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REVIEW

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UNLEASHING TOP OF LICENSE REGISTERED NURSE PRACTICE: AN
INTEGRATIVE REVIEW

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

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Lynchburg, VA

March 18, 2019

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Scholarly Project Chair Approval:



ABSTRACT

In light of a well-renowned report, “The Future of Nursing” released by the Institute of Medicine (2010), recommendations were suggested that nurses should practice at, and to, the full extent of their licensure, also referred to as top-of-license nursing practice. Transforming nursing care models coupled with strong leadership support is critical to fostering an environment where top-of-license practice can be fully achieved and sustained. This integrative review provides a compilation and synthesis of the available published evidence regarding the best practices for fostering environments conducive to top-of-license nursing practice. Results of these studies strongly supports the notion of nurses practicing to the full extent of their education and training.

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LIST OF ABBREVIATIONS

Doctor of Nursing Practice (DNP)

Institutional Review Board (IRB)

Registered Nurse (RN)

Quality Improvement (QI)

American Nurses Association (ANA)

Nurse Practice Act (NPA)

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PROCESSES PROPOSED AND UNDERTAKEN

Introduction

RN Scope of Practice: Unleashing Top-of-License Potential

In light of a well-renowned report, “The Future of Nursing” released by the Institute of Medicine (2010), recommendations were made that nurses should practice at, and to, the full extent of their licensure, also referred to as top-of-license nursing practice. This terminology is often used by leadership in today’s complex healthcare environment, but what does it really mean? The term “top-of-license” means matching the right care provider with the right skills to provide the right care at just the right place and time (Russell-Babin & Wurmser, 2016). The optimal goal is to empower nurses to operate within their full scope of practice act, education, and training. The American Nurses Association (ANA) describe the scope of practice as the services that a qualified health professional is deemed competent to perform, and permitted to undertake as it relates to the terms of their professional licensure (ANA, 2019). Advancing the scope of practice for nurses remains a top priority for the ANA.

Fueled by many factors such as increasing age of the population, millions more Americans insured, and higher rates of chronic illness, to name a few have placed increasing demands on healthcare systems, providers, nurses, and other care personnel (Shalala, 2001). In order for nurses to reach this level of top-of-license practice and mindset, it will be necessary to transform the nursing care models, historical staffing patterns, and staff and leadership mindsets within the acute care and ambulatory care settings. It may be necessary to create new roles and responsibilities that are non-traditional in nature. Multidisciplinary teams and interprofessional collaboration will be key to continuously fostering such a transformation. Delegation of non-

nursing, non-value-added activities and tasks must take place in the best interest of the patient, and assessment of patient needs must not compromise patient safety (Bryant, 2015).

Background

Historical Nursing Care Models

In order to set the stage and lay the groundwork for an expanded practice role for nurses today it is crucial to understand the background and historical perspectives of the formation of the nursing profession and care models. The Nursing profession and Nursing care models began in the mid 1850's, which was well before other healthcare disciplines such as physical therapy and respiratory therapy (Russell-Babin & Wurmser, 2016). Due to the earlier formalization of nursing as a profession and the lack of other healthcare professionals, it was nurses who provided all aspects of care patients needed. Although there was a shift to primary care nursing in the 1970's, there continued to be a lack of inclusion of other healthcare professionals in the total care of the patient. It seemed that during the mid-century, the nursing profession was struggling to define itself as a profession with firm disciplinary boundaries (Keeling, 2015).

Nursing Care Models Today

Fast-forward to today's extremely complex and rapidly changing healthcare environment, ever-growing nursing shortage, increased care demands; interprofessional collaboration and communication are a "must" to foster top-of-license nursing practice within the nursing profession. Bartels and Bednash (2005) explicitly projected a needed 2.8-million-person increase in the demand for nurses by 2012. That demand continues to rise. In many healthcare systems and settings, Registered Nurses (RNs) practicing in the Ambulatory Care, Acute Care, Long-term Care, and other clinical settings that are highly focused on task completion rather than focusing on the nurse-patient relationship and continuum of care (Bryant, 2015). The nursing

care model should take into consideration various activities and structures for nursing practice for the provision of patient care in a clinical setting that is specific to clinical services provided at the patient level. This would include all levels of practitioners, both clinical and non-clinical, to deliver the right care by the right provider at the right level for the patient to receive the highest level of quality care at all times throughout the care continuum.

The following non-nursing tasks have been identified in the literature as barriers and challenges to fostering and successfully achieving the transition to top-of-license nursing practice (Bryant, 2015):

- Diagnostic studies and medication prior authorizations
- Medication refills
- Scheduling and rescheduling of patient appointments
- Rooming patients
- Extensive documentation
- Other clinic-related work such as stocking, cleaning, and quality control measures

These are tasks that can be appropriately delegated within a multitude of healthcare settings to non-clinical team members such as unit secretaries and patient care assistants. The rescheduling of patient appointments, prior authorizations for diagnostic studies, and new medication requests can be redirected as necessary to open the space and opportunity for RNs to truly focus on the nurse-patient relationship. Thus, the rooming of the patients and seeking approval for medication refills could possibly be reassigned to the patient care assistants and other designated clinical personnel (Lee & Fitzgerald, 2013).

Registered Nurses historically have had the sole accountability and responsibility for the total care of the patient throughout their care continuum. The RN is accountable for decisions to

delegate tasks and duties to other care support workers. Delegations of nursing activities must be carefully considered and take place in the best interest of the patient (Bryant, 2015). Leadership support is key to laying the groundwork for an expanded role for the future of nursing practice.

Problem Statement

There is tremendous and rising pressure for Registered Nurses to practice at top-of-license; however, there is a perceived lack of education and understanding of this terminology within the nursing profession and healthcare environment. Along with the lack of terminology knowledge, inability to change practice patterns, regulatory constraints, and lack of leadership support, those working closest to the point of care lack the ability to see and drive the change needed to make such a transition. As a result, Registered Nurses practicing in this environment are inundated with completing non-clinical and clerical related tasks, thus limiting the ability to fully function at top-of-license capacity. This type of environment and work-flow results in RNs working in a reactive mode versus a proactive approach to patient care. Acknowledging and embracing such an enormous change effort can be daunting. Nurses must not forget that they are integral to changing their role in the work environment and actualizing it (Baker & Williams, 2016).

