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Nursing Professional Regulation: Rodgers' evolutionary concept analysis

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ABSTRACT

Regulation is one of the concepts that has been common in nursing in recent decades. Concept analysis of nursing regulation by providing a clear definition will promote nursing knowledge and professionalization. This study aims to clarify the concept of nursing regulation through the use of Rodgers's evolutionary approach. The keywords, regulations, regulatory system, regulatory body, regulatory authorities, legislation and nursing were used from PUBMED, Google Scholar, ProQuest, science direct electronic databases. Literature published in English between 1980- 2015 that addressed regulation was included. 30 articles, 3 statements of the WHO and ICN reports were selected. 2 articles about legislation in Iran and a statement of health revolution in Iran were considered. Thematic analysis was used to distinguish attributes, antecedents, and consequences of the nursing regulations. Attributes of nursing regulation were dynamic, cyclic, purposeful, flexible, relevant, ultimate, consistent, fair, integral, efficient and expressing an effective; its antecedents are in accordance with the need and demand of the society, influenced by contextual conditions and governance structure, constructive engagement of regulatory agencies and members of the profession, professional responsibility of and effective staff training and its consequences include promoted health of the society, assurance about the provision of safe and effective services, promotion of authority and professional independence, increased compatibility and collaboration between professionals and reduce the challenges posed by the lack of interaction between professionals. Nursing regulation is the essential component of care and it ensures the provision of a very high quality care which is ethical and safe.

Keywords: Professional self-regulation, Professional Autonomy, Legislation, Nursing

INTRODUCTION

Professional regulatory system is one of the essential needs of today's nursing profession [1]. The public needs, conditions and working nature of nursing have changed following globalization, technological advances and emerging illnesses [2]. And it is essential to provide new provisions tailored to the new needs of the society [3]. Also professional regulation, guidelines and instructions to preserve the competence and skills of employees' performance and public needs, is one of the concerns of the society and governments in the world which is performed by authorities who have the responsibility to design new provisions and policies and regulate them which are known as professional regulatory bodies [1, 4]. Although it is difficult to change policies and regulations, but it is necessary for profession improvement and guaranteed safe, ethical services to the society [5].

Nursing regulation was considered in 1980-1990, and in 1990 in Bratislava, planning for a nursing regulatory system in countries worldwide was discussed and its improvement was emphasized [6]. Also, the International Council of Nurses (ICN) has stated that the regulatory system in world countries developed differently but its development in Middle Eastern and Latin American countries was slower [7]. In this regard, the Eastern Mediterranean Region Office of the WHO, in its 27th report, while stating the improper implementation of the nursing regulatory system in the regional countries, emphasized on its creation in these member countries [6]. However, the experience of researchers has shown that a lack of a structure for creating a national standards and instructions, has led to confusion in decision making, as well as moral and legal challenges for nurses [8]. This problem shows the necessity of having a national regulatory system [9]. However, the ICN, while providing regulatory models and examples of its successful applications in different countries along with the challenges to implement it, has emphasized the necessity for performing further research including a conceptual analysis in this field [7]. In this regard, the present study was performed to clarify the semantic ambiguities of nursing regulation and bring about a greater understanding of its attributes, consequences and implications.

MATERIALS AND METHODS

Using the evolutionary concept, Rodgers introduced the conceptual clarification method. In the evolutionary concept, the dynamic nature of concepts that chance over time according to the contextual conditions of the society and evolve and the conceptual clarification takes place in cases where the use of the concept took place without a clear understanding of the concept's attributes [10]. And the purpose of analysis in this method is to explain and describe the concept and its common applications and clarification of its attributes as a basis for the further development of the concept [11].

Due to the dependency of the concept of regulation on the contextual conditions of every country, the present study was performed using Rodgers' evolutionary concept analysis. This analysis has a cyclic nature and is flexible and the stages introduced below, only state the activities that must be carried out during the study and there is no need to observe the subsequent stages in it [10]. The stages of Rodgers' evolutionary concept analysis include determining the desired concept, determining and selecting the appropriate scope (set and sample) for data collection, data collection to achieve the attributes of the concepts, antecedents, consequences, identification of relevant and alternative to further clarify the concept for further use.



