

A Nursing Leadership Challenge: *Making the Integration of Professional Practice Standards Into Nursing Operations a Reality*

Barbara Bonnice, DNP, RN, NE-BC

The successes and challenges to advancing professional practice-specific initiatives, given the competition for time, resources, and the immediate attention to daily demands for operational improvements, are a challenge to nurse leaders. This article describes ways to integrate professional practice initiatives into operational priorities, a strategy essential for professional integrity, wise use of leadership resources, and consistent excellence of practice. The role of nursing leaders to demonstrate the value of using a professional practice approach to care delivery is deemed essential.

Just as theory or evidence may be perceived as a barrier to practical clinical practice, so too can theory or evidence-based initiatives be perceived as of lesser value in comparison to operational imperatives. In the increasingly complex culture of health care, constant change requires continuous adaptation of systems, but using theory and evidence to support decision making is often perceived as slow, irrelevant, or even as a barrier to what must “get done now.” This has been an especially significant leadership challenge as director of professional practice. What has kept me leading, despite my mistakes and doubts about making a meaningful impact, is my own conviction about the value of theory and evidence as the foundation for professional practice for all nurse leaders irrespective of the position they hold.

The review of case briefs of adverse patient events across one organization showed a trend of inconsistent practice patterns and decisions that were not reflective of current evidence. The link between variation in clinical practice and patient errors was clearly identified as a problem and supported by the 1999 Institute of Medicine study.¹ Since then, a body of research has been conducted that demonstrates the link between professional practice and nursing quality.²⁻⁴ This challenged the nursing department to better understand the basis of these variations within the context of professional practice. During our learning journey, a key maxim was adopted, namely that “variation matters,”⁵ thus reducing variation in practice became a key strategic initiative designed to reduce error and improve outcomes for patients.

Revisiting the literature provided a better understanding of the core elements of a professional practice.⁶ The norms of all professions are defined by standards of ethics, practice, and performance. In the case of nursing, the American Nursing Association (ANA) owns the responsibility of setting the “authoritative statements” that inform the decision making and thinking and guide the practice of all nurses.⁷ These standards are an evolving body of knowledge, evidence, and practice expertise that are updated in response to the wants of patients and families. Yet nurses vary in their knowledge, ownership, and performance of the concepts, responsibilities, and competencies delineated in the standards. Unlike many other health care professions, variation exists with respect to the use of the ANA standards as the basis for competencies, a standardized academic curriculum, or consistent job responsibilities. This produces variation.

Having arrived at a clearer definition of professional practice as the foundation of any professional role, the next question raised was, why advocate for professional practice as a strategic priority now? The link between professionalism and nursing excellence has had a growing presence in the literature for over 30 years, primarily associated with the Magnet Recognition program. Yet this body of work had not grabbed hold of the hearts and minds of clinical nurses. Palmer,⁸ an educator and activist, helped us think about professional practice within the current culture of health care. He writes in the article “A New Professional” about how institutional policies have become more dominant than

the personal values and standards that traditionally were the basis of the integrity for health care professionals. When nurse leaders don't make visible these standards in developing position descriptions and competencies, they may be contributing to nurses' perceptions that health care institutions, rather than professional organizations, define their practice. The lack of clear connection between the values, responsibilities, and practices that attract people to nursing contributes to variations in role clarity as evidenced by:

- Uncertainty about what decision are within nursing's scope of practice
- Clinical nurses deferring to management or limiting focus to clinical practice areas when setting annual developmental goals
- Different beliefs about interdisciplinary practice and work responsibilities
- Diverse expectations about the governance authority by the management team

These variations in role clarity require that nurses in each institution do the intense work of agreeing on the nurses' responsibilities, competencies, and performance expectations. Once role clarity is agreed upon, then the deployment work of communication, training, monitoring, and accountability can begin. Why do we expend this intense energy in each institution? The answer lies in part to a lack of agreement that the ANA professional standards and associated competencies are the norms for professional practice and that they serve as the basis from which to measure variations in practice. Additionally, it is not consistently acknowledged that the standards set the foundation for working together to raise the standard of nursing practice across roles and settings so as to benefit all patients.

