

TITLE

Conceptualizing nursing theory and practice within a local cultural and professional context: A methodological example to inform theory development

RUNNING TITLE

Conceptualizing nursing within a local context

ABSTRACT

Background: Nursing theories are crucial toward orienting the development of knowledge and practice. However, there is a persistent debate in the literature regarding the gap between theory and practice. Theories and conceptual models developed in Anglo-Saxon countries are often proposed within diverse educational and clinical contexts in other countries, generating challenges in their application in practice.

Aim: This study aimed to develop and propose a methodology to promote the advancement of nursing theorizing, considering local cultural and professional contexts.

Methods: This analysis was conducted within Italy, which served as a local cultural and professional context exemplar for this investigation. A Scoping Review was used to map local nursing knowledge related to nursing practice. Fawcett's metaparadigm was used as a general orienting frame for the literature analysis.

Results: In light of the analysis conducted, the four disciplinary concepts related to the local (Italian) cultural and professional context were described (person, environment, health, nursing).

Conclusion: This investigation aimed to present an example of how an inductive reflective approach can be used as a way to map nursing practice and define disciplinary concepts that can guide conceptual/theory development. The knowledge that was generated can orient initiatives to promote local nursing theory development.

KEYWORDS

nursing theory, nursing practice, disciplinary concepts, concept formation, social environment, local context, inductive reflective approach

INTRODUCTION

Nursing is identified by its unique body of knowledge and how it conceptualizes the contexts that nurses navigate. This body of knowledge refers to the 4 central concepts which constitute the nursing discipline (person, health/illness, environment and nursing) (Manzoni et al., 1997, Meleis,

2011), also referred to as nursing's metaparadigm by Fawcett (Fawcett, 1984). Through nursing theories and academic writings on what nursing is, this conceptualization and its contribution to society is expressed. Nursing theories are considered crucial toward ensuring professional autonomy, coherence of professional purpose and everyday professional communication and rationale for practice (Pursio et al., 2021, Rouhi-Balasi et al., 2020).

Nursing theories are crucial for nursing practice as they guide knowledge development, research priorities, and educational curricula (Meleis, 2011). Incorporating nursing theories into all levels of nursing education, from undergraduate to advanced practice degrees, ensures that students grasp the historical development, key concepts, and practical applications of nursing theories. In clinical practice, nursing theories guide the development and implementation of clinical guidelines and protocols, ensuring consistent and evidence-based practice (Younas and Quennell, 2019). They also encourage nurses to engage in reflective practice by reviewing their actions and decisions through the lens of relevant nursing theories (Ren and Tovera Salvador, 2024). Nursing theories promote research projects that test and validate these theories, applying the findings to enhance clinical practice (McCrae, 2012). They are also integral to evidence-based practice initiatives, guiding clinical decision-making and improving patient outcomes (Karnick, 2016). Both anecdotally and within the literature, however, there continues to be discussions of a gap between theory and practice within nursing (Greenway et al., 2019, Maben et al., 2006, Ousey and Gallagher, 2007). Concerns about the accessibility and clarity of many nursing theories have been raised in the past. (Scott, 1994). Critics have highlighted how, in some cases, the language used and the concepts developed are unclear (McCrae, 2012) or defined so broadly as to lose their meaning (Cash, 1990). Theories deemed "long-winded and irrelevant" (Colley, 2003) or identified as "deviations from intuitive care" (McCrae, 2012) may have caused nurses to ignore them. Many nurses feel the theories do not adequately reflect or support their clinical practice (Clarke and Wilcockson, 2002). Toward the end of the 1990s, this perception of irrelevance even led to questioning whether nursing theories risked extinction because they were irrelevant to nursing practice (Tierney, 1998). Potentially, the problem is not the theories themselves but rather the absence of theories that adequately guide and account for nursing practice. Kahn and Fawcett (1995) emphasize that the credibility of nursing theories and models is determined by their social utility. McCrae reiterates this idea, stating that a theoretical framework for nursing should include both proven procedures and the human role of care, and be operationalized primarily for utility rather than research (McCrae, 2012).

