

Original Article

Nursing: An evolutionary concept analysis

Afsaneh Raiesifar<sup>1</sup>, Soroor Parvizy<sup>2,3</sup>, Parisa Bozorgzad<sup>4</sup>, Sarieh Poortaghi<sup>5\*</sup>, Nayereh Davoudi<sup>6</sup>, Masoumeh Masoumi<sup>7</sup>

- 1 School of Nursing and Midwifery, Ilam University of Medical Sciences, Ilam, Iran
2 Department of Pediatric Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran
3 Medical Education Research Centre, Iran University of Medical Sciences, Tehran, Iran
4 Department of Medical Surgical Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran
5 Department of Community Health Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
6 School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran
7 School of Paramedicine, Bushehr University of Medical Sciences, Bushehr, Iran

ARTICLE INFO

Received 28 May 2018
Revised 9 October 2018
Accepted 11 December 2018
ePublished 13 January 2019
Published 07 March 2019

Available online at:
http://npt.tums.ac.ir

Key words:
nursing;
nursing care;
concept analysis;
evolutionary concept analysis

ABSTRACT

Background & Aim: More clarification of the concept of nursing helps to review policies, standards, codes of ethics, professional values and nursing roles. The purpose of this study was to analyze nursing concept using Rodgers evolutionary method.
Materials & Methods: With employing a rigorous evolutionary concept analysis approach, the concept of nursing was examined. After an extensive search, about 6706 articles were found; 43 articles and 6 related books published in English from 1980 were reviewed vigorously. Then data about the nursing concept was analyzed using evolutionary concept analysis approach.
Results: The definition of attributes, antecedents, as well as consequences of nursing was performed through concept analysis. Core attributes (the goal of nursing, nursing scope, dimensions, practice and interventions, roles, audience, and professional values) were studied. The antecedents of nursing include getting a degree and nursing qualification, standards, and ethical codes. In addition, it led to health promotion. Care was an interchangeable concept of nursing. Missed and individualized nursing care, advanced nursing practice, holism and health improvement were obtained as nursing related concepts.
Conclusion: Recognition of main attributes boundaries and professional differences in health care context prevents perplexity in nursing and leads to professional development and self-confidence.

Introduction

It is difficult for health care professionals to understand nursing as a profession or its relation to professional processes. Historically, when nurses have been asked to define nursing, their answers have been difficult, instable and incoherent, which results in bewilderment, misunderstanding and underestimating of nursing in organization (1). Nowadays, nursing is an ethical and complex process, which is

based on life, achievements, and historical patterns. It is also formed by scientific exploration, medical innovation and social movements (2).

Nursing definition is dynamic. In 1999, United Kingdom Central Council of Nursing (UKCC) declared that "provision of a definition of nursing restricts the profession. However, some specialization is required for goals such as policy making, service assignment, and curriculum development". On the other hand, Lang emphasized if we could not nominate a concept, we could not control it, trade-off, research, educate or put in the public policy (3). Some associations have also provided several nursing definitions. The first formal definition was probably provided by Florence Nightingale:

\* Corresponding Author: Sarieh Poortaghi, Postal Address: Department of Community Health Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Email: spoortaghi@gmail.com

"Nature alone cures... and what nursing has to do... is to put the patient in the best condition for nature to act upon him", and "nursing components include all things but it is unknown" she wrote in 1859, which is still true in the 21st century (3).

Osborn (4) described nursing as caring based on nursing knowledge, which is directed by the ethical and spiritual principles and responsibility. Clark (3) defined it as a physical job for patient safety, comfort, feeding and cleaning, or as doctors' assistant for medication administration. However, all of them are parts of nursing function.

There is a lack of clarity in nursing definition that results in some problems in determining and defining some aspects of nursing including roles and duties. Therefore, the initial phase to recognition of nursing is clarification of the concept (5). Paley (1996) stated that concept clarification could help operationalizing and measuring concept; clarifying the attributes and scope of a concept also results in function improvement.

Although multiple approaches have been used for concept development, the purpose of these approaches is different; the results are also not similar (6, 7). Concept analysis as a research method helps to expand the body of knowledge, especially regarding concepts. It also provides knowledge base for performance through clarifying and understanding of a concept. According to Walker and Avant (2004), the main purpose of analysis is to distinguish between the defined and other characteristics.

Several methods have been developed for concept analysis with different philosophical foundations such as Pragmatism and Existentialism (6, 8). As "Nursing" is a concept that has meaning in the context of underlying factors, Rodgers' evolutionary concept analysis approach is appropriate to reduce the semantic vagueness and clarify nursing concept. Rodgers has studied the process of change and evolution of concept over time with an inductive and rigorous approach. This analysis involves determining the association of words and relevant surrogates, history, attributes, examples and consequences. The purpose of the analysis is to describe the concept and common application that will be the basis for further development (9). These characteristics make Rodgers' method appropriate for clarifying complex concepts, such as nursing. Since some clarification is helpful toward understanding,

this study was carried out to analyze the concept of nursing.

## **Methods**

Concept analysis is part of the cycle of concept development, and Rodgers asserts that this cycle involves the application, significance, and use of a concept (10). According to Rodgers (2000), clarification is an important phase in the development of useful and meaningful concepts in nursing; however, it is not the final step in the process. Indeed, it is an essential step in knowledge development of concepts in nursing. Seven steps of Rogers' method can be categorized as follow: defining the concept and related statements; proper scoping (location and sample) for data collection; data collection and selection of texts; data analysis to explain related concepts; using examples, antecedents and consequences; providing an example for clarifying concept in the context; interpreting results and determining implications; assumptions and mentions for further development of the concept, which aims to perform further analysis in order to get closer to the concept and reduce the semantic vagueness (9).

After determining the significance of concept in the discipline context, a range of domains and literature were assessed in the next phase (8). We searched databases including: Google book, Springer, CINAHL, PubMed, Medline, Science direct, Google scholar, and Ovid. The keywords were 'nursing', 'nursing concept', 'nursing care', 'nursing practice', 'nursing history', which were used separately or in combination with each other.

Later, to achieve more precise results, inclusion criteria were identified. The main inclusion criteria in the final analysis were the literature published in English or Persian within the context of nursing. There was no time limitation. Preliminary result of the search led to 6706 articles which considered the inclusion and exclusion criteria and duplicated items decreased to 286 cases. At this stage, articles which were not in English or Persian and were in letter, editorial or commentary format excluded from the study, as a result the number decreased to 83. Then 35 articles which did not have extra information about nursing concept or were not accessible in full text excluded from the gained mass of information. At the final stage, 43 articles and 6 relevant book were included in the concept analysis (Figure 1). Two investigators reviewed the literature vigorously.

