Executive Summary

Nursing Practice Model

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Abstract

For a small contemporary hospital, the need for nursing model and employee satisfaction improvement is dire for maintaining service prominence. Addressing and facilitating the immersion of a theory based self-developed nursing model into the culture and practice of a hospital based healthcare organization can facilitate the spark and serve as the catalyst for staff engagement. Uniting health improvement efforts, collaborative cohesion, and culture integration can build integrity and service excellence for this organization. This paper explores the supportive reasoning and action potential of nursing model creation influenced by nursing theory and organizational collaboration.

Nursing Practice Model Development

The focused hospital for this project is in its third year of operation as a community-based facility serving a population of 250,000 in suburban California. Multiple administrative turnovers, minimal clinical improvement efforts, lack of camaraderie between departments and a void of a defined practice model have negatively affected care practice within this organization. The purpose of this executive summary is to report on the journey in developing and implementing a nursing practice model based on the core values of the organization and integrating a process for sustaining this change to better serve its community. This project sought to address the question, can immersion of a distinctively created nursing model, enhance care, invigorate collaboration and engagement, inspire quality, and promote service excellence within an organization that lacks a focused nursing model for practice culture?

Significance and Background

This hospital is a newly opened healthcare facility, which will celebrate its fourth year of service to the surrounding community in April 2015. Suggestive to the development process of an organization is the necessity to make mistakes, create change, and improve performance. During the first years of operation, this organization had numerous administrative alterations and was void of clinical improvement efforts. Lack of camaraderie between departments and low levels of collaborative practice have affected attitudes and motivation, creating consequences of disengagement, dissatisfaction, and disconnect. Whitehead (2010) reported that service-related employment carries a lower job satisfaction than employment in alternate work

environments. Globally, health care workers perform in a stressful environment and often serve as a dependent liaison between health and illness. Michie, Rideout, and Johnson (1996) distinguished that "stress related to work overload was negatively correlated with nurse job satisfaction" (p. 1003).

Although clinical and ancillary staff members provide care, there was lack of foundational spirit or organizationally focused practice model solidifying a basis for their practice. Gallup survey results from 2012 reflected this organization as placing at the bottom with a 26th percentile for employee engagement at 3.77 out of 10 (n=478), in comparison to all entities within the umbrella health system (Building the engaged workplace, Gallup, 2012). Results also showed the organization has slightly more than two engaged employees for every disengaged employee. The need for process improvement and lack of involved staff served as a catalyst to improve the quality of care for this facility. The challenge was in developing and implementing a nursing practice model that would improve overall care and engagement within the organization, while subsequently improving collaboration and job satisfaction.

Purpose and Specific Goals

The purpose of this project was to develop and implement a nursing practice model based on the core values of the organization and integrate a process for sustaining this change to better serve the organizational community. The goals of the project were: (a) establish a team, (b) develop a nursing practice model, and (c) create recognition program for nurses who participate in the model of care.

Project Description

This performance improvement project was designed to create a collaborative environment by gathering an interdisciplinary team of nurses from all nursing units to develop a nursing practice model. An analysis of the current hospital core values, practice methods, and nursing theory supported the foundational direction of developing a practice model. After meeting with organizational nurse leaders, it was determined that focus on the patient and provision of service was lacking, hence, the key term of *caring* evolved. Brainstorming meetings were held to research, analyze, design, create and implement conceptual ideas for the practice model. The model was piloted on medical surgical nursing unit prior to dissemination hospital wide. Along with the model a subsequent program to recognize and reinforce positive practice based on caring was created to support integration of the practice model.

Summary of Literature

Research of various literature produced supportive resource that offers validity and scientific merit to the implementation of a model to guide care practice. Bringing care into focus when creating nurse-patient transactions is essential to the moral commitment of nursing. Infusion of care supports the intentional fostering of nursing effort, accountability and vivacity for nurse practice. Developing a physical model to guide practice allows the practitioners of the particular organization to have ownership over their actions and represent the model ideals of caring.

Amendolair (2011) researched the application of a practice model based on caring in relation to how and with what ideal nurses base their practice. Supportive of caring, the author stresses the importance of basing practice on caring behaviors. Amendolair

(2011) states the use of caring values when designing and integrating a practice model will help fortify a solid foundation for nursing practice behavior based on theory. This action potential benefits not only the patient during the care transaction but also the nurse in solidifying her caring attributes. Enhancing empowerment and ownership of a positive practice change, grounding practice habits with a strong foundation of caring is beneficial in improving patient experience and nurse practice fulfillment.

Integrating a basis of caring into the model development represents the ideal transaction and bond of the nurse-patient relationship. The act of caring by a nurse builds trust and dependence within the nurse-patient relationship. Chinn and Kramer (2008) believed the essence of nursing is directly related to the practice habits of nursing care. Crossing over to a nurse practice model that encompasses the mission and values of this organization would help to direct and improve care processes. Providing high quality appropriate and professional care increases the physical well-being and outcomes of patients, enriches service attitude and refinement of nursing, and improves patient satisfaction.

Benner (2001) described caring as being the essence of nursing and that all nursing practice is grounded with the roots of providing care. Increasing demands in health care, rising population of patients, and the need for cutting costs has created a gap in provision of care. Amendolair (2012) supports the connection between caring and job satisfaction and stresses that in today's busy healthcare environment, nurses meet barriers and often lack the time or resource to show caring interaction. Continuous lack of integrating care into practice transactions is instrumental in the decline of job satisfaction and engagement (Amendolair, 2012). Correlation between *caring* and job satisfaction

would suggest that infusing more *care* into nursing practice and tasks would promote the engagement one needs to feel content about their performance.

Chaffee and McNeill (2007) determined a conceptual model is a powerful tool for organizing, shaping, and guiding thinking. A nursing model can provide the framework to support care practice reflective of the mission, vision, and values of an organization. Allowing staff to engage and participate in developing an organizationally unique nursing model will promote involvement and collaboration. Supporting the concept of application of theory to a nursing model, Chaffee and McNeill (2007) acknowledge that the integration of theory into a graphic model provides application and resource for creative thought processes, which support the model. Tinkham (2013) advised following a practice model allows for guidance and accountability, giving the practicing nurse a higher level of job satisfaction and autonomy, and decreased likelihood to leave their current work environment. This research supports the basic need and desire for nurses to follow practice guidelines for patient care interaction.

Based on the literature research and review, empowering the nursing staff with a motto or basis for their practice would infuse accountability and ownership of not only care practice and actions, but of the organizational reputation. Meleis (1997) encouraged having an established nursing theory would strengthen practice by providing structure and language to describe, explain, support, and guide the professional nursing practice. Allowing the nursing staff to engage and participate in developing an organizationally unique nursing model would promote involvement and collaboration. Utilization of a practice model based on care and being distinctive to this organization's values would be the avenue to advocate for autonomy, contribution, and to spark collaboration for care.

Project Design

The overall strategies for this practice improvement began with administrative leadership buy-in for process change. A survey was developed to assess the readiness for an organizational based practice model. Results from this survey supported the establishment of change agents to facilitate practice model development and implementation. A pilot study would ensure positive integration for the organizational change. Linking a practice model with a sustainable recognition plan would support maintenance of practice model based behavior. Subsequent program aspects would be created to support longevity and success for the intended improvement plans.

Initial efforts for change involved several meetings with the chief nursing officer, nurse leaders, and nursing excellence council, recognizing the need to infuse more caring into practice along with behaviors reflective of the facility's core values. A presentation was given to guide leadership in the necessary steps for implementation of the practice model and subsequent supportive ideas. Upon approval the facilitator and the chief nursing officer, who served as the preceptor, met regularly to account for progress and action during this project.

An assessment survey was created and administered pre implementation to gain introspects of attitudes and perspectives of the organizational staff (see Appendix A). The survey was distributed via email to all organizational registered nurses. Every registered nