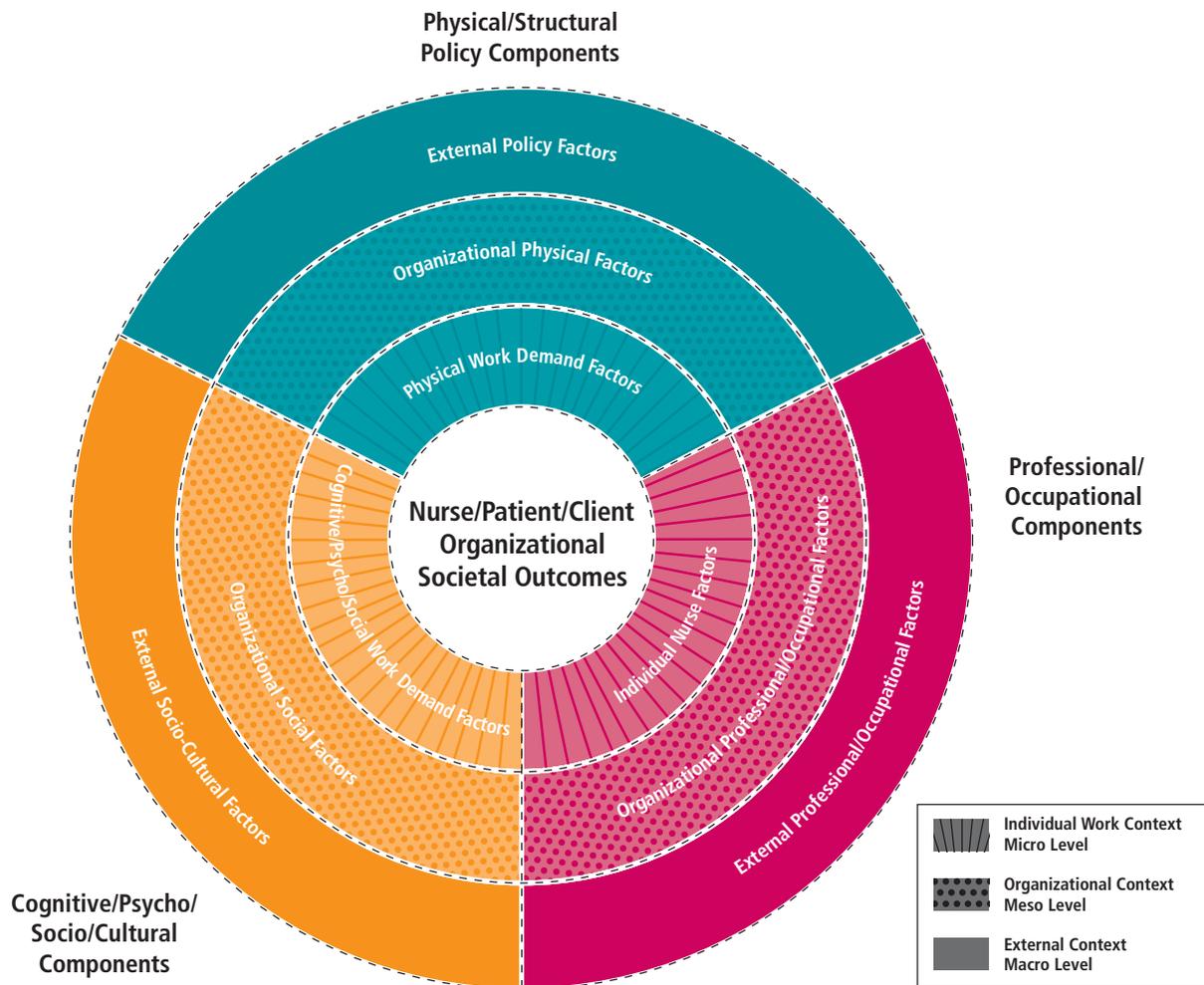


Figure 1. Conceptual Model for Healthy Work Environments for Nurses – Components, Factors & Outcomesⁱ⁻ⁱⁱⁱ

A healthy work environment for nurses is complex and multidimensional, comprised of numerous components and relationships among the components. A comprehensive model is needed to guide the development, implementation and evaluation of a systematic approach to enhancing the work environment of nurses. Healthy work environments for nurses are defined as practice settings that maximize the health and well-being of the nurse, quality patient/client outcomes, organizational performance and societal outcomes.

The Comprehensive Conceptual Model for Healthy Work Environments for Nurses presents the healthy workplace as a product of the interdependence among individual (micro level), organizational (meso level) and external (macro level) system determinants as shown above in the three outer circles. At the core of the circles are the expected beneficiaries of healthy work environments for nurses – nurses, patients/clients, organizations and systems, and society as a whole, including healthier communities.^{iv} The lines within the model are dotted to indicate the synergistic interactions among all levels and components of the model.

The model suggests that the individual's functioning is mediated and influenced by interactions between the individual and her/his environment. Thus, interventions to promote healthy work environments must be aimed at multiple levels and components of the system. Similarly, interventions must influence not only the factors within the system and the interactions among these factors but also influence the system itself.^{v,vi}

The assumptions underlying the model are as follows:

- healthy healthy work environments are essential for quality, safe patient/client care;
- the model is applicable to all practice settings and all domains of nursing;
- individual, organizational and external system level factors are the determinants of healthy work environments for nurses;
- factors at all three levels impact the health and well-being of nurses, quality patient/client outcomes, organizational and system performance, and societal outcomes either individually or through synergistic interactions;
- at each level, there are physical/structural policy components, cognitive/psycho/social/cultural components and professional/occupational components; and
- the professional/occupational factors are unique to each profession, while the remaining factors are generic for all professions/occupations.

-
- i Adapted from DeJoy, D.M. & Southern, D.J. (1993). An Integrative perspective on work-site health promotion. *Journal of Medicine*, 35(12): December, 1221-1230; modified by Laschinger, MacDonald & Shamian (2001); and further modified by Griffin, El-Jardali, Tucker, Grinspun, Bajnok, & Shamian (2003).
- ii Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blythe, J., Bourbonnais, R., Cameron, S., Irvine Doran D., et al. (2001, June). *Commitment and care: The benefits of a healthy workplace for nurses, their patients, and the system*. Ottawa, Canada: Canadian Health Services Research Foundation and The Change Foundation.
- iii O'Brien-Pallas, L., & Baumann, A. (1992). Quality of nursing worklife issues: A unifying framework. *Canadian Journal of Nursing Administration*, 5(2):12-16.
- iv Hancock, T. (2000). The evolution, The Healthy Communities vs. "Health". *Canadian Health Care Management*, 100(2):21-23.
- v Green, L.W., Richard, L. and Potvin, L. (1996). Ecological foundation of health promotion. *American Journal of Health Promotion*, 10(4): March/April, 270-281.
- vi Grinspun, D. (2000). *Taking care of the bottom line: shifting paradigms in hospital management*. In Diana L. Gustafson (ed.), *Care and Consequence: Health Care Reform and Its Impact on Canadian Women*. Halifax, Nova Scotia, Canada. Fernwood Publishing.