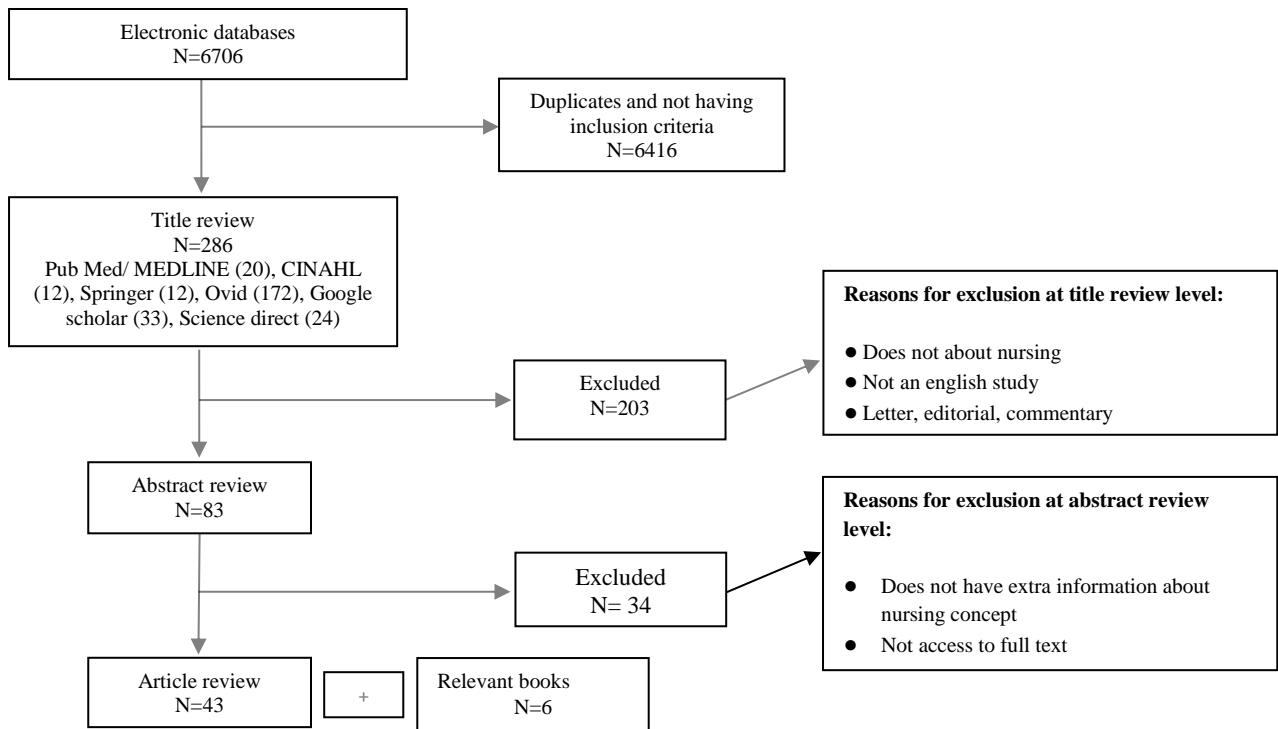


Figure 1. Summary of literature search and number of articles

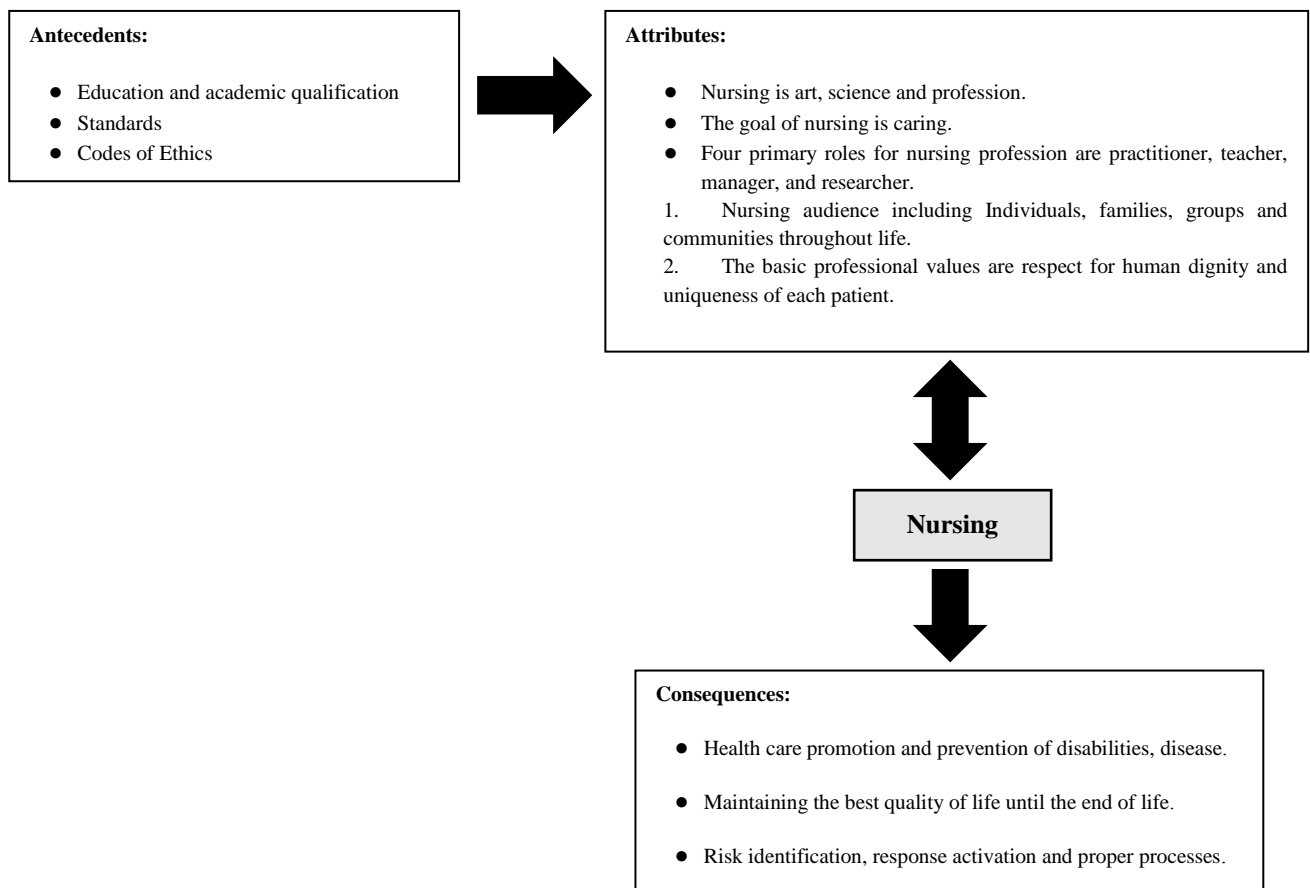


Figure 2. Summary of nursing antecedents, attributes and consequences

Deductive content analysis of the information on nursing concept was performed by two researchers, then themes were identified. Information units consisted of related words, sentences, information and responses to the following questions: What are the specific attributes of nursing? What is the definition of nursing? Which concept is associated with nursing? What are the antecedent, consequences or outcomes of nursing. All the textual data were coded to answer these questions. Next, the codes be arranged into categories and sub-categories based on Rodgers methods (definition, attributes, related and interchangeable concepts, antecedents and consequences of the concept). The first and correspond authors performed data coding, and other authors supervised the analysis process. Where there is conflict during analysis, the authors discussed about it until they come to agreement. Microsoft office word (2013) was used for management of data.

## Results

The result of study explained based on Rodgers evolutionary concept analysis steps.

### 1. Concept definition

The initial phase was to determine the concept and its position. The most important feature of the concept is 'Significance'. Position in the context refers to the meaning of a concept in a desired discipline (9). In order to understand the significance of the concept, the definitions which used should be specified; therefore the various definitions of nursing were provided.

A variety of definitions of nursing were provided which include: nursing is a conscious, physical, emotional and moral process that includes identification of nursing needs, interventions and personal care, information, training, advice and support, and emotional, physical, and spiritual support (3). According to Dorland dictionary, nursing is "the provision of essential or helpful services for promotion, maintenance, and restoration of health and well-being or prevention of illness among infants, sick and injured people, or people who are unable to provide such services for themselves due to any reason" (11). According to the International Council of Nursing (2010), nursing encompasses autonomous and collaborative care for individuals of all ages,

families, groups, communities, sick or well in all centers" (12). Nursing is also known as an "interactional process" that emphasize interpersonal relationships and share experiences related to health (13). According to Thresyamma (2005), nursing is a profession, art and science of providing services to human beings to help them to restore or maintain normal state of the body and mind. When nurses are not able to reach such goals, they help people to relieve pain, anxiety, mental or spiritual distress.