Purpose

The purpose of this scholarly project is to present evidence-based strategies and best practices to identify and address the barriers and challenges that inhibit clinicians from practicing to the full extent of their training and licensure. The secondary purpose is to present strategies to promote adoption of best practice recommendations that aim to foster and create an environment conducive to supporting the transition to top-of-license nursing practice.

Significance of the Project

Transition to top-of-license nursing practice will advance the practice of nursing in providing a care environment where nurses can focus on the total care of the patient across the care continuum. This type of environment will increase nurse satisfaction and autonomy in practice, thus further promoting the profession of nursing. The aim is to identify tangible tactics leadership and RNs can use to create a care model structure that promotes top-of-license nursing practice. It is imperative that nurse leaders agree on a uniform scope of practice that underpins the knowledge and training that is grounded in evidence (Moss, Seifert & O'Sullivan, 2016). The overarching goal of this integrative review process is ultimately to provide a synthesis of the literature that will support the advancement the nursing profession and improve the quality of care or process in the future.

Clinical Question

This integrative review will address the following question: For nurses who work in clinical care areas, will reassigning RN, non-essential, and non-clinical functions to support staff improve RN satisfaction and RN perception of top-of-license nursing practice?

Relative questions to help support this topic and maintain focus of this integrative review are as follows:

1. What evidence-based best practices and strategies have been found to support and advance the practice of nursing through top-of-license nursing practice?
2. What barriers have been identified that directly or indirectly inhibit the advancement of top-of-license nursing practice?

Project Goals

The goals of this project will be:

1. To provide a systematic literature search and review of literature related to transforming care models for top-of-license nursing practice.
2. To provide recommendations based on the literature for evidence-based strategies to remove identified barriers and challenges.
3. To provide recommendations based on the literature for evidence-based strategies for consideration of adoption in the clinical practice environment.

Methods

The ability to define a body of knowledge is a result of scientific reviews that influence the clinical practice based on the evidence: “An integrative review is a specific review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem” (Whittemore & Knafl, 2005, p. 546). As the Doctor of Nursing Practice (DNP) student and project lead for facilitating this scholarly project integrative review process, it is imperative to concisely present the state of science as it relates to top-of-license nursing practice in an effort to potentially build upon nursing science and practice.

Framework

The conceptual framework developed by Harris Cooper (1982) was the basis and foundational methodology utilized for this integrative review. There are five notable stages of scientific inquiry. These research process stages include: (1) problem formation; (2) data collection; (3) evaluation of data points; (4) data analysis and interpretation; and (5) presentation of results (Cooper, 1982). This framework allows for consistency in approaches for researchers to provide evidence-based research findings while minimizing bias that could result in practice limitations. This integrative review is performed to explore best practices for care models that

support and foster clinical environments where nurses can practice at the top of their licensure. The Liberty University Institutional Review Board (IRB) application number 3424: Unleashing Top-of-License Registered Nursing Practice: An Integrative Review was approved August 3, 2018 (see Appendix A).

PRISMA Statement

PRISMA is a guideline used to assist and guide systematic reviews and meta-analyses. This includes a methodological and analytic approach to pre-plan an integrative review. PRISMA-P (2015) provides a 27- item checklist and four-phase flow diagram intended to assist in the preparation and summarization of aggregate data and evaluations of the effects of interventions (Moher et al., 2015). The four-phase flow diagram guides the author through identification, screening, eligibility, and inclusion of literature. This structure provides consistency in the process and dissemination of reviews across all clinical settings. These systematic reviews and meta-analyses are widely used by clinicians today to keep up-to-date within their respective field of study (PRISMA, 2015). Conducting a systematic review should be completed in a systematic, structured, and thorough method that accurately and reliably summarizes the evidence.

Melnyk and Fineout-Overholt

Melnyk & Fineout-Overholt, (2015) provides a tool and discussion points for rating the strength of the evidence, also referred to as levels of evidence. The concept surrounding this tool is to review the literature for the possible contributions it can make to practice. The guidelines of this tool it discuss seven levels of evidence ranging from one (1) being the most rigorous to seven (7) for expert opinion. This tool was used to review and summarize the literature to support this scholarly project integrative review.

Cooper

In an effort to provide a rigorous summary of the accumulated body of evidence and knowledge around the scholarly project integrative review topic, one must synthesize each individual piece of evidence into a succinct and concise synopsis of the whole. Cooper (1982) describes a five-phased approach to the integrative review process. These include problem formulation, data collection, evaluation of data points, data analysis and interpretation and presentation of the results. The phases within this process aim to reduce bias and inaccuracy.

Problem Formulation

Upon identification of an issue or problem, conducting a literature search should be initiated to assess the level of research and evidence already in existence. The review of literature should be appraised for both content and relevance (Mateo & Foreman, 2014, p. 90). The literature should also be relevant to the topic and reasonably current. The literature review sums up what is known and what is not known about the topic, but it also provides the opportunity to refine the clinical questions, highlight the value of the topic of interest, and identify appropriate methods to examine the phenomenon (Moran, Burson, & Conrad, 2017, p. 118).

Critical appraisal of research literature is an important skill for the DNP student as well as nursing personnel and nursing leadership. Reading, comparing, and critiquing research must occur to evaluate the extent of rigor that is evident in a particular study (Chism, 2016). The sole purpose of critical appraisal is not only to find flaws, but also to determine the significance and worth as it relates to professional practice. The problem addressed in this scholarly project integrative review is removing the cited barriers and challenges that inhibit nurses from practicing to the full extent and training of their licensure.

Data Collection

Data collection for this integrative review process involved identifying appropriate and relevant literature matching the inclusion criteria established during the pre-planning phase. Search strategies are vital to the process and validity. As Cooper (1982) points out, the complicated factor is identifying the specified target population and minimizing the bias from the primary reviewer's standpoint. The ultimate goal is to retrieve studies that will allow generalization.

