ORIGINAL ARTICLE

Development of Nursing Codes of Ethics in Home Care: Protocol for a Mixed MethodsStudy

MASOUME ARAB[1], MOHSEN SHAHRIARI[2], AMIR KESHAVARZIAN[3], MAHROKH KESHVARI[4], ABBAS ABBASZADEH[5]
[1]PhD Student in Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.
[2](PhD, MScN, BScN),Professor, Adult Health Nursing Department,School of Nursing and Midwifery,Isfahan University of Medical Sciences Isfahan, Iran.
[3]Department of Medical Ethics & Philosophy of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran, Department of Medical Ethics, Isfahan University of Medical Sciences, Isfahan, Iran
[4]Associate Professor, School of Nursing and Midwifery, Nursing and Midwifery Care Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.
[5]School of Nursing and Midwifery,ShahidBeheshti University of Medical Sciences, Tehran, Iran.
Correspondence to:Mohsen Shahriari Email: shahriari@nm.mui.ac.ir

ABSTRACT

Background: Home care nurses face many ethical challenges in the provision of quality care. Although, many studies have been conducted on ethical issuesin the hospital environment and ethical support in nursing, there are a limited number ofstudies on ethical issues and moral support outside of the hospital to provide long-term care, such as home care.
Aim: To develop codes of ethics for home care through a mixedmethods study.
Methods: This study is to be conducted based on a 4-step sequential exploratory mixed methods study. In the first step, a qualitative study will be conducted by participation of the individuals involved in home care using content analysis in order to identify the ethical values of home care nursing. In the second step, to obtain credible scientific documentation, the systematic review will be based on the review and dissemination guidance applied by University of York, England. The third step will be designed by integrating the findings of qualitative studies and systematic review, drafting the original codes extracted by a nominal expert groupbenefitingfrom the specialists in qualitative studies in the fields of ethics andnursing, as well as the experts from organizations and professional institutes in the field of home careinside the country. Then, in the fourth stage, the codes will be validated through a nationwide survey of care providers tobe ultimately made available to the beneficiary group.
Conclusion: The findings of this mixedmethodsstudy will beobtained as the ethical codes of home care nursing. Compiling these codes will serve as a guide tool for home care nurses and other members of the health team and can reduce ethical issues such as costs, morbidities, and mortalities and ultimately leadsto promoted community health by developing ethical competence forimproving the quality of home care.
Keywords: Ethics, Home Care, Nursing

INTRODUCTION

Today, the ethical approach in the health system has become increasingly important and has been considered as a factor involved in maintaining community health[1]. Although, ethics is essential in all the professions, it is of great importance in the nursing profession[2]. This profession is considered ethical inherently due to the need to care for others. Various studies have shown that 11and 36% of the nurses face ethical problems daily and every few days, respectively[3-5]. Nurses spend most of their times in close contact with the patients andhence, they are more apt to deal with ethical issues compared to other health care providers, andthey constantly face with ethical decisions[6-8].

In the modern age, nurses need the knowledge of ethics for proper, safe, legal, and ethical care[9, 1]. One way to access these cares is acting based on professional standards and ethical codes. The codes of ethics provide criteria,with whichthe employers can measure performance of the individuals or groups[10].

Today, nursing is not limited to providing health care only inside the hospital since structural changes in the nursing profession have already led to provision of increasingly active long-term care centers providing home care[11]. Personal and professional responsibilities of the nurses are doubled in such a diverse service field[12].

Home care nurses provide a wide range of services to people with serious and chronic diseases andthus, they mayface many ethical challenges[13, 14]. Various studies have highlighted ethical aspects and issues faced by the nurses in providing home care, such as patient's independence, dignity[15-20], confidence, empathy, honesty, consideration of authority and competence, informed consent[17],justice, disagreement among the caregivers[21], End-of-life decisions like deciding whether to be hospitalized, maintenance or removal of maintenance therapies, coercion[21-23], nutrition issues, medical and pharmaceutical options, particularly drug concealment, including its concealment with food without notice[23], and physical abuse[17].

In addition, the need to accept multiple perspectives of the patients and families with different cultures, as well as home-specific environments in privacy can lead to ethical challenges in providing nursing care[15, 24-26]. Moreover, the presence of unskilled people and lack of financial resources have made the ethical problems more likely to arise[27].

