ASSESSING STAFF NURSES’ ENGAGEMENT WITH PROFESSIONAL PRACTICE MODEL FOUR YEARS AFTER IMPLEMENTATION.

Darlene Amendola, PhD, MN, MA, RN
Mary Kathleen Betsill, MSN, RN, NE-BC
Sharon Myer, BSN, BA, RN

AnMed Health / USC Upstate
<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Darlene Amendolair PhD, RN</th>
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<tr>
<td>Conflict of Interest:</td>
<td>None</td>
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<tr>
<td>Employer</td>
<td>Associate Professor, USC Upstate, Spartanburg, SC. Nurse Researcher, AnMed Health, Anderson, SC</td>
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(1) The learner will be able to describe the purpose and primary components of the Nursing Professional Practice Model implemented at one regional medical center in the southeastern United States.

(2) The learner will be able to discuss the strategies utilized to assess the level of engagement with the Nursing Professional Practice Model among staff nurses at this medical center, and the implications of the study results for nursing leadership.
Research Questions

Will staff nurses, who provide direct patient care, be able to identify the concepts of the NPPM?

Will patients, at the time of discharge, be able to identify the concepts of nursing care as identified in the NPPM?

Sample

Data Collection

Results
Care Model

Psychological
- Being With
- Being Honest
- Listening
- Giving reassurance
- Providing privacy

Professional/Technical
- Explaining
- Communicate with MD
- Instructing about self-care
- Measuring VS
- Being Competent
- Observing patient responses to Rx

Being With
- Doing for
- Knowing
- Enabling
- Maintaining
- Belief

Nursing Skills
- Nursing Performance
- Nursing Knowledge
- Coordination
- Evaluation

Performance Model

Caring Dimension Inventory
Care Model

Caring Professional Scale (patient’s perspective)

Compassionate Healer
- Understanding
- Caring
- Supportive
- Centered on you
- Visibly touched
- Able to offer hope

Professional/Technical
- Comforting
- Positive
- Informative
- Clinically competent
- Attentive listener
- Technically skilled
- Respectful of you

Being With
Knowing
Enabling
Maintaining
Belief
Autonomy
Manager backs RN decisions
Nursing judgment valued
Freedom to make decisions
Controls practice

Control over Practice
Care plans shared
Opportunity to specialize
Nursing model guides care
Preceptorship program
Active in cost management

Nurse-Physician Relationship
Teamwork
Good working relationships

Organizational Support
Time to discuss pt. problems
High nursing standards of care
Total patient care
Good manager / leaders
Quality patient care
Support services give time

Autonomy
Advocacy
Standard Care
Collaboration
Accountability
Interdisciplinary
Authority
Delegation

Delivery Care Model

Nursing Work Index - Revised
RESULTS
SAMPLE

CDI
Convenience sample
Staff nurse who
provided direct patient care

NWI-R
Convenience sample
Staff nurse who
provided direct patient care

CPS
Convenience sample
Patients or immediate family members being discharged.

N = 118
N = 122
N = 94
Demographic Information

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<table>
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<tr>
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<tr>
<td>Age (mean)</td>
<td>38 yrs.</td>
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<tr>
<td>Education</td>
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<tr>
<td>ADN</td>
<td>46.6%</td>
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<tr>
<td>BSN</td>
<td>50.8%</td>
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<tr>
<td>MSN/Doc</td>
<td>2.5%</td>
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<tr>
<td>Yrs. in Nursing</td>
<td>12 yrs.</td>
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<table>
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<tr>
<th>Have Viewed the PPM</th>
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<tr>
<td>Yes</td>
<td>94</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
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</table>
Data Collection

INSTRUMENTS

All Instruments were Likert Scales

Nursing Work Index - Revised

- Author: Aiken, L. & Patrician, P.
- Measures the nurse's perceptions as to the organizational characteristics that influence the delivery of nursing care.
- Four Major concepts:
  - Autonomy
  - Control over Practice
  - Nurse-Physician Relations
  - Organizational Support
- Given to Staff Nurses
- Measures APPM model - Delivery Model
- 57-item 4-point Likert scale
- Cronbach alpha between 0.81 to 0.96.

Caring Dimension Inventory

- Author: Roger Watson
- Identifies the core concepts of caring nurse-patient relationship, nursing interventions, nursing attitudes, nursing skills, and communication
- Major concepts measured
  - Psychological
  - Professional and technical
- Given to Staff Nurses
- Measures in APPM model
  - Care Model and Performance Model
- 25-item Likert Scale

Caring Professional Scale

- Author: K. Swanson
- Measure a patient's perceptions of the nurses' caring behaviors and actions.
- Based on Swanson's Care Theory: Being with, Doing For, Enabling, Knowing, Maintaining Belief
- Given to Patients at Discharge
- Measures in APPM = Care Model
  - 15-item self-reporting survey
  - Consists of two sub-scales:
    - Compassionate Healer and Competent Practitioner.
  - Cronbach's alpha 0.76 to 0.96
Caring Dimension Inventory (CDI)  
Attribute of Nursing Care

- Psychological
- Professional & Technical

25-item, 5-Likert scale
1 = Strongly Disagree to 5 = strongly Agree

M = 4.357  n = 118  α = .914

Questions: 16, 17, 19 eliminated
### Descriptive Statistics: Professional and Technical Means

<table>
<thead>
<tr>
<th>Task</th>
<th>Mean</th>
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<tbody>
<tr>
<td>1. Assisting a patient with an activity of daily living</td>
<td>4.67</td>
</tr>
<tr>
<td>3. Feeling sorry for the patient</td>
<td>4.59</td>
</tr>
<tr>
<td>4. Getting to know the patient as a person</td>
<td>4.51</td>
</tr>
<tr>
<td>6. Being neatly dressed when working with a patient</td>
<td>4.66</td>
</tr>
<tr>
<td>8. Exploring a patient’s lifestyle</td>
<td>4.03</td>
</tr>
<tr>
<td>9. Reporting a patient’s condition to a senior nurse</td>
<td>4.38</td>
</tr>
<tr>
<td>12. Organizing the work of others for a patient</td>
<td>4.12</td>
</tr>
<tr>
<td>14. Consulting with the doctor about a patient</td>
<td>4.49</td>
</tr>
<tr>
<td>18. Measuring the vital signs of a patient</td>
<td>4.59</td>
</tr>
<tr>
<td>20. Being technically competent with a clinical procedure</td>
<td>3.51</td>
</tr>
<tr>
<td>25. Observing the effects of a medication on a patient</td>
<td>4.72</td>
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**Composite Mean = 4.40**

**Inter-Item Reliability Cronbach alpha = 0.864**
Descriptive Statistics: Psychological Mean

- Explaining a clinical procedure to a patient: 4.58
- Being with a patient during a clinical procedure: 4.79
- Being honest with a patient: 4.67
- Listening to a patient: 4.78
- Instructing a patient about an aspect of self-care: 4.51
- Involving a patient with his or her care: 4.75
- Giving reassurance about a clinical procedure: 4.76
- Providing privacy for a patient: 4.47
- Being cheerful with a patient: 4.70

Composite Mean = 4.70
Inter-item Reliability: Cronbach’s alpha = 0.820
Being With
Doing For
Knowing
Maintaining
Belief
Enabling

Swanson’s Care Theory

Caring Professional Scale (CPS)

Competent Practitioner

Compassionate Healer

Grand Mean: 4.704, n = 94
Pearson’s Correlation $r = .546, p < .001$
Inter-item Reliability:
Cronbach’s alpha: 0.954
ANOVA: $df = 93, F = 4.843, p < .000$

Grand Mean: 4.724, n = 94
Pearson’s Correlation $r = .546, p < .001$
Inter-item Reliability:
Cronbach’s alpha: 0.952
ANOVA: $df = 93, F = 3.051, p < .05$

Composite Mean = 4.71
ANOVA: $df = 81, F = 1.996, p < .05$
Inter-Item Reliability:
Cronbach’s alpha = 0.977
Caring Professional Scale

Competent Practitioner

Composite Mean = 4.724

1 = No, not at all
to
5 = Yes, definitely

18. Respectful of you - 4.78
14. Technically skilled - 4.74
12. An attentive listener - 4.68
7. Clinical competent - 4.66
6. Informative - 4.73
3. Positive - 4.74
2. Comforting - 4.70
Caring Professional Scale

Compassionate Healer

Composite Mean = 4.71

17. Able to offer hope: 4.69
16. Visibly touched by experiences: 4.57
15. Aware of your feelings: 4.67
13. Centered on you: 4.63
11. Supportive: 4.77
10. Caring: 4.80
8. Understanding: 4.79

1 = No, not at all to 5 = Yes, definitely
NURSE WORK INDEX-REVISED (NWIR)

- **Autonomy**
  - Advocacy
  - Authority
  - Accountability
  - M = 3.068
  - n = 113
  - α = 0.691
  - df = 117, F = 14.81, p < .001

- **Control Over Practice**
  - Delegation
  - Standards of Care
  - M = 3.04
  - n = 122
  - α = 0.684
  - df = 114, F = 14.83, p < .001

- **Nurse-Physician Relations**
  - Collaboration
  - Interdisciplinary Care
  - M = 3.295
  - n = 115
  - α = 0.729
  - df = 121, F = 6.36, p = .013

- **Organizational Support**
  - Resource Allocation
  - M = 3.048
  - n = 118
  - α = 0.783
  - df = 112, F = 46.49, p < .001

Composite Mean: M = 3.151, n = 109, α = .882, df = 108, F = 24.244, p < .001

ANOVA
35. A nurse manager backs up the nursing staff in decision making, even if the conflict is with a physician.

24. Not being placed in a position of having to do things that are against my nursing judgment.

17. Freedom to make important patient care and work decisions.

6. Nursing controls their own practices.

57. Nursing care plans are verbally transmitted from nurse to nurse.

46. Opportunity to work on a highly specialized unit.

41. Nursing care is based on a nursing rather than a medical model.

40. A preceptor program for newly hired RNs.

32. Nurses actively participate in efforts to control costs.

Nursing Work Index (Revised)

1 = Strongly Agree    4 = Strongly Disagree

Control Over Practice

Composite Mean = 3.07

Autonomy

Composite Mean = 3.30
Nursing Work Index (Revised)

27. Much teamwork between nurses and doctors.

2. Physicians and nurses have good working relationships.

1 = Strongly Agree  4 = Strongly Disagree

25. High standards of nursing care are expected by the administration.
22. Primary nursing as the nursing delivery system.
21. Total patient care as the nursing delivery system.
13. A nurse manager who is a good manager and leader.
12. Enough registered nurses on staff to provide quality patient care.
11. Enough time to discuss patient care problems with other nurses.
1. Adequate support services allow me to spend time with my patients

Organizational Support

Nurse-Physician Relationship

Mean = 3.295

Composite Mean = 3.05
Discussion
The staff nurses were able to identify the key components of the care and performance models as evidenced by the means scores stating “somewhat agree” to “strongly agree” on the CDI survey. Using the CPS to gather the patients’ perspective of how well the nurses displayed the concepts of the Caring Model, they mostly agreed that the nurses displayed these characteristics.

Caring Dimension Inventory
The CDI, with two subscales (psychological and professional/technical) are conceptually aligned with the AnMed Health Care and Performance Models.

Caring Professional Scale
Two Subscale: Compassionate Healer and Competent Practitioners is aligned with the care model.
• The Nursing Work Index – Revised was developed to identify organizational characteristics that influence outcomes.
• The delivery care model of the PPM, list characteristics that the nurses have identified as important when they deliver care to their patients.
• This study found that nurses could somewhat to strongly agree with the characteristics of the delivery care model has identified in the NWIR.
• This component of the PMM relates to nurses work environment.
Effectively Explaining:

- Why Nurses Do What they Do
- What Nurses Do
- How Nurses Do What they Do

Limitations
- Sample Size
- Instruments

Future Research
• Professional Practice Models provide nurses with a framework that addresses the essential characteristics, values and performance expectations of nurses.
• Supports nurses’ commitment to the profession.

**IMPLEMENTATION TO NURSING PRACTICE**

• Models help nurses to think critically.
  • How to practice nursing
  • Identify the relationship between nursing actions and patient outcomes.
  • Defines the roles and responsibilities of the nurse which strengthens the practice.
  • ANCC Magnet Recognition Program® requires that nurses can communicate the Professional Practice Model and define how it related directly to their practice.
CONCLUSIONS

- Keep the model visible
- Use the Professional Practice Model during orientation
- Periodically review the model for adherence, understanding, and continual exhibition of attributes and behaviors within the framework of the model


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REFERENCES

PROFESSIONAL PRACTICE MODEL