If these standards are the most current descriptions of nursing practice and the authoritative statements by the professional nursing association, and if, as a nurse leader, I understand the waste of resources that comes from every health care institution doing the same intensive work to develop, communicate, improve, and consistently monitor the nursing role's clarity and performance; then I am obliged to find ways to influence organizations to adopt professional standards as a strategy to support and inspire professional integrity; shift work intensity of leaders and teachers from doing redundant development to innovative improvement; and improve patient and family satisfaction with the consistent, high-quality care received from all nurses.

STRUCTURE

In the field of nursing that has high regard for practice-based learning and practical changes, the integration of professional practice theory will likely not be an intuitive intervention, and perhaps will not be even be welcomed. To start my "pilot projects," 2 units I was managing at the time were used. Part of the approach included conducting a debriefing about my successes and failures

with other nurses (clinical, teaching, and management) in the hospital. These were nurses who volunteered to become the internal champions of advancing professional practice and needed to hear about my efforts. The learning that I share here is applicable for a single leader working with his or her department(s) to change the culture, for a division-specific initiative or as part of an organizational-wide strategy. The following key recommendations for introducing and building recognition of the importance of professional practice standards emerged from a continuous cycle of experiments, identifying failed approaches and leveraging small gains:

- Having a **vision and passion** for the value of professional practice in guiding practitioners in partnering with patient and families
- Using a **common language** to describe professional responsibilities and practices
- Influencing the **strategic plan** to address variations in professional practice that are risks to optimal patient outcome or professional engagement
- **Leveraging the** organizational and nursing **strategic plan** as opportunities to make visible the importance and power of professional practice in advancing a culture of excellence

Professional Practice Vision

Arguably, one of the most significant reasons for health care professional disengagement is when organizations lose sight of what draws people into the field of health care.^{2,8} Institutional focus on bottom lines, budget pressures, quality benchmarks, and regulatory requirements can easily overshadow messages about the value of advocacy for patient-centered care and the importance of interdisciplinary collaboration in delivering excellent care. Having an aspirational vision that recognizes the importance of these professional values will counteract whatever feelings of detachment the more business-oriented side of organizations may create. This vision should be developed with diverse stakeholder input to ensure its meaningfulness, clarity, and inspirational impact. Key leaders must use organizational conversations, meeting agendas, and communication channels to demonstrate a sustained commitment to this culture change intervention.

Common Language: Practicing to the Standard

Agreeing on and using a common language is perhaps the most complex aspect of integrating professional practice. Though most health care disciplines that have standardized their responsibilities, competencies, and curricula have done so across the nation, these standardizations have not been adopted and integrated across state boards and schools of nursing. The consequence of this variation is that nurses often look to their current employer to describe professional practice responsibilities, competencies, and practice expectations. These expectations are sometimes conveyed as workflows and tasks. Unfortunately, in the fast-

		Performs the Standard	
Y-axis Role Clarity: Knows and Owns Professional Standards	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+
	+	+	+
	-	+	-
	-	-	-
	+	+	+ </

Table 1. Parameter Analysis Tool Framework

Assessment Category	Definition
+ +	The nurse knows, owns, and performs to the standard
+ -	The nurse knows and owns the standard, but does not perform to it
- +	The nurse does not know or own the standard, but implements behaviors or tasks associated with the standard
- -	The nurse does not know, own, or perform to the standard

Standard: Identifies and Resolves Workflow Barriers

+	+	+	-
55% of unit RNs know, own, and perform to the standard. ^a		25% of unit RNs know, own, but don't perform to, the standard.	
-	+	-	-
15% of unit RNs don't know or own, but do some tasks associated with, the standard.		5% of unit RNs don't know, own, or perform to the standard.	

^aLeadership response: Leverage strengths of the nurses in the 55% group to work with peers in the 25% group to promote engagement to identify and resolve barriers.