Academic activity in Italian nursing has seen significant development in recent years as it strives to promote the advancement of the nursing profession in practice, education, management and research. This result is undoubtedly attributable to factors such as the launch of doctoral schools,

1 the presence of a more significant number of research nurses in universities and the consequent
2 growth in the number of studies conducted by nurses published in indexed Italian and international
3 journals. Nursing research is internationally recognized as a fundamental element in ensuring
4 cutting-edge healthcare and promoting evidence-based practices (International Council of Nurses,
5 2021). Scientific production and the resulting publications represent indispensable elements for
6 reflection, debate, and exchange of knowledge and opinions, as well as tools for better
7 understanding shifts in scientific knowledge and its theoretical development (Marucci et al., 2005).
8 A comparison with the nursing realities within other countries has highlighted that, in Italy,
9 theorization is still underdeveloped, particularly regarding research and development of theoretical,
10 conceptual and philosophical aspects of the nursing discipline.

11 Using theories from other countries can sometimes result in a mismatch in cultural values. The
12 theory may not adapt well to a social and cultural context that is significantly different from its
13 original one (Neubert, 2022). For instance, ideas about transformational leadership that have their
14 origins in the United States do not always align with cultural norms found in other countries (Xie,
15 2021, Ergeneli et al., 2007).

16 Likewise, the Italian nursing profession has long been influenced by foreign cultural contributions,
17 especially from “Anglo-Saxon” linguistic and cultural regions. As a result, Anglo-Saxon terms were
18 used to define nursing and professional models developed in these countries, such as Virginia
19 Henderson, were adopted as reference models in many Italian nursing schools (Manara, 2000).
20 Subsequently, Italian professional models were developed, including the Nursing Performance
21 Model (Cantarelli, 2003), which drew on ideas from Virginia Henderson’s work. This was
22 welcomed by Italian nurses and applied in some clinical and educational contexts. However, it has
23 not had such a wide diffusion, and although it has been used in some academic setting to prepare
24 nursing students, conceptual models from other countries are still used often within Italy.

25 Difficulties arise when applying nursing models that do not align the local cultural and professional
26 context. For instance, American nursing theories prioritize patient autonomy and self-management,
27 reflecting individualism. In contrast, Italian healthcare practices emphasize family participation and
28 support due to the strong family-centered culture (Bacchini et al., 2024). This mismatch can lead to
29 less effective care plans and patient dissatisfaction. In Italy, nursing practice and education lacks an
30 accepted guiding model, unlike in some other countries where there is significant efforts invested in
31 developing nursing conceptual models (Meleis, 2011).

32 These considerations and reflections were shared by a group of researchers, educators and students
33 in Italy, and the idea was born to conduct a research project to study and address "this theoretical
34 gap" and specify possible lines of action.

The objective of this investigation was to develop and propose a methodology to promote the advancement of nursing theorizing that considers local cultural and professional contexts, using Italy as a pilot setting.

METHODS

The guiding idea developed by the team who conducted this investigation is that the health experiences of a particular population and the nursing approaches to these experiences must necessarily consider cultural and professional aspects linked to the local context. Patient experience research provides insights into the lived experiences of individuals receiving nursing care. By incorporating these perspectives, you gain a more holistic understanding of nursing practice beyond the clinical aspect. Hence the need to examine the possibility of developing theories firmly rooted in the context of Italian nursing. Starting from these reflections, some questions were asked, such as: How can this work effectively promote the development of nursing theory in Italy? Is it possible to reimagine nursing theorizing by analyzing and studying the nursing sources of our professional context? What sources best express our professional knowledge and actions? How are disciplinary concepts translated into clinical practice? What do Italian nurses consider as the foundations of their clinical practice?

Aiming to promote nursing theorization in Italy, the research team conducted a series of discussions to determine what background information was required for this investigation. They concluded that a mapping of all knowledge related to nursing practice in Italy was needed, by analyzing published research on nursing practice and patient experiences would provide a basis for developing local nursing theories. To achieve this, the team selected Fawcett's metaparadigm (1984) as a general guide, which specifies the main concepts that distinguish a particular discipline. The metaparadigm defines the boundaries of a disciplinary field and provides a general direction for researchers and practitioners. The choice to use a metaparadigm rather than a model arises from the need for a wide-ranging guide that is not context-dependent and defines everything pertinent to nursing into its four disciplinary concepts. Fawcett's metaparadigm (Fawcett, 1984) helped the project team examine the literature relating to Italian nursing practice within a disciplinary perspective, providing an international viewpoint that outlines key aspects of nursing without referring to any particular nursing theories or conceptual models.

Three categories of nursing knowledge were identified by the team as necessary to provide a basis on which to develop local (i.e., Italian) nursing theories: (a) all publications regarding nursing practice in Italy (Pagnucci et al., 2019), (b) all publications conducted by nurses on the foundational concepts

of person, health, environment and nursing care (Pagnucci et al., 2019) and (c) all normative statements regarding what nursing practice should be in Italy (e.g. code of ethics, nursing practice standards) (Pagnucci et al., 2021). The results of these three analyses were integrated to identify a unified conception of nursing in the Italian literature, described by the concepts of person, environment, health, and nursing, as well as views regarding the relationships between person and health, between person, environment, and health, and between person, health, and nursing (Pagnucci et al., 2021).

Scoping review was selected as the optimal methodology to perform this nursing knowledge mapping. Scoping reviews can generate useful knowledge syntheses that can demonstrate the breadth and depth of a field of inquiry (Levac et al., 2010). To conduct the scoping reviews, we followed the the recommendations published by Arksey and O'Malley (2005) and subsequently adapted by Levac et al. (2010).

To conduct the three scoping reviews – one for each body of knowledge listed above - three distinct researcher sub-teams followed a standardized analysis process consisting of five steps. These steps included identifying the research question, identifying relevant studies, selecting studies, compiling data, comparing, summarizing, and finally reporting findings.

The three scoping review analyses were guided by the following research questions, respectively:

- (a) What are the health/illness experiences, needs, expectations, and perceptions of patients and families, in hospital or community settings?
- (b) Which areas of nursing care practice are of research interest to Italian nurses?
- (c) How is nursing described in Italy's norms and standards?

Step Two: Identify Relevant Studies

The review was conducted by consulting six relevant electronic databases (CINAHL, Medline, Embase, Biosis, Scopus, and PsycInfo). These databases were identified in consultation with a health sciences university-based librarian. For the review of standards and norms – given that there was no nationally recognized list of documentary normative sources for nursing in Italy - the team identified grey literature documents that were considered relevant, by using a team consensus process. For each database, search strategies were developed with a librarian specialized in bibliographic research (Whittemore, 2005). A complete search strategy was developed for each research question, using terms obtained by each thesaurus and free terms.

The main keywords used were the following:

1 (a): care, healthcare, lived, life, patients, survivor, partner, relative, parent, experience, perceptive,
2 perception, meaning.

3 (b): Nurse-Patient Relations, Nursing Care, Quality of Nursing Care, Nursing Practice, Empirical
4 Research

5 The keywords were used in different combinations using the Boolean operators AND, OR, NOT.

6 During this phase, the researchers found it necessary to broaden the search by examining non-
7 indexed literature. Given that several Italian-language nursing journals are not indexed, the decision
8 was made to ensure the breadth and inclusiveness of the research.

9 *Inclusion criteria*

10 Studies that met the following criteria were included in the review:

11 Publication in Italian and English;

12 Availability of full-text format;

13 Conducted by Italian nurses on an adult population in clinical or health promotion environments
14

15 *Exclusion criteria:*

16 Studies that met the following criteria were excluded from the review:

17 Abstract not available;

18 Objective of the study not about nursing;

19 Objective of the study on the validation of tools;

20 Studies conducted in the field and/or on training, managerial and organizational issues, as well as
21 those conducted on the pediatric population (due to the specific nursing skills and expertise required
22 by this population, and to avoid heterogeneity in the studies)
23

24 ***Step three: selection of studies***

25

26 Four researchers independently read the selected publications to identify and analyze their
27 characteristics. They then compared and summarized their analysis results together. Disagreements
28 or concerns were resolved with the support of a fifth research team member. During this phase, the
29 researchers met several times to resolve disputes and uncertainties and, in light of the studies
30 reviewed, felt the need to explode core research questions into further explanatory questions. By
31 asking explanatory questions, researchers have gained a deeper understanding of the phenomena
32 under investigation. Each explanatory question addressed specific aspects or dimensions of the
33 research topic, leading to richer insights and more nuanced interpretations of findings.

