



Key Elements of Professional Nursing Practice: A Scoping Review

Novita Kurnia Sari^{1,2*}, Titi Savitri Prihatiningsih³, Lely Lusmilasari⁴

¹Department of Fundamental Nursing, Nursing Management School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Bantul, Indonesia; ²Student of Doctoral Program, Medical and Health Science, Faculty of Medicine, Public Health and Nursing, Gadjah Mada University, Yogyakarta, Indonesia; ³Department of Medical Education, Faculty of Medicine, Public Health and Nursing, Gadjah Mada University, Yogyakarta, Indonesia; ⁴Department of Nursing, Faculty of Medicine, Public Health and Nursing, Gadjah Mada University Yogyakarta, Indonesia

Abstract

BACKGROUND: Professional nursing practice can be used as a standard reference for implementing nursing care to help nurses provide quality care in accordance with their authorities. However, there is no standard of nursing practice that presents key elements in nursing professionalism that can be used as a reference for clinical and community practice.

AIM: The review is purposed to synthesis the pieces of literature telling the development and/or application and/or assessment of a professional nursing practice to determine the crucial elements.

METHODS: This study was guided by the following the five stages of scoping review by Arskey and O'Malley which include (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) reporting results. Using electronic databases including ScienceDirect, EBSCO, ProQuest, PubMed, and Google Scholar within keywords of "professional nursing practice," "model," "nurse," and "conceptual framework."

RESULTS: Of a total of 3103 paper found, 28 papers were selected. From the results of the analysis, there were seven themes which the researcher used as key components of professional nursing practice, namely, (1) health system competency, (2) professional value, (3) reward and performance evaluation, (4) leadership, (5) nursing care, (6) professional development, and (7) basic care competency.

CONCLUSION: A professional nursing practice would provide the minimum standard of quality nursing practice.

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***Correspondence:** Novita Kurnia Sari, Department of Fundamental Nursing, Nursing Management School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia.
E-mail: novita.kurniasari@umy.ac.id
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Background

Nursing professional practice is described as a structure consisting of all components of the nurse's practice activities that contribute to the advancement of understanding about nursing actions in different contexts while still be based on common concepts [1]. This definition has been widely described conceptually in some scientific literature as well as by bodies or organizations that regulate the nursing profession [2], [3].

The practice of nursing professionals has a profound influence on the quality of care provided to patients. Professional nursing practice development continues to be carried out by experts, the goal is of course for the provision of nursing care to reach predetermined standards, maintain patient safety, and ensure patient outcomes.

Various components of nursing professional practice have been developed and used in various service settings [4], [5], [6]. For example, Hoffart and Wood developed a component of the Professional Practice Model which consists of six domains, namely,

"leadership, nurses' independent and collaboration practice, environment, research/innovation, nurse development and reward, and patient outcome" [7]. This model is used in the United States which has been adopted and modified for use in care settings and other countries [8], [9], [10] Meanwhile, Xing, *et al.* used six elements of professional nursing practice that are used specifically for the handling of patients with diabetes in China. The components consist of diabetes professional knowledge, diabetes-related knowledge, communication skills and health education abilities, specialized skills, and clinical judgment [11].

At present, several studies have described these components using different model approaches and in various service settings. However, there is no reference that summarizes what components should be present in professional nursing practice in general. Therefore, there is a need to synthesize available evidence on professional nursing practice.

The objectives of this scoping review are (1) to identify the most recent publication of scientific literature on the development/implementation/evaluation of professional nursing practice and (2) to synthesize the elements of professional nursing practice.

Methods

The scoping review approach was used in this study to review the literature of scientific works and to define the main concepts used to describe components of professional nursing practice. This method was chosen because it was able to study and map out existing topics in a wider manner by ignoring the study design [12]. This method also makes it possible to extract different data and develop it in a meaningful, transparent, and systematic way [13].

To ensure the credibility and robustness in this study, the scoping Review utilized by Arskey and O'Malley in the methodological framework [12]. This includes five stages of approach and the principles of knowledge synthesis invented by Levac *et al.*, which include "(1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) reporting results" [12], [14].

Stage 1: Identifying research question

The research question is what are the components in professional nursing practice?

Stage 2: Identifying relevant studies

Search strategy included of five electronic databases: ScienceDirect, EBSCO, ProQuest, PubMed, and Google Scholar within keywords of "professional nursing practice" AND "model" AND "nurse" AND "conceptual framework." The following chart is how to select articles in this review in Figure 1. The inclusion criteria are articles published between January 1, 2016, and January 31, 2020, written in English, full-text included, and that provided information about the approaches to development and/or implementation and/or evaluation. The exclusion criteria are duplicated and abstract only.

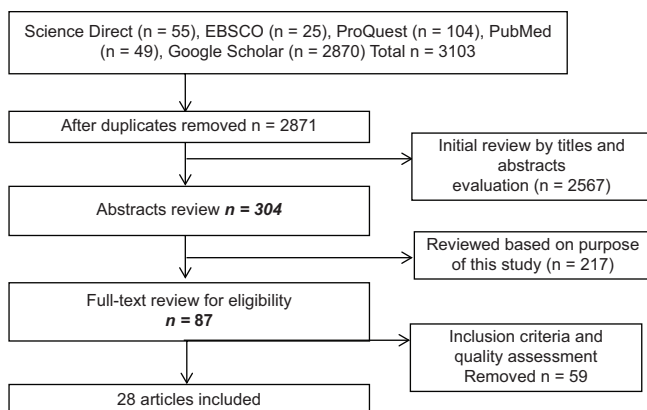


Figure 1: Flowchart of search strategy and selection process

Stage 3: Selecting studies

Three authors independently screened article titles and abstracts to identify relevant articles

according to inclusion criteria. There were 87 articles. After reading and reviewing the full text articles, 28 articles were obtained for analysis. The differences in the views of the three researchers were resolved by joint discussion.

Stage 4: Charting the data

The research, studies, and literature that are included were reviewed to extract the data: (1) Setting, (2) Methods: development/implementation/evaluation, (3) Sample/Target, and (4) Key elements. Descriptive data that have been extracted are then analyzed using thematic analysis [15]. Each article is read carefully and then classified into certain themes of the data that specifically described the components. The three researchers conducted an analysis independently. Inconsistencies were resolved by joint review.

Results

This section represents the Stage 5 of the scoping review approach, namely, result report. Of the 87 eligible full texts, there are 28 articles that can be reviewed in this scoping review. The data which were presented on Table 1 contained author, year, location and setting, method, sample/target, and key component of professional nursing practice. There were based on PRISMA Table 1. The summary of articles about the components of professional nursing practice (n=29).

The majority of the studies were developed in the USA (ten studies), with others being from Ireland (one study), Canada (two studies), Australia (one study), Asia (two studies), Middle East (three studies), Portugal (two studies), Colombia (one studies), North America (one studies), and undescribed the location (five studies). Service settings used start from unit based [4], [16] mostly hospital based [5], [6], [10], [17], [18], [19], [20], [21], [22], [23], [24], [25], [26], [27], [28], community based [29], [30], to systems based in health-care systems [11], [31], [32].

From the results of the analysis, there were seven themes which the researcher used as key components of professional nursing practice, namely, (1) health system competency, (2) professional value, (3) reward and performance evaluation, (4) leadership, (5) nursing care, (6) professional development, and (7) basic care competency.

Health system competency

This health system competency is closely related to the ability of nurses to understand existing health policies and systems [4], [18], [21], [33],

Table 1: The summary of articles about the components of professional nursing practice (n=28)

No.	Author (year)	Location and Settings	Method	Sample/Target	Key Components
1.	Cordo and Hill-Rodriguez (2017)	Florida Hospital, USA Hospital based	Development of Professional Practice Model (PPM)	Staff Nurses	Patient, families, and global community; Nursing professionalism and value; Recognition and reward; Leadership; patient care delivery and outcome
2.	DeMarco and Pasadino (2018)	NYU Langone Hospital Center USA Hospital Based	Development of A Clinical Ladder Program based on the American Nurses Association's Standards of Clinical Nursing Model Development and Implementation of Nursing Shared Governance	Senior RN Clinicians RN Clinicians Senior RN Staff RN Staff Clinical Nurse NPC Chairs and Members Managers Directors System Executives Organizational Climate	Teamwork and collaboration; Patient centered care; New knowledge; Quality improvement and peer review; Informatics; Safety; Education
3.	Joseph and Bogue (2016)	USA Hospital Based	Implementation of Nursing Shared Governance	Clinical Nurse NPC Chairs and Members Managers Directors System Executives Organizational Climate	Leadership (Communication; Controlling the effects of environmental force; Goals/outcomes; Nursing position; Empowerment capacity; Group empowerment; Resources; Nursing role)
4.	Keyko et al. (2016)	General/Undefined	Evaluation of work engagement in professional nursing practice using a systematic review	Organizational Climate	Organizational Climate (Leadership, Structural Empowerment); Job Resources (Organizational, "Interpersonal and Social relations, Organization of Work and Tasks); Professional Resources (Professional Practice Environment, Autonomy, Role and Identity, Professional Practice and Development, Personal Resources, Psychological, Relational, Skill); Job Demands (Work Pressure, Adverse Environment, Physical and Mental Demands, Emotional Demands)"; Outcomes (Performance and Care, Professional, Personal)
5.	Ribeiro et al. (2018)	Portugal Hospital Based	Evaluation of Public Cooperation Model using qualitative study	56 Nurses	Interpret important information; Understand relations of information and data; Expect such relations; Necessary intervention; Need of theory for practice; Quality of care
6.	Shear and Shakir (2017)	USA Hospital based	Implementation of Patient Caring Touch System (PCTS) introduced by Army Nurse Corps	17.000 Military, Civilian and Contract Nurses as well as Medical Staff	Enhanced communication; Capability building; Evidence based practice; Healthy work environment; Patient advocacy
7.	Hermida and Sanchez-Herrera (2018)	Bogota, Colombia Hospital based	Implementation of Nursing Care with a Human Approach Model	145 Nurses	Humanization in care; Risk management; Knowledge management; Technology management
8.	Reed, Fitzgerald, and Bish (2017)	Victoria, Australia. Community based	Development of Practice Model utilizing sequential methods of a pragmatic philosophy and nurse agency theory	98 Community or District Nurses (DNs)	Respect; Willing; Knowing; Supported; Emotional intelligent; Moral agency
9.	Dery et al. (2017)	Canada Hospital based	Evaluation of Enacted Scope of Nursing Practice	301 nurses	Assessment and care planning; Teaching of patient and families; Communication and care coordination; Integration and supervision of staff; Quality of care and patient safety; Knowledge updating utilization
10.	Dimitroff et al. (2016)	USA Hospital based	Evaluation of RNs' Values and Professional Practice Model (PPM) using FG	66 RNs	Nurse autonomy; Nurse accountability; Professional development and continuing education; High quality care; Continuity in patient care; Commitment to service; Critical thinking
11.	Hossli et al. (2018)	USA Unit based	Implementation and Evaluation of Clinical Advancement System (CAS) based on Benner Model and the foundation of PPM	160 Ambulatory Care Nurses	Critical contribution to organization; Unique skill/specialty of Ambulatory Care; Leadership Engagement of Leader and Nurses Staff
12.	Meehan and Timmins (2018)	Ireland General/Undefined	Development of Careful Nursing Philosophy and PPM	Clinical Practice	Therapeutic milieu; Practice competence and excellence; Management of practice and influence in Health System; Professional Authority
13.	Rich and Boz (2019)	Turkey General/Undefined	Development of the Professional Values Model using Literature Review	Nurse Managers	Nursing care quality (Nurses job satisfaction, Patient satisfaction); Individual values (Prior experience, Perceptions of health and illness, Needs and priorities); Professional values (Truth, Integrity, Altruism, Autonomy, Equality, Human dignity, Aesthetics)
14.	Davidson et al. (2018)	Ethical Nursing Practice General/Undefined	Development of Social - ecological framework using Literature Review	Nurses in general	"Individual factors (patients and families); Individual factors (nurses); Relationships between health care professionals; Relationships between patients and nurses; Organizational health care context; Professional and education regulation and standards; Community; Social, political, and economic".
15.	Kim et al. (2017)	Seoul, Korea Hospital based	Development and validation of a nursing professionalism evaluation model	200 Nurses	Scientific competence, Technical competence; Ethical competence; Aesthetic competence; Existential competence; Self-motivation; Contribution; Future plans (growth potential); Nursing Philosophy (conviction); Patient Care; Human Resources Development; Leadership
16.	Xing et al. (2019)	Diabetes Care in China	The development of a standardized framework using a delphi study	47 Primary Nurse Specialist	Diabetes "professional knowledge; Diabetes-related knowledge; Communication skills and health education abilities; Specialized skills; Clinical Judgment"; Specialty development capacity
17.	Slatyer et al. (2016)	General/Undefined	Evaluation of PPMs for nursing using literature review	Nurses in general	"Leadership; Nurses' independent and collaborative practice; Environment; Nurse development and reward; Research/innovation; Patient outcomes".
18.	Mensik et al. (2017)	Magnet Organization, Hospitals in USA Hospital Based	Evaluation of PPM	982 RNs (direct care, leaders/managers, other nurses and non-nurse)	Contribution to our patients ("Assessment, Diagnosis, Outcome identification, Planning, Implementation, Evaluation); Contribution to our profession (Environmental health, Leadership, Resource utilization, EBP and research, Collaboration, Culturally congruent practice, Communication, Ethics, Quality of practice, Education, Professional practice evaluation); Contribution to society (Safe, Equitable, Efficient, Effective, Timely)"
19.	Weis and Schank (2017)	Commission on Collegiate Nursing Education and A major health care system, USA System based	Development and Psychometric Evaluation of the Nurses Professional Values Scale-3 (NPVS-3)	1,139 participants, including baccalaureate nursing students, graduate nursing students, and practicing nurses	Caring ("Respect the worth and dignity of all; nature of health and right to self-determination, Commitment to patient/populations; collaborative partnerships, Environment conducive to safe, high-quality conditions for patients and staff); Activism (Act as patient advocate; performance standards and safety, Authority, accountability and responsibility for nursing actions; promote health and quality care, Health diplomacy for human rights); Professionalism (Personal responsibility for personal/professional self, Advancement of profession through research, standard development, and policy, Responsibility of professional nursing organizations for impacting global health policy")
20.	Blakeman, Chambell and Tobar (2017)	Undefined Unit Based	Development and Implementation of a Professional Practice Model Through Nursing Salons	Direct care nurses/ Practicing Nurses	Relationship-based care, defined as a "therapeutic relationship between the nurse and the patient/family and essential to provide exceptional and compassionate care; Respect and core values, which were identified as "key to supporting nursing practice;" The achievement of optimal patient outcomes

(Contd...)

Table 1: (Continued)

No.	Author (year)	Location and Settings	Method	Sample/Target	Key Components
21.	Ribeiro <i>et al.</i> (2018)	Portugal	Development of the grounding of the professional nursing practice using Explanatory approach	56urses	Structure (Organizational Resources, Human Resources, Material Resources, Service Organization, Sustainability of Nursing Practice, Organization of Nursing Practice); Process (Decision-making Process, Role-model of Professional Practice, Scientific Methodology of Professional care process, Communication process, Collaborative practice, Management process); Result (Client Results, Nurses Results) Helping role; Teaching-coaching; Diagnostic functions; Managing situation; Therapeutic interventions; Ensuring quality; Work role
22.	Heydari <i>et al.</i> (2016)	Iran Hospital Based	Evaluation of nurses' professional competence using a cross-sectional study	220 nurses	Contextual; Professional skills; Clinical skills; Communication; Problem solving; Professional ethics; Teamwork; Leadership
23.	Kahya and Oral (2018)	Turkey Hospital and Clinic based	Development of clinical nurse performance measurement including contextual items using a cross-sectional study	233 clinical nurses (nursing directors, all supervisor nurses, and one of each five nurses (randomly) in each unit)	Assessment and care planning; Teaching of patients and families; Communication and care coordination; Integration and supervision of staff; Quality of care and patient safety; Knowledge utilization and updating "Leadership and autonomy in clinical practice;" "Control over practice;" Communication about the patients; Teamwork; "Handling disagreements; Staff relationship; Internal work motivation; Cultural Sensitivity" Leadership; Nurses' independent and collaborative practice; Environment; Research/innovation; Nurse development and reward; Patient outcomes
24.	Braithwaite (2016)	Ontario, Canada Primary Care Based	Evaluation of scope of practice enactment using reviews and a cross-sectional study	178 Primary Care RNs	Emotional Intelligence (Self-awareness, Self-management, Social awareness, Social/relationship management); Nursing Practice (The quality of patient care and outcomes, Decision-making, Critical thinking, Overall the well-being of practicing nurses)
25.	Zeleníková <i>et al.</i> (2020)	Nine Czech Hospitals Hospital based	Evaluation nurses' perception of Professional Practice Environment	513 general and practical nurses providing direct care	Accountability; Professional obligation; Collateral relationships; Effective decision making
26.	Ribeiro, Martins and Tronchin (2016)	United States, Canada, Australia, England and Ireland General/Undefined	Evaluation of Nursing professional practice models using integrative literature review	General Nurses	
27.	Raghubir (2018)	North America Advance nursing practice based	Evaluation of emotional intelligence in professional nursing practice using a concept review using Rodgers's evolutionary analysis approach	Advanced Practice Nurses	
28.	Porter-O'Grady and Clavelle (2019)	United States, Europe, Australia, and New Zealand General/Undefined	Development of the Structural Framework for Nursing Professional Governance	General Nurses	

contribute to the organization and community [17], [23], [24], [25], [34], and culturally competence in nursing practice [25], [28], [35].

Professional value

We mentioned that at least nine authors determined professionalism as a component of professional nursing practice [6], [17], [19], [20], [31], [35], [36], [37]. Other terms used to express professional value include ethical competence [19], [24], [28], caring [20], [22], [29], [31], and role and commitment [19], [29], [37].

Reward and performance evaluation

Eight related studies state that reward and punishment are part of professional nursing practice [8], [17], [19], [20], [25], [33], [38]. These two things are outcomes that need to be considered when nurses have carried out nursing practice in accordance with predetermined standards [19]. The form of reward given can be in the form of recognition from the workplace based on the results of the performance evaluation [17].

Leadership

In principle, nurses are leaders, not only on a work organization scale but also in managing nursing care for patients. There are 28 authors who state that the components of professional nursing practice are leadership. Ten authors explicitly mention it [4], [6], [8], [10], [17], [19], [24], [25], [28], [38]. Others explain the leadership domain which consists of decision making,

collaboration, teamwork, supervision, and coordination [5], [18], [22], [28], [37], [30].

Nursing care

This term nursing care refers to an activity for patient care delivery [5], [17], [24], [30], [32], [36], [39]. Almost all authors include nursing care as a vital element of professional nursing practice. Nursing care implementation cannot be separated from the clinical skills possessed by each nurse [4], [6], [11], [19]. Nurses must not only be able to provide good and skilled nursing care but also nurses are required to ensure that the care they provide is quality so that patient outcomes can be achieved [8], [23], [27], [29].

Professional development

There are 13 authors who state that professional development is a component of professional nursing practice. There are at least three terms used to explain this, (1) continuing education [11], [18], [23], [25], [39]; (2) research/innovation [4], [6], [28], and (3) self-improvement [21], [24], [20], [27], [30].

Basic care competency

Besides having to be able to master nursing practice well, nurses are also required to have basic care competency which is used as a complement so that the care provided to patients is more comprehensive researchers [20], scientific competency [24], [25], and organizational skills [20], [21].

Discussion

Based on this scoping review, it can be seen that in the past 5 years there have been development and/or implementation and/or evaluation in several countries. Ten articles came from other USA from countries in Australia, UK, Middle East, and Asia. USA the most, this is possible because the health policy in the USA has been very well regulated. Nursing practice standards have been compiled to ensure high standards of nursing practice, promoting a safe, and ethical work environment, bolstering the health and wellness of nurses, and advocating on health-care issues that affect nurses and the public [40], [41]. Also relevant to the nursing workforce arrangement where 60% of nurses in the US work in hospitals, the results of this study also show the same thing that the development and/or implementation and/or evaluation of professional nursing practice is carried out in hospital based [5], [6], [10], [17], [18], [19], [20], [21], [22], [23], [24], [25], [26], [27], [28].

This scoping review focuses on identifying the components of professional nursing practice. The results obtained were seven components of professional nursing practice.

Health system competency

To be able to do nursing practice appropriately, nurses are expected to master and understand the existing health systems both regionally and globally. Wilson *et al.* stated that the impact of globalization on social, political, economic, and even environmental conditions will have an impact on health problems for individuals and communities [42]. Health system competencies that must be mastered include global burden of disease, globalization of health and healthcare, healthcare in low-resource settings, social justice, cultural, and religious practice [43].

Professional value

Nurse's professional values reflect an understanding of the care given to patients [44]. The professional value of nurses is directly proportional to the perception and levels of education, the better the perception and level of education, the stronger the professional value they have [45]. Elliot in his integrative literature identifies professional value into two categories "1) other-oriented values (caring and compassion, respect for human dignity, advocacy and altruism, collaboration, professional advocacy, confidentiality, safety, and quality) and 2) self-oriented values (social justice and activism, integrity and honesty, competency and professional growth, authority, accountability, and caring for the self)" [46].

Reward and performance evaluation

Cempakasari *et al.* stated that reward is one of the factors that affect the performance of nurses in providing nursing care [47]. Performance evaluation is a series of activities that need attention by management, including the assessment method used [48]. The performance of nurses in carrying out nursing care to patients has an impact on the overall performance of the identified at least seven authors who mentioned this term. These competencies include technical competency [18], [22].

Health service system: The better the nurse's performance, the better the quality of service provided [49].

Leadership

In providing nursing care to patients, nurses are required to be able to influence patients through the attitudes displayed so that they have a good effect on patient care. This ability is called leadership [50]. Through leadership skills, nurses can indirectly increase the competence of nurses to carry out professional nursing practice [51]. Nurse leadership skills are not only needed when caring for patients but organizationally will also have an impact. Heinen *et al.* in their integrative review explained that there are four domains, namely, clinical leadership, professional leadership, health system leadership, and health policy leadership [52].

Nursing care

Nurses' clinical skills are at the core of the nursing profession, so all nurses must be competent to perform them. To achieve the expected standard, it is not enough for nurses to have clinical skills but also need to demonstrate ability in special skills [39], ensure high quality of practice [53], and collaborating with other health-care professionals [54].

Professional development

Professional development that is meant here is continuing education, conduct research/innovation, and self-improvement. Health problems and changes in service systems globally require nurses to continue to develop themselves. Then professional development should be the responsibility of each nurse so that the care given to patients is guaranteed quality, safety, and based on evidence based [55]. In addition to better quality patient care, professional development is also useful for maintaining competence and enhancing nursing careers [56].

Basic care competency

Based on the results of the review, the terms for this component consist of (1) technical competence which

includes mastery of technology and information systems as well as the ability to use modern medical devices. Technological innovation in nursing services continues to grow. Nurses are required to continue to improve their competence [57]. (2) Scientific competence in the form of nurses' ability to provide care based on evidence-based practice. The better the nurses carry out care based on evidence based practice, the better the quality of care, safety, and patient outcomes can be ensured [58].

Strength and limitation

A strength of this scoping review is that the search was very comprehensive including the development and/or implementation and/or evaluation of nursing professional practice model or framework. This review was conducted according to the standard of methodology. However, there are limitations of the scoping review. Date and language limitations that we set may affect the currency of the study and may have excluded some topics.

Conclusion

This scoping review provides an important resource for nurse managers who seek the component of professional nursing practice for excellence nursing service. The key component of professional nursing practice is clearly described. It is important to provide the description of each component in the context of nursing to ensure the understanding of the component.

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