Figure 2. Unit A—Nurse Performance Data

Standard: Identifies and Resolves Workflow Barriers

+	+	+	-
15% of unit RNs know, own, and perform to the standard. ^a		45% of unit RNs know, own, but don't perform to, the standard. ^b	
-	+	-	-
25% of unit RNs don't know or own, but do some tasks associated with, the standard.		15% of unit RNs don't know, own, or perform to the standard.	

^aLeadership response: Probably represents nurses with natural talents or passion for performance or process improvement; develop as role models or champions.

^bLeadership response: Interviews or surveys to identify barriers to participating in unit improvement initiatives.

Figure 3. Unit B—Nurse Performance Data

A performance analysis was conducted using these knowing, owning, and performance parameters (Figure 1). The components of role clarity, knowing and owning the standard, are combined on the y axis, and the component of acting, performing is along the x axis. After selecting relevant practice standard(s) associated with the practice area to be studied, the current performance of each nurse is sorted into 1 of 4 categories as shown in Table 1.

A professional practice culture assessment can be completed by collecting data about the variation of performance in relation to any professional practice standard. Figures 2 and 3 display data from 2 units and demonstrate the usefulness of looking at performance of the nursing staff's performance as a system. The professional practice standard used is: nurses participate in identifying and resolving workflow barriers to effective, efficient, and fiscally responsible care delivery.

This approach to analysis facilitates identification of the areas of performance that can be celebrated as promoting excellence as well as making visible variations that are putting patients and/or team members at risk. These data lead to advocacy for inclusion of professional practice responsibilities in unit, nursing or organizational action plans.

Leveraging the Strategic Plan

In an institution focused on operational efficiency and benchmarks of excellence, advocating for additional strategic priorities may lead to competition for limited resources. In such cases, analyzing the nursing or organizational strategic plan for opportunities to apply or integrate professional practice may be a more adaptive approach. Complex systems theory describes organizational change as self-organizing through continual learning rather than through long-term prediction and hierarchical control.⁹ Using those opportunities for performance improvement that have already been given support as vehicles for the implementation of professional practice standards offers the best possibility for collaboration.

Integration Exemplars

By continually communicating a professional practice vision, using a common language, integrating professional practice into change initiatives, and evaluating mistakes and successes, nurses in different positions across the organizations have become more curious about committed to, or confident about the value of applying the principles of professional practice. The following are some specific examples of how professional practice was integrated into change initiatives and supported the learning and evidence-based decision making of nurses as practitioners, teachers and managers.

1. The chief nursing officer (CNO) led the development of a professional practice vision and selection of a professional practice model and associated common language. This was done with the inclusion of internal and external stakeholders from academia, research, and practice. The nursing practice council had the shared governance authority for final approval.
2. The CNO sponsored the development of a director of professional practice role as the process owner and practice leader roles as the content experts to facilitate organizational learning about professional practice.
3. The professional practice language was incorporated in an RN professional role description that was used for all clinical nurse roles.
4. A culture assessment using professional standards was conducted to measure areas of highly reliable and highly variable nursing performance. The baseline culture assessment identified the following standards as having the greatest variation in clinical nurse performance:

- Knowing, owning, and reflecting about one's own practice against standards and seeking diverse feedback to enhance self-reflection and growth
 - Owning and acting on responsibility to evaluate peer's practice and enhance their growth and development (highly stressful for most nurses)
 - Participating in identifying and resolving workflow barriers to effective, efficient, and fiscally responsible care delivery
 - Determining patient's individualized priority goals and care activities in relation to Nursing's independent scope of practice
 - Engaging in collaborative and effective decision-making with other members of the team while maintaining caring and compassionate relationships
 - Communicating evaluation of patient's stability, progress, discharge plan, and recommendation for continuity of the medical and nursing plan to other members of the health care team, including through accurate and timely documentation of the patient's electronic record
5. Used cultural assessment data to influence the strategic plan (2 examples):
 - a. Determining patient's individualized priority goals and care activities in relation to nursing's independent scope of practice and peer evaluation was selected as the top priority for integration into the nursing strategic plan.
 - b. Nursing effecting collaborative decision making with physicians preferring to make decisions unilaterally was included in the organizational strategic priorities.
 6. Analyzed current strategic priorities for opportunities to leverage professional practice (3 examples):
 - a. Increase physical therapy-nursing collaboration (*Table 2*)
 - b. Decrease new-hire RN turnover (*Table 3*)
 - c. Increase escalation of unresolved concerns about the patient's condition in real time (*Table 4*)