Step Four: Compiling the Data

The compilation process consists of extracting data from each publication. The researchers, through a process of discussion and sharing of the information that would have been necessary, which accompanied the entire extraction phase, elaborated and shared a data table that would allow them to highlight bibliographic references of the study, the purpose of the study, research question/ hypothesis, sample description, sample size, study design, study location, method and analysis, results, conclusions, comments.

To compile data relating to the studies included in the review (a), Fawcett's Metaparadigm (Fawcett, 1984) was used to identify within each analysis the apparent views regarding the concepts of person, environment, health, nursing, as well as views regarding the relationships between person and health, between person, environment and health, and between person, health and nursing.

For review 'b', following the methodology developed by Tricco et al. (2018), an ad hoc database was created to select, analyze and summarize the data. For each study selected, the purpose and research design, the methodology selected for data collection, the population, and the clinical and healthcare setting were considered.

For review 'c', it was decided to use a sociological approach advanced by Greenwood (1957). The attributes identified by Greenwood for the definition of scholarly professions at a medium-high level of development are the systematic body of theory, professional authority, community sanctions, codes of behaviour and culture.

Step five: Comparison, synthesis and report of results

The results were summarized descriptively and numerically. Thematic analysis was used to generate a descriptive synthesis. The PRISMA-ScR guidelines (Tricco et al., 2018) were used to ensure transparency in the publication selection process and the reporting of results.

Upon completion of the three reviews conducted to answer the three research questions, the researchers integrated the results by conducting a transversal coding of all results.

RESULTS

The results of our analysis are presented succinctly here, primarily for illustrative purposes; to show the type of results that our analytical method could generate. For a complete description of our results, see (Pagnucci et al., 2021).

Our integrative analysis helped define key concepts related to nursing within the Italian context and culture. The results represent 'reality' as described in the literature and may not reflect all practical realities. This analysis highlighted "the person", within their social context, as a foundational concept within nursing. People are "embedded" in systems of relationships. The person is embedded within a family system, which is, in turn, embedded within a broader social collective (i.e., a community or society).

Person

People are considered an integrated whole (i.e., a holistic view), self-determining agents who are active in promoting their health also considering the contribution of social relationships in decision-making (Canzan et al., 2014, Torresan et al., 2015). This active engagement is enabled by access to information, which makes it possible to interpret the actions put into practice by nurses to promote health. (Griffiths and Sironi, 2005, Piredda et al., 2008). Caregivers are significant interlocutors for some people and have been highlighted as essential sources of support for people with special healthcare needs (Palese et al., 2008, Nannelli and Pariona Mollares, 2011).

Environment

Health-related actions are implemented within an environment - a physical and social/relational context (with economic and power dimensions) - which can facilitate or impede these actions. The environment is understood as "physical" (e.g. comfortable and clean contexts that promote a person's health and dignity) (Canzan et al., 2014, Cashman, 2008, Griffiths and Sironi, 2005, Palese et al., 2008, Papastavrou et al., 2012, Piredda et al., 2008) as well as "relational" (e.g., healthcare workers, family members, caregivers) (Berté et al., 2015, Canzan et al., 2014, Cashman, 2008, Giorgi et al., 2016, Palese et al., 2008, Papastavrou et al., 2012, Simeone et al., 2015a, Simeone et al., 2015b).

Health

Health is considered a fundamental good and a collective social interest (Assemblea Costituente della Repubblica Italiana, 1947). Health is based on a holistic view of the person, which integrates physical (including bodily dysfunctions), psychological, emotional, social and economic dimensions. It is understood as a quality of people, deriving from levels of balance between several systemic components (Daga et al., 2014, Giorgi et al., 2016). Health (and quality of life) is linked to the social context (including the economic context). The social context influences the possibility of accessing health-related support, whether technical, pharmacological, psychological or informative

(Daga et al., 2014). Health involves being actively engaged in information management, decision-making and the care process, taking into consideration all aspects of a person's life (e.g., feelings, expectations, wishes and concerns) (Cashman, 2008, Palese et al., 2008, Piredda et al., 2008).