Physical/Structural Policy Components

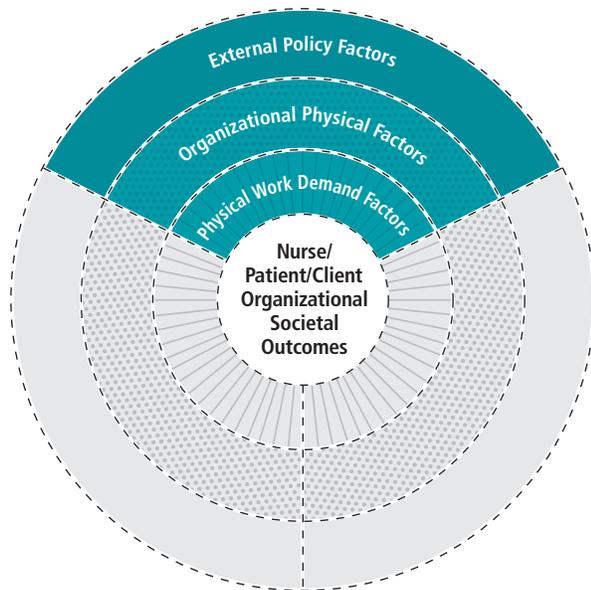


Figure 1A

Physical/Structural Policy Components

- At the individual level, the Physical Work Demand Factors include the requirements of the work which necessitate physical capabilities and effort on the part of the individual.^{vii} Included among these factors are workload, changing schedules and shifts, heavy lifting, exposure to hazardous and infectious substances, and threats to personal safety.
- At the organizational level, the Organizational Physical Factors include the physical characteristics and the physical environment of the organization and also the organizational structures and processes created to respond to the physical demands of the work. Included among these factors are staffing practices, flexible, and self-scheduling, access to functioning lifting equipment, occupational health and safety polices, and security personnel.
- At the system or external level, the External Policy Factors include health care delivery models, funding, and legislative, trade, economic and political frameworks (e.g., migration policies, health system reform) external to the organization.

vii Grinspun, D. (2002). *The Social Construction of Nursing Caring*. Unpublished Doctoral Dissertation Proposal. York University, North York, Ontario.

Cognitive/Psycho/Socio/Cultural Components

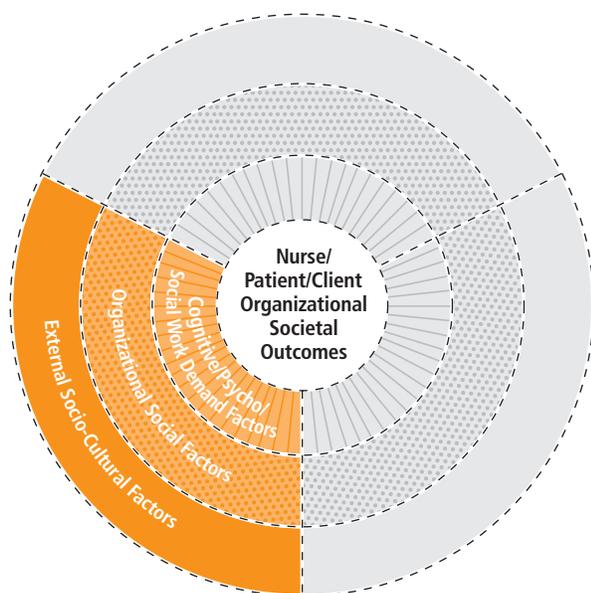


Figure 1B

Cognitive/Psycho/Socio/Cultural Components

- At the individual level, the Cognitive and Psycho-social Work Demand Factors include the requirements of the work which necessitate cognitive, psychological and social capabilities and effort (e.g., clinical knowledge, effective coping skills, communication skills) on the part of the individual.^{vi} Included among these factors are clinical complexity, job security, team relationships, emotional demands, role clarity, and role strain.
- At the organizational level, the Organizational Social Factors are related to organizational climate, culture, and values. Included among these factors are organizational stability, communication practices and structures, labour/management relations, and a culture of continuous learning and support.
- At the system level, the External Socio-cultural Factors include consumer trends, changing care preferences, changing roles of the family, diversity of the population and providers, and changing demographics – all of which influence how organizations and individuals operate.

Professional/Occupational Components

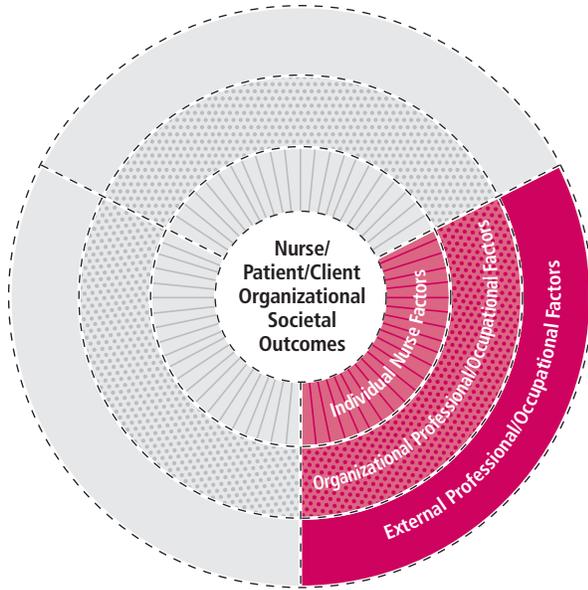


Figure 1C

Professional/Occupational Components

- At the individual level, the Individual Nurse Factors include the personal attributes and/or acquired skills and knowledge of the nurse which determine how she/he responds to the physical, cognitive and psycho-social demands of work.^{vii} Included among these factors are commitment to patient/client care, the organization and the profession; personal values and ethics; reflective practice; resilience, adaptability and self confidence; and family work/life balance.
- At the organizational level, the Organizational Professional/Occupational Factors are characteristic of the nature and role of the profession/occupation. Included among these factors are the scope of practice, level of autonomy and control over practice, and intradisciplinary relationships.
- At the system or external level, the External Professional/Occupational Factors include policies and regulations at the provincial/territorial, national and international level which influence health and social policy and role socializations within and across disciplines and domains.

Background Context of the Guideline on Professionalism in Nursing

The domains of practice in nursing include clinical care, research, education, policy and administration. Nurses apply the attributes of professionalism⁶ daily in the context of practice. While there is no consensus⁶ in the literature as to the meaning of professionalism, there are some generally recognized descriptors or attributes. As early as 1910, Abraham Flexner³² identified several characteristics related to professionalism, which are still relevant today: knowledge, specialization, intellectual and individual responsibility and well-developed group consciousness. Authors from various fields have since provided different perspectives on what professionalism means, including knowledge based on scientific principles, accountability, autonomy, inquiry, collegiality, collaboration⁶, innovation and ethics and values. This document outlines best practice recommendations focusing on these attributes.

Traditionally, the foundation of, and inherent in best practice guidelines is the concept of evidence. According to Lomas, Culyer, McCutcheon, McAuley and Law³³, evidence is “anything that establishes a fact or gives reason for believing in something.” Evidence includes knowledge gained from research methodologies such as randomized controlled trials or descriptions of phenomena such as caring. The concept of professionalism has not been examined by traditional qualitative and quantitative research. More common are theoretical approaches found in the social sciences and humanities. However, these sources of knowledge are relevant to the task of understanding the attributes of professionalism.

Qualitative research⁶ approaches often provide a broader view of the underpinnings of scientific evidence, and thus highlight the value of non-conventional literature (i.e., grey literature⁶). Although grey literature is not peer-reviewed, formally published or research-based, it provides valuable information ensuing from a convergence of thought and experience.³⁴ The information in this guideline results from a review of all relevant literature and includes descriptive and limited experimentation studies. Sources included:

- A systematic review of the literature on professionalism conducted by the Joanna Briggs Institute of Australia (See Appendix C).
- Supplemental literature searched by Panel Members (See Appendix D for information on data bases, limits and key terms).

The guideline summarizes various attributes that authors and the expert panel have identified as fundamental to the concept of professionalism.

Health care environments have become a challenge in recent years due to constant restructuring in an effort to achieve greater efficiency and productivity.^{35,36} These environments have been characterized by rapid change and influences in human resource strategies such as the movement toward flexible workforces. Changes have been evident across all settings, making for a chaotic and occasionally unstable work environment. Recognizing that it is sometimes difficult to maintain professionalism in a changing health care setting, this guideline provides the basis for a template that can be applied to assist practitioners

with the complexities of daily practice. The document links the environment with individual practice and also will be of interest to nurse administrators and educators. It provides a guided approach to the review of professionalism, and makes suggestions that will enhance further understanding of the complexities of the concepts and how they can interact with the work environment.