This article describes the value of one organization's approach to integrating professional standards beginning with a CNO-sponsored vision and strategic plan. However, the same steps can be taken by a nurse leader at the unit or department level. The vision can be developed with the unit staff; a community of resources can be developed by recruiting clinical nurses and educators inspired by the vision; and priorities for raising the standard of practice can be set by completing a professional practice culture assessment.

SUMMARY

This dual approach of leveraging approved strategies and advocating for additional strategic priorities has influenced the evolution of numerous structures and processes that

Table 2. Integration of Nursing's Responsibility for Restorative Measures Into a Strategic Priority

<i>Patient care opportunity</i>	15% of patients referred to physical therapy by physicians did not meet treatment criteria; physical therapists' time spent following up with these patients could be reallocated to patients most needing their specialty expertise.
<i>Root causes</i>	Physicians are making physical therapy referrals, but it is nurses that are evaluating patient's activity and mobility needs.
<i>Professional practice integration</i>	Professional practice standard: determines patients' individualized priority goals and care activities in relation to nursing's independent scope of practice: restorative measures (eg, activity/early mobilization, nutrition, activities of daily living)
<i>Process</i>	Revise physician orders to address activity restrictions (medical scope of practice) Move physical therapy referrals to nursing orders (restorative measures)
<i>Tool</i>	Safe patient mobility check • Evidence-based tool to assess patient's mobility capabilities • Guides mobility plan of care and PT referral decision making
<i>Outcome measures</i>	% Appropriate PT referrals Early mobilization (not waiting for PT evaluation) Appropriate activity 3 times a day Patient falls Worker injuries associated with patient mobilization

PT, physical therapy.

support nurses in practicing to the standard, teaching to the standard, and managing to the standard. Without offering as much detailed background as in the examples above, here are some additional examples of integrating professional practice that may inspire your leadership:

- A professional role class in new nurse orientation sets the vision for all nurses across the organization (Vision).
- The Transition to Practice program is based on professional practice concepts (curriculum, tools, learning activities that connect theory to practice, progressive benchmarks) (Teaching to the Standard).
- The preceptor course focuses on teaching nurses to evaluate performance or application of the professional practice concepts (Teaching to the Standard).
- A new nurse leader course verifies understanding of professional practice standards, competency to evaluate performance using standards, and teaches use of 4-square to complete unit culture assessments (Managing to the Standard).
- A cognitive/behavioral assessment tool (“cognitive pyramid”) guides nurses in independent decision making about the patient’s current level of functioning and selecting evidence-based interventions (Practice to the Standard).
- Replacing anonymous peer feedback with expectations for providing direct feedback, then

self-reflecting about of the experience using a peer feedback log (Practice to the Standard).

- Annual self-evaluation of practice based on professional practice responsibilities (Practice to the Standard).

CLOSING

Learning about raising the standard of care as a nurse leader obligation was inspiring and brought the vision of the “new professional”⁸ into clear focus...that is, a person who can say on most days:

“In the midst of the powerful force-field of institutional life, where so much conspires to compromise the core values of my work, I have found firm ground on which to stand—the ground of personal and professional identity and integrity—and from which I can call myself, my colleagues, and my professional back to our true mission.”^{8(p.12)}

My firm ground comes from using professional practice standards as the consistent guide for my continuous growth as a nurse and as a leader.

“I think it is important the Committee should bear in mind to raise the standard, year by year.”¹⁰

References

1. Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press; 1999.
2. Fasoli DR. The culture of nursing engagement: a historical perspective. *Nurs Adm Q*. 2010;43(1):18-29.

Table 3. Integration of Professional Standards Into Interview “Quality Matching” Process

<i>Patient care opportunity</i>	15% to 25% RN turnover within 6 months of hire in select units
<i>Root causes</i>	<p>Interview focused on clinical/skills experience RNs terminated/resigned because of difference in role expectations:</p> <ul style="list-style-type: none"> • Independent decision making about the patient’s plan of care in relation to nursing’s independent scope of practice • Giving and receiving peer feedback • Evaluates own knowledge and nursing practice in relation to professional standards and evidence-based knowledge
<i>Professional practice integration</i>	Interview based on professional role expectations Professional standards integrated into behavioral-based interview questions
<i>Process</i>	<p>Complete unit cultural assessment to identify opportunities to build “bench strength” through hiring process (eg, need more nurses skilled in peer feedback or skilled in engaging in collaborative decision making with the interdisciplinary team on night shift) Train leaders and clinical nurses to interview for professional practice</p>
<i>Tool</i>	<p>Standardized nursing interview tool</p> <ul style="list-style-type: none"> • Based on professional practice model and language • Independent scoring of the candidate by all interviewers • Debrief different scores as part of decision making about recommendation to hire
<i>Outcome measures</i>	<p><6-month nursing turnover Professional practice evaluation competency of both clinical nurses and formal leaders New-hire nurse clarity about role expectations before make decision to join organization</p>

Table 4. Integration of Nursing’s Responsibility Independent Decision Making and Collaborative Decision Making Into Culture of Safety Strategic Priorities

<i>Patient care opportunity</i>	Patient safety trend: communication gaps in escalating concerns about changes in the patient’s condition in real time, especially on off-shifts
<i>Root causes</i>	<p>Unclear role expectations about nurses as independent practitioners versus implementers of physicians’ decisions Nurses hesitant to escalate concerns outside known social network of resources, uncertainty about receiving a supportive and timely response No clear expectations for immediately seeking resources when a team member is not collaborative in responding to other’s concerns about the patient’s safety or plan of care</p>
<i>Professional practice integration</i>	<p>Professional practice standard:</p> <ul style="list-style-type: none"> • Makes independent determinations about patient’s risks, goals, and care • Engages in collaborative and effective decision-making with other members of the team while maintaining caring and compassionate relationships
<i>Process</i>	<p>Chain of resolution policy development, training, and accountability Clinical nurse role description differentiates between responsibilities for independent and collaborative decision making</p>
<i>Tool</i>	Visual chain of resolution template describes the who and how of accessing resources in real time
<i>Outcomes measures</i>	<p>Use of chain of resolution resources in real time Number of patient-adverse events in which unresolved concerns were not escalated in real time Positive/negative team member relationships after use of chain of resolution</p>

3. Laschinger HKS, Shamian JL, Thomason D. Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nurs Econ*. 2001;19(5): 209-219.
4. Teng C, Dai Y, Shyu YL, et al. Professional commitment, patient safety, and patient-perceived care quality. *J Nurs Scholarsh*. 2009;41(3):301-309.
5. O'Rourke MW. Beyond rhetoric to role accountability: a practical and professional model of practice. *Nurse Leader*. 2006;4(3):28-33, 44.
6. O'Rourke MW. Generic professional behaviors: implications for the clinical nurse specialist role. *Clin Nurse Spec*. 1989;3(3):128-132.
7. American Nurses Association. *Nursing: Scope and Standards of Practice*. 3rd ed. Silver Springs, MD: ANA; 2015:3.
8. Palmer P. A new professional: the aims of education revisited. *Change*. 2007;39(6):6-12.
9. Heifetz R, Grashow A, Linsky M. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston: Harvard Business Press; 2009.
10. Nightingale, F. Letter to Sir J. Jebb, August 21, 1861. Available at: <https://resources.nurse.com/letters-reveal-pieces-nightingales-journey-nnw>. Accessed May 8, 2019.

Barbara Bonnice, DNP, RN, NE-BC, is director, professional practice, at Oregon Health & Science University in Portland, Oregon. She can be reached at bonnice@ohsu.edu.

1541-4612/2019/ \$ See front matter
Copyright 2019 by Elsevier Inc.

All rights reserved.
<http://dx.doi.org/10.1016/j.mnl.2019.03.003>