



# AGREE II

## **A critical appraisal of: Professionalism in Nursing: Healthy Work Environments Best Practice Guidelines, RNAO March 2007 using the AGREE II Instrument**

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### **Overall Assessment**

Title: Professionalism in Nursing: Healthy Work Environments Best Practice Guidelines,

Overall quality of this guideline: 5/7

Guideline recommended for use? Yes.

Notes:

After reading the first few attributes, my impression is that professionalism is primarily the responsibility of the individual nurse. I would have liked to see some description of the "healthy work environment" which fosters professionalism. What are responsibilities for employers, which could foster the demonstration/development of nursing professional practice? Editorial independence: RNAO BPGs always score low on this since no declaration of competing interests is included (although some guidelines state participants were asked to declare, this one does not). Applicability was the other area receiving a low score. But overall I am confident of the 5/7 rating I have assigned.

Domain	Total
1. Scope and Purpose	16
2. Stakeholder Involvement	19
3. Rigour of Development	41
4. Clarity of Presentation	19
5. Applicability	14
6. Editorial Independence	8

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## 1. Scope and Purpose

### 1. The overall objective(s) of the guideline is (are) specifically described.

Rating: 6

p.23 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.

### 2. The health question(s) covered by the guideline is (are) specifically described.

Rating: 3

This guideline draws on qualitative research so "health question" is defined broadly - How do we help nurses reflect on their professional practice?

### 3. The population (patients, public, etc.) to whom the guideline is

## **meant to apply is specifically described.**

Rating: 7

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 ■ InterdisciplinaryG team members ■ Non-nursing administrators at the organizational and system level ■ Policy makers and governments ■ Professional organization

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## **2. Stakeholder Involvement**

### **4. The guideline development group includes individuals from all relevant professional groups.**

Rating: 6

p.2 17 members on development panel listed. Academics, professional organizations, union hospital, community, 15 at MN or PhD level, one RN one RPN. No federal level representation.

### **5. The views and preferences of the target population (patients, public, etc.) have been sought.**

Rating: 7

p. 5-11 >100 stakeholders from across Canada listed. p. 60 "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."

### **6. The target users of the guideline are clearly defined.**

Rating: 6

p. 24 "Professionalism requires that nurses in all roles demonstrate professional standards. ... 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."

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### **3. Rigour of Development**

#### **7. Systematic methods were used to search for evidence.**

Rating: 5

Appendix C p. 61 Initial search contracted to Joanna Briggs Institute (Australia). "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." Data bases listed, search terms listed but not the combination of terms and the limitations.

#### **8. The criteria for selecting the evidence are clearly described.**

Rating: 3

No PICO; no explicit inclusion (no exclusion) criteria listed.

#### **9. The strengths and limitations of the body of evidence are clearly described.**

Rating: 5

p. 62 "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 . . . Disagreements between the reviewers were resolved through discussion and if necessary with the involvement of a third reviewer.

#### **10. The methods for formulating the recommendations are clearly described.**

Rating: 5

Appendix B Guideline development process "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 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.

#### **11. The health benefits, side effects, and risks have been considered in formulating the recommendations.**

Rating: 4

p. 40 contains a statement re link between nursing professionalism and health benefits for clients.

## **12. There is an explicit link between the recommendations and the supporting evidence.**

Rating: 6

Each recommendation (or theme) is defined and described. Discussion of evidence with references noted, follows each recommendation. (Best) practices are listed with each recommendation under the heading "Strategies for Success". p. 32 "There is little information about how nurses demonstrate accountability in terms of nursing interventions and about their role in terms of patient outcomes."

## **13. The guideline has been externally reviewed by experts prior to its publication.**

Rating: 6

Stakeholders are not necessarily "experts", but this group numbering > 100 includes managers and educators as well as staff nurses. Other guidelines have been reviewed by nurses such as Dobbins and Ciliska who are methods experts.

## **14. A procedure for updating the guideline is provided.**

Rating: 7

p. 44 outlines process and timeline for updating (q 5 years)

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# **4. Clarity of Presentation**

## **15. The recommendations are specific and unambiguous.**

Rating: 6

pp 27-28. Recommendations relate to a series of 8 attributes - knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and visionary, collegiality and collaboration, ethics and values. Each attribute is defined, followed by examples of behaviours which demonstrate professional behaviour in relation to the attribute.

## **16. The different options for management of the condition or health issue are clearly presented.**

Rating: 6

p. 29 Strategies for success are listed, following the introductory statement - "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:"

## **17. Key recommendations are easily identifiable.**

Rating: 7

Summarized on p.26/7 then in text boxes through remainder of paper. Index provided.

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## **5. Applicability**

### **18. The guideline describes facilitators and barriers to its application.**

Rating: 5

p. 24/5 "How to use this document" suggests an individual approach i.e. to facilitate application of the BPG. No barriers set out

### **19. The guideline provides advice and/or tools on how the recommendations can be put into practice.**

Rating: 7

See previous comments re strategies. p. 22 "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.

### **20. The potential resource implications of applying the recommendations have been considered.**

Rating: 1

No evidence that resource implications were considered.

### **21. The guideline presents monitoring and/or auditing criteria.**

Rating: 1

None noted.

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## **6. Editorial Independence**

### **22. The views of the funding body have not influenced the content of the guideline.**

Rating: 7

p. 4 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 . . . This guideline was developed by an expert panel convened by the RNAO, conducting its work independent of any bias or influence from funding agencies.

### **23. Competing interests of guideline development group members have been recorded and addressed.**

Rating: 1

No statement found.

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