Although professionalism is a traditional concept that has stood the test of time, it has been a challenge to write a corresponding “best practice” guideline. However, a guideline is only meant to be an outline that provides further insight into the meaning of the term professionalism. The concept has not been scrutinized by the usual methods of research owing in part to its multifaceted nature. It has broad descriptors which are not easily narrowed in order to test in the traditional sense. As a result, some might argue the concept is not conducive to an evidence-based practice guideline. However, it is worth exploring the literature and putting the information in a format that is readable and useful to the clinicians in practice and application in the clinical environment.

In creating this document, reliance on the input of an expert panel has been critical to the validity of the information provided. The combination of literature appraisal and the use of an expert panel strengthened the rigour of the discussion. The expert panel was comprised of a cross-sectional group of clinicians from academia, clinical service and administration. Each panel member offered a unique and valuable perspective. They represented all sectors of health care including hospitals; community care and long-term care. There were representatives from the professional⁶ association, the union and the regulatory body. All are considered adept in their respective fields and were chosen because of their proficiency and knowledge.

The guideline outlines the attributes of professionalism and discussion of the existing evidence and/or literature in the area, concluding with general statements that provide some strategies for success. These are meant to reflect current thinking about the attributes that were distilled from both the literature review and expert opinion. Guidelines are “quality-improving strategies”.³⁷ In *Evidence-based medicine: How to practice and teach EBM*, Sackett et al.³⁸ define guidelines as “user-friendly statements that bring together the best external evidence and other knowledge necessary for decision-making.”

The guideline was written to help the individual practitioner reflect on their own practice situation. It will assist educators to relay the concept of professionalism to students in a comprehensive and meaningful way. Finally, it will guide administrators in providing environmental supports that reinforce the attributes of professionalism.

“ *Establishing a professional role is a prerequisite for establishing control over practice.* ”⁸

Purpose and Scope

Preamble

This Best Practice Guideline (BPG) focuses on professionalism, which is essential for healthy work environments for nurses. A healthy work environment for nurses is a practice setting that maximizes the health and well being of nurses, quality patient outcomes and organizational performance. Professionalism in nursing is an essential ingredient in achieving a healthy work environment and is enabled by the context of practice.

Overall Goals of the BPG

1. To identify the concept of professionalism as a guiding tenet that enhances outcomes for nurses, patients, organizations and systems.
2. To define the attributes of professionalism.
3. To identify and discuss the evidence related to each attribute of professionalism.
4. To provide strategies for success.

Scope and Limitations for the Search Activity

The development of the BPG is based on the best available evidence and where evidence is limited, the best practice recommendations are based on the consensus of expert opinion. Furthermore, the BPG is shaped by the deliberations, perspectives and the development processes of the expert panel.

Topics Covered

The key areas addressed by this guideline are:

- Identification of a set of attributes that signify professionalism of the nurse
- Evidence from the Joanna Briggs Institute³⁹ systematic review⁶ and other literature
- Knowledge, competencies and behaviors of effective nurses who exhibit professional practices in their workplace
- Organizational structures, key elements and processes that support development of effective nursing professional practices

The recommendations in this guideline address:

- Identification of defining attributes of the professional nurse
- Strategies for success
- Future research opportunities

Target Audience

The guideline is relevant to all domains of nursing (e.g., clinical practice, administration, education, research and policy) and all practice and geographical settings. The guideline is intended for:

- Nurses in all roles including clinical nurses, administrators, educators and researchers those engaged in policy work, and nursing students
- Interdisciplinary⁶ team members
- Non-nursing administrators at the organizational and system level
- Policy makers and governments
- Professional organizations and regulatory bodies
- Members of the public

How to Use this Document

Professionalism requires that nurses in all roles demonstrate professional standards. Nurses put into action their values and attributes of professionalism when providing nursing care and collaborating with patients, nurse colleagues, other members of the health care team and nursing students. This guideline provides a comprehensive approach to professionalism.

This guideline is not intended to be read and applied all at once, but rather, to be reviewed and with reflection over time, applied as appropriate for yourself, your situation or your organization. We suggest the following approach:

- 1. Review the HWE model:** The *Professionalism in Nursing Best Practice Guideline* is built on a conceptual model that was created to allow users to understand the relationships between and among the key factors involved in healthy work environments.
- 2. Self-reflect** on values, behaviours and relationships for further debate and personal reflection.
- 3. Identify an area of focus:** Once you have studied the model and reviewed the BPG, we suggest that you identify an area of focus for yourself, your situation, or your organization – an area that you believe needs attention to strengthen the effectiveness of professionalism.
- 4. Read the recommendations and the summary of research for your area of focus:** For each attribute a number of evidence-based recommendations are offered. The recommendations are statements of what professional nurses *do*, or how they *behave* in professional situations. The literature supporting those recommendations is briefly summarized, and we believe that you will find it helpful to read this summary to understand the “why” of the recommendations.
- 5. Focus on the recommendations regarding desired attributes, values and behaviours that are most applicable for you and your current situation:** The recommendations contained in this document are not meant to be applied as rules, but rather as resources and tools to assist individuals or organizations to make decisions that improve professionalism, recognizing each organization’s unique culture, climate and situational challenges. You may reflect and identify specific traditions, approaches and behaviors that need to be analyzed, evaluated, strengthened or changed in your situation.
- 6. Make a tentative plan:** Having selected a small number of recommendations and behaviours for attention, turn to the table of strategies and consider the suggestions offered. Make a tentative plan for what you might actually *do* to begin to address your area of focus. If you need more information, you might wish to refer to some of the references cited.

7. **Discuss the plan with others:** Take time to get input into your plan from people whom it might affect or whose engagement will be critical to success, and from trusted advisors, who will give you honest and helpful feedback on the appropriateness of your ideas. This is as important a phase for the development of individual professional behaviours as it is for the development of an organizational professional initiative.
8. **Revise your plan and get started:** It is important to get started and make adjustments as you go. The development of professionalism is a life-long quest that offers many opportunities for personal and professional growth; **enjoy the journey!**



Summary of Attributes

RECOMMENDATION	
Knowledge	1.0 Professionalism includes:
	1.1 A body of knowledge that is theoretical, practical and clinical.
	1.2 Being able to apply that knowledge.
	1.3 Using theoretical and/or evidence-based rationale ⁶ for practice.
	1.4 Synthesizing information from a variety of sources.
	1.5 Using information or evidence from nursing and other disciplines to inform practice.
	1.6 Sharing or communicating knowledge with colleagues, clients, family and others to continually improve care and health outcomes.
Spirit of Inquiry	2.0 Professionalism includes:
	2.1 Being open-minded and having the desire to explore new knowledge.
	2.2 Asking questions leading to the generation of knowledge and refinement of existing knowledge.
	2.3 Striving to define patterns of responses from clients, stakeholders and their context.
	2.4 Being committed ⁶ to life-long learning.
Accountability	3.0 Professionalism includes:
	3.1 Understanding the meaning of self-regulation and its implications for practice.
	3.2 Using legislation, standards of practice and a code of ethics to clarify one's scope of practice. ⁶
	3.3 Being committed to work with clients and families to achieve desired outcomes.
	3.4 Being actively engaged in advancing the quality of care.
	3.5 Recognizing personal capabilities, knowledge base and areas for development.
Autonomy	4.0 Professionalism includes:
	4.1 Working independently and exercising decision-making within one's appropriate scope of practice.
	4.2 Recognizing relational autonomy ⁶ and the effects of the context and relationships on this autonomy.
	4.3 Becoming aware of barriers and constraints that may interfere with one's autonomy and seeking ways to remedy the situation.



