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The Exemplary Practice Life of the Nurse

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ABSTRACT

Nurses consistently stand out in extraordinary ways especially during a global crisis, recently confirmed in the current Covid-19 pandemic. What is opportune this time is the call for clarity around what nurses do and what society can expect from them. Nurses, as members of a global profession, need a platform to build a contemporary practice life. This paper proposes the model: *The Exemplary Practice Life of the Nurse*. It provides a framework to explicate the essence of the role of the nurse. The model posits four inter-related essential components or pillars that ground a nurse's behavior and commitment: professionalism, leadership, scholarly practice, and stewardship. This uncomplicated, straightforward model is universally applicable for nurses to apply in whatever roles they hold and at any point in their careers. The use of a holistic model, as a guide across a full career trajectory, supports the nurse's ability to prioritize individual pillars while understanding the interrelationship and influence among the four pillars. The authors pose assumptions that form the basis of the registered nurse role and provide the foundation for the exemplary practice life of the nurse. They make recommendations to nurses, the profession, the workplace, the academy, and the community.

Nurses have always been central to managing and abating health crises such as the recent COVID-19 pandemic health crisis. They will continue to be pivotal as the nation heals, all while the urgent need to reduce health disparities continues to soar. Nurses carried out their awe-inspiring and innovative work in hundreds of diverse roles and settings. They demonstrated true leadership in the most professional way (Rushton & Thompson, 2020). This extraordinary contribution centers nurses in the midst of a "landmark" multi-year performance in every part of the globe. This truly was exemplary nursing practice at its best. This recognition amplifies the fact that nurses, as members of a global profession, require a common platform to build a contemporary exemplary practice life.

At the same time, the profession, while earning the designation as a major global workforce in the health care industry, continues to grapple with two key variables. The first is the slow transition within the United States for the BSN as the preferred degree for entry into the profession. The second is that practice roles are undergoing transformative changes in every part of the health care delivery system. As a result, nurses face extraordinary challenges to meet the emerging health care needs in a society that has experienced a long response to a global pandemic and faces significant health disparities. Nurses are positioned extraordinarily well to design innovative, and new models of care to respond to these challenges with a selfless commitment to remain true to the core work of the profession.

For eighteen years, the American public has acknowledged nursing as the most trusted profession in the United States (Gallup, 2021; Reinhart, 2020). As the current COVID-19 pandemic has demonstrated, nursing is an essential profession whose members are highly valued, trusted, and respected. But the *practice* of nursing remains uneven – a reflection of wide variations in educational preparation, clinical expertise, and professional growth among its millions of individual clinicians. Nurses themselves often have difficulty articulating the essence of their practice. It is therefore not surprising that the public it serves has yet to fully grasp a consistent understanding of nursing's unique contributions to society much beyond nurses' uniform person-centered caring, comforting presence, reliable judgment, and technical expertise.

The protracted Covid-19 pandemic highlights the need to fully define what nurses do through the lens of what we, the authors, call the exemplary practice life for all nurses. Recently there have been calls that recognize the need to clearly describe the roles and expectations of nurses (Godsey et al., 2020; Ulrich et al., 2020). We are proposing a universally applicable, compelling, straightforward conceptual model to

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explicate what nurses do. This model can guide nurses in their work, in whatever setting and in whatever the current stage of their careers. We believe that a universal holistic model is needed given the complexities of a global economy, the disparities embedded in the health care needs of society, the demand for expanded knowledge development, technological innovation, the pace of change in health care systems, and the public need to understand the work of nurses.

The aim of this paper is to describe a new holistic conceptual model that visually depicts what constitutes exemplary practice for a registered nurse formatively educated at the baccalaureate or master's entry level. To better understand exemplary professional nursing practice, we developed a model that describes such a person's essential attitude, behavior, and capability within the context of four independent, yet inter-related, pillars of: professionalism, scholarly practice, leadership, and stewardship. This model is named *The Exemplary Practice Life of the Nurse*. We define exemplary nursing practice as the best of the best of the art and science of nursing, and it represents the highest level of knowledge, expertise, and competence. While baccalaureate or master's entry graduates are prepared for an exemplary practice life, this evolves over a full career trajectory and is applicable across all professional nursing roles and practice settings.

Assumptions for an Exemplary Practice Life of the Nurse

The following are a set of assumptions that we believe underpin a framework for all nurse work, and as a result form the foundation of an exemplary practice life. These assumptions have been shaped by the history of the profession of nursing and are relevant to nurses in the present and for the future.

Assumption one

> *Society can expect that each nurse who has completed formative education at the baccalaureate or master's entry level will possess knowledge, attitude, behavior, and capability to care for all who need it regardless of setting.*

The complexity of current practice environments requires critical thinking skills and a strong foundation in the art and science of nursing that are more completely developed during baccalaureate and master's entry level education. Society can expect that the knowledge, attitude, behavior, and the capability of a nurse will deepen over the course of a full career. Career advancement is tied to aspiration, experience, intent, formal education, and professional development. Optimal work settings support nurses throughout their careers to meet their developmental goals.

Assumption two

> *Society can expect each nurse to accept and value all persons as equal, worthy of respect and with intrinsic worth, regardless of all other considerations.*

Nurses are formatively educated with a holistic and generalist framework that sets the background for a career that embraces diverse roles in diverse settings with and for diverse people, anywhere and in whatever roles to assure the public that healthcare is available for all. Furthermore, nurses are socialized to fulfill the expectation that a humanistic, individualized, person-centered approach to care uses social justice tenets as the foundation of interactions with others.

Assumption three

> *Society can uniformly expect each nurse to possess a set of role attributes and role functions that guide the scholarly work of all nurses.*

Nurses use knowledge that prioritizes the ability to form therapeutic relationships; they appreciate the necessity to partner with people in their practice; they develop the capacity to teach; they are competent in the use of scientific knowledge and creativity to critically analyze phenomena and deliver evidence-based care. Nurses exert their capability to effectively collaborate with all stakeholders involved with the health and wellness of the public; they have been educated and socialized to be leaders in communities and within their practice settings. Nurses possess the ability to provide expert humanistic and holistic care to self and others that reflects kindness, compassion, respect, and mindfulness in their practice.

Assumption four

> *Society can expect that each nurse is adaptive to change and committed to the core tenets of professional practice regardless of the practice setting or role.*

Working in complex environments that are constantly changing calls upon the nurse to understand the essence of the professional role. Leading change in formal and informal processes that result in improvements is a key role of the nurse and results in continuous learning by self and others. To best serve the health and wellness needs of society, the core of nursing's work centers on a strong collaboration with interdisciplinary partners and the people they serve. These collaborations often serve as natural laboratories for the design and implementation of dynamic innovations. Most importantly, nurses are committed to live and conduct practice with integrity, dignity and respect that includes a social, personal, and professional responsibility and accountability for one's actions as a member of the profession.

The model: *The Exemplary Practice Life of the Nurse*

In this model, the exemplary practice life of a nurse is illustrated as four essential pillars that provide a foundation for nurses as they evolve professionally. We envision this model as a holistic guide that affords the nurse the ability to prioritize individual pillars while always understanding the relationship and influence of pillars to each other and to the whole. There are four pillars in this model: professionalism, leadership, scholarly practice, and stewardship.

As shown in Fig. 1, the four pillars in the model support the exemplary practice life of a nurse that, in turn, serves to advance the health and wellness of society. The placement of health and wellness of society represents the pinnacle to be achieved of in terms of exemplary practice. Its position as the highest point in the model serves to recognize the direct impact of an exemplary practice life of a nurse on society. The pillars link to a cross-directional arrow that represents the inter-related, yet independent, relationship among pillars. The model also illustrates the essential characteristics of each pillar. For example, the nurse exercises core responsibilities in professionalism when he or she invests in lifelong learning and self-care, accepts responsibility and accountability for the health and wellness of society, and comports with a strong professional identity. Each pillar of the model is subsequently explained in detail.

In this model, the four core pillars rest on stakeholders. Stakeholders include individuals and groups who have an interest or an investment in supporting the exemplary practice life of the nurse and in turn the health and wellness of society. These include: the nursing profession (the body of individual nurses and professional associations/organizations, regulatory and credentialing bodies); education or the academy (colleges and universities that prepare nurses at the formative level); the workplaces (where nurses and inter-professional health care colleagues are employed); and the community (an essential part of society that shares common characteristics, aspirations, and challenges). These stakeholder groups are represented by the labels: *Profession*, *Education*, *Workplace*, *and Community*.