Information Sources

A comprehensive literature review was conducted using the following key words: top of license; top of license and nursing; perceived satisfaction and nursing practice; nursing practice; scope of practice; license and nursing practice; nursing care models. These key words were used in CINAHL (Ebsco), MEDLINE w/full text, Ebscohost, and ProQuest databases. To aid in gathering as much unique and specific literature to the topic of interest, the professional librarian was consulted during this stage. The comprehensive search is crucial for identifying all relevant and reliable evidence (Mateo & Foreman, 2014).

Eligibility Criteria

Defining eligibility criteria for the target population to include defining inclusion and exclusion criteria helped to maintain focus. The date ranges of the published articles reviewed and included for this scholarly project are from 2013-2018. Rationale for the expanded date range was to capture historical literature on nursing care models and nursing practice. During the screening process, the articles reviewed prior to the above-mentioned date range were excluded in an effort to provide the most current, up-to-date, and relevant research available. To truly embrace upon dissemination and implementation of evidence-based practice, clinicians must

have readily available, relevant, and concisely summarized evidence (Lin, Murphy, & Robinson, 2010).

Literature Search Results

Upon conducting the literature review to determine what the current evidence suggests, the evidence supported the notion of nurses practicing to the full extent of their education and training. The relatively new notion of top-of-license nursing practice and terminology limits the accessibility and availability of the specificity of the literature. There was little evidence surrounding the specificity of top-of-license nursing practice as it relates to outcome metrics of perceived autonomy nursing job satisfaction. Much of the available literature was focused on barriers and challenges rather than existing or newly developing nursing care models that reflect top-of-license nursing practice. Thirty seven (37) articles were initially pulled and reviewed. Nine articles were excluded based on age, practice setting, or lack of peer-review.

One of the more current articles by Russell-Babin & Wurmser (2016) reaffirms and supports the concept of partnering for transformation with all healthcare professionals, citing the IOM's 2015 *Assessing Progress on the IOM Report Future of Nursing* as a critical shift from the traditional "Captain of the ship" to an "all hands-on deck" approach (Russell-Babin & Wurmser, 2016). This article, among others, describes the history and inception of traditional nursing care models and its continued impact/barrier to achieving the desired shift to top-of-license practice.

Another article by Moss, Seifert, & O'Sullivan (2016) recommends identifying and removing barriers to practice such as insufficient interprofessional collaboration among healthcare providers from multiple disciplines. The author further explains the depth of knowledge and experience the RN provides for the patients and community as vital to influencing collegial collaboration and improved outcomes. The article considered

interprofessional collaboration of the RN's scope of practice as well as the barriers and challenges associated with addressing those as a top priority (Moss et al., 2016). A common barrier cited is the differences between the states in their regulatory language for RN's to practice at the full scope of training. Continued growth in participation in the Nurse Licensure Compact will greatly reduce this barrier and provide greater uniformity of practice (Moss et al., 2016).

Yang and Meiners (2014) gave further support to the need for new thinking around the scope of practice. The article pays particular attention to care coordination as a basis for this new thinking. Institution of the Patient Protection and Affordable Care Act (ACA), have provided avenues for more access to healthcare, which inevitably will increase the demand for more care coordination by various levels of care providers (Yang & Meiners, 2014). Chard (2013) discusses the flaws in the US healthcare system, citing fragmentation of services, communication barriers, and poor coordination resulting in redundancy in care. These types of inefficiencies can only contribute to challenges in redesigning a healthcare system conducive to top-of-license nursing practice.

There appears to be overwhelming support within the literature describing the healthcare industries need for transition from the current nursing care models to a model of care that promotes top-of- license nursing practice for the professional nurse, however, tremendous obstacles prevent such a transformation. Common themes include the differences between the states and their regulatory language. The Nurse Practice Act (NPA) in each state has its own unique set of requirements for professional nursing practice (Moss, Seifert, & O'Sullivan, 2016). Bryant (2015) describes the new roles and responsibilities that have been developed that drive the multidisciplinary team approach where care team individuals have specific tasks and

responsibilities, but with emphasis on the need to work together as a team to support and care for the patients (Bryant, 2015). Research has shown time and again that a relationship between nursing care process and patient outcomes exists. High quality patient care and satisfaction is one of the most important outcomes of nursing care (Yen & Lo, 2004).

One method identified in the literature of achieving top-of-license nursing practice is through delegation of non-nursing activities. In a study conducted by Lee & Fitzgerald (2013) non-nursing activities identified as clinical tasks that prevent nurses from direct patient care included; nursing telephone triage, order entry, and patient flow. Careful and thoughtful consideration must be given when delegating care tasks as to the appropriateness of tasks to take place remains in the best interest of the patients at all times (Bryant, 2015).

Data Evaluation

The gaps identified in the literature review are relative to the “newness” of the ideal nursing care model where nurses are supported and provided the ability to practice to the full extent of their education and training. The literature review often revealed articles surrounding the identified need to transform traditional nursing care models as well as citing barriers and challenges, however, no nursing model of care has been fully developed or implemented to date. Top-of-license practice for all health care clinicians greatly depends on interprofessional collaboration and collegiality (Russel-Babin & Wurmser, 2016).

There is great opportunity for continued research studies surrounding this topic. The current evidence does not identify a single organization, hospital, or nursing unit that has fully and successfully removed the various barriers and challenges mentioned throughout the research. Redesigning a healthcare system is a tall task that requires extensive collaborative effort, not just nursing (Russel-Babin & Wurmser, 2016).

Data Analysis

At this stage in the process all the literature and evidence pulled was synthesized into one coherent body of knowledge about the research topic. This involved organizing and categorizing data (qualitative) found in the articles in such a way to be displayed and conveyed in a succinct and cohesive manner. During analysis and interpretation the data is synthesized into a unified statement about the research problem (Cooper, 1982).