## 2. Attributes

Properties are a series of characteristics that help to identify situations of a concept (9). According to the studies, nursing properties can be classified into the following dimensions:

### 2.1. The goal of nursing

Different purposes of nursing have been mentioned in the literature. The most important purposes are caring; promoting and maintaining health; welfare and quality of life; empowerment to restore health and comply with problems; protecting people and preventing disease (3, 4, 12).

### 2.2. Nursing scope

Nursing is responsible for defining the roles and scopes of practice. On the other hand, the scope of nursing practice is related to a range of responsibility, accountability and competencies. The general areas of nursing practice can be summarized as the following: providing safe nursing care in collaboration with other colleagues, supervising others, leading, managing, teaching, researching and developing health care policy. Some authorities consider specific domains of nursing as an individuals' unique response and experiences about health, illness, instability, disability and health-related events in all situations (3, 12, 14-16).

### 2.3. Nursing dimensions

*Nursing as a science and an art:* Nursing is both science and art (17, 18) which have a synergistic relationship with each other; the sum of these two dimensions are much larger than either one alone. Art is manifested in

caring; however, compassionate care would not be provided without the scientific knowledge base that accredited nursing practice (17). Some authors focus on either science or art alone (19). Wainwright (1999) suggested an assumption that nursing is an art; art in the sense is sometimes beautiful, sometimes a skill or craft. On the other hand, nursing is not a fine art, but it is an art in which skill or craft is done by individuals. Many features of nursing are distinguished from the fine arts and performing arts (drama). Emphasis on nursing as an art can make many aspects of nursing out of this format (20). Gavin (2008) stated that nursing specialty is a combination of objectivity (technical specialty) and subjectivity (interpersonal specialty). "Good nursing" is defined as a combination of both of these dimensions. However, physical component of nursing (care for the body) is in the field of nursing, and "emotional" engagement completes nursing process (21).

*Nursing as a profession:* Some authors believed that nursing is science, art, or profession; nursing profession specialized services to enhance human beings health and social welfare. Thresyamma (2005) quoted American Nurses Association that nursing profession is considered as a combination of intellectual accomplishments, attitude and subjective skills based on the principles of medical science achieved through educational courses in nursing colleges under supervision of hospitals, which aims to be recognized by government and operated by persons authorized and undertaken in relation to preventive and curative health(22). Grace, et al (2016) wrote that nursing remained what Windt (1989) expressed; Nursing is a critical service profession which would not function correctly without society(23).

#### 2.4. Nursing functions and obligations

- Nursing functions and obligations can be categorized as follows:
- Using knowledge, training and experience and developing nursing practice based on creative thinking and research
- Teaching and providing information
- Using nursing process to provide care to diagnose and treat patient responses,

environment and dimensions of health and illness, physical, emotional, mental, social, spiritual and support, activate and empower patients, clients and health care workers.

- Using communication skills (listening and consultation)
- Team working and interacting between the concept including person, health, environment and nursing
- Using nurses' individual attributes such as kindness, respect, integrity and non-judgmental approach (3, 4, 13, 24-28).

#### 2.5. Nursing roles

Nursing roles are described in the context of nursing functions. New nursing roles have evolved slightly from performance-based to holistic and from task-orientated to patient-centered (27). Nursing interventions may be associated with other health care professionals or independent activities (13). Henderson (1955) defines nursing roles in three areas: the substitutive (do for person), supplementary (helping people) and complementary (practice to help the patient)(29). College and Association of Registered Nurses in Alberta (2005) identified four primary roles for nursing profession including: practitioner, teacher, manager, and researcher. One or more of these roles is the main focus of nursing practice, depending on the level of functional and specialty care. Although practitioner role is fundamental, other roles have arisen for preservation and promotion of the practitioner role (28).

Osborn, Wraa & Watson (2013) believed that nurses' roles include acute and non-acute care practice, advanced practice, and acting in a number of new and evolving fields including: acute care nurse, nurse providing direct patient care, nurse educators, nursing manager, nursing administrator, non-acute care nurse, community health nurse, researcher, church nurse, school nurse, long term care nurse, life care centers nurse, clinics nurse, hospice nurse, geriatric nurse, industrial and occupational health nurse. Advanced practice roles include clinical nurse specialist, practitioner nurse, nurse midwife, licensed anesthetic nurse, and nursing lecturer. They also emphasized that all of the functional roles of nurses rely on the nursing process as a framework for providing care to patients (4). Horton, Tschudin & Forget (2007) suggested that nursing roles are always rooted in the moral

values and are often considered as a profession; however, the modern nursing is not known as a religious profession (30).

## 2.6. Nursing audience

In the literature, nursing audience was not directly mentioned, but the roles of target audiences can be outlined within nursing definition: Individuals, families, groups and communities throughout life from birth to death and in every point of health-illness continuum (3, 12, 30).

## 2.7. Professional values

In addition to the norms, values vary from society to society (30). The basis of nursing practice is respect for human dignity and uniqueness of each patient, regardless of the socioeconomic status, cause of illness or personal characteristics (4). In the literature, the values of nursing profession are enumerated as follow: responsibility, honesty, patient participation, integrity and humanity, independence, deep human communication, dignity, hope, compassion, teamwork, being different, versatility, altruism, development, integration, support and empower individuals, mutual trust, proper knowledge, clinical competence, communication, continuity, harmony, homogeneity, self-sacrifice, hard work, control, variety, patient treatment choice, self-protection, personality, creativity, aesthetics, management, economic efficiency, courage, commitment, ethical attitude, person-centered, freedom, individuality, positive affirmations and personal success (12, 30).

## 3. Antecedents and consequences

Antecedents are events or concepts that have been influential in the evolution of a concept (31) and happened before its occurrence. Consequences were considered as the result of concepts, which help to clarify them more clearly (8) (Figure 2).

### 3.1. Antecedents

The antecedents of nursing concept can be reviewed as facilitators or barriers.

#### 3.1.1. The facilitators

- *Education and academic qualification*

It is essential for nurses to be qualified in the educational courses for acquiring knowledge, skills and professional approach to

ethical decision-making (32). Nursing education as vocational training provides opportunities for nursing students to obtain insights on a variety of required knowledge. Nursing students should also learn the specific needs of patients and publicize learning experiences from similar situations (33). Nutting suggested that students need time to study to become a good nurse. According to the first International Council of Nursing (ICN) conference in New York (1901), all nurses must obtain a work permit test (29).

Nursing is often considered as a profession, which indicates the need for a certain level of expertise and quality to support the proficiency and expertise and control over the application of the expertise (21). Watson (1988) suggested prerequisites of nursing care include knowledge, desiring to do, knowledge-based performance, and positive outcomes of care (4). Nursing practice and decision making require knowledge, critical thinking skills, clinical reasoning and judgment, intuition and expertise based on the moral and ethical principles for appropriate responses to important change; however, it is often subtle in the status of patients. Nursing process has applied these concepts in terms of patient care (4, 14). In this regard, Clark also suggested nursing practice and education are formed continuously based on the development of care and treatment and other issues (3).

- *Standards*

Standards are authoritative statements by which nursing profession can describe common level of performance or quality of care and responsibility of individuals determined. Standards are prerequisites for promoting safe, competent and ethical nursing practice (4). These standards are used to assess the quality of nursing care and are therefore considered as legal protocols for nursing practice(34). Established standards for nursing practice are necessary as self-regulation profession. Nursing practice standards represent accepted requirements for specified quality of care received by the client/patient. Nursing has high standards of practice; accountability, autonomy, support, collaboration, and the obligation to take care are the key elements (13). However, nurses' practices are organized not only by the law

but also through the hierarchical development of policies originating from the act of law (35).

- *Code of Ethics*

Ethics determines whether an action is moral or not in nursing (4). Some ethical issues in nursing include: respect for dignity, worth and uniqueness of each individual regardless of the social or economic status, respect patients' priority (individual, family, group, or community), protect health and safety and patients' rights, responsibility to preserve integrity and safety, maintain competency, and ongoing personal and professional development and collaboration with care team (12, 36).

### 3.1.2. The Barriers

Institute of Medicine (2004) has described factors affecting nursing practice as follows: increased severity of illness, shorter hospital stay, reduced nursing workforce availability, increased patient turnover, high turnover of nurses, long working hours, rapid development of new knowledge and technology and complexity of the work environment for nurses (37). Also, complex, dynamic and unpredictable context influences on nurses' decision making (15). Crenshaw (38) suggested chronic shortage of nurses with Bachelor degree influence on health care quality and patient safety. According to Mallon, values can have a considerable impact on nurses' thinking and practice, which play an important role in patient care. Values that are in conflict or contrast lead to stress, anxiety, exhaustion and resignation of the job; this can impact on the organization and lead to poor patient care and failure to meet the goals and standards. Indeed, nurses' personal value systems affects their performance (30).

### 3.2. Consequences

The specific aim of nursing include health care promotion, improvement, growth and development, and prevention of disabilities, disease, illness, injury during period of disease or disability. Also nursing aimed to reduce stress and pain, enabling people to understand and comply with disability and disease, treatments and outcomes. When death is inevitable, the purpose of nursing is maintaining the best quality of life until the end of life (3). According to the Institute of Medicine (IOM), nursing has the greatest impact on preventing

patient complications, risk identification, response activation and proper processes (37). Furthermore involvement in trauma and other resuscitative care in order to restore effective communication, leadership and team working have a significant impact on patient outcomes (39).

## 4. Interchangeable and related concepts

Interchangeable concepts are words that express the main idea of a concept, using other words that researcher selects to study (9).