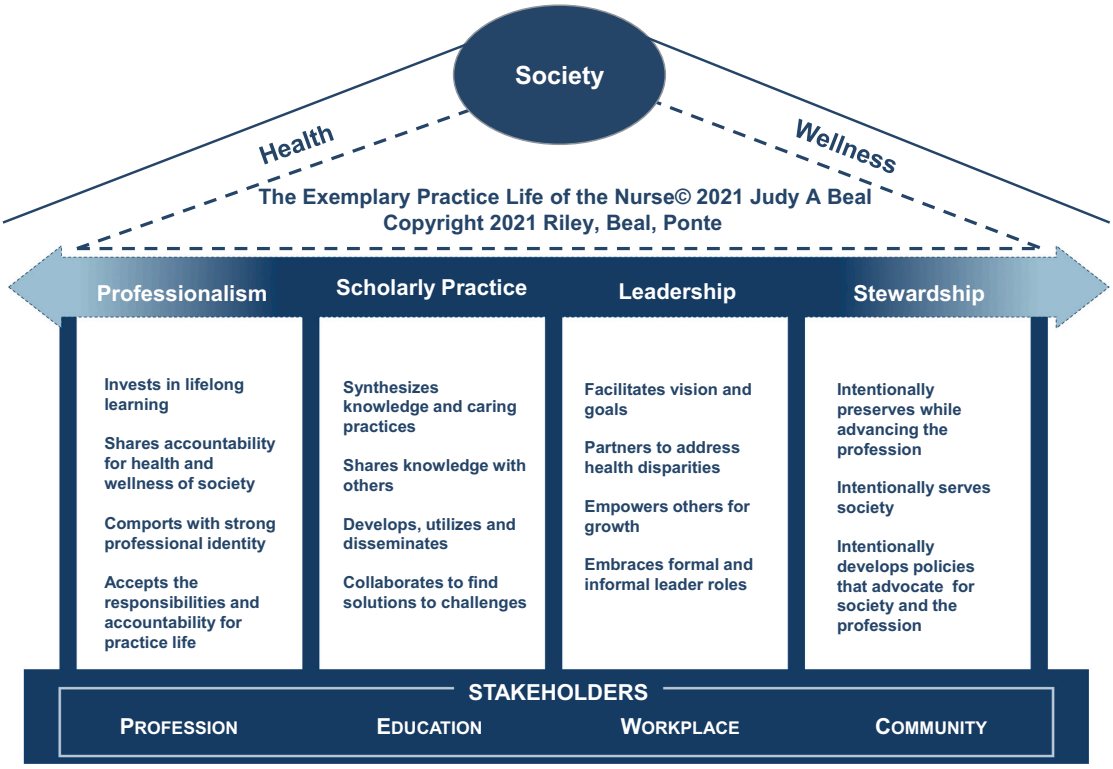

Fig. 1. *The Exemplary Practice Life of the Nurse.*
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In the following sections, we describe each of the pillars and provide evidence for the choice of each in the model.

Professionalism

To understand professionalism as one of the pillars of an exemplary practice life of a nurse, we recognize the varied and rich history of nursing. Early historians noted that nursing's initial primary work centered on a sense of obligation to community through service of others (Donahue, 1996). Over time, nurses, individually and collectively, engaged in societal struggle to address the need for equity (Dock & Stewart, 1938). The term professionalism was rarely used in the literature prior to the 20th century. But what is informally described in the historical narratives are behaviors and characteristics used in the practice work of nurses during such times. The narratives connect the past to the present and offer guidance for the future.

Although controversial in the historical record, Florence Nightingale, with strong views about health and wellness and the unwillingness to accept the dictates of the politics of the day, brought professionalism into the lexicon of nurse work (Donahue, 1996). She advocated for nurses to move beyond benevolence as the model of care to one where education preceded practice; where practice was a duty to society; where the character, values, passion for the care of the sick and their communities were frequently stated ideals for nurses. Nightingale recognized the importance of full nurse engagement, a positive approach to health promotion and informed decision making, and the pursuit of social justice as the bedrock of a professional life (Beck, 2010; MacQueen, 2007; Wagner & Whaite, 2010;).

Two centuries later, the concept of professionalism continues as both multifaceted and complex.

Studies identify a wide range of dimensions, attributes and influences linked to the development of professionalism (Ali et al., 2020; Garcia-Moyano et al., 2019; Ohlen & Segesten, 1998). The International Society for Professional Identity in Nursing (ISPIN) has committed its core work to developing the science to order to understand identity formation in nurses (Godfrey, 2020; Joseph et al., 2021). Their work is grounded in a concept of professionalism that incorporates two distinct professional paradigms, social and psychological, into the nurse's professional identity (Crigger & Godfrey, 2014).

Nurses often express the view that professionalism is easier for them to describe as situationally related actions than to define as a complete set of behaviors. There is no universally accepted definition of professionalism. This fact is not surprising given the complexity of the concept. Johnson (2015) reported counting sixty words or concepts in an informal review of the term professionalism. Regardless, professionalism remains a personally important concept for nurses. To explain its meaning, one needs to begin with the fact that no one is born a professional. Rather, it is an intentional process of development that begins in formative education, transitions into the workplace, and continues through the major stages of a nurse's career. “Developing and nurturing professionalism in nursing takes time, authentic presence of leaders, engagement of colleagues and somehow creating a feel of value in the contribution of each nurse, from the bedside to the boardroom” (p. 266, Leclerc, 2017). Professionalism is a purposively evolving mode of thinking and acting (Johnson, 2015).

There is recognition that professionalism requires the individual nurse to act as the fully accountable agent of professional responsibility, throughout their career. Stakeholders, who are invested in the practice life of the nurse, are also recognized as important influencers because they support the development and promotion of conditions that are conducive to sustaining professionalism (American Nurses Association, 2014). Professionalism offers a covenant with society as to what attitude, behavior, and process govern the work of nurses no matter where they practice and whatever their practice role.