Although, many studies have been conducted on ethical issues in hospital setting and ethical support in

nursing at international level[18,28-34], there is a limited research on moral supportin the ethical issues provided by long-term care centers, such as those providing home care[13], whileurging the need for structured support like guidance and codes of care ethics as a framework of decision-making for these nurses[16-18, 21-23, 25, 35].

Since ethics is dependent on the values, as well as cultural and social norms, and the nurses work in different cultural settings, they are required to adapt their performance to the value systems and cultural beliefs of the service receivers[36-39]. In a country like Iran, the values and cultures, which are based on the traditional, religious, and family-based contexts, differ from those involved in other countries. This difference necessitates development of nationally accepted codes of ethics and ethical guidelines for the nurses, as the greatest providers of health services in order to enable them to provide ethics-based nursing care[40]. Accordingly, the present studywill be carried out to develop codes of ethics for home care nursing through a mixedmethods study.

METHODS

This research will be conducted with a sequential exploratory mixed methodsdesign based on the pragmatic paradigm using the NICE Model considering the importance of the subject and the codes of ethics as a guide to nursing practice, as well aspracticability of the code-making process.

Step 1: Explaining the experiences of care providers, patients, and familieson the ethical values in home care
Step 2: Reviewing related literature and determining the ethical values of home care in the literature
Step 3: Drafting the codes of ethics by integrating the findings from qualitative studies and reviewing the literature by the nominal expert group
Step 4: Validating the codes through a nationwide survey of care providers

The First Step of the Study: (Qualitative): Since, there is not insufficient documentation to develop codes of ethics;in the first step, a qualitative study will beconducted so as to gain the experiences and viewpoints of involved people based on the Subject ContentAnalysis. The experiences of the members involved in home care and the patients will be collected as the primary sources and witnessesthroughthis qualitative study to determine the ethical values of this field, which makes the basis for compiling relevant codes.

Participants: At this stage, the participants will includethe patients and their family, policymakers, doctors, nurses, and anyone else who has a knowledge about home care,has at least one year experience of home care, and is willing to share his/her experiences. The participants will be selected from different cities and had maximum diversity in terms of age, sex, educational level, socioeconomic status, and geographical area to provide maximum variation in data sampling and enrichment. The purposive sampling will be done so that data collection will be continued until data saturation isreached and new codesare no longer found.

Method and Tools of Data Collection: At this stage, the data will be collected through in-depth semi-structured individual and group interviews, while the times and

locations of the interviews will bedetermined by coordinating with the participants. The duration of the interviews and their frequencieswill be determined according to the extent of the participant's information and their circumstances. The following questions will be asked: "Describeyour one-day way of taking care at home?", "What do you care about when taking care of your patient?",and "What are the ethical criteria for taking care?" Interviews will beconducted if necessary so as to complete the findings. The events and behaviors that canreflect the nursing care and ethics of caring for the patients at home will be recorded as field notes.

Method of Analysis: In this research, data analysis will be done using content analysis after each interview simultaneously with the data collection. At this stage, the Graneheim and Lundman paradigm will be used for analysis, which is done by further reading collected information to gain a general idea of the content, categorizing the data based on code similarity, and identifying the subcategories[38,40,41].

Accuracy and Reliability of Data: The four items of credibility, dependability, confirmability,and transferability will be assessed to evaluate the trustworthiness of the findings[42]. The credibility of this study will be obtained by selecting the participants, who have maximum diversity in terms of age, sex, level of education, socioeconomic status, and geographic area, arranging long meetings, and selecting different data collection methods.

For data dependability, the researcher will providethe examples of how to extract the themes and excerpts from the interview texts for each code. It will bealso sought to make judgments about the codes and evaluate the transferability and applicability of the study findings to other contexts through detailed descriptions of the study process and characteristics of the study population.

Regarding the criterion of confirmability, several experts will be provided with a number of interviews, codes, and extracted classes in the field of qualitative research and nursing ethics to assess the verifiability of the coding process.

The Second Phase of the Study: (Systematic Review): In the second step, before designing the initial draft of the codes, the research team will have to conduct a systematic review to obtain appropriate evidence through performed studies and arrive at an integrated definition regarding the ethical values of home care nursing.

For accomplishing this step, the method used for University of York's Centre for Reviews and Dissemination Guidance, including the process of formulating questions and determining the search strategy, data extraction, quality assessment and evaluation tools of the studies, and suggested methods for data analysiswill be applied[43].