Presentation

This is the stage in which all notes, printed materials, and remembrances are recorded in a public document for the purpose of dissemination of accumulated knowledge (Cooper, 1982). Though there are no formal guidelines for this stage in the process of an integrative review it is imperative for the reviewer to remain cognizant of bias, validity, and presentation of the particular review problem. Some important factors to bring to the forefront during presentation include the data that was utilized from the literature sources using the inclusion/exclusion criteria, details from the sources used, evidence to support conclusions, as well as highlights of how a systematic approach was followed throughout the process.

Reviews of this nature can be quite challenging. Cooper (1982) discusses two specific threats to validity that must be considered. The omission of details about how the review was conducted is one potential threat. The second threat to validity involved the omission of evidence about units and relations (Cooper, 1982).

EVALUATION METHODS

The DNP Scholarly project integrative review was evaluated by the author, committee chair, and committee members periodically to ensure the evolution of the document maintained focus and met the requirements of the Doctor of Nursing Practice (DNP) program at Liberty

University. An editor was consulted to provide an extensive review of the document to include recommendations for improvement. Feedback was reviewed, revisions and edits were included in the final document.

Results

Many advancements in the healthcare industry have been under way that aim to further support the notion of top-of-license nursing practice. Continued technology advancements, regulatory requirements, and educational curriculum changes have been noted in the literature to help prepare nurses for the realities and responsibilities of nursing practice today. The strength of the evidence varied as it relates to this scholarly project integrative review topic. After reviewing 37 articles and weighing each against the inclusion and exclusion criteria, 22 articles were accepted and included in the table of evidence summary. Of the 22 articles reviewed and included in the table of evidence summary, two were further excluded as outdated material.

The types of design included: three level-4 case control or cohort studies; seven level-5 systematic reviews of descriptive and qualitative studies; one level-6 single descriptive or qualitative study; and eleven level-7 expert opinions (Melnik & Fineout-Overholt, 2015, see Appendix E).

Care Model Assessments

What evidence-based best practices and strategies have been found to support and advance the practice of nursing through top-of-license nursing practice? Expanding access to healthcare cannot be achieved when we have clinicians and providers who are not allowed or have constraints to perform at the top of their education, training, and capability (Shalala, 2001). When clinicians and providers are able to function in this way, the result is powerful. Team

productivity, engagement, and satisfaction are maximized which ultimately leads to improved outcomes (Russell-Babin & Wurmser, 2016).

The research into top-of-license nursing practice supports the argument that nursing care and practice environments that reinforce top-of-license nursing practice makes a difference in patient outcomes (Fowler, Hardy, & Howarth, 2006). Over the last several decades one can see the transition and steps taken to elevate the practice and value of the Registered Nurse (RN): “Experts agree that the ability of RNs to practice to the full extent of their education and scope has not yet been achieved” (Baker & Williams, 2016). There continues to be limited research on tangible strategies that can be implemented to advance practice through top-of-license nursing practice. There remains a great deal of research to be done surrounding this scholarly project topic.

What barriers have been identified that directly or indirectly inhibit the advancement of top-of-license nursing practice? There is substantial literature that identifies many factors that contribute to the hindrance in the ability to advance the practice of nursing. Removing practice barriers and promoting wellness is significantly evident in the research. Shalala (2001), Moss, Seifert, & O’Sullivan (2016), Kunic & Jackson (2013) make references and further supports the Institute of Medicine’s (IOM) recommendations described below:

1. Remove outdated regulatory restrictions on nursing practice by expanding the Nursing License Compact states to promote uniformity in scope of practice.
2. Promote nurse leadership on hospital boards and in all healthcare sectors.
3. Strengthen nurse education and training, and increase the number of nurses with advanced degrees.
4. Increase diversity in the nursing workforce to better reflect the patient population.

5. Improve data reporting and compilation to predict workforce needs.

Russell-Babin & Wurmser (2016) discuss these various challenges as well, citing the need to for nursing leaders to be clear about state regulatory requirements, advocating for removal of scope-of-practice barriers, and promoting education and innovation in collaborative models of care. There is no dispute in the literature that the nursing shortage is extensive and worldwide. This nursing shortage will continue to place added pressure on the healthcare systems and further emphasize the need for innovative approaches to reduce and eliminate barriers and challenges to advance nursing practice (Chism, 2016).

Development

The transition of traditional nursing care models to top-of-license nursing practice is a complex and multifaceted. This makes development of a plan to achieve this goal challenging. Nursing services are not yet recognized as revenue generating, but rather a cost, and therefore there is little incentive for hospital administrators to make drastic and potentially costly changes in the traditional nursing care models (Chard, 2013).

Currently there remains no identified nursing care model that exists today that other healthcare systems or sectors can model after, though research suggests there is tremendous traction and continual focus by many clinicians and organizations to advance this effort (ANA, 2019). Utilizing the body of knowledge that currently exists to remove the barriers and challenges seems to be the best supported approach at this time.

Synthesis of Results

Top-of-license nursing practice is a relatively new concept becoming more and more prominent in the healthcare industry. With the continued nursing and provider shortage this topic will become increasingly critical to address and resolve. While there is a great amount of

available literature on nursing care models, there seems to be limited evidence on nursing care models where clinicians are already practicing at top-of-licensure. Over half the articles reviewed focus primarily on identifying barriers and challenges with few providing actual recommendations to addressing these barriers and challenges. The complexity of the subject matter and the underlying parts and pieces that affect environment as whole, leaves a large gap in both literature and practice regarding understanding how all the pieces and parts can fit together differently to achieve the optimal result of advancing nursing practice.

DISCUSSION

Summary of the Evidence

The literature reviewed for this project supports the need to transform the nursing care model from its traditional roots to more of an “all hands-on deck” approach (Russell-Babin & Wurmser, 2016). Many of the articles reviewed identified several reported barriers and challenges to achieving the ultimate goal of top-of-license practice along with recommendations and suggestions for removing said barriers. There is limited research surrounding the topic of top-of-license practice as it relates to patient satisfaction and outcomes due to uncontrolled variables.

Organizational financial hardship may place added pressure on leaders to cut staffing to meet budgetary projections at the expense of fostering an environment where top-of-license practice is supported. Skill mix, staffing ratios and nursing turnover may also impact the ability to transition and sustainability in the long run (Kunic & Jackson, 2013). Kunic (2013) cites high turnover rates as a barrier to transforming nursing practice. Tracking other defined outcome measures such as nurse job satisfaction, nurse sense of autonomy, and physician and patient perception of quality of care may be future outcome measures to consider.

Organizational systems and structures are important in implementing quality/process improvement initiatives. Clear delineations of roles, responsibility, and accountability are key components to success (US Department of Health and Human Services, 2016). System structures may pose additional obstacles to transforming care models as availability of critical resources such as infrastructure, people, materials, and most importantly, human capital are vital components.

Limitations

The project limitations observed relate the newness of the notion top-of-license nursing practice, thus limiting the availability of relevant literature and research. Cooper (1982) mentions two specific threats related to validity, which are omission of details in which the review was conducted and omission of evidence about the units and relations that others may find important and relevant to the greater population (Cooper, 1982). Additional research is needed with adequate sample sizes to include a variety of clinical settings to determine barriers, challenges, and in some cases successes to creating such an environment.

Implications for Research

Additional analysis of the literature revealed that the strength of the evidence is limited. There were no research articles or studies found that adequately answered the problem statement specifically. Additional research is needed with an opportunity to further define and break down the topic. The development of specific practice guidelines and roles for each practicing discipline in the healthcare environment could be valuable.

Implications for Practice

Healthcare professionals should play an important and active role in the advancement of their specialty and practice environment. Practicing nurses should fully understand their state's

specific scope of practice guidelines while taking a proactive approach to improve and advance their profession. The evidence suggests a clear and vital opportunity to transition from the historical/traditional nursing care models to a care model that promotes practicing at top-of-license by “removing scope-of-practice barriers, expanding opportunities for nurses to lead and diffuse collaborative improvement efforts and implementing nurse residency programs” (Kunic & Jackson, 2013, pg., 240)

Dissemination is an active approach to spreading evidence-based interventions to the target audience via determined channels using planned strategies (Brownson, Colditz, & Proctor, 2012, p. 26). The strategies for dissemination of the evidence surrounding top-of-license nursing practice will be accomplished through packaging the information and communicating through various methods to include verbal and written options. Implementation is the process of putting to use or integrating evidence-based interventions within a setting. This is accomplished through a systematic process of ongoing clinical bedside nurse communication, education, training, consultation, and coaching (Brownson, Colditz, & Proctor, 2012).

There are two priorities to consider when formulating a plan for change. One should first understand what the proposed changes are and then, why they are necessary. Developing a project plan that includes a timeline, team members, key stakeholders, and goals is a critical component. Determining a change model/framework is important and will serve as the foundational level throughout the project in terms of decision-making and facilitating change assimilation into practice (Zaccagnini & White, 2014). Kurt Lewin’s change theory of unfreezing, change, and freezing will be most applicable for this magnitude of project in a variety of clinical settings. Lewin’s theory recognizes change as constant and utilizes a series of

three stages of change necessary to achieve desired results and sustainability (Zaccagnini & White, 2014).

The ultimate success of any project or initiative is achieving buy-in and support from those impacted most by the change. Involving key stakeholders on the front end will ensure buy-in and enthusiasm to participate and drive change. Another important consideration is congruency of the change initiative with the organizational mission, vision and values. The overarching goal is to provide a summation of available and credible research to drive the transition toward top-of-license nursing practice.

Dissemination and Implementation

Plans for dissemination beyond the process improvement setting might consist of a poster or podium presentation at a national conference such as ANCC Magnet ® or Pathways to Excellence conference. Publication is another great avenue to consider for dissemination. Lastly, the ultimate goal is to utilize findings of barriers and challenges to assist with further implementing a full-scale change in the nursing care model for a variety of clinical settings to include acute care, outpatient, long-term care, home health, and many other clinical arenas.

DNP Essentials

The DNP scholarly project assisted in the enhancement and awareness of the many challenges facing the nursing profession and healthcare industry today and far into the future. It has afforded many opportunities to network, collaborate, and innovate with leaders, educators, physicians, nursing colleagues, and a variety of other key personnel within and across the healthcare and education sectors. The DNP scholarly project integrative review provided the tools and techniques necessary for navigating the complexities of the research, healthcare, and

the nursing profession (Zaccagnini & White, 2014). The two DNP Essentials most closely aligned with this DNP scholarly project integrative review are:

DNP Essential II: Organizational and Systems Leadership for Quality Improvement and

Systems Thinking: As a DNP graduate it is expected that one have the foundational knowledge and skills necessary to improve patient and healthcare outcomes. This integrative review has certainly afforded the opportunity to research and evaluate barriers, challenges, and interventions that have tremendous potential to improve the RN scope of practice as well as the potential to improve patient healthcare outcomes.

DNP Essential V: Health Care Policy for Advocacy in Health Care: Time and again throughout the research health care policy was identified as a critical need. This integrative review provided me ample opportunity to delve into the RN scope of practice as it relates to regulatory constraints. Learning ways that RNs can help by engaging in legislation and advocating for their profession was bountiful. Throughout this process I feel I gained valuable insight into the role the DNP graduate plays in proactively engaging in health policy at all levels.

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APPENDICIES

Appendix A: Liberty IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

August 3, 2018

Michelle Dickerson, MSN, RN

IRB Application 3424: Unleashing Top-of-License Nursing Practice: An Integrative Review

Dear Michelle Dickerson, MSN, RN,

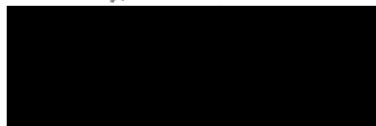
The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Your study does not classify as human subjects research because it will not involve the collection of identifiable, private information.

Please note that this decision only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued non-human subjects research status. You may report these changes by submitting a new application to the IRB and referencing the above IRB Application number.

If you have any questions about this determination or need assistance in identifying whether possible changes to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,



The Graduate School

LIBERTY
UNIVERSITY

Liberty University | Training Champions for Christ since 1971

Appendix B: CITI Training Modules

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COMPLETION REPORT - PART 1 OF 2 COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Michelle Dickerson (ID: 5053075)
- **Institution Affiliation:** Liberty University (ID: 2446)
- **Institution Email:** michelle_dickerson@bshsi.org
- **Institution Unit:** Nursing
- **Curriculum Group:** Human subject - Basic
- **Course Learner Group:** Nursing
- **Stage:** Stage 1 - Basic Course
- **Description:** This course is appropriate for students doing class projects that qualify as "No More Than Minimal Risk" human subjects research.
- **Record ID:** 18113788
- **Completion Date:** 02-Feb-2017
- **Expiration Date:** 02-Feb-2020
- **Minimum Passing:** 80
- **Reported Score*:** 94

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	04-Oct-2015	3/3 (100%)
Students in Research (ID: 1321)	04-Oct-2015	10/10 (100%)
History and Ethical Principles - SBE (ID: 490)	05-Oct-2015	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	11-Dec-2015	4/5 (80%)
The Federal Regulations - SBE (ID: 502)	11-Dec-2015	5/5 (100%)
Assessing Risk - SBE (ID: 503)	11-Dec-2015	4/5 (80%)
Informed Consent - SBE (ID: 504)	11-Dec-2015	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	11-Dec-2015	5/5 (100%)
Records-Based Research (ID: 5)	02-Feb-2017	3/3 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 10680)	02-Feb-2017	5/5 (100%)
Vulnerable Subjects - Research Involving Prisoners (ID: 8)	02-Feb-2017	4/4 (100%)
Vulnerable Subjects - Research Involving Children (ID: 9)	02-Feb-2017	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	02-Feb-2017	3/3 (100%)
Research and HIPAA Privacy Protections (ID: 14)	02-Feb-2017	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	02-Feb-2017	4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	02-Feb-2017	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	02-Feb-2017	4/5 (80%)
Cultural Competence in Research (ID: 15166)	02-Feb-2017	5/5 (100%)
Liberty University (ID: 15111)	02-Feb-2017	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/7k3b148894-c208-41c2-b6cd-d24e9e4f0ddb-18113788

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citiprogram.org

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Michelle Dickerson (ID: 5053075)
- **Institution Affiliation:** Liberty University (ID: 2446)
- **Institution Email:** michelle_dickerson@bshsi.org
- **Institution Unit:** Nursing
- **Curriculum Group:** Human subject - Basic
- **Course Learner Group:** Nursing
- **Stage:** Stage 1 - Basic Course
- **Description:** This course is appropriate for students doing class projects that qualify as "No More Than Minimal Risk" human subjects research.
- **Record ID:** 18113788
- **Report Date:** 02-Feb-2017
- **Current Score**:** 94

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Students in Research (ID: 1321)	04-Oct-2015	10/10 (100%)
Liberty University (ID: 15111)	02-Feb-2017	No Quiz
History and Ethical Principles - SBE (ID: 490)	05-Oct-2015	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	11-Dec-2015	4/5 (80%)
Belmont Report and CITI Course Introduction (ID: 1127)	04-Oct-2015	3/3 (100%)
Records-Based Research (ID: 5)	02-Feb-2017	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	11-Dec-2015	5/5 (100%)
Assessing Risk - SBE (ID: 503)	11-Dec-2015	4/5 (80%)
Vulnerable Subjects - Research Involving Prisoners (ID: 8)	02-Feb-2017	4/4 (100%)
Informed Consent - SBE (ID: 504)	11-Dec-2015	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	02-Feb-2017	3/3 (100%)
Privacy and Confidentiality - SBE (ID: 505)	11-Dec-2015	5/5 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	02-Feb-2017	3/3 (100%)
International Studies (ID: 971)	02-Feb-2017	Quiz Not Taken
Internet-Based Research - SBE (ID: 510)	02-Feb-2017	Quiz Not Taken
Research and HIPAA Privacy Protections (ID: 14)	02-Feb-2017	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	02-Feb-2017	4/4 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14028)	02-Feb-2017	4/5 (80%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	02-Feb-2017	4/5 (80%)
Cultural Competence in Research (ID: 15168)	02-Feb-2017	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	02-Feb-2017	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k3b148894-c208-41c2-b8cd-d24e9e4f0ddb-18113788

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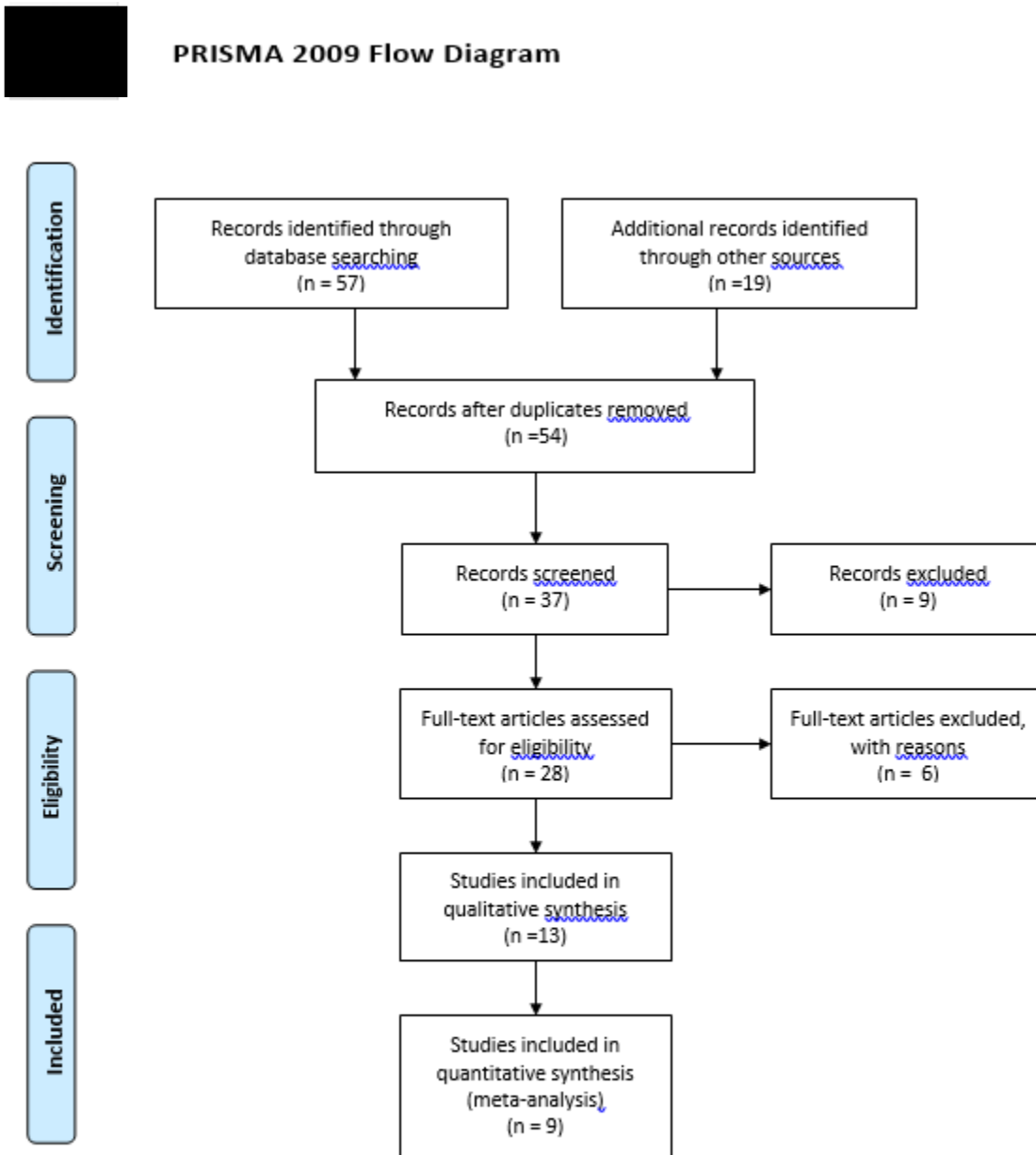
Appendix C: Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Dates 2013 to 2018	Dates prior to 2013
Acute and Outpatient Clinical Care Settings	Physician Practice Settings
Full text articles	Abstract only articles
Studies performed in the U.S.; Peer-reviewed articles at all levels per Melnyk Levels of Evidence (2015)	Studies outside of the U.S.
English language	Non-English languages

Appendix D: Levels of Evidence for Literature Appraisal Matrix

Evidence category	Numeric level	Number of articles for project
Systematic review & meta-analysis of randomized controlled guidelines	1	0
One or more randomized controlled trials	2	0
Controlled trial (no randomization)	3	0
Case-control or cohort study	4	3
Systematic review of descriptive & qualitative studies	5	7
Single descriptive or qualitative study	6	1
Expert opinion	7	11

Appendix E: PRISMA Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(7): e1000097. doi:10.1371/journal.pmed1000097

Appendix F: Table of Evidence Summary

#	Author	Date	Evidence Type	Sample & Sample Size	Results/ Recommendations	Limitations	Rating Strength
							Quality
1	Bartels, J. E., & Bednash, G. (2005). Answering the call for quality nursing care and patient safety. <i>Nursing Administration</i> , 29, 5-13.	2005	Literature Review	N/A	Discusses the challenges of how nurses are educated for the complexities of today's healthcare system. Emphasizes the need to revamp the education system to better prepare clinicians.	Not a RCT, majority of references date back to early 2000's	VII
2	Bryant, E. (2015, August 2015). Delegation in practice. <i>Practice Nurse</i> , 45, 22-25.	2015	Expert Opinion	N/A	Principles of delegation and accountability. Use of HCA's as critical members of the healthcare force. Recognizing suitable delegation of tasks is key.	Non-experimental, 13 references	VII
3	Keeling, A. W. (2015, May 2015). Historical perspectives on an expanded role for nursing. <i>Online Journal of Issues in Nursing</i> .	2015	Literature Review	N/A	Understanding the impact of historical nursing can contribute to the expanded role of nursing today. Supports the notion that nurses (particularly advanced practice nurses) should work at the full extent of their training.	3 references in the last 5 years	V

4	Russell-Babin, K., & Wurmser, T. (2016, May 2016). Transforming care through top-of-license practice. <i>Nursing Management</i> , 47, 24-28	2016	Literature Review	N/A	Understanding top of license practice and appropriateness of delegation	18 references, 4- ref in the last 5 years	VII
	Author	Date	Evidence Type	Sample & Sample Size	Results/ Recommendations	Limitations	Rating Strength
							Quality
5	Friese, C. R., Siefert, M. L., Thomas-Frost, K., Walker, S., & Ponte, P. R. (2016). Using data to strengthen ambulatory oncology nursing practice. <i>Cancer Nursing</i> , 39, 74-79.	2016	Descriptive Study	259 fully completed surveys, 13 Nursing Units	It is useful to utilize work assessments to retain nurses and support the delivery of quality healthcare services	Relatively few responses from several units which may lead to less reliable results	V
6	Kunyk, D., & Austin, W. (2011). Nursing under the influence: A relational ethics perspective. <i>Nursing Ethics</i> , 19, 380-389.	2011	Expert Opinion	N/A	Untreated addiction in practicing nurses is a critical professional practice issue	Non-experimental, limited options, not relative to the scholarly project	VII
7	Yang, Y., & Meiners, M. R. (2014). Care Coordination	2014	Literature Review	N/A	The need to cast aside the notion that only the safest and high-quality patient care is "good enough".	Non-experimental, limited options	V

	and the Expansion of Nursing Scopes of Practice. <i>Journal of Law, Medicine, & Ethics</i> , 93-102.				Doctors and NPs will not have time for the “little things” in order to practice at top of license.		
8	Yen, M., & Lo, L. (2004, March-April 2004). A Model for Testing the Relationship of Nursing Care and Patient Outcomes. <i>Nursing Economics</i> , 22, 75-80.	2004	Descriptive Survey	755 returned questionnaires	Study provided empirical evidence to asset that the perceived quality of nursing care is an important factor influencing patient outcomes	Many variables, Future research to consider initial health status variables	V
			□ N/A				
	Author	Date	Evidence Type	Sample & Sample Size	Results/ Recommendations	Limitations	Rating Strength
9	Fowler, J., Hardy, J., & Howarth, T. (2006, July 2005). Trailing Collaborative Nursing Modes of Care: The Impact of Change. <i>Australia Journal of Advanced Nursing</i> , 23, 40-46.	2005	Literature Review Pilot Study	N/A	Highlighted areas related to the quality of care delivery: clinical supervision, continuity of staffing, trust, employer of choice, patient ratios, education and recognition	Restricted demographics, mixed findings	IV