RECOMMENDATION	
Advocacy	5.0 Professionalism includes:
	5.1 Understanding the client's perspective.
	5.2 Assisting the client with their learning needs.
	5.3 Being involved in professional practice initiatives and activities to enhance health care.
	5.4 Being knowledgeable about policies that impact on delivery of health care.
Innovation and Visionary	6.0 Professionalism includes:
	6.1 Fostering a culture of innovation to enhance client/family outcomes.
	6.2 Showing initiative for new ideas and being involved through taking action.
Collegiality and Collaboration	6.3 Influencing the future of nursing, delivery of health care and the health care system.
	7.0 Professionalism includes:
	7.1 Developing collaborative partnerships within a professional context.
Ethics and Values	7.2 Acting as a mentor to nurses, nursing students and colleagues to enhance and support professional growth.
	7.3 Acknowledging and recognizing interdependence ⁶ between care providers.
	8.0 Professionalism includes:
	8.1 Knowledgeable about ethical values, concepts and decision-making.
	8.2 Being able to identify ethical concerns, issues and dilemmas.
	8.3 Applying knowledge of nursing ethics to make decisions and to act on decisions.
8.4 Being able to collect and use information from various sources for ethical decision-making.	
8.5 Collaborating with colleagues to develop and maintain a practice environment that supports nurses and respects their ethical and professional responsibilities.	
8.6 Engaging in critical thinking ⁶ about ethical issues in clinical and professional practice.	

Recommendations and Interpretation of Evidence

1.0 Knowledge

Definition: Understanding of or information about a subject, which has been obtained by experience or study.⁴⁰

Professionalism includes:

- 1.1 A body of knowledge that is theoretical, practical, and clinical.
- 1.2 Being able to apply that knowledge.
- 1.3 Using theoretical and/or evidence-based rationale for practice.
- 1.4 Synthesizing information from a variety of sources.
- 1.5 Using information or evidence from nursing other disciplines to inform practice.
- 1.6 Sharing or communicating knowledge with colleagues, clients, family and others to continually improve care and health outcomes.

Discussion of Evidence

Knowledge provides the basis for professional practice⁴¹ and, is a central aspect of professionalism.⁴²⁻⁴⁵ Knowledge enables professions, such as nursing, to define the nature of problems and solutions, make autonomous decisions and use discretion within their practice.⁴⁶

A review of the nursing literature indicates that there are different kinds of knowledge used in practice.⁴⁷ Moreover, the use of knowledge in practice influences health outcomes. For example, a recent study indicated that nurses' knowledge regarding the manifestations of children's' pain influenced their ability to provide good pain relief.⁴⁸ Knowledge partially gained through experience contributes to improved patient outcomes in post-anaesthesia nursing.⁴⁹ Clinical judgments, based on expert knowledge influence nursing interventions in critical care areas,⁵⁰ while bioscientific knowledge has a positive impact on patient outcomes.⁵¹ Just as important, the communication of practical and theoretical knowledge has the potential to achieve many broad health goals.⁵²

There is a close relationship between professionalism, education and knowledge development. Inter-professional education (IPE) involves "two or more professions⁶, learning from and about each other to improve collaboration and quality of care"⁵³ When "learning together to work together"⁵⁴ the learner, educator, and the learning context are key elements in the development of knowledge. Following the principles and theory of adult education including experiential learning are particularly important in IPE⁵⁵ to develop an appreciation and understanding of the roles of other professionals. Increasing evidence suggests that collaborative learning leads to improved inter-professional care including a greater range of professional skills⁵⁴ as well as the use of evidence from other disciplines, to inform practice.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it was identified that the following practices will promote knowledge of the nurse for clients, organizations and systems:

- Advocate for and ensure access to educational resources (i.e., conferences, workshops, clinical instructors, library, electronic databases, journal clubs and electronic access).
- Use theoretical frameworks and practice models to guide practice (i.e. health promotions framework, Jean-Watson Model, social support model, and change model).
- Use the meta-analysis of existing literature addressing nursing issues.
- Advocate for, and ensure access, to evidence to support your practice.
- Read the literature using critical appraisal techniques.
- Attend patient care conferences/grand rounds, larger conferences.
- Champion and disseminate what you learn (e.g., presenting at workshops).
- Develop partnerships/affiliation agreements with educational institutions.

“ *Nurses can be more productive and healthy in safe, ergonomically sound work environments, with access to the supplies, services and technology they need to improve efficiency, and worklife enhancements to reduce stress and ease the home-work interface.*”⁸

2.0 Spirit of Inquiry

Definition: An inquisitive, inquiring approach to one's own practice.⁵⁶

Professionalism includes:

- 2.1 Being open-minded and having the desire to explore new knowledge.
- 2.2 Asking questions leading to the generation of knowledge and refinement of existing knowledge.
- 2.3 Striving to define patterns of responses from clients, stakeholders and their context.
- 2.4 Being committed to life long learning.

Discussion of Evidence

Inquiry is a multi-faceted activity that involves making observations, asking questions, and examining many sources of information in order to understand what is already known, reviewing what is known in light of one's own experiences, using tools to gather and interpret data, proposing answers and explanations and communicating this process.⁵⁷ A practitioner who has a spirit of inquiry will gather data, make inferences, and test alternate explanations allowing the practitioner to make connections between presenting situations and a body of professional knowledge.⁵⁸ Thinking about clients' reactions to their interventions, formulating questions about current practices and potential alternatives to management of client care are relevant to an inquiring approach to client care or reflective practice.^{G, 56}

The desire to explore new ways of doing things, new knowledge as well as the interest in asking questions lends itself to a practice based on the best research findings or evidence-based practice.^{59,60} In turn, a practice based on knowledge, evidence or research findings fosters quality client care.⁶¹ A spirit of inquiry energizes and directs life long learning through the pursuit of knowledge to answer the questions arising from practice. It includes openness to learning from the patient/client, family and their knowledge about their own health and quality of life.⁶²

Critical thinking in nursing means going beyond obvious findings to make informed judgments, and is considered to be the most distinguishing attribute of the professional nurse.⁶³ Inexperienced nurses think in terms of steps and procedure while the more experienced nurse thinks more in patterns based on previous experience grounded in knowledge.

The grey^G literature concerning this attribute includes the interpretation of knowledge, the acknowledgement of uncertainty as well as the engagement with new knowledge. A variety of skills have an impact on professional practice and the application of professional knowledge.⁶⁴ These skills include open mindedness, critical thinking and sound decision making. Moreover, the awareness of one's self, both personally and professionally through the use of reflective practices can assist with strengthening the nursing professional role.³⁹

Tanner⁶⁵ summarized the growing body of literature about clinical judgement and its role in nursing practice. Based on a review of nearly 200 studies, the general conclusions emphasize the role of the nurses' background, context, and the patient/client relationship as central to the nurse's perception and how they interpret findings, respond, and reflect on their response.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote a **spirit of inquiry** of the nurse for clients, organizations and systems:

- Reflect or think about your own practice.
- Brainstorm with others.
- Share ideas and perspectives.
- Read written and electronic materials.
- Think about, recognize and develop knowledge patterns⁶⁶ through reflection on experience.
- Observe and ask questions.
- Test out new and old ideas.
- Participate in continuous education strategies for life long learning.
- Engage in mentor and clinical supervision relationships.
- Obtain feedback on your practice from your peers.

3.0 Accountability

Definition: Responsibility for one's conduct⁶⁷ or the willingness to be answerable for one's actions.⁶⁸

Professionalism includes:

- 3.1 Understanding the meaning of self-regulation and its implications for practice.
- 3.2 Using legislation, standards of practice and a code of ethics to clarify and guide one's scope of practice.
- 3.3 Being committed to work with clients and their families to achieve desired outcomes.
- 3.4 Being actively engaged in advancing the quality of care.
- 3.5 Recognizing personal capabilities, knowledge base and areas for development.

Discussion of Evidence

Accountability refers to a person's answerability for their own actions⁶⁹ or the ability and willingness to assume responsibility for one's own actions.⁷⁰ This, in turn, implies that the person or individual will accept the consequences of one's behaviour. Nurses' accountability for their practice includes providing input into decisions that affect their practice, such as staffing levels, scheduling, and setting of quality standards.⁷¹ Personal accountability in practice refers to environments where nurses feel they have control over their situations or activities and choose to accept this control.⁷²

Accountability is closely related to the concepts of responsibility, autonomy and authority; however, the concepts are not interchangeable.^{73,74} Responsibility and authority are both essential conditions for autonomy and accountability. In other words, nursing departments can be held accountable over certain activities only if they have autonomy over these same activities,⁷⁴ while practicing nurses can be held accountable if they have a certain amount of autonomy over the activities they are involved in.

Several professional practice models generally uphold the principals of accountability.⁷⁵ For example, accountability in planning, coordinating and intervening in the provision of patient care appears to be fundamental to professional practice environments, regardless of settings.^{76,77} Other organizational structures that encourage accountability are decentralized structures⁷⁸ and participative management practices, such as shared governance models.⁷⁹ An analysis of five professional practice models indicates that nurse accountability is one of the values common to all of these settings.⁸⁰ Other values include autonomy, professional development and emphasis on high-quality care.

There is little information about how nurses demonstrate accountability in terms of nursing interventions and about their role in terms of patient outcomes. In one study of a homogeneous group of hospital medical patients, Tourangeau^{22,81} found that nursing skill mix and nursing care characteristics such as nurse experience were related to patient mortality. Needleman et al⁸² studied the hospital outcomes that are sensitive to levels of nurse staffing concluding that a higher proportion of hours of care by registered nurses and the number of hours of care each day were associated with quality of care in hospitals.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **accountability** of the nurse for clients, organizations and systems:

- Become involved with the professional organization and the regulatory body.
- Read the literature received from professional and regulatory bodies.
- Increase knowledge about rights and responsibilities of self-regulation.^G
- Improve quality of care through dialogue with experts and seek evidence of best practices.
- Reflect on your strengths and weaknesses.
- Take opportunities for continuous improvement such as additional education.
- Be aware of, and integrate current legislation into practice.
- Participate in continuing competence programs.

4.0 Autonomy

Definition: Right of self-government; personal freedom.⁶⁷

Autonomous practice means working independently and exercising decision-making within one's scope of practice. It includes the ability to carry out the appropriate course of action within a system that has standards of practice, code of ethics and organizational policies to advocate in the best interest of the client. Autonomy includes the capacity of the nurse to determine her/his own course of action, ability to deliberate and decide, and authenticity. It can be compromised by the context and relationships.

Professionalism includes:

- 4.1 Working independently and exercising decision-making within one's appropriate scope of practice.
- 4.2 Recognizing relational autonomy and the effects of the context and relationships on this autonomy.
- 4.3 Becoming aware of barriers and constraints that may interfere with one's autonomy and seeking ways to remedy the situation.

Discussion of evidence

True autonomy develops internally and is dependent on one's own actions.⁶⁴ Autonomy is the freedom to act on what you know, to make independent clinical decisions and to act in the best interest of the patient.⁸³ Innovative practice that places decision making power in the hands of the practicing nurse is highly regarded.⁸⁴ Authority to handle responsibility is examined within the study of Smith and Hood⁸⁵, that focused on creating a favourable practice environment for nurses.

Autonomy has been rated highly by nurses and is associated with a strong sense of teamwork.³⁹ Professional autonomy is not necessarily related to organisational structure but can be indirectly affected by decentralization of organisations.⁸⁶ Nurses ability to be autonomous is supported or limited by the organization. Although autonomy cannot be 'given' by those in formal power, it can be facilitated by nurse leaders.⁸⁷ Several papers have looked at what nurses need to be autonomous. One feature is organizational support to make discretionary and binding decisions that fall within the nurses scope of practice.⁶⁴ The literature from the magnet hospitals supports organizational commitment for professional practice models.⁸⁸

Autonomy and input into decision-making are linked to staff and leader empowerment and positive outcomes for clients and nurses.⁸⁹ Nurses are accountable for their decisions and responsible for their own actions⁷⁰ whether working independently or as a team member. Professionalism is fulfilling all responsibilities as defined in the scope of practice including independent and interdependent activities that demonstrate knowledge of boundaries and collaboration.⁹⁰ MacDonald,⁴¹ views relational autonomy as a shift from a focus on individual independence, towards a view that seeks meaningful self-direction within a context of interdependency.

Nurses may experience that peers, colleagues and the administration limit their autonomy. Attitudes, values, traditions, policies and practices may restrict nurses' decision-making about their practice.⁹¹ When nurses analyze the reasons why their autonomy is compromised they can seek ways to remedy the situation.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **autonomy** of the nurse for clients, organizations and systems:

- Act confidently within your scope of practice.
- Improve skills in decision making.
- Consult and collaborate with colleagues and experts.
- Reflect and learn from critical incidents.
- Communicate clearly the reasons for decisions and behaviours.
- Support decisions and behaviours with evidence, learning and clinical experience.
- Take on formal and informal leadership roles.
- Promote organizational practices and policies that support nurses acting within their full scope of practice in relation with others.
- Provide input into decisions that affect nursing practice.
- Question organizational processes when they do not support quality patient care.

5.0 Advocacy

Definition: An advocate is a person who supports or speaks out for a cause, policy.⁶⁷

This includes being an advocate/change agent for clients, families and communities as well as the profession.

Professionalism includes:

- 5.1 Understanding the client's perspective.
- 5.2 Assisting the client with their learning needs.
- 5.3 Being involved in professional practice initiatives and activities to enhance health care.
- 5.4 Being knowledgeable about policies that impact on the delivery of health care.

Discussion of evidence

Although there are different conceptual approaches to advocacy, these approaches are similar in that they underline the autonomy of the patient and the uniqueness of the nurse-patient relationship.⁹² Advocacy suggests that practitioners do not define what is in the best interest of the patient – only the patient can do this.⁹³ In daily practice, this implies providing the patient with the information needed in order to make informed choices, supporting their right to make informed choices, and supporting them throughout the decision-making process and outcomes.⁹⁴

Nurses have a long tradition of patient-related advocacy. Many authors describe advocacy as implicit within the daily activities of the nurse⁹⁵ and an essential component of practice.⁹⁶ Nurses are well placed within health care team to act as advocates or mediators.⁹⁷ Nurses are responsible for the majority of patient care delivery; they are positioned to have the influence on the patient care outcomes.⁹⁸

Nurses can contribute to health services planning and decision-making, and advocate for health policy changes.^{99,100} In a comprehensive review of nursing's role in policy development, Reutter & Duncan¹⁰¹ describe the extent in which nurses have been involved in shaping health policy in North America. For example, public health nurses have frequently been engaged in advocating for policy initiatives within the domain of child welfare, while nurse researchers have initiated policy research to examine the effects of health care reforms on the working environment of nurses and patient outcomes.

Canadian nurses have a long history of influencing policy changes or acting as policy advocates at the institutional, provincial and national levels.¹⁰² For instance, the creation of an Office of Nursing Policy (ONP) in Canada is a result of lobbying from both nursing organizations and nursing leaders. The ONP is responsible for bringing a nursing perspective to federal health policy issues and programs.

Nurses' relationships with patients and their families enable them to appreciate their health needs, expectations of health care and responses to health care services.¹⁰³ However, the International Council of Nurses¹⁰⁰ calls for nurses to become more knowledgeable about the policy process in order to influence

decisions. Influencing policy, whether it is at the institutional level, provincial, or national level is costly in terms of time and energy.¹⁰⁴ Individual nurses can, however, play a part in the policy process by keeping abreast of developments, writing, joining special interests organizations, knowing who key players are, knowing the key nursing positions, identifying nurses in influential positions outside nursing and learning how to communicate their own positions.¹⁰³ Working through committees is perhaps one of the more common ways of advocating for policy changes both within and outside of the profession.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **advocacy** of the nurse for clients, organizations and systems:

- Take opportunities to be involved at all levels (e.g., care rounds, practice councils, governing body, provincial organization/government).
- Advocate for, establish and/or access processes that provide nurses with a means to influence policy and practice.
- Advocate for client's expressed wishes and preferences and make these known.
- Champion or find ways to initiate implementation of evidence-based practice.
- Advocate for improvements in the quality of the nursing environment.
- Support the political advocacy, directly or indirectly, of nursing organizations in addressing social health issues (e.g., domestic violence, poverty and homelessness).
- Recognize and respect each profession's scope of practice.
- Identify and establish effective working relationships with key stakeholders.
- Understand health policy and health system issues that are affecting patient care and voice impact locally and nationally.
- Be an informed citizen/constituent, recognizing that health policy, health funding and nursing practice are influenced by politics. Be knowledgeable about the platforms and positions of various political parties and advocacy groups that can influence health care policy.
- Teach individuals and groups to advocate on their own behalf
- Support groups to advocate on their own behalf.
- Work with communities or groups to effect change at the local level (e.g., a local policy).