### 4.1. Interchangeable concepts

Historically, scientific and vulgar, nursing and care are highly interrelated to the extent that is considered as interchangeable concepts. "Care is nursing and nursing is care" Leininger (1984) stated. It seems to be a popular unspoken assumption that nursing prerequisite is the ability to provide care. However, the relationship between nursing and care is very complex; it is not as simple as common people assumption. Indeed, care and nursing are not synonymous and should not be. In this case, there was much debate until care was clearly defined and became constant, so that it is accepted by all members of the profession and the recipients of nursing services. Nursing care includes actions and interactions between patients and nurses; the physical care is considered as the primary focus (40). Finfgeld-Connett (2008) describes care as an interpersonal process which is dependent on context and is determined by the performance of skilled nursing, sensitive and intimate interpersonal relationships. Indeed, care is an involved way to "being" that one is forced to put him/herself in the act with, for or on behalf of a person or persons who need care(41).

Woodward has attempted to reform the concept of care and focused on two different approaches that are appropriate to this worldview and mentioned two types of care: the instrumental and expressive. Instrumental care refers to what employees are doing and preset practice that may determine the nature and property of patients. Eexpressive care is defined as emotional elements, which reflect a commitment to the values of respect for the individual, his identity and specific needs, to achieve "good" nursing both are essential, but Woodward believes that expressive care is undervalued now (42, 43).

Some authors stated that another nursing role is to face and cope with a variety of situations and events including: nursing care for people with chronic illnesses and conditions, and dying people; promoting health; basic care such as bathing, maintaining comfort and supporting patients and their relatives. Thus, it is not surprising that nursing is known as caring of sick and lame people (30).

#### **4.2. Relative concepts**

Relative concepts include some features of a main concept (44). Key concepts related to nursing were identified in the process of analysis including: missed nursing care, individualized care, advanced nursing practice, holism, health promotion (37).

4.2.1. Missed nursing care: New concept is defined as any aspect of care in which the patient's needs are removed or delayed. Missed nursing care is an error or neglect (37).

4.2.2. Individualized nursing care: it is a key concept in nursing that emphasizes on the quality of care and reduction of routine care. According to Suhonen, quoted Radwin and Alster (2002), individualized care occurs when a nurse considers patient as an individual and plans nursing care based on the patient's experience, behavior, emotion and perception (45).

4.2.3. Advanced Nursing Practice: Within the particular clinical area, using a range of therapies based on research, theory and practice for phenomena experienced by patient is greater than nursing profession. Advanced practice has a set of basic features and core competencies. Basic features include bachelor's degree, national certification and patient-centered practice that are necessary but not sufficient. Core competencies include clinical direct action, experts' guidance and preceptorship, mentoring, research skills, clinical and professional leadership, collaboration, ethical decision-making skills (46). American Institute College of Nursing called advanced practice nurse an umbrella term for a graduate nurse licensed as clinical specialists, nurse anesthetists, nurse midwife or nurse practitioner. UKCC also considers advanced nursing practice well as a range of responsibilities including clinical management, leadership, and standard of care, quality assurance, audit, practice development and research (47).

4.2.4. Holism: it is an equilibrium and harmony between the body, mind, emotion and spirituality in a changing environment. According to the holistic view, a person is an integrated whole and independent of its parts (43).

4.2.5. Health promotion: health promotion includes the development of lifestyle habits of individuals and healthy communities that can maintain and enhance the welfare of them (43).

#### **5. Appropriate illustration**

One of the seven works of Rogers' approach includes providing an appropriate example, if it is necessary (8). Illustration is a practical example derived from collected data, which is necessary to clarify the concept in the context. Mary was always looking for ways to help others, after becoming familiar with nursing and being interested, she chose this; at present she has a BS in nursing. She is currently working on a surgical ward. She does activities such as patient's physical, psychological and social assessment, patient admit, patient and family education, consulting before the surgery in terms of the nursing process with respect to patient's rights and preferences and collaboration with other medical staff, operating room, physiotherapy, lab, etc. Mary always finds herself in front of the patient and the hospital accountable, tries based on the ethical codes and standards to keep her knowledge and skills up to date.

#### **Discussion**

The purpose of the present study was to investigate nursing concept in the related literature in order to identify its attributes, antecedents and consequences. Another important trait of the concept analysis is to determine the orientation of a concept for further exploration and probing, which can be considered as the most important results of analysis. Some authors consider the final results as explorative matter of this method to integrate a concept (48). Thus, it is necessary to provide information about nursing concept in education, practice and policy.

As discussed, nursing concept is very complex and involves many sub-themes. Thus, different definitions have been proposed according to the objectives and different



philosophical approaches. Contextual issues such as economic, social, and political background can affect nursing definition. On the other hand, defining a concept as the extent of nursing can be restrictive and causing overlooked parts of features and dimensions of the concept. However, clarification of the dimensions and traits of nursing concept as one of the four main concepts of nursing discipline (nursing, human, environment, health) is fundamental for curriculum, caring and setting policies in the context. Regardless of the definition and approach to nursing, planning for profession and individuals involved including nurses, nursing students, clients, policy makers and other health-related professions is not possible.

Determining the features and dimensions of the nursing concept can be helpful in designating nursing philosophy, colleges' policies, education goals, lesson plans, focus of training, teaching content, teaching methods, etc., lack of clarity in nursing concept could result in confusion in planning and achieving goals. Terms and concepts to define, validity and reliability have always been required to research, and "nurse" is no exception from this. Analysis of nursing concepts can result in identifying weaknesses and vagueness. Further research will lead to better clarity of nursing concepts and increases the body of knowledge. The cycle will eventually help to develop the concept, and this is an expected goal from evolutionary concept analysis. Clinically clarifying the concept of nursing helps nurses to review policies, standards, and codes of ethics, professional values and nursing roles. By analyzing the concept of nursing, professional boundaries and distinctions in the context of health care are more visible, and confusion associated with determination of the scope of care will be reduced. Explanation and analysis of Nursing concept and specifying the dimensions and unique distinctions result in professional development and self-confidence of nurses.

Determining the features and dimensions of nursing concept could be helpful in designating nursing philosophy, colleges' policies, and educational goals including: lesson plans, focus of training, teaching content, teaching methods, etc. Recognition of main attributes boundaries and professional differences in health care context prevents perplexity in nursing and leads to professional development and self-confidence. As the final

step in Rodgers evolutionary concept analysis methods and according to the literature, nursing can be defined as follows:

Nursing is a profession that uses the art of care based on biological sciences, arts and humanities. The profession members employ capabilities such as intelligent and critical thinking, clinical judgment and reasoning, up-to-date knowledge and clinical skills, according to the standards and principles, moral values and humanities. These capabilities are used to prevent from disease or illness, improve and promote health, guide and empower individuals (families, groups and communities from all ages and with all social and personal characteristics) to live better. This definition is not the end to nursing concept, but it is a basis for further research and development; it can also be used for professional development.

### **Acknowledgment**

This study carried out in Tehran University of Medical Sciences. The authors appreciate Prof. Forough Rafii for helping us to complete this project.

### **Conflicts of Interest**

The authors declare that there are no conflicts of interest regarding the publication of this paper.

### **References**

1. Knox S, Gharrity J. Creating a center for nursing excellence. *JONA's Healthcare Law, Ethics and Regulation*. 2004;6(2):44-51.
2. Cuellar ET. Care and meaning in war zone nursing. *Nursing Clinics of North America*. 2009;44(4):483-93.
3. Clark DJ. *Royall College of nursing: Defining nursing*. . 2014 [updated 2014; cited 2012 2012.12.10]; Available from: [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0008/78569/001998.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0008/78569/001998.pdf).
4. Osborn K WC, Watson A. *Concept related to health care delivery and nursing practice; Chapter 1: preparation for practice concepts*. 2013 [updated 2013; cited 2013 2013.01.10]; Available from: [http://www.bookdev.com/Pearson/Osborn/dap/chapters/M01\\_OSBO1023\\_01\\_SE\\_C01.pdf](http://www.bookdev.com/Pearson/Osborn/dap/chapters/M01_OSBO1023_01_SE_C01.pdf).
5. Walker LO, Avant KC. *Strategies for Theory Construction in Nursing*. Edition t, editor.; 2004.

6. Penrod J, Hupcey JE. Enhancing methodological clarity: principle-based concept analysis. *Journal of Advanced Nursing*. 2005;50(4):403-9.
7. Hupcey JE, Penrod J. Concept analysis: examining the state of the science. *Research and theory for nursing practice*. 2005;19(2):197-208.
8. Rodgers BL, Knafk KA. *Concept development in nursing: Foundations, techniques, and applications*. 2, editor. Philadelphia: W.B. Saunders 2000.
9. Tofthagen R, Fagerström LM. Rodgers' evolutionary concept analysis—a valid method for developing knowledge in nursing science. *Scandinavian journal of caring sciences*. 2010;24:21-31.
10. Parisa B, Reza N, Afsaneh R, Sariel P. Cultural safety: An evolutionary concept analysis. *Holistic Nursing Practice*. 2016;30(1):33-8.
11. Dorlands. *Medical dictionary 2013* [updated 2013; cited 2013 2013. 01. 12.]; Available from: <http://medical-dictionary.thefreedictionary.com/nursing>.
12. George Castledine AC. *Oxford Handbook of Adult Nursing: Definition of Nursing*. Oxford University Press; 2009 [updated 2009; cited 2013 2013.01.13]; Available from: <http://www.icn.ch/about-icn/icn-definition-of-nursing>.
13. Press OU. *Defining nursing*. 2013 [updated 2013; cited 2012 2012. 09. 01]; Available from: [http://fds.oup.com/www.oup.com/pdf/13/9780199231355\\_chapter1.pdf](http://fds.oup.com/www.oup.com/pdf/13/9780199231355_chapter1.pdf).
14. Fairman JA, Rowe JW, Hassmiller S, Shalala DE. Broadening the scope of nursing practice. *New England Journal of Medicine*. 2011;364(3):193-6.
15. Smith AC. Role ambiguity and role conflict in nurse case managers: an integrative review. *Professional case management*. 2011;16(4):182-96.
16. Gottlieb LN, Gottlieb B. Evolutionary principles can guide nursing's future development. *Journal of advanced nursing*. 1998;28(5):1099-105.
17. Vaughans B. *Introduction to the nursing profession*. Part I. *Nursing Fundamentals DeMYSTiFieD: A Self-Teaching Guide (Demystified Nursing)*. New York: McGraw-Hill Medical; 2010.
18. Daniels R. *Nursing Fundamentals: Caring and Clinical Decision-Making*. CengageBrain.com; 2004.
19. Edwards SD. The idea of nursing science. *J Adv Nurs*. 1999;29(3):563-9.
20. Wainwright P. The art of nursing. *Int J Nurs Stud*. 1999;36(5):379-85.
21. Gavin JN. Nursing ideology and the 'generic carer'. *Journal of advanced nursing*. 2008;26(4):692-7.
22. Thresyamma C. *Fundamentals of Nursing*. New Dehly: Jaypee Brothers, Medical Publishers; 2005.
23. Grace PJ, Willis DG, Roy C, Jones DA. Profession at the crossroads: A dialog concerning the preparation of nursing scholars and leaders. *Nursing Outlook*. 2016;64(1):61-70.
24. Hagbagheri MA, Salsali M, Ahmadi F. A qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources for Health*. 2004;2(1):9.
25. Lea A, Watson R, Deary IJ. Caring in nursing: a multivariate analysis. *Journal of advanced nursing*. 2001;28(3):662-71.
26. Timby BK. *Fundamental Nursing Skills and Concepts*. Wolters Kluwer Health/Lippincott Williams & Wilkins; 2009.
27. Thompson DR. Nursing in Hong Kong: issues and challenges. *Nursing science quarterly*. 2006;19(2):158-62.
28. Alberta CAoRNo. *Nursing practice standards*. College & Association of Registered Nurses of Alberta. 2012 [updated 2012; cited 2012 2012. 10.10. ]; Available from: <http://www.nurses.ab.ca/pdf/Nursing%20Practice%20Standards.pdf>.
29. Klainberg M. An historical overview of nursing, chapter 2. 2013 [updated 2013; cited 2013 2013.01.17 ]; Available from: [http://samples.jbpub.com/9780763755966/55966\\_CH02\\_021\\_040.pdf](http://samples.jbpub.com/9780763755966/55966_CH02_021_040.pdf).
30. Horton K, Tschudin V, Forget A. The value of nursing: a literature review. *Nurs Ethics*. 2007;14(6):716-40.
31. Burchum JL. Cultural competence: an evolutionary perspective. *Nurs Forum*. 2002;37(4):5-15.
32. Woodruff AM. Becoming a nurse: The ethical perspective. *International journal of nursing studies*. 1985;22(4):295-302.
33. Skår R. Knowledge use in nursing practice: The importance of practical understanding and personal involvement. *Nurse education today*. 2010;30(2):132-6.
34. Kozier B. *Fundamentals of nursing: concepts, process and practice*. 10 ed. New Jersey: Pearson Education; 2016.

35. Cheek J, Gibson T. Policy matters: Critical policy analysis and nursing. *Journal of advanced nursing*. 2008;25(4):668-72.
36. Association AN. Code of Ethics for Nurses with Interpretive Statements. 2013.
37. Kalisch BJ, Landstrom GL, Hinshaw AS. Missed nursing care: a concept analysis. *Journal of advanced nursing*. 2009;65(7):1509-17.
38. Crenshaw JT. Use of Video-Feedback, Reflection, and Interactive Analysis to Improve Nurse Leadership Practices. *Nursing Administration Quarterly*. 2012;36(3):260-7.
39. Clements A, Curtis K. What is the impact of nursing roles in hospital patient resuscitation? *Australasian Emergency Nursing Journal*. 2012.
40. Brilowski GA, Cecilia Wendler M. An evolutionary concept analysis of caring. *Journal of Advanced Nursing*. 2005;50(6):641-50.
41. Finfgeld-Connett D. Meta-synthesis of caring in nursing. *Journal of clinical nursing*. 2008;17(2):196-204.
42. Mackintosh C. Is there a place for "care" within nursing? *International journal of nursing studies*. 2000;37(4):321-7.
43. seven, critical, nursing. The seven critical nursing practice concepts. *Journal [serial on the Internet]*. 2013 Date; 2013: Available from: <http://www.linfield.edu/portland/assets/files/Outcomes/practiceconcepts-learningstrategies.pdf>.
44. Rafii F, Peyravi H, Mehrdad N. Professional Socialization in Nursing: An Evolutionary Concept Analysis. *HAYAT*. 2010;16(2).
45. Suhonen R, Valimaki M, Leino-Kilpi H. The driving and restraining forces that promote and impede the implementation of individualised nursing care: a literature review. *Int J Nurs Stud*. 2009;46(12):1637-49.
46. Hanson CM, Hamric AB. Reflections on the continuing evolution of advanced practice nursing. *Nurs Outlook*. 2003;51(5):203-11.
47. Harris D, Chaboyer W. The expanded role of the critical care nurse: a review of the current position. *Australian Critical Care*. 2002;15(4):133-7.
48. Salsali M MA, Fakhr Movahedi A. Principle & methods of concept evolution. *Boshra- Tohfah*; 2007.