Nursing (practice)

Nursing practice supports health-related processes through physical actions (e.g., technical interventions) and health promotion actions, which are mainly informational. Nurses promote health, even at the end of life (Benedet et al., 2012, Cicolini et al., 2014, Cittadini et al., 2016, Forni et al., 2010, Palese et al., 2016, Palese et al., 2007, Pisati, 2012, Vitacca et al., 2010). Nursing practice - grounded in knowledge (e.g. anatomy, physiology, pharmacology, social and human sciences etc.), skills and values and guided by ethical norms - is based on multidimensional analyses, including clinical reasoning, critical reflection, ethical and moral reasoning, information management (including information obtained through assessment) and needs assessment (Federazione Nazionale Ordini Professioni Infermieirstiche - Comitato Centrale, 2019, Ministero della salute, 1994). Some of the knowledge, such as social and human sciences, on which nursing practice is based, can be influenced by different sociocultural contexts. Nursing action is processual - implemented over time (Zanotti, 2010) - aware of the person's historical background (Piredda et al., 2008) and of the person's future aspirations, which is optimized through relational continuity (e.g., continuity of care) (Federazione Nazionale Ordini Professioni Infermieirstiche - Comitato Centrale, 2019). Nurses are active agents, capable of confronting paternalistic practices still operating in some clinical contexts; promoting the recognition of patients as people. Nurses respect people's dignity, privacy, freedom and equality and prevent discrimination (Federazione Nazionale Ordini Professioni Infermieirstiche - Comitato Centrale, 2019). Collaboration with other professionals and support staff is essential to nursing practice (Federazione Nazionale Ordini Professioni Infermieirstiche - Comitato Centrale, 2019, Ministero della salute, 1994). Nurses work in partnership with caregivers (e.g., family caregivers), who are significant actors in health promotion and healthcare delivery (Berté et al., 2015, Corso et al., 2015, Nannelli and Pariona Mollares, 2011, Plank et al., 2012). Nurses develop various forms of professional autonomy (Cicolini et al., 2009, Cicolini et al., 2014, Palese et al., 2016, Palese et al., 2012, Palese et al., 2011, Sili et al., 2013). This is influenced by clinical factors and organizational contexts (e.g., staffing levels, group cohesion, development of standards of practice, etc.) (Palese et al., 2012, Papparotto et al., 2013). Nurses are active at all levels of health systems organizations to promote improvements in the quality and safety of services.

Nursing in community settings make significant contributions in supporting the use of skills that people have, to maintain their health and prevent hospitalization (Nannelli et al., 2015). In some publications, specific models of care have been highlighted (e.g., caring, self-care) (Mazzoleni et al., 2018). The literature also highlights how nursing is sometimes portrayed negatively. In such instances, nursing practice is described in terms of specific actions, which are often superficial, inadequate or rigidly standardized (Fumagalli, 2012). Nurses appear absent from participating in discussions, decision-making and taking actions that are necessary for the care process (Palese et al., 2008). Nursing relationships with people are presented as episodic rather than processual, over time, and predominantly of a technical nature, without a clear recognition of the person towards whom interventions should be directed. This description of nursing practice is more connected to specialties and length of stay, such as high clinical specialization and shorter length of stay. Some publications do not adequately recognize the importance of supporting caregivers. Patients' families and friends are sometimes identified with a passive role (Berté et al., 2015).

DISCUSSION

Led by the metaparadigm broadly describing the fundamental concepts of nursing, this study aimed to define these concepts in a specific and contextualized way based on the literature results. In light of the results that were generated, the reflective inductive methodology used allowed us to define a foundation for the development of a conceptual model or theory anchored within the local context and culture. The scoping reviews, the normative analysis and the subsequent analysis of nursing practice guided by the metaparadigm have helped us define key disciplinary concepts within a specific social context (Pagnucci et al., 2021). This has generated a representation of the person, the environment, health and nursing care, articulating a narrative account of nursing as practiced by nurses in the Italian context.

A debate is ongoing regarding the significant gap between theory and practice, in particular referring to difficulties that students encounter when they try to apply the theoretical models learned in their academic programs within clinical practice settings (Helou et al. , 2022). There are numerous testimonies in which nursing theories are underused or ignored because they are considered too complex or do not provide adequate guidance in professional practice (Hashemiparast et al., 2019).

In general terms, nursing theories 'imported' from abroad (e.g., North America) have transmitted a presumably universal vision that imposes itself in a hegemonic manner in the international nursing community. The 'export' of these theories to other countries has imposed a foreign vision of the nursing profession (Santos Salas, 2005). Being faced with the selection of a particular theory and

1 then adhering to it has led nurses to question the usefulness of a totalizing theory, concluding that
2 no theory can guide clinical practice (Bender, 2018).

3 Within our analysis of these difficulties, with the aim of advancing the nursing theorization process
4 in the Italian context, we have reflected on which method could be most useful, hoping to avoid
5 previous approaches that have been ineffective.

6 We therefore chose an inductive method to best understand Italian nursing in the current historical
7 context, guided by the disciplinary concepts highlighted in Fawcett's metaparadigm, which have
8 been related to our social context. Referring to the experience of Suarez-Baquero and Walker
9 (2021), we decided to use a metaparadigm with American origins because there is no nursing
10 metaparadigm that has been articulated in Italy at the moment. Throughout this work, within our
11 textual analyses as well as within consultations with local nursing leaders, we have found that the
12 metaparadigm seems quite inter-culturally transferable. The thinking that guided this choice was
13 that starting from an analysis of how Italian nursing has been representing itself in current times,
14 within a broad but robust reference frame such as the nursing metaparadigm, could be more
15 effective as it is anchored in the local practical, cultural and professional context. Having
16 considered and included in our analysis the expectations and vision for nursing from the perspective
17 of people that nurses are caring for, their caregivers, as well as professionals, has allowed us to
18 develop the most comprehensive definitions of key disciplinary concepts. This optimizes the
19 inclusion of people or populations that nurses work with, considering their perspectives in the
20 theorization process.

21 Moreover, a comprehensive description of nursing articulated in the manner described in this work
22 can help nurses and students better identify with the profession because it refers to nursing practice
23 as it is actually operationalized and documented in the literature.

24 This theoretical or conceptual analysis of nursing practice can foster further examination regarding
25 academic education programs as well as hospital and local organizational practices to consider how
26 these results can help promote nursing theorization that can guide the clinical practice of nurses.

27 Based on the results obtained, it can be stated that the reflective inductive methodology used has
28 enabled us to establish a solid foundation for the development of a conceptual model or theory firmly
29 grounded in the local context and culture. Through scoping reviews, normative analysis, and
30 subsequent analysis of nursing practice guided by the metaparadigm, we were able to define
31 disciplinary concepts within the specific context (Pagnucci et al., 2021). They produce a photograph
32 of the person, the environment, health, and nursing care, which is the result of the narrative of nursing
33 practice as practised by nurses in the Italian context.

34 At present, nursing in Italy is in the theoretical stage, as described by Meleis (2011). The nursing
35 theories developed in Italy, particularly M. Cantarelli's theory, have been primarily used for training

1 nurses in the academic field (Macchi et al., 2016, Di Mauro et al., 2018). However, there is no
2 documentation in the literature regarding the influence these theories may have had on nursing
3 practice through the nurses who were trained using them. There is an ongoing debate about the gap
4 between theory and practice in nursing. Specifically, this debate is about the difficulties students face
5 when applying the theoretical models, they have learned in academic settings to real-world clinical
6 practice situations. According to a study by Helou et al. (2022), many students struggle to utilize
7 nursing theories effectively because they find them too complex or not applicable to professional
8 practice. This has led to a situation where nursing theories are often underused or ignored, as they do
9 not provide the necessary guidance for professional action. Another study by Hashemiparast et al.
10 (2019) has also highlighted similar challenges faced by nursing students.

11 North American nursing theories have been criticized for being too abstract and for imposing a
12 universal vision that has become dominant in the international nursing community. The export of
13 these theories to other countries has introduced a foreign perspective to the nursing profession (Santos
14 Salas, 2005). This has led some nurses to question the usefulness of adhering to a single theory and
15 to develop the belief that no theory can be considered "universal" enough to guide clinical practice
16 (Bender, 2018).

17 After analyzing the difficulties faced and with the intention of aiding the development of nursing
18 theories in Italy, we reflected on the methods that could be useful for this purpose, avoiding retracing
19 paths that had not led to the desired result. The decision was made to use the inductive method, which
20 involves understanding the current state of nursing in Italy and applying the disciplinary concepts
21 described in Fawcett's metaparadigm to our context. The reasoning behind this choice was that
22 analyzing how nursing is practised in Italy today and describing it using a comprehensive framework
23 such as the metaparadigm would be more effective, as it is rooted in the local practical, cultural, and
24 professional context.

25 By providing a comprehensive description of nursing, nurses are able to identify with it as it refers to
26 the actual nursing practice documented in the literature. This initial conceptual analysis of nursing
27 practice can encourage reflection among academic training structures, as well as hospital and
28 territorial organizational bodies, to determine how they can use these findings to promote nursing
29 theories that can guide the clinical practice of nurses.

30 The process of defining disciplinary concepts in Italian nursing is an essential step towards creating
31 a strong and contextualized theoretical foundation. However, the absence of a structured theory can
32 complicate the comparison with theories from the Anglo-Saxon world.

33 Interestingly, despite this gap, the definitions of concepts in the Italian context have nuances that can
34 be found in theories developed elsewhere. The fact that the definitions of concepts in Italy reflect
35 aspects present in foreign theories suggests that directly importing an Anglo-Saxon theory is not

sufficient to address the specificities and nuances of the Italian context. This highlights the need for a contextualized approach in building nursing theory.

This does not imply a closed-off approach to external influences, but rather an awareness of the need to integrate knowledge from the local context with external ones. By doing so, an authentic and meaningful Italian nursing theory can be developed, capable of reflecting the needs and values of the profession in the national context.

LIMITS

The study has some limitations. The scoping reviews considered the experiences published and indexed on numerous databases and partially documents and manuscripts published in grey literature. For those limits, the study might have missed out on valuable insights and experiences that are not published in peer-reviewed journals. Therefore, our study's vision of local nursing could represent a broad but not definitive overview. The scoping reviews focused solely on studying the experiences of adults without considering the pediatric population. Consequently, the findings cannot be generalized to all nursing practices, limiting their applicability to adult nursing contexts only.

CONCLUSION

The inductive reflective approach, guided by the metaparadigm, has made it possible to analyze all scientific contributions relating to Italian nursing, by taking into account the four foundational disciplinary concepts without anchoring them to a specific model or theory. Knowing how nursing practice is described and how it is guided and defined by disciplinary concepts in the local context helps articulate a foundation for advancing nursing theorization.

In light of the results of our study, nursing leaders can define organizational strategies aimed at enhancing nursing practice to better respond to the needs of their communities or population while considering local socio-cultural aspects. This mapping of disciplinary concepts, drawn from published representations of nursing as practiced by nurses within a local Italian context, can help orient educational initiatives toward the development of professional knowledge and skills that are optimally responsive to the needs of the population, while also informing the continued theorisation of nursing in Italy. These results provide an example within the Italian context and are not intended to determine the results of future research in other contexts. Future research could also include pediatric nursing experiences.

KEY POINTS

1. The inductive reflective method, guided by the metaparadigm, analyzes nursing's contributions while incorporating four core concepts without strict adherence to a single model or theory.
2. Understanding local disciplinary concepts that guide nursing practice helps advance nursing theory.
3. Nursing leaders can use the local context-grounded description of nursing to improve nursing practice with attention to local socio-cultural aspects.
4. Mapping nursing concepts can guide education allowing students grasp the historical development, key concepts, and practical applications of nursing concepts and improve clinical practice that meet population needs, informing nursing theory.

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