A) Question Formulation: The purpose of this review isdetermining the ethical values of home care nursing in Iran and the world. Accordingly, the main question of this phase of the research will be designed as follows: Whatare the ethical values of home care nursing?

B) Determination of the Search Strategy: In this systematic review, English and Persianpapers and guides will be searched from 2000 onwards. A comprehensive search will be done on the international comprehensive databases including Scopus, Google Scholar, ISI Web of

KNOWLEDGE, and PubMed, electronic publications including Science Direct, Springer, WILEY, ProQuest Ovid, SAGE, and Iranian publication databases including IRANDOC, SID, and Magiran. The keywords such as nursing, ethics, ethical values, ethical considerations, ethical challenges, nursing values, and home care will be used separately and in combination. The words "AND" and "OR"will be utilized to combine the words. A manual search will be also made in the snowball index of the papers and the papers related to the objective of this study will be included. The search will be followed for the sites providing ethical guidance on home care. The texts and papers that are relevant to the ethics of home care nursing will be evaluated, which areaccessible through reputable scientific websites, published in English and Persian from 2000 to 2020, and areavailable in full texts. A priority will be also given to clinical guidelines, RCT papers, and systematic reviews.

C) Critical Review of the Texts: The research team will further review all selected papers to evaluate their qualities based on the criteria, tools, and quality assessments of the text for review studies will be introduced by the University of York, England by raising the two following questions: Does the paper reflect the ethical values of home care nursing? And has the nursing code of ethics provided home care based on ethical values?

D) Data Extraction: For data extraction, the values identified by the thematic method of analysis will be first written into each text or the paper against it. Then, the researcher, together with the research team will compared these findings across all the papers and put similar items in a table. After comparing the vocabulary, the most comprehensive title representing a definition for all the values within the same table will beselected with regard to the definitions provided for that value.

E) Data Synthesis: Data synthesis and combination will be the final step in reviewing the texts by the University of York's method. In this step, thetextual data obtained from all selected papers will be categorized; then, integrated definitions will be put together in a table, and the most comprehensive title will be selected and presented by the research team.

Third Step of the Study: Drafting Codes of Ethics: In the third step, the findings from the qualitative study and systematic review will be mixed together and the initial drafting of the codes of ethics for home care nursing will be designed based on the field study data and systematic review by the nominal expert group. For this purpose, a group of 8-10 people will be selected among qualified consultants and experts in qualitative studies, ethics, sociology, medical law, Islamic sciences, and experts from the professional organizations and institutions in the countryin the field of home care (nurses, physicians, rehabilitation and psychology teams, etc.).

Several meetings will be held to achieve a consensuson the initial codesbycoordinating with and invitingmentioned individuals. In these sessions, the process and findings of the qualitative studies obtained by the researchers, along with the results of the systematic review will bepresented to this groupand after receiving all the comments, the initial version of the codes of ethics for

home care nursing will be provided if they are in line with the goals of the research.

Step 4: Validating the Codes Using a Survey: For validation of the codes, a nationwide survey will be conducted among the nurses providing care in selected cities after the nominal expert group agreed on the codes of ethics to obtain the opinions of the beneficiaries regarding the codes of ethics in home care nursing.

In this study, the "AGREE Collaboration-II"tool, as a tool for Appraisal of Guidelines for Research & Evaluation (AGREE)will beemployed to evaluate the codes of ethics derived from the perspectives of home care providers. This tool is consisted of 6 sections and 23 itemsso that, there are 3items in the section of Scope and Purpose, 3 items in the section of Stakeholder Involvement, 8 items in the section ofRigor of Development, 3 items in the section of Clarity of Presentation, 4 items in the section of Applicability, and 2 items in the section of Editorial Independence. Finally, in the section of final evaluation, overall quality of the clinical guidelines and recommendations of individuals to use them will be evaluated[44].

Participants in the Survey: Since, the nurses will be the service providers and main users of this guideline; they will be selected to validate the codes. As, the initial part of the process is evaluated by a team of experts, the nurses, as involved individuals will be asked to evaluate the final results, which are the codes of ethics. Therefore, the AGREE tool criteria related to this section, which includes the questions in the sections of " Clarity of Presentation " and "Applicability" and a general question about the final evaluation of the codes, will be utilized informulation of this questionnaire. Obtainedfindings will be formulatedas a survey form,which will be sent to selected nurses of the provincial centers in the country by coordinating with the nursing system in order to collect necessary comments and make necessary corrections.