As such, we posit that professionalism is a multidimensional lived experience that includes a combination of characteristics, values, conduct and actions. Professionalism includes identity formation, comportment, acceptance and accountability for professional

responsibilities and expectations. Reflection, the need to form a therapeutic relationship integral to the caring relationship, passion for the work of a scholarly practice, as well as civic and social responsibility further define the understanding of professionalism. Nurses prioritize being available for others: for people, patients and families, colleagues, peers, workplace, and communities.

Professionalism informs the blueprint for educational programs, statements of workplace expectations and signposts for the nurse to incorporate into the other pillars of an exemplary practice life of the nurse. The newly approved AACN *Essentials* details the domain of Professionalism with its related descriptors, contextual statements, and competencies to be achieved during formative education (AACN, 2021). Professionalism, in all its dimensions, clearly is an essential pillar of an exemplary practice life of the nurse.

Scholarly practice

Scholarly practice has consistently been part of the discussion surrounding the essential components of nursing practice. Since 1922, Sigma Theta Tau, the International Nursing Honor Society has recognized and promoted nursing scholarship as one of its major tenets (Sigma Theta Tau, 2020). Carper's (1978) seminal work formulated what she coined "nurses' patterns of knowing" which set the foundation for scholarly practice. Benner's model *From Novice to Expert* further advanced this discussion as an explanation of how knowledge and skills are acquired and applied to nursing practice (Benner, 1982, 1984). While the dialogue on how to define scholarly practice continues to evolve, the message of its importance to the profession and to quality patient care outcomes remains consistently strong. Riley et al. (2002), described a universal holistic model of scholarly nursing practice consisting of the scholarship of knowing teaching, practice, and service. This model evolved later to include the role attributes of "who I am" and "what I do" (Riley et al., 2008). Participants ($N = 36$) in this qualitative study shared that they think of themselves as: 1) available for others, 2) active learners, 3) out of the box thinkers, 4) passionate about nursing, and 5) confident. They carry these values while leading, caring, sharing knowledge, and being self-reflective. We believe that scholarly practice includes the characteristics of developing new knowledge, improving practice, basing practice decisions on evidence, designing, and implementing innovative practices, using creative approaches to individualize the needs of the people we serve, and advancing system-wide priorities and initiatives.

There is professional consensus that formative nursing education programs have the responsibility to prepare their graduates for a scholarly practice. The competencies attained by baccalaureate and master's entry prepared nurses within their formative education are driven by the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN). These competencies set the stage for a lifetime of scholarly practice. The National League for Nursing (2021) identifies four core competencies for all graduates of all formative educational programs, two of which support the expectation of scholarly practice. These include the spirit of inquiry and nursing judgment both of which prepare graduates for a "practice that is informed by a body of knowledge and ensures that all members of the public receive safe, quality care" (NLN, 2021). The approved 2021 AACN *Essentials* (AACN, 2021) labels this competency as 'Scholarship for the Nursing Discipline' and defines it as "the generation, synthesis, translation, application and dissemination of nursing knowledge to improve health and transform health care" p.11. The related subcompetencies include: advancing the scholarship of nursing; integrating best evidence and promoting the ethical conduct of scholarly activities.

After completing formative education at the baccalaureate or master's entry level, nurses, in partnership with the workplace and other stakeholders, assume responsibility for building on the foundation for scholarly practice competency attained in nursing education. As nurses transition into practice settings across a diverse and complex healthcare system, it is imperative that practice settings, in partnership with individual nurses and professional associations, fully support and help shape, evolve, and make a commitment to implementation of scholarly practice. Organizational credentialing bodies such as the American Nurses Credentialing Center (ANCC) and others promote the development of scholarly practice through a culture of individual and organizational scholarly practice. ANCC's include the ANCC Magnet Recognition Program, The ANCC Pathway to Excellence Program and The Practice Transition Accreditation Program (PTAP). While not all health care organizations are magnet designated, we believe that each individual nurse must commit to scholarly practice wherever they practice.

Scholarly practice is as much about attitude as it is about using a systematic approach to plan and deliver care and conduct other work of professional nurses. This attitude or mindset includes a commitment to systematic inquiry with the following questions in mind: How can we do this better? What does the evidence at all levels tell us? How can we do this in a way that meets the needs of this particular person or groups of people? How can what we learn be applied to broader groups of people within society served in a variety of contexts?

We believe that all nurses are capable of engaging in a scholarly practice. This capacity matures throughout a nurse's career. Nurses and the public have been socialized to think of scholars as educators and researchers employed by colleges and universities. According to Broome (2021), "Despite our own internal conversations, the public does not think of us as scholars and scientists…" p. 250. Because of this prevailing belief, many nurses have been reluctant to embrace themselves as practice scholars and capable of scholarly practice. Nurses, however, do think of themselves as highly creative, resilient, and accountable for seeking information, and scientific and aesthetic evidence to help formulate their plans, decisions, and actions.