“Nurses should have input into all aspects of patient care within their scope of practice including serving as patient advocates.”⁸

6.0 Innovation and Visionary

Definition: *Innovative:* bring in new methods, ideas, etc.; make changes; introduce for the first time.⁶⁷ *Visionary:* the act or faculty of seeing, sight; imaginative insight; ability to plan or form policy in a far-sighted way.⁶⁷

Professionalism includes:

- 6.1 Fostering a culture of innovation to enhance nursing practice and client/family outcomes.
- 6.2 Showing initiative for new ideas and being involved through taking action.
- 6.3 Influencing the future of nursing, delivery of health care and the health care system.

Discussion of evidence

Innovative models of nursing include autonomy and independence; clinical environments that foster quality patient care; compensation and benefits appropriate to the complexity of the work; work environments that enable competent clinical practice, including management structures and processes that facilitate innovation; and career progression and professional recognition.¹⁰⁵ Support for entrepreneurship is necessary to foster creativity and innovation for those within the organization who develop and test alternative strategies for improving care. This support requires tolerance for experimentation and a willingness to allocate resources for both large and small innovations.¹⁰⁶ An openness to new ideas and experimental programs or projects is necessary. Providers of service often have the best ideas concerning the changes needed to meet customers' needs or wants.¹⁰⁷

Several models of innovative nursing practice have been described in the literature including the impact of a differentiated group professional practice model on nurse satisfaction, nurse resources, quality of care and fiscal outcomes.^{108, 109} Innovative models of nursing care are aimed at improving the quality of care and the work environment for nurses.⁸⁰ Many practice settings in hospital, long-term care and community have implemented innovative models to achieve these objectives. A professional practice model that supports innovation (that is inferred) is a system (structure, process and values) that supports nurses having control over the delivery of nursing care as well as the work environment. Subsystems of professional practice models include a governance model, a care delivery model, and three elements: values, professional relationships, and rewards.⁸⁰

The nurse leader challenges existing assumptions, leads and sustains change, has a vision for change and engages staff by being a role model of innovation. The leader thinks creatively and is a role model for quality improvement initiatives.⁸⁹ For example, Ball and Cox¹¹⁰ outline how innovations of advanced clinical practice in adult critical care, enhanced nursing care delivery with positive impacts for patients and their families. These impacts were evident through indicators such as patient satisfaction, increased patient independence, continuity of care, patient and family comfort with transitions, and patient and family understanding of their current condition and future abilities. Professional nurses who challenged prevailing values and assumptions, and reinforced that enhanced nursing practice can have a tremendous impact on patient outcomes, contributed to changing traditional practices.

Innovation refers to new and challenging methods of care delivery. Nurses need to be willing to critically examine innovative ways of practicing their profession such as telemedicine and to prepare for an increased use of computers and informatics in health care.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **innovation** and **visionary** attributes of the nurse for clients, families, organizations and systems:

- Recognize opportunities to appropriately question and examine practice.
- Question established practices and the status quo.
- Use open and transparent processes when studying issues and developing responses.
- Support curiosity and imaginative reflection about clinical practice.
- Support champions of change.
- Support practitioners who bring a new perspective and/or practice.
- Support reviewing clinical practice and introducing evidence-based practice and best practice guidelines.
- Participate, influence and lead strategic planning processes.
- Participate in national provincial, and regional forums to shape the future of health care and profession of nursing (i.e., professional, regulatory, and unions).
- Learn about and embrace informatics for its impact on quality health care.

7.0 Collegiality and Collaboration

Definition: A colleague is a fellow official or worker, especially in the same profession or business. Shared power and authority is vested among colleagues. Collaborate means to work jointly with, co-operate.⁶⁷ It goes beyond individual requirements and includes other health professionals.

Professionalism includes:

- 7.1 Developing collaborative partnerships within a professional context.
- 7.2 Acting as a mentor to nurses, nursing students and colleagues to enhance and support professional growth.
- 7.3 Acknowledging and recognizing interdependence between care providers.

Discussion of evidence

An important component of nurses' professional practice is developing and establishing collegial working relationships.³⁹ Collaboration between nurses and health professionals is an important component of a nurse's professional practice which can result in positive outcomes for nurses (satisfaction) and patients.⁶⁴

Collaboration among nurses regarding the examination of their practice and how it affects patient outcomes results in accountability and increased clinical competence.¹¹¹ Positive patterns of communication, enhanced teamwork, and feedback to staff related to voiced matters of concern all contribute to quality practice settings (in which nurses practice safely, thereby positively impacting patient care).¹¹²

The commitment that nurses feel towards patients should extend to commitment to one another. Collegiality, such as taking part in professional organizations, mentoring, role modelling, assisting researchers is an important professional attribute.¹¹³

Before individuals can function effectively as team members they must be secure in their professional roles.⁹⁰ Nurses need to have a clear understanding of their own roles as well as other health care team members.¹¹⁴ True collaboration results in a work culture where joint decision-making and communication between nurses and other professionals becomes the norm. Skilled communication, trust, knowledge, shared responsibility, mutual respect, optimism and coordination are integral to successful collaboration.¹¹⁵

Organizations develop values, structures and processes to foster effective intra- and inter-professional collaborative relationships. Nurse leaders build and promote collaborative relationships and teamwork within these organizations⁹⁰ when nurses demonstrate their willingness to work effectively with others. Laschinger¹¹⁶ highlights the importance of good interpersonal relationships with management and colleagues for the hospital nurses' perceptions of respect and work satisfaction.

Mentors report on the personal satisfaction they get from facilitating the development of skills and expertise in their fellow nurses. They also speak about the personal benefits such as new learning as well as organizational advantages that result from their mentoring experience. One example is that mentors are a key component to the success of the RNAO Advanced Clinical/Practice Fellowships⁶ initiative for a registered nurse wishing to increase clinical, leadership or best practice guideline implementation skills.

In order to function effectively in the changing health environment, health care professionals require the ability to work in inter-professional teams.¹¹⁷ Zwarenstein, et al.¹¹⁸ in a Cochrane Review found no conclusive evidence of the effectiveness of inter-professional education in relation to health practice or health outcomes. Health Canada commissioned a qualitative study to develop an understanding of the challenges and successes of implementing various learning and practice initiatives in inter-professional education and collaborative practice.¹¹⁹ Themes from this environmental scan and systematic review include the need for more champions and external support, and the call for more research to provide information on how to move education and practice closer.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **collegiality and collaboration** attributes of the nurse for clients, organizations and systems:

- Value colleagues through seeking ways to support them whenever and wherever nurses are practicing. This can range from helping a colleague with a complex assignment to working together to secure and maintain a safe, high quality work environment.
- Design, implement and support processes for team development, respecting colleagues and acknowledging achievements.
- Use critical incident analysis to find ways to improve practice.
- Recognize that quality improvements require analysis of “systemic process” reasons for errors, such as policies, guidelines and models of care not based on best practice guidelines, nursing standards and code of ethics.
- Design, implement, and support a preceptor program.
- Create work environment (recognition, structure, and education) to support mentorship opportunities.
- Initiate and participate in cross-organizational networks of professionals.
- Initiate and participate in interdisciplinary rounds and team meetings.
- Implement peer review/recognition/reward programs or initiatives which recognize excellence/professional practice.
- Engage in inter-professional relationships and activities that enhance the quality of care.
- Respond to colleagues experiencing challenges in their professional practice by support expressed through dialogue, problem solving and advocacy.
- Support colleagues who identify problems and issues in professional practice and participate in their resolution.
- Respect vision, mission and values of the organization.