Criteria for Evaluating the Codes of Ethics

- Codes of ethics or recommendations are clear and unambiguous.
- Various performance options demonstrating the ethics are clearly stated.
- Key recommendations are well defined.
- The accompanying annex provides an explanation regarding the conditions needed to facilitate their use.
- Possible structural barriers to the use of codes or recommendations are discussed.
- Potential and necessary training programs for implementing the recommendations or codes are considered.

Key indicators are provided to monitor or control the results of implementation of the codes[44].

Finally, thefollowing question isasked as the final evaluation: "Do you recommend using thesecodes?"

Method of Analysis: According to AGREE- II tool, a score ranging from 1 (strongly disagree = assured that the criterion is not met at all) to 7 (strongly agree = assured that the criterion is completely met)[45], as well as a score between 2 and 6 (criterionis met in some cases) will be givento each criterion. At the end, the score obtained from each code review will besummed up and the standard

score of each code will bedetermined. According to international agreements, if the title receives a standardized score of 50% or more in all the areas, itwill be "highly recommended". If the title receives a standardized score of 50% or more in the overall evaluation, itwill be "recommended with modifications". If it fails to achieve a standardized score of 50% or more neither in all the areas nor in the overall evaluation,a title of "Not Recommended" is allocated to it[46].

Finally, these codes will be reported in the thesis after holding the viva session to inform concerned individuals and organizations and prepare them to apply the codes of ethics for home care nursing.

DISCUSSION

Formulation of the codes of ethics is a very important tool and strategy for the organizations that are committed to protect and promote community health[47]. The codes of ethics obtained in this study can help the nurses in making ethical decisions when facing with ethical challenges[48,10]. These codes willserve as a guiding tool for home care nurses and other members of the healthcare team. Promotion of awareness and sensitivity towards ethical issues among the nurses and other caregivers at home resulting from the values and codes of ethics determined in this study can provide a common, understandable, objective, and practical language for the nurses in caring of patients at home and lead to harmony and agreement among the members of the healthcare team, as well as development of a common language, and a more appropriate understanding between the nurses and other members of the home care team. On the other hand, familiarizing the community with the results of this study can increase the clients' awareness to claim their rights and lead to a balanced and rational relationship between the community, profession, and individual confidence in the nurses to deliver safe and desirable home care services. Ultimately, this improves the social mental image of home care nursing and enhances the identity of the nurses.

Having inspired by the use of these two descriptive and prescriptive approaches, in this study,first, the ethical values of home care nursing will be determined since they are the basis for development of ethical codes and are influenced by dominant cultural, social, religious, andpolitical conditionsin the community. Then, the codes will be compiled by evaluating the texts published internationally. It is believed that by combining these two approaches, one can come up with the findings that provide a more complete definition of the ethical values for home care nursing, which can be used as a strong ideal basis for clarifying the values at the coding stage so as to develop the codes addressing the problems of this field, improve the quality of home care nursing, reduce the issues such as costs, morbidities, and mortalities, and ultimately ameliorate community health.

Ethics approval and consent to participate: A written informed consent will be obtained from the participants. It will further explain to them that they are free to quit at any stage of the research. The ethical considerations for conducting this research has approved by the Medical Ethics Committee of Isfahan University of Medical Sciences (Ethics ID: IR.MUI.RESEARCH.REC.1398.423).

Author Affiliations
1. School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran
- Masoume Arab
2. Adult Health Nursing Department, School of Nursing and Midwifery, Isfahan University of Medical Sciences Isfahan, Iran.shahriari@nm.mui.ac.ir
- Mohsen Shahriari
3. Department of Medical Ethics & Philosophy of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran, Department of Medical Ethics, Isfahan University of Medical Sciences, Isfahan, Iran
- Amir Keshavarzian
4. School of Nursing and Midwifery, Nursing and Midwifery Care Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.
- Mahrokh Keshvari
5. School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
- Abbas Abbaszadeh