10	Haas, S. A., & Hackbart, D. P. (1995, July-August 1995). Dimensions of the staff nurse role in ambulatory care: Part III-Using research data to design new models of nursing care delivery. <i>Nursing Economics</i> , 13, 230-241.	1995	Descriptive cross-sectional Survey	606 practicing staff nurses	Insight into ambulatory care nursing. Nurses projections of delegation patterns. Indicated some core dimensions could be appropriately delegated while others should remain exclusively with the professional nurse.	Outdated, Future research on standards nursing intensity, research and quality improvement	IV
11	Lengacher, C. A., Kent, K., Mabe, P. R., Heinemann, D., VanCott, M. L., & Bowling, C. D. (1994, November-December 1994). Effects of the partners in care practice model on nursing outcomes. <i>Nursing Economics</i> , 12, 300-308.	1994	Descriptive Survey	6 LPNs 8 RNs 2 techs	Study confirmed that practice model had an effect on job satisfaction on the experimental unit.	Small sample	IV
12	Alarcon, A. M., Barrera-Ortiz, L., Carreno, S. P., Carillo, G. M., Farias, R. E., Gonzalez, G., ...	2014	Descriptive Study, with a qualitative approach	N/A	“Nursing as Caring” theory was selected, and guide developed and applied.	26 references, 8- ref in the last 10 years	V

	Santamaria, N. (2014). Development of a functional model of nursing care in cancer. <i>Invest Educ Enferm</i> , 32, 206-215.						
13	Kaplow, R., & Reed, K. D. (2008, January-February 2008). The AACN synergy model for patient care: A nursing model as a force of magnetism. <i>Nursing Economics</i> , 26, 17-25.	2008	Literature Review	N/A	Review of the Magnet® Recognition program as it relates to the Synergy Model of Care and its affect of patient outcomes, nurse and job satisfaction.		VII
14	Lee, C. T., & Fitzgerald, B. (2013). Model of care and pattern of nursing practice in ambulatory oncology. <i>CONJ</i> , 19-23.	2013	Descriptive Study	10 members	Study did not yield sufficient data to adequately support the implementation of any specific models at the hospital's ambulatory care settings.	Small sample	VI
15	Dubois, C., D'Amour, D., Tchouaket, E., Rivard, M., Clarke, S., & Blairs, R. (2012). A taxonomy of nursing care organization models in	2012	Descriptive Study	22 medical units, 11 acute care facilities	Study revealed that medical units in acute care hospitals exhibit diverse staff mixes, patterns of skill use, work design, and support for innovation.	24 references, 3-ref in the last 10 years	V

	hospitals. <i>BioMed Central</i> , 12(12), 1-15.						
16	Baker, K., & Williams, T. E. (2016, September 2016). Overview and Summary: Elimination of barriers to RN scope of practice: Opportunities and challenges. <i>Online Journal of Issues in Nursing</i> , 21.	2016	Literature Review	N/A	Change is incredibly difficult. Nurses must embrace revolutionary ideas that are implemented in an evolutionary manner.	4 references	VII
17	Zittel, B., Moss, E., O'Sullivan, A., & Siek, T. (2016, September 2016). Registered Nurses as professionals: Accountability for education and practice. <i>Online Journal of Issues in Nursing</i> , 21.	2016	Literature Review	N/A	Removal of identified barriers to support full scope of practice, such as lack of autonomy, team-based processes, and organizational policy will increase the capacity for nurses to answer the call of the IOM (2011) ideal.	Non-experimental, limited options	VII
18	Epstein, B., & Turner, M. (2015, May 2015). The Nursing Code of Ethics: Its History. <i>Online Journal of Issues in Nursing</i> , 20.	2015	Literature Review	N/A	Other resources are needed, outside of nurses, to grasp the full complexity of an ethical dilemma.	Non-experimental, limited options	VII

19	<u>Finnell</u> , D. S., <u>Thomas</u> , E. L., <u>Nehring</u> , W. M., McLoughlin, K. A., & Bickford, C. J. (2015, May 2015). Best practice for developing specialty nursing scope and standards of practice. <i>Online Journal of Issues in Nursing</i> , 20.	2015	Literature Review	N/A	Nursing specialty scope and standards documents contribute to continued understanding and recognition of nursing's diverse professional contributions.	Non-experimental, limited options	V
20	Moss, E., Seifert, P. C., & O'Sullivan, A. (2016, September 2016). Registered Nurses as interprofessional collaborative partners: Creating value-based outcomes. <i>Online Journal of Issues in Nursing</i> , 21.	2016	Literature Review	N/A	The IOM has offered a clear and strong case for the collaborative role of RNs on interprofessional teams.	Non-experimental, limited options	VII
21	Chard, R. (2013, September 2013). The personal and professional impact of the future of nursing report. <i>AORN Journal</i> , 98, 273-280.	2013	Literature Review	N/A	The IOM report has laid the groundwork for imagining new US health care models. Using this report as an evidence-based blueprint for change will require a commitment from all stakeholders in a shared vision for a better health care system	Non-experimental, limited options	VII
22	<u>Wyant</u> , T., & <u>Ginex</u> , P. K. (2017, December 2017). Strengthen a commitment to practice change through EBP immersions. <i>ONS Voice</i> , 60.	2017	Literature Review	N/A	The future of healthcare in the United States will require more and better trained health professionals; more efficient and cost-effective coordination of care; more deliberate use of technology and treatments; and better educated public invested in its collective health.	Non-experimental, limited options	VII