“ *Nurses are important human capital and it is crucial to invest in their well-being because the welfare of patients ultimately depends on the excellence of their work.*”⁸

8.0 Ethics and Values

Definition: *Ethics*: a system of valued behaviours and beliefs for determining right or wrong and for making judgments about what should be done to or for other human beings.⁹⁶ Nursing ethics is reasoned reflection and enquiry about the ethical dimensions of nursing practice as it impacts on the lives of patients, colleagues, and society.⁹¹

Safe, competent ethical care and quality practice environments are critical to professionalism. Nurses value the ability to provide safe, competent and ethical care that allows them to fulfil their ethical and professional obligations to the people they serve. Nurses value and advocate for practice environments that have organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting.

Professionalism includes:

- 8.1 Knowledgeable about ethical values, concepts and decision-making.
- 8.2 Being able to identify ethical concerns, issues and dilemmas.
- 8.3 Applying knowledge of nursing ethics to make decisions and to act on decisions.
- 8.4 Being able to collect and use information from various sources for ethical decision-making.
- 8.5 Collaborating with colleagues to develop and maintain a practice environment that supports nurses and respects their ethical and professional responsibilities.
- 8.6 Engaging in critical thinking about ethical issues in clinical and professional practice.

Discussion of evidence

A qualitative study exploring values underlying nurses' professional identity suggested that human dignity and altruism are the most prominent moral values, while intellectual and personal stimulation were the most significant work-related values.¹²⁰ Earlier research studies support these findings.^{121,122} For example, findings from a small Canadian study on nursing care in palliative patients indicated that valuing, or having respect for the inherent worth of others affects nurses' activities.¹²¹ Based on her study findings and other relevant research on values among nurses, Fagermoen¹²⁰ concluded that there is a transcultural common core of nurses' professional identity based on the values of dignity, personhood, being a fellow human and reciprocal trust.

Nursing ethics is concerned with practice at the individual level. However, the scope of nursing ethics and knowledge needed to understand the ethical dimensions of practice has expanded. Nurses' ethical practice is influenced by attitudes, values, policies and practices of their peers, colleagues and employer. Nurses need to know their legal and professional obligations while understanding that ethical issues are complex influenced by political and social policies made at organizational, provincial, national and international levels. Their practice environment is their moral climate. Nurses and their colleagues can influence the quality of this moral climate and the extent to which they can have a moral voice.

Ethics and nursing ethics is a theoretical field of study. Philosophers, nurse-ethicists and nurses with expertise in ethics have written about what is nursing ethics, how to make ethical decisions, the challenges of creating a moral climate that allows nurses to have a moral voice.¹²³ Other authors, such as Raines,¹²⁴ have discussed and suggested ideas that enhance ethics in organizations such as a nursing ethics library, ethics journal club and nursing ethics grand rounds.

Strategies for Success

From the review of the literature and the consensus of the expert panel, it is identified that the following practices will promote **ethics and values** of the nurse for clients, organizations and systems:

- Respect the values and decisions about ethical dimensions of practice made by colleagues.
- Reflect on and discuss ethical values, disagreements and decisions about ethical dimensions of care. It is necessary that nurses identify ethical problems and work together to change practice to enable safe, competent and ethical care.
- Value colleagues through seeking ways to support nurse colleagues whenever and wherever they practice. Nurses' response to colleagues experiencing challenges in their professional practice is one of support expressed through dialogue, problem-solving and advocacy.
- Contribute to developing, implementing and supporting policies and practices that promote the health, safety and well-being of nurses.
- Support colleagues who identify problems and issues in professional practice.
- Establish and participate in regular meetings about ethical and professional issues at the unit or organizational level. Establish and respect a culture at these meetings that supports enquiry, critical thinking and looking for creative solutions.
- Seek advice from experts in bioethics.
- Conduct a survey of staff to learn about the ethical issues they are facing.
- Have critical incident de-briefing about practice issues with ethical dimensions.
- Use information from various sources in making decisions (e.g., clinical information, wishes of patients, available resources, legal and institutional expectations).

Process For Reviewing and Updating the Healthy Work Environments Best Practice Guidelines

The Registered Nurses' Association of Ontario proposes to update the Healthy Work Environment Best Practice Guidelines as follows:

1. Each healthy work environment best practice guideline will be reviewed by a team of specialists (Review Team) in the topic area to be completed every five years following the last set of revisions.
2. During the period between development and revision, RNAO Healthy Work Environment project staff will regularly monitor for new systematic reviews and studies in the field.
3. Based on the results of the monitor, project staff may recommend an earlier revision period. Appropriate consultation with a team of members comprising original panel members and other specialists in the field will help inform the decision to review and revise the guideline earlier than the five-year milestone.
4. Six months prior to the five-year review milestone, the project staff will commence the planning of the review process by:
 - a) Inviting specialists in the field to participate in the Review Team. The Review Team will be comprised of members from the original panel as well as other recommended specialists.
 - b) Compiling feedback received, questions encountered during the dissemination phase as well as other comments and experiences of implementation sites.
 - c) Compiling relevant literature.
 - d) Developing a detailed work plan with target dates and deliverables.
5. The revised guideline will undergo dissemination based on established structures and processes.

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Appendix A: Glossary of Terms

Collaboration: To work jointly with others especially in an intellectual endeavour.⁹⁰

Commitment: Morally dedicated to; engagement or involvement.

Consensus: A collective opinion arrived at by a group of individuals working together under conditions that permit open and supportive communication, such that everyone in the group believes that she or he had a fair chance to influence the decision and can support it to others.

Critical Thinking: Means going beyond the obvious findings to make informed, purposeful judgements.⁶³

Grey Literature: Also called non-conventional literature (NCL). Material which might not be formally published, such as institutional reports, scientific and technical reports, conference papers, internal reports, government documents, newsletters, fact sheets and theses, which are not readily available through commercial channels. NCL specifically does not include normal scientific journals, books or popular publications that are available through traditional commercial publication channels. en.wikipedia.org/wiki/Grey_literature retrieved October 2005.

Healthy Work Environment: A healthy work environment for nurses is a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes and organizational performance.

Healthy Work Environment Best Practice Guidelines: Systematically developed statements based on best available evidence to assist in making decisions about appropriate structures and processes to achieve a healthy work environment.

Interdependence: Dependency on each other, contingent on efforts skills wisdom, etc.

Interdisciplinary: Interdisciplinary work is that which integrates concepts across different disciplines. An interdisciplinary team is a team of people with training in different fields. Interdisciplinary teams are common in complex environments such as health care. en.wikipedia.org/wiki/Interdisciplinary retrieved October 2005.

Nurses: Refers to Registered Nurses, Licensed Practical Nurses (referred to as Registered Practical Nurses in Ontario), Registered Psychiatric Nurses, nurses in advanced practice roles such as Nurse Practitioners and Clinical Nurse Specialists.

Patient/Client/Resident: Refers to the recipient(s) of nursing services. This includes individuals, (family member, guardian, substitute caregiver) families, groups, populations or entire communities. In education, the client may be a student; in administration, the client may be staff; and in research, the client is a study participant.

Profession: An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members possess a commitment to competence, integrity, morality, altruism and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession the right to autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those serviced and to society.¹²⁵

Professional: Vocation or calling that involves some branch of advanced learning or science.

Professionalism: Qualities or typical features of a profession or professional.⁶⁷ A collection of attitudes and actions; it suggests knowledge and technical skill.