REFERENCES

1. Zerwekh J, Garneau AZ. Nursing Today-E-Book: Transition and Trends. Elsevier Health Sciences; 2017.
2. Dehghani A, Shamsizadeh M. Effective s strategies to improve the professional ethics compliance: the presentation the best of practical strategy. Education and Ethics in Nursing. 2013;2(4):13-9.
3. Hariharan S, Jonnalagadda R, Walrond E, Moseley H. Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. BMC Medical ethics. 2006;7(1):7.
4. Sanjari M, Zahedi F, Aalaa M, Peimani M, Parsapoor A, Aramesh k et al. Code of ethics for Iranian nurses. Journal of Medical Ethics and History of Medicine. 2011;5(1):17-28.
5. Kozier B. Fundamentals of nursing: concepts, process and practice. Pearson Education; 2008.
6. Afshar L, Joolaee S, Vaskouei K, Bagheri A. Nursing ethics priorities from nurses aspects: a national study. Journal of Medical Ethics and History of Medicine. 2013;6(3):54-63.
7. Butts JB, Rich KL. Nursing ethics. Jones & Bartlett Learning; 2019.
8. Melia KM. Ethics for nursing and healthcare practice. Sage; 2013.
9. Chitty KK, Black BP. Professional Nursing: Concepts & Challenges. 2011.
10. Thompson I, Melia K, Boyd K, Horsburgh D. Nursing Ethics. 5th edn. Churchill Livingstone. Elsevier, London; 2006.
11. van den Bulck AO, Metzelthin SF, Elissen AM, Stadlander MC, Stam JE, Wallinga G et al. Which client characteristics predict home-care needs? Results of a survey study among Dutch home-care nurses. Health & Social Care in the Community. 2019;27(1):93-104.