Nurses with a scholarly practice prioritize learning; they know the people they care for; they believe that knowledge is ever evolving. Nurses recognize that, for them to be at their best, they need to continually learn in formal and informal ways. They collaborate and partner with others including the people they serve to find solutions to healthcare and societal challenges. This is scholarly practice!

As such, nurses with a scholarly practice accept responsibility for implementing and disseminating new knowledge for the advancement of the health and wellness of society. This important process occurs in the clinical care setting, in the classroom, in the conduct of research, in whatever setting and role the nurse holds. Scholarly practice with its direct connection to the health and wellness of society is an essential pillar of an exemplary practice life of the nurse.

Leadership

The early literature on leadership was primarily driven by leaders and scholars from the world of business (Kouzes and Posner, 2003). More recently, other professional disciplines including nursing have joined in the development and analysis of the theories and practice of leadership. There remains considerable debate about what leadership really is and how it differs from management. As a result, there is a plethora of definitions of leadership from both within and outside nursing. Diers (2004), in one of her classic editorials, wrote that leadership is viewed as multi-dimensional, encompassing the wise use of power, managerial functions, and human relations processes. We believe that leadership is a set of actions and behaviors used by individuals or groups of individuals within their environment that facilitates the establishment and acquisition/achievement of shared goals (MA Department of Higher Education, 2016).

The following review of the literature centers on understanding leadership and its expected behaviors. From the world of business, Kouzes and Posner have been writing about exemplary leadership since 2003. In their seminal work, they define essential leadership practices

that are important to promoting growth of an individual and an organization. This definition includes engaging and empowering all members in the organization to establish sustainable outcomes intentionally and collaboratively. They describe five leadership practices: 1) 'modeling the way', 2) 'inspiring a shared vision', 3) 'challenging the process', 4) 'enabling others to act', and 5) 'encouraging the heart'. While 'encouraging the heart' has not typically been viewed as a leadership competency, executive coach Daskell (2017) wrote that love is a leadership competency. By leading with compassion, commitment, kindness, and competence one can motivate others toward achieving greatness.

The long running and highly effective Robert Wood Johnson Executive Nurse Fellows Program (1997–2017) identified core competencies for nurse leaders (Bellack & Morjikian, 2005). These include:

- *Self-knowledge, or self-awareness* is the ability to understand and develop oneself in the context of organizational challenges, interpersonal demands, and individual motivation.
- *Strategic Visioning* is the ability to connect broad social, economic, and political changes to the strategic direction of organizations. Strategic nurse leaders are always thinking about the next step.
- *Risk-taking and Creativity* is the ability to transform both oneself and the organization by moving outside the traditional and patterned ways of success. A leader who is a risk taker often feels uncomfortable and learns to accept this discomfort.
- *Interpersonal and Communication Effectiveness* is the ability to translate a strategic vision into compelling and motivating messages. Great leaders care about people with whom they work. They stay on mission but are always listening to divergent voices.
- *Inspiring and Leading Change* is the ability to inspire, structure, lead and effectively implement organizational change in an inclusive way. Great nurse leaders lead from their values. Their personal integrity and moral courage are the cornerstones of their legacies.

While the RWJ program was a formal program directed toward nurses aspiring to advance in their leadership roles, we believe that these five constructs are applicable to leadership development of all nurses, regardless of title or work setting.

Leadership identity has typically been associated with a hierarchical, authoritative, and formal position (deZuleuta, 2015; Van de Mieroop et al., 2020). However, there is support in the nursing literature for the importance of informal leadership where the leader may not have a formal titular position or authority over a group of individuals. Informal leadership roles are exercised by those individuals who are situationally willing to step up and take actions; they are the "go-to nurses" (Clifton, 2014, p. 68). Within the culture of workplace organizations, an informal leader has been described as anyone who directs/guides a group toward accomplishing desired outcomes (Ross, 2014). Nurses, who engage in scholarly practice throughout the healthcare enterprise, assume informal leadership roles in acknowledged and unacknowledged ways.

Riley et al. (2008) in their study that explored perspectives of thirty-six experienced nurses' descriptions of their scholarly nursing practice, found that participants' perspectives of leadership differed from more traditional views of formal leadership. Participants spoke to a non-hierarchical approach to leadership that they repeatedly called "stepping up the plate over and over again to guarantee the highest level of care…to develop others and to advance practice" (pg. 431). Informal leadership was their expectation for their exemplary practice life. We believe that informal leadership needs to not only be further developed and supported but included in the performance expectations for every nurse in every workplace.