Model No 1: article selection diagram

In the present research, since the concept is new and started to emerge in nursing texts since 1980, the time period whose articles were searched was considered from 1980-2015. The small number of studies performed in this field, is one of the limitations of the present study because the subject is new and there is no access to some articles. The searches have been performed using the following keywords: nursing regulation, nursing regulatory system, nursing regulatory agencies, legislation in nursing, regulatory models. Also the following databases were used to find the articles: Science Direct, Ovid, PUBMED and ProQuest. 82 articles, 20 article summaries, 5 Statements by the World Health Organization, 1 report of the Eastern Mediterranean Region Office and 1 report of International Council of

Nurses were selected. After reviewing the articles, ultimately 30 articles, 5 article summaries, 1 Statement by the World Health Organization, 1 report of the Eastern Mediterranean region office of the WHO and 1 report of International Council of Nurses were selected based on the inclusion criteria. The inclusion criteria included studies in Farsi or English language, studies about professional regulation, and regulation or legislation in nursing from 1980-2015. The process for reviewing the texts and selecting the articles is shown in model No 1.

Rodgers' analysis is based on an inductive approach. Accordingly, in the present study, a thematic analysis was used for distinguish attributes, antecedent, and consequences of the nursing regulation through coding and categories process.

RESULTS

Definition of nursing regulation

Nursing regulation is the designing, regulation and legislation of new professional provisions, instructions and guidelines to preserve the competency and skills of employees' performance based on the public needs and to provide safe and ethical services to the society. Bodies tasked by the government to do the regulations, are called regulatory bodies and the collection of regulatory bodies and their relations together is called the regulatory system. Characteristics of a regulatory system are that its members and relevant institutions, authority and responsibilities and their communications are clear.

Nursing regulation attributes

The first step to analysis the concept, is to identify its attributes which include attributes of nursing regulation were dynamic, cyclic, purposeful, flexible, relevant, ultimate, consistent, fair, integral, efficient and expressing an effective. And it is flexible because the regulatory system is influenced by contextual conditions, is based on the needs of the society, the governance structure influences it to provide professional regulations and guidelines tailored to the needs of the society, ensure professional training and skills and their development and provision of safe care to the society.

Nursing regulation as a systematic, cyclic, dynamic and flexible process

Professional regulation, is a continuous cyclic process which is done systematically based on the needs of the society and also in professional regulation, the provisions must be updated based on the needs of the society and the new provisions must always be controlled and regulated based on the needs of the society, because the society has a dynamic state, therefore, professional regulation must have a dynamic state too and be systematically and continuously updated. For example, the following sentence refers to the dynamic nature of provision regulation: "Many global trends are affecting regulation, the context of nursing practice, and the ethics of practice. These trends include human resource shortages and imbalances, the economic crisis, the changing demographics of populations, shifts in disease burdens, increased consumer engagement, changes in public expectations, evolving scopes of practice, rapid advances in technology, use of social media, a call for greater inter professional collaboration, and increased government oversight and involvement in regulation. However, the ever-increasing force of globalization with its influence on the workforce, patient population, and health systems has been one of the most influential trends affecting nursing regulation and practice. Further, globalization has affected a broader policy and regulatory context [2]".

The following sentence refers to the cyclic attributes while being dynamic: "*Regulator must not only regulate fairly* and effectively in the public interest but must also be perceived as doing so [12]". The following sentence refers to the flexibility and dynamism of professional regulation: "*Professional regulation, or professional governance, as it should, perhaps, more accurately be known, should be an exciting, dynamic framework within which professional standards can be identified in order to serve the main aim of regulation—that of public protection. Good regulatory systems should be focused, flexible and enabling—ensuring that standards are comprehensive, clear, visible and achievable [6]". Table 1, includes the articles that the antecedence of the desired concept have been adopted from.*

Row	Attributes	Literature
1	A dynamic cyclic process	[2, 3, 5, 7-9, 12-25]
2	A cyclic flexible process	[2, 3, 7, 8, 12, 15, 17, 18, 20, 25-27]
3	A systematic cyclic process	[3, 6, 7, 13, 15, 19, 20, 23, 25, 28, 29]
4	purposeful, relevance, ultimacy, consistent, fairness, integrity, efficiency and	[3, 6, 7, 17, 19, 25]
5	effectiveness	[18]

Table 1- literatures support for nursing regulation attributes

Antecedents of nursing regulation

In the articles, factors influencing regulation are market force, economic crises, different cultures, technological advances, nursing competency and skills [3, 6, 7, 21] new illnesses and globalization [2, 6] and increased immigration [7]. Also, the regulatory system of each country was influenced by its governance structure, laws, and political, economic, cultural and social conditions. Therefore, the antecedents of the regulatory system were based on the needs of the society, contextual conditions and governance structure on the regulatory system.