12. Dogan H, Tschudin V, Hot İ, Özkan İ. Patients' transcultural needs and carers' ethical responses. Nursing Ethics. 2009;16(6):683-96.
13. Lillemoen L, Pedersen R. Ethics reflection groups in community health services: an evaluation study. BMC medical ethics. 2015;16(1):25.
14. van der Dam S, Molewijk B, Widdershoven GA, Abma TA. Ethics support in institutional elderly care: a review of the literature. Journal of medical ethics. 2014:medethics-2012-101295.
15. Karlsson M, Karlsson C, Barbosa da Silva A, Berggren I, Söderlund M. Community nurses' experiences of ethical problems in end-of-life care in the patient's own home. Scandinavian Journal of Caring Sciences. 2013;27(4):831-8.
16. Gágyor I, Heßling A, Heim S, Frewer A, Nauck F, Himmel W. Ethical challenges in primary care: a focus group study with general practitioners, nurses and informal caregivers. Family practice. 2018.
17. Suhonen R, Stolt M, Launis V, Leino-Kilpi H. Research on ethics in nursing care for older people: a literature review. Nursing ethics. 2010;17(3):337-52.
18. Gjerberg E, Førde R, Pedersen R, Bollig G. Ethical challenges in the provision of end-of-life care in Norwegian nursing homes. Social science & medicine. 2010;71(4):677-84.
19. Fahim S, Montazer F, Tohidinik HR, Naraghi ZS, Abedini R, Nasimi M et al. Serum and tissue angiotensin-converting enzyme in patients with alopecia areata. Indian Journal of Dermatology, Venereology, and Leprology. 2019;85(3):295.
20. ASADZADEH AH, Zadeh EMM, Esmaeili S, REZAEI TM, Rezaei TS, Mansouri V et al. Effects of high fat medium conditions on cellular gene expression profile: a network analysis approach. 2019.
21. Schaffer MA. Ethical problems in end-of-life decisions for elderly Norwegians. Nursing Ethics. 2007;14(2):242-57.
22. Lillemoen L, Pedersen R. Ethical challenges and how to develop ethics support in primary health care. Nursing ethics. 2013;20(1):96-108.
23. Brazil K, Kassalainen S, Ploeg J, Marshall D. Moral distress experienced by health care professionals who provide home-based palliative care. Social science & medicine. 2010;71(9):1687-91.
24. Öresland S, Määttä S, Norberg A, Jörgensen MW, Lützén K. Nurses as guests or professionals in home health care. Nursing ethics. 2008;15(3):371-83.
25. Linzer N. An ethical dilemma in home care. Journal of Gerontological Social Work. 2002;37(2):23-34.
26. Choe K, Kim K, Lee K-S. Ethical concerns of visiting nurses caring for older people in the community. Nursing ethics. 2015;22(6):700-10.
27. Magelssen M, Gjerberg E, Pedersen R, Førde R, Lillemoen L. The Norwegian national project for ethics support in community health and care services. BMC medical ethics. 2016;17(1):70.
28. Gaudine A, Thorne L, LeFort SM, Lamb M. Evolution of hospital clinical ethics committees in Canada. Journal of Medical Ethics. 2010;36(3):132-7.
29. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M, Fooladi MM. Perceived ethical values by Iranian nurses. Nursing ethics. 2012;19(1):30-44.
30. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M. Nursing ethical values and definitions: A literature review. Iranian journal of nursing and midwifery research. 2013;18(1):1.
31. Dzeng E, Colaianni A, Roland M, Levine D, Kelly MP, Barclay S et al. Moral distress amongst American physician trainees regarding futile treatments at the end of life: a qualitative study. Journal of general internal medicine. 2016;31(1):93-9.
32. Wasson K, Anderson E, Hagstrom E, McCarthy M, Parsi K, Kuczewski M, editors. What ethical issues really arise in practice at an academic medical center? A quantitative and qualitative analysis of clinical ethics consultations from 2008 to 2013. HEC forum; 2016: Springer.
33. Kalager G, Førde R, Pedersen R. Is the discussion of patient cases in clinical ethics-committees useful? Tidsskrift for den Norske laegeforening: tidsskrift for praktisk medicin, ny raekke. 2011;131(2):118-21.
34. Hem MH, Pedersen R, Norvoll R, Molewijk B. Evaluating clinical ethics support in mental healthcare: a systematic literature review. Nursing ethics. 2015;22(4):452-66.
35. Asahara K, Ono W, Kobayashi M, Omori J, Momose Y, Todome H et al. Ethical issues in practice: A survey of home-visiting nurses in Japan. Japan Journal of Nursing Science. 2013;10(1):98-108.
36. Storch JL. Enduring values in changing times: The CNA Codes of Ethics. The Canadian nurse. 2007;103(4):29.
37. Lin CF, Lu MS, Chiang HH, Chung CC, Lin TL, Yin TJ et al. Using a citizen consensus conference to revise the code of ethics for nurses in Taiwan. Journal of Nursing Scholarship. 2007;39(1):95-101.
38. Barazzetti G, Radaelli S, Sala R. Autonomy, responsibility and the Italian code of deontology for nurses. Nursing Ethics. 2007;14(1):83-98.
39. Ebrahimi HK, Sohrabi S, Ashtiyani FZ, Hafize F, Esmaeilian S, Jafarnejad S. EFFECT OF SIMULATION-BASED CPR EDUCATION ON THE KNOWLEDGE AND PERFORMANCE OF NEONATAL INTENSIVE CARE UNIT NURSES. Journal of Critical Reviews. 2020;7(7):1135-40.
40. Shahriari M, Mohammadi E, Fooladi MM, Abbaszadeh A, Bahrami M. Proposing codes of ethics for Iranian nurses: A mixed methods study. Journal of Mixed Methods Research. 2016;10(4):352-66.
41. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse education today. 2004;24(2):105-12.
42. Polit D, Beck C. Essentials of nursing research: Appraising evidence fornursing practice. Wolters Kluwer/Lippincott/Williams Wilkins Health, Philadelphia, PA, USA; 2014.
43. Dissemination C. CRD's Guidance for Undertaking Reviews in Health Care. Layerthorpe: University of York, Centre for Reviews and Dissemination. 2009.
44. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G et al. AGREE II: advancing guideline development, reporting and evaluation in health care. CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne. 2010;182(18):E839-E42.
45. Loder E, Burch R, Rizzoli P. The 2012 AHS/AAN guidelines for prevention of episodic migraine: a summary and comparison with other recent clinical practice guidelines. Headache: The Journal of Head and Face Pain. 2012;52(6):930-45.
46. Brosseau L, Rahman P, Toupin-April K, Poitras S, King J, De Angelis G et al. A systematic critical appraisal for non-pharmacological management of osteoarthritis using the appraisal of guidelines research and evaluation II instrument. PLoS One. 2014;9(1):e82986.
47. Sellman D, Snelling P. Becoming a Nurse: a textbook for professional practice. Routledge; 2016.
48. Tluczek A, Twal ME, Beamer LC, Burton CW, Darmofal L, Kracun M et al. How American Nurses Association Code of Ethics informs genetic/genomic nursing. Nursing ethics. 2018:0969733018767248