Based on experience, research, and a synthesis of the literature, we believe that all nurses educated at the baccalaureate or master's entry level are prepared to be leaders. Whether in informal or formal leadership positions, nurses are held to the following expectations: developing oneself and others; embracing cultural humility, inclusivity, and diversity; modeling professional practice and behavior with a non-hierarchical approach; communicating with colleagues and others with clarity and purpose; managing resources effectively; and collaborating with others to advance the practice and profession of nursing and health care for the benefit of society. Nurses as leaders are reflective, visionary, and strategic thinkers who feel comfortable taking risks and innovating in even the most challenging situations (Bellack & Morjikian, 2005).

We believe that both the formal and informal nurse leader is obligated to advance oneself, others, and the profession with humility, inclusivity, and generosity of spirit. Whatever the role, a nurse leader has the ability to influence others and build consensus toward a mutually shared goal or decision on both the micro and macro level. For example, the nurse leader has the responsibility to advocate for advancing health equity for all by removing practice barriers and supporting nurses in their efforts to understand the impact of the social determinants of health (NASEM, 2021). For these many reasons, leadership is one of the four pillars that supports the exemplary practice life of the nurse.

Stewardship

Identifying stewardship as one of the four pillars supporting the exemplary practice life of the nurse is both timely and necessary. Nursing is charged with preparing for its future while living in the present. All nurses are called upon to assume a stewardship responsibility for the conservation of the ideals of nursing while leading consequential changes in health care environments that impact the health and wellness of society.

The concept of stewardship, outside the boundaries of a profession, has a long history. When the word *stewardship* first appeared in the English language during the Middle Ages, it functioned as a job description, denoting the office of a *steward*, or manager of a large household (Merriam-Webster, 2020). Over the centuries, the understanding of stewardship expanded to include the oversight by the courts and many organizations. In recent years, the long-established "management" sense of *stewardship* has evolved into a positive meaning emphasizing "careful and responsible management" (Merriam-Webster, 2020). The historical evolution of stewardship carries forward a set of ideals that include duties, shared responsibilities, oversight, resource preservation, prudence, and advocacy into a modern era.

Twenty first century stewardship ideals are addressed in business as integrated leader behaviors that place long term best interests of the business entity and stakeholders over self-interest (Hernandez, 2008; Hernandez, 2012). Leaders, committed to their role as steward, see the benefit of this scope of social responsibility to their workforce and to society. Hernandez (2012) calls stewardship behaviors a "type of prosocial action" that carries with it a positive effect on people. Although primarily associated within a formal leadership role, there is current recognition that stewardship can and should live in all levels of organizations, adopted by all individuals, regardless of positional power (Dalcher, 2019).

In a traditional view of stewardship, nurse leaders and scholars are entrusted to preserve and hold in trust the value priorities of stakeholders (Milton, 2014). According to Haase-Herrick (2005) the simple essence of the diversity of stewardship actions for nurse leaders is grounded in the imperative to leave a profession, discipline, and scholarly practice in a better place than where it was found. This imperative does not apply only to nurses who are in formal leadership or scholar roles.

In broadening the responsibility of stewardship to include all nurses, the exercise of stewardship actions becomes a transformative experience that assures transparency and accountability for conserving what is essential in the profession and beneficial to society. With a more inclusive view of stewardship, all nurses, as stewards of the profession, exercise their responsibility to preserve what is intrinsically good and valuable in the profession, while promoting what knowledge and

practice benefits the health of society (Murphy, 2009; Murphy & Roberts, 2008).

Stewardship is not a one size fits all paradigm. Nurses are advocates at the point of practice or wherever they do their work. The consistent outcome of their advocacy is to preserve the core values of a practice profession while embracing practice changes that improve experience and outcomes of care. For educators, curricular learning opportunities that reinforce the expectations and responsibilities of being a steward of the profession begin to emerge at the point of formation of future nurses. For leaders of the profession, opportunities emerge at the nexus of transforming practice environments to meet society's current and future health needs. For researchers, stewardship implies a commitment to use their requisite abilities and curiosity to delve into the study of core nursing phenomena that address health issues that burden society. Being a steward of the profession stems from a nurse's passion and a sense of responsibility to advance the profession's work.

In a national study of chief academic nursing officers (Beal & Riley, 2015), participants shared that they believed that every nurse, regardless of role or practice setting, is a steward of the nursing profession and of scholarly practice. Participants' collective vision for the future of baccalaureate education was that educational programs would place more focus on "helping students think about themselves as members and future stewards of the profession" (Beal & Riley, 2015, p. 382). In a recent national study, senior nurse leaders in magnet hospitals confirmed that "nursing culture is both significant and consequential to the nursing milieu as well as the overall organization" (Beal & Riley, 2019, p.192). Embedding expectations of stewardship for all nurses, not just leaders, into the nursing culture of health systems adds potential for significant influence within the organization.

The key question then becomes: Who is responsible for stewardship of the profession? We believe the expectation for stewardship must be expanded to include a responsibility for all nurses, operationalized in different ways, across the lifetime of a career. This expectation broadens meaningful actions to include sharing knowledge with others, mentoring, and teaching, using knowledge of the business of healthcare to specifically impact health policy, regulation, ethical and financial decisions. These are actions that support the essence of the profession. As a touchstone for both preservation and change, stewardship in today's health care enterprise, leads to a wide range of critical opportunities for all nurses. We therefore believe that this expanded stewardship paradigm earns its placement as a supporting pillar for the exemplary practice life of a nurse. The legacy of stewardship is a future workforce that is comfortable with their professional heritage yet sensitively responsive to the changing healthcare needs of society.

Summary of the model

The holistic model *The Exemplary Practice Life of the Nurse* calls for nurses to commit to developing an exemplary practice throughout one's career. Table 1: Core Commitments with the Holistic Model: Exemplary Practice Life of the Nurse summarizes the essential attitudes, behaviors, and capabilities within the context of the four independent but interrelated pillars.

Table 1
Core commitments with the holistic model: exemplary practice life of the nurse.

Professionalism	• Participates in an intentional process of development that begins in formative education, transitions into the workplace, and continues through the major stages of a nurse's career. • Lives a practice life that includes a combination of characteristics, values, conduct and actions. • Acts responsibly and accountably for one's professional life. • Knows and applies ethical principles and standards to guide practice. • Has passion for the work of a scholarly practice.
Scholarly practice	• Consistently engages in a scholarly practice and knows that capacity for scholarly practice matures throughout a career trajectory. • Appreciates that scholarly practice is as much about attitude as it is about using a systematic approach to plan and deliver care and conduct other work of professional nurses. • Knows the people one cares for; is competent in whatever role assumed; continually develops areas of practice expertise; continuously improves evidence-based practice. • Collaborates and partners with others including the people they serve to find solutions to healthcare and societal challenges. • Shares the responsibility for implementing and disseminating new knowledge for the advancement of the health and wellness of society in whatever setting and role the nurse holds.
Leadership	• Acts as an effective and mindful leader through cultural humility, inclusivity, respect, kindness, and courage in both formal and informal leadership situations while empowering others for growth. • Holds to the following expectations: developing oneself and others; embracing inclusivity and diversity; modeling professional practice and behavior with a non-hierarchical approach; advancing practice and the profession of nursing; managing resources effectively; collaborating with others to address health disparities for the benefit of society; and advocating to advance health equity for all. • Appreciates and supports the use of informal leadership roles, as exercised in the situationally centered opportunities where one is willing to step up and take actions.
Stewardship	• Recognizes stewardship as a responsibility for all nurses, operationalized in different ways, across the lifetime of a career. • Intentionally exercises stewardship responsibility to preserve what is intrinsically good and valuable in the profession and while promoting knowledge and humanistic practice that benefits the health and wellness agenda of society. • As a touchstone for both preservation and change, advocates at the point of practice wherever nurse work is done. • Assures transparency and accountability for both using and conserving resources. • Engages in actions that support the essence of the profession: using knowledge of the business of healthcare to specifically impact health policy, regulation, ethical and financial decisions.

Discussion

The proposed model emanates from nursing's historical roots, respectful of its past while positing perspectives to guide the profession to meet current and future societal needs. Understanding the relationship between and among pillars represents the essence of an exemplary practice life. A holistic model adds equipoise in the components of nurse work. The model allows for counterbalancing the essential components while offering guidance to nurses in the whatever the situation that they confront in meeting the universally stated goal of health and wellness of all members of society. Because of the nature of their work, nurses need a holistic model to serve as foundational to their practice life. Such a model transcends all roles and work-settings and offers stability within an ever-changing health care environment. An unexpected benefit could be that the society will more clearly understand the essential elements of a nurse's practice life.

Each of the four pillars of this model has been separately described in the literature. What was not discussed in the literature was the interrelationship of these four essential pillars to each other and how, as independent but inter-related entities, they holistically support the exemplary practice life of the nurse. The importance and value of informal leadership has also been overlooked. Three pillars (Professionalism, Leadership, and Scholarly Practice) are incorporated into competencies that drive formative education, advanced education, and workplace norms. Their relationship to each other, within these systems, however, is not well articulated within the competencies. Historically, stewardship, the fourth pillar, has been assigned and well-described for executive levels of leadership but not addressed as a responsibility for all nurses. There has been a recent call to make stewardship an explicit

component of PhD education programs (Morris et al., 2021). While important, the call must be expanded to include educating all students to be stewards of the profession.