Qualitative Research: Methods of data collection and analysis that are non-quantitative. Qualitative research uses a number of methodologies to obtain observation data or interview participants in order to understand their perspectives, worldview or experiences.

Rationale: Statement of reasons, logical basis, an explanation of the fundamental reasons.

Reflective Practice: Practice of engaging in reflection to identify important elements of past events. www.teach-nology.com/glossary/terms/r/ retrieved October 2005. A component of the College of Nurses of Ontario Quality Assurance Program. This five-step process helps nurses maintain their competence in today's rapidly changing health care environment. Every year, all nurses practicing in Ontario are required to complete the Reflective Practice program and declare their participation in the program. www.cno.org/international_en/general/gloss.htm retrieved October 2005.

Relational Autonomy: Meaningful self-direction within a context of interdependency.⁴¹

RNAO Advanced Clinical/Practice Fellowships: The RNAO Advanced Clinical/Practice Fellowships (ACPF) is a nurse learning experience aimed at enhancing nursing skills in the following areas: Leadership, Clinical, and Best Practice Guideline Implementation with the primary goal of improving patient care and outcomes in Ontario. With support from the Nurse Fellow's Sponsor Organization, the nurse works with an experienced mentor/mentoring team in the desired area of focus. The ACPF is funded by the Government of Ontario. For more information visit www.rnao.org/acpf.

Scope of Practice: The legal definition of the activities that a profession can or cannot do. www.ecdoctors.com/glossary.htm retrieved October 2005.

Self-regulation: Self-regulation means that the profession governs itself, both through a regulatory body, and individually in the sense that each member is responsible for practicing according to the standards of the profession and for keeping current and competent throughout their nursing careers. www.cno.org/international_en/general/gloss.htm retrieved October 2005.

Synthesize: Synthesis (from the Greek words syn = plus and thesis = position) is commonly understood to be an integration of two or more pre-existing elements which results in a new creation. The term is broad in meaning and can apply to physical, ideological, and/or phenomenological entities. en.wikipedia.org/wiki/ Retrieved October 2005.

Systematic Review: Application of a rigorous scientific approach to the preparation of a review article. Systematic reviews establish where the effects of health care are consistent, and where research results can be applied across population, setting, and differences in treatment and where effects may vary significantly. The use of explicit, systematic methods in reviews limits bias (systematic errors) and reduces chance effects, thus providing more reliable results upon which to draw conclusion and make decisions.

Appendix B: Guideline Development Process

Professionalism in Nursing: Guideline Development process

In April of 2004 the RNAO convened an expert panel of nurses chosen for their expertise in professional practice, research, administration and academic domains of nursing and representing a wide range of nursing specialties, roles and practice settings. The panel undertook the following activities in developing the BPG:

- The scope of the guideline was defined in a Scope and Purpose statement.
- Search terms relevant to professionalism of the nurse were sent to the Joanna Briggs Institute (JBI)³⁹ to conduct a broad review of the literature.
- The panel developed a framework to organize the concepts and content of the guideline.
- The panel reviewed the JBI interim report.
- A supplemental literature review was conducted by The Nursing Health Services Research Unit (McMaster University site).
- A review of findings from the systematic review of literature from JBI, was carried out.
- Through a process of discussion and consensus preliminary recommendations, attributes were developed based on the evidence in the literature.
- A preliminary draft of the BPG was completed.
- A draft was submitted to a group of external stakeholders for review and feedback. Stakeholders represented various health care disciplines as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions.
- The results were compiled and reviewed by the development panel – discussion and consensus resulted in revisions to the draft document prior to publication.
- The final guideline was presented for publication and pilot implementation.

Appendix C: Process for Systematic Review of the Literature on Professionalism in Nursing by the Joanna Briggs Institute

1. Broad review of the literature using keywords associated with the broad topic of professionalism entered into:

- CINAHL
- Medline
- Embase
- PsychInfo

2. Protocol

The overall aim was to conduct a comprehensive systematic review that identified the best available evidence on the relationship of knowledge, competencies and behaviours of nurses who exhibit professional practice in their workplace and its impact on healthy work environments.

Specifically, the review seeks to determine the elements of nurses' professional practice (knowledge, competencies and behaviours) that impact on the quality of outcomes for clients, nurses, organizations and system to result in a healthy work environment.

3. Search Terms identified included:

- Behaviour
- Competence
- Inter-professional relations
- Nurse
- Nursing education
- Nursing knowledge
- Nursing practice
- Outcomes
- Professional autonomy
- Professional competence
- Professional development
- Professional knowledge
- Professional patient
- Professional practice
- Professional role
- Professionalism

4. Search strategy

The search strategy aimed to find both published and unpublished studies and papers. The search was limited to English language reports. A three-step search strategy approach was used. An initial limited search of MEDLINE and CINAHL databases was undertaken to identify optimal search terms followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second extensive search using all identified keywords and index terms was then undertaken. The third step was a search of the reference list for additional studies of all identified reports and articles. The databases that were searched include:

- ABI/Inform (Dec 2004)
- CINAHL (1982-Dec 2004)
- Cochrane Library (Dec 2004)
- Current Contents (Dec 2004)
- Database of Abstracts of Reviews of Effectiveness (DARE) (Dec 2004)
- Econ lit (Dec 2004)
- Embase (1980-2004)
- ERIC (Dec 2004)
- OVID Medline (R) In-Process and Other Non-Indexed Citations and Ovid Medline (R) (1966-Dec 2004)
- PsycINFO (1966-2004)
- PubMed (Dec 2004)
- Sociological Abstracts (Dec 2004)

The search for unpublished studies included Dissertation Abstracts International.

A search of grey literature was undertaken using Google.

5. **Studies identified** during the database search assessed for relevance to the review based on the information in the title and abstract. All papers that appeared to meet the inclusion criteria were retrieved and again assessed for relevance to the review objective.
6. **Identified studies** that met inclusion criteria grouped into type of study (e.g., experimental, descriptive, etc.).
7. **Papers were assessed** by two independent reviewers for methodological quality prior to inclusion in the review using an appropriate critical appraisal instrument from the SUMARI package (System for the Unified Management, Assessment and Review of Information) which is software specifically designed to manage, appraise, analyze and synthesize^G data.

Disagreements between the reviewers were resolved through discussion and if necessary with the involvement of a third reviewer.

Results of Review

A total of 38 papers, were included in the review. There were a number of textual and opinion papers that met the review criteria; these papers were not included in the analysis of the review as research papers were considered to be of higher quality. In total there was one quasi-experimental study, nine descriptive studies and nine qualitative studies included in the review. Seven syntheses were derived with key themes related to self-awareness, collaboration communication mentorship, professional behaviours education and skills related to professional practice.

Appendix D: Process for Additional Literature Search on Professionalism in Nursing – December 2004/January 2005

1. Databases Searched:

1. CINAHL –
2. Medline
3. WebSPIRS – Includes Business, Health, Science, Human Resources, Social Science, and Science and Technology

2. Limits:

1. 1995-2005 (Consequently expanded to all years because of historical context of subject.)
2. English Language

3. Keywords:

- | | |
|------------------------|---------------------------|
| 1. advocacy | 16. professionalization |
| 2. altruism | 17. nurs* |
| 3. attribute | 18. occupation |
| 4. autonomy | 19. practice |
| 5. characteristics | 20. professional identity |
| 6. criteria | 21. professional practice |
| 7. critical values | 22. roles |
| 8. definition | 23. science |
| 9. education | 24. semi-profession |
| 10. essential elements | 25. socialization |
| 11. ethics | 26. standard |
| 12. hierarchies | 27. structures |
| 13. knowledge | 28. theory |
| 14. philosophy | 29. traits |
| 15. profession* | 30. work |

* Searches all terms which include prefix (e.g., nurs*, nursing, nurse, nurses).

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 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario
NURSING BEST PRACTICE GUIDELINES PROGRAM



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Professionalism in Nursing

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