The relations of regulatory bodies and the profession's members have a key role in ensuring skilled care with nursing ethics. The members of the profession of nursing can follow instructions and evaluate them based on their compatibility with the society's need and culture. For this reason, effective communication, cooperation and consultation among the workers of the profession and bodies is essential to achieve success and to achieve the goals of the regulatory system [30]. In this regard, with training while ensuring the presence of primary skills for entering the profession and development of professional ability based on the needs of the society with emphasis on the delegated role of nurses, the sense of responsibility and support of the society can be increased in nurses [22]. Table 2 shows articles that the antecedents of the concept under study have been adopted from.

Table 2- literatures support for nursing regulation antecedents

Row	antecedents	Literature
1	The relationship and interaction between regulatory bodies and practitioners	[13, 16, 17, 19-21, 23, 29, 30]
2	Ensure that education is effective	[3, 7, 13, 20, 21, 23, 26, 29, 31, 32]
3	Responsibility	[22, 26]
4	The need for evidence-based education	[3, 26]
5	The influence of governance on the legislation	[7, 9, 14, 16, 17, 19, 20, 29, 33, 34]
6	The impact of the context	[2, 5, 8, 9, 16, 19-23, 29]
7	Set up standards and guidelines	[3, 13, 19, 20, 23, 25, 28]
8	Need to adjust the regulations due to member migration	[3, 7, 8, 21, 24, 25]
9	Need to set the rules base an public needs and market	[12, 16, 17, 20, 21]

Consequences of nursing regulation

Regulation in nursing has the following consequences: it ensures the provision of safe services, social health promotion, and promotion of professional identity and social status of nurses. The nursing regulation consequences categories in the study have been shown in the model No 2.



Model No 2. Categories of nursing regulation consequences

In all the texts related to the regulatory system, the ultimate purpose of it has been to ensure the provision of safe services and social health promotion. The ICN stated the purpose of the professional regulatory system as being the preservation of patients' safety and states that patient's security and safety has a special position in the regulatory system and this very issue in the past decade, has increased the interest of governments to it [7]. However, by designing instructions and guidelines for decision making, nursing regulation can lead to the reduction of clinical nurses' ethical and legal challenges [28]. Also, by improving the professional interactions, authority and independence among nurses, it can improve the professional identify and social status of nurses. Table 3 shows articles used to adopt the consequences of the concept of nursing regulation.

ROW	consequences	Literature
1	Upgrade nursing authority and professionalization	[13, 16, 17, 19, 22, 25, 28, 33]
2	upgrade multi professional equality and collaboration	[7, 13, 16, 17, 20, 25, 28, 34]
3	Promote Communication	[12, 13, 17, 19, 20, 22, 24, 25, 31, 32, 34]
4	Provide safe care	[5, 7-9, 12, 20, 23, 25-27, 30, 33, 35]
5	Promote public safety	[7, 13, 19, 20, 23-27, 30, 33, 34]

Table 3- literatures support for nursing regulation consequences

DISCUSSION

The model for nursing regulation based on the findings of the present study is summarized in model No 3.



Model No 2- pattern of nursing regulation concept analysis

As has been stated, nursing regulation can lead to increased patient safety, employee safety and ultimately public safety. Also, by designing said clinical instructions and guidelines, a regulatory system can lead to decreased tensions caused by moral decision making which increases job satisfaction in employees. The regulatory system not only caused improved interaction among health employees including physicians and nurses with patients which also increased the receivers of the services, but also by designing and explaining the professional duties of each field decrease the challenges among them, and increase their work and interdisciplinary interactions and improve their job satisfaction.

In the present research, nursing regulation means designing, regulating and enacting new professional provisions, instructions and guidelines to preserve the competency and skills of employees' performance based on the needs of society and to provide safe and ethical services to the society. Bodies tasked by the government to do the regulations, are called regulatory bodies and the collection of regulatory bodies and their relations together is called the regulatory system. Attributes of a regulatory system is that its members and relevant institutions, authority and responsibilities and their communications are clear.

Bartle and Vass, in their analysis of regulations explained that the professional regulation of a continuum of no regulation, self-regulation, co-regulation, and state regulation. It is obvious that in a continuum, there are no clear borders and there is overlapping among the models and the overall position of every approach is discussed and criticized under the relative category of the following approach. Various examples of legislation can be placed anywhere in this continuum. They state the two final points of the continuum as ranging from the no regulation to pure self-regulation where delegated self-regulation, cooperative regulation and state regulation are placed between these two [36].

In 1989, Baggott stated that it is necessary to perform some studies to identify the key applicable dimensions of regulation including such as the level of formality, the degree of legislation, and the extent of outsider participation. Baggott, quoting from Moran and Wood, stated that regulatory bodies can carry out across a range of its core functions (source of legislation, composition of the Council, and rules by the Council) with different governmental or professional levels. Different levels are for regulatory bodies with the centrality of the government or profession [37].

In 1997, to explain professional regulation, Priest used a similar approach. He explained 5 self-regulatory models including Voluntary Codes Of Conduct, Statutory Self-Regulation, Firm-Defined Regulation, Supervised Self-Regulation, and Regulatory Self-Management, by the 10 attributes including Government Involvement, Source Of Power, Involvement Of The Public, Accountability To Government, Regulators, And The Public, Rule Making, Adjudication, Sanctions, Offenses (Regulatory, Civil, Criminal), Membership/Coverage, Judicial Review (i.e. regulation by leveraging or Imposing Control). This approach was appropriate for the development of the definition of the operation of 5 approaches. Priest explained professional regulation in industry [38].

In 2007, The Conference Board of Canada provided a full analysis of self-regulation in all health-related fields which included nursing. Their description included three regulation levels: Self-Regulation, Self-Administration and Direct Government Regulation. The analysis showed that different states of Canada have different regulatory approaches. New Brunswick, gave the highest authority to professions and Yukon, Nunavut and Northern Territories gave the least authority level to professions. The Conference Board of Canada used three expressions: delegated self-regulation, cooperative regulation and state regulation which was similar to the three categorization levels of Bartle and Vass. Although the expressions used for explanation and interpretation differ, but the content details are the same [39].

CONCLUSION

At the end, it can be said that the nursing regulatory system, by considering the demand and need of the public, is the fundamental component of care. By regulating the instructions and clinical and educational guidelines of the profession, the society receives the highest quality service, safe and ethical because clinical regulation and instructions tailored to the needs of the society in education and clinics, will result in improved caring quality and satisfaction of services by the receivers of the service and it should not be forgotten that employees use the instructions and guidelines and interact with the society, and thus, have a better understanding of the needs and service evaluation based on the regulations, therefore, it can be said that the participation of nurses in the process of regulation, is the key point for its implementation and their participation will result in consequences such as increased job satisfaction, improved service quality and successful regulatory system.

The present study explains nursing regulation and factors influencing it, and can be a basis for further research in this field and can also be used to deal with issues created in professional regulation and use of regulatory models.

Ethical consideration

Ethical consideration was obtained from Student Research Committee of IUMS and this study was conduct and support under supervision of Student Research Committee of IUMS and the protocol for the research project has been approved by Ethics Research Review Boards of IUMS.

REFERENCES

[1] CNA. CNA s support of regulatory excellence in canada A summary of success. nursing now,. 2007;12,

[2] Barry J, Ghebrehiwet T. An exploration of globalization through nursing regulatory and ethical lenses. Journal of Nursing Regulation. 2012;2(4):4-9.

[3] WHO. transforming and scaling up health professional education and training policy brief on regulation of health profession education. 2013.

[4] ICN. Regulation Terminology. 2005; Available from: http://www.area-c54.it/public/regulation%20 terminology.pdf. [2015/2/28].

[5] Alexander M. Editorial: Continue the Legacy. Journal of Nursing Regulation. 2013;4(3):3.

[6] WHO & EMRO. nursing and midwifery aguide to professional regulation, 27 series. 2002.

[7] ICN. The Role and Identity of the Regulator: An International Comparative Study. ICN regulation series, 2009.

[8] Alexander M. The Road to Uniformity of APRN Regulation. Journal of Nursing Regulation. 2014;4(4):3-4.

[9] Cahill M, Alexander M, Gross L. The 2014 NCSBN Consensus Report on APRN Regulation. Journal of Nursing Regulation. 2014;4(4):5-12.

[10] Rodgers BL. Philosophical foundations of concept development. Concept development in nursing: Foundations, techniques, and applications. 2000:7-37.

[11] Rodgers BL. Concept analysis: an evolutionary view. Concept development in nursing: Foundations, techniques, and applications. 2000;2:77-102.

[12] Bernnan M. Managing Risk and Ensuring Quality: Nova Scotia s Framwork for Regulatory Excellence. Journal of Nursing Regulation. 2013;4(2):39-42.

[13] Penney C, Bayne L, Johansen C. Developing a Relational Regulatory Philosophy on a Public Protection Mandate. Journal of Nursing Regulation. 2014;5(3):44-7.

[14] Benton DC. Nurses in Iran: A Force for Change. Nursing and Midwifery Studies. 2013;2(4):47-8.

[15] Benton DC, González-Jurado M, Beneit-Montesinos J, Fernández MF. Use of Open Systems Theory to Describe Regulatory Trends. Journal of Nursing Regulation. 2013;4(3):49-56.

[16] Benton DC, González-Jurado MA, Beneit-Montesinos JV. A Typology of Professional Nurse Regulatory Models and Their Administration. Journal of Nursing Regulation. 2013;4(2):22-29.

[17] Benton DC, González-Jurado M, Beneit-Montesinos J. Defining nurse regulation and regulatory body performance: a policy Delphi study. International nursing review. 2013;60(3): 303-12.

[18] Benton DC, González-Jurado M, Beneit-Montesinos J. A structured policy review of the principles of professional self-regulation. International nursing review. 2013;60(1):13-22.

[19] Benton DC, Fernández-Fernández M, González-Jurado M, Beneit-Montesinos J. Analysis of a global random stratified sample of nurse legislation. International nursing review. 2015;62(2):207-17.

[20] USAID .sterngthening Health Professions Regulation in Cambodia. National Consultative Workshop. 2014.

[21] Benton DC. International issues and trends in nursing regulation. Journal of Nursing Regulation. 2011;1(4):4-8.
[22] Mueller C, Vogelsmeier A. Effective delegation: Understanding responsibility, authority, and accountability. Journal of Nursing Regulation. 2013;4(3):20-7.

[23] Crawford LH. Quick Reads. perspective of school of nursing on nursing regulation. Nursing education perspectives. 2004;25(5):220-224.

[24] Harris JL, Ott KM. VA Professional Nursing Regulation and Practice. Journal of Nursing Regulation. 2013;4(3):28-32.

[25] NCSBN. Implications of the Affordable Care Act on Nursing Regulation and Practice. Journal of Nursing Regulation. 2014;5(1):26-34.

[26] Black J, Allen D, Prendergast P, Belcourt T, Brown S, Boudreau P, et al. An Evaluation Framework for RN Competencies: A Jurisdictional Collaborative Process. Journal of Nursing Regulation. 2014;5(1):52-6.

[27] Russell KA, Radtke BK. An Evidence-Based Tool for Regulatory Decision Making: The Regulatory Decision Pathway. Journal of Nursing Regulation. 2014;5(2):5-9.

[28] Day L, Turner K, Anderson RA, Mueller C, McConnell ES, Corazzini KN. Teaching Delegation to RN Students. Journal of Nursing Regulation. 2014;5(2):10-5.

[29] Tumulty G. Professional development of nursing in Saudi Arabia. Journal of nursing Scholarship. 2001;33(3):285-90.

[30] Ismail F, Clarke SP. Improving the Employer-Regulator Partnership : An Analysis of Employer Engagement in Discipline Monitoring. Journal of Nursing Regulation. 2014;5(3):19-23.

[31] Lowery B, Spector N. Regulatory Implications and Recommendations for Distance Education in Prelicensure Nursing Programs. Journal of Nursing Regulation. 2014;5(3):24-

[32] Alexander M. Congratulations, Nursing Graduates of the Class of 2014! Journal of Nursing Regulation. 2014;5(2):3.

[33] Morrison A, Benton D. Analyzing nursing regulation worldwide. Journal of Nursing Regulation. 2010;1(1):44-7.

[34] Clarke D, Duke J, Wuliji T, Smith A, Phuong K, San U. Strengthening health professions regulation in Cambodia: a rapid assessment. Human resources for health. 2016;14(1):

[35] Harris CT, Burhans LD, Edwards PB, Sullivan DT. Implementation and Evaluation of the North Carolina Board of Nursing's Complaint Evaluation Tool. Journal of Nursing Regulation. 2013;4(2):43-8.

[36] Bartle I, Vass P. Self-regulation and the Regulatory State: a Survey of Policy and Practice: Centre for the Study of Regulated Industries, University of Bath School of Management; 2005.

[37] Baggott R. Regulatory reform in Britain: the changing face of self-regulation. Public Administration. 1989;67(4):435-54.

[38] Priest M. The privatization of regulation: five models of self-regulation. Ottawa L Rev. 1997;29:233.

[39] Roberts JG, Martin JC, Douglas A, editors. Achieving Public Protection Through Collaborative Self-regulation: Reflections for a New Paradigm 2007: Conference Board of Canada.