We fully acknowledge the significant contributions of the academy and professional organizations over decades of dedication to the advancement of nursing education (AACN, 2021; NLN, 2021). We recognize that they have a long-standing commitment to the development of specific essential competencies and principles for educating nurses. Faculty have developed curricula guided by the professional educational standards of these organizations. The complexity of today's nursing curricula calls for a simple, concise, and holistic translation the nursing competencies for each student and nurse to internalize what it means to have an exemplary practice life. We believe that this is the ultimate goal of nursing education at the baccalaureate and master's entry levels. To accomplish this translation, and at the same time provide a seamless transition to practice, faculty should integrate and emphasize the four pillars of this proposed model into teaching/learning experiences throughout the curriculum. The model offers a pragmatic framework to guide and support a nurse's practice life. Currently we know of no model or framework that captures the essence of exemplary practice life in a simple, concise, and holistic manner.

We introduced this paper with the important recognition that society once again acknowledges nursing as the most trusted profession in the United States (Gallup, 2021; Reinhart, 2020). Globally, the International Year of the Nurse and Midwife continues to link the exemplary life of the nurse with stories of contemporary exemplary practice. At the same time, there are reports in recent literature about three distinct but related calls for nurses and the profession that are discussed in the following paragraphs: 1. The need to claim an authoritative role as leaders in health care services; 2. The need to claim a complete and accurate professional image for nurses; 3. The need to reclaim values foundational to the profession.

While nurses are clearly viewed as trustworthy, we are not perceived by the public as leaders, scholars, or innovators who make major contributions to healthcare delivery (American Nurses Association, American Organization of Nurse Leaders, Johnson and Johnson, 2020; Broome, 2021; Prybil et al., 2019). The study findings of Godsey et al. (2020) address the need for change in the brand image of the nurse. These findings report factors contributing to the inconsistent and often negative image of nursing. They posit that variability in educational preparation, lack of visionary leadership, lack of leadership development, and an inconsistent professional image are significant contributors to the inability of the profession to demonstrate full leadership throughout the healthcare system.

The 2020–21 Covid-19 pandemic exposed fractures and vulnerabilities in our health care delivery system (Ulrich et al., 2020) that include oppressive and discriminatory structures that are embedded in the organizations in which nurses work (NASEM, 2021). These papers call for the need for nurses to step forward to lead substantive institutional reform. This will require an increased emphasis on supporting nurses in these endeavors (NASEM, 2021). This call is an urgent message to see, as one endpoint in the pandemic, an opportunity to reclaim "values foundational to our profession and to establish new norms of communication and teamwork, intentionally address [ing] disparities" (p. 843, Ulrich et al., 2020).

These calls offer some insights that are germane to the proposed model. *The Exemplary Practice Life of the Nurse* is a simple yet compelling description of the essential work of every nurse integrated into four inter-related pillars. The model answers the calls for a strong professional image and compelling leadership that embrace the foundational values of the profession. It is consequential for formative education at the baccalaureate and master's entry level education. Most importantly the model acknowledges a consistent universal recognition of what nurses do in all roles, in all work-settings and within our global society. This model can be part of the solution of clearly describing the important work of nurses.

Recommendations

Proposing the model

The Exemplary Practice Life of the Nurse, in conjunction with the greatest public health crisis since the 1918 flu epidemic, provided an opportunity to reflect on the rich past, the present, and the emerging future or our profession. Guided by this perspective we provide recommendations for the use of this model for individual nurses, the workplace, the academy, the profession, and the community. Specifically;

- We ask all nurses to consider re-framing their practice life to include the inter-related pillars of professionalism, scholarly practice, leadership, and stewardship. We recognize that the implementation of this model may look different at specific stages of a nurse's career.
- We ask that workplace leaders commit to examining and integrating this model as a mechanism to support all nurses throughout early, mid, and late career phases. We ask them to consider the integration of the model in systematic performance evaluation matrices that foster an exemplary practice environment.
- For the academy, we ask that leaders commit to conducting a systematic curricular appraisal to ensure that the model components are equally integrated throughout educational formation. Formative clinical learning needs to shift from a predominately skill acquisition model to a model that recognizes a more equitable distribution of the four essential pillars as the foundation for developing an exemplary nurse. Accomplishing the integration of this model into the curriculum is the first step in preparing the nurse of the future.
- We ask the leaders of professional associations to use their collective voice to advocate for the privilege of all nurses to have an exemplary practice life. The right of all members of society to have their health and wellness needs met equally requires no less than all nurses having an exemplary practice life. Furthermore, we ask that professional associations work collaboratively with certification, accreditation, legislative and regulatory bodies to commit to advancing the BSN as the preferred professional nursing degree. While efforts have been made in the past, there is a greater sense of urgency as the complexity of care continues to increase.
- For communities, we recognize their position as a guardian and supporter of society's health and wellness needs. We ask for continued support in new and emerging ways that reflect the conditions, commitments, changes, and requirements that must be confronted.

In conclusion, we ask service and academic leaders, and individual nurses, as partners, to review, implement and evaluate this model to seamlessly support career transition and the development of an exemplary practice life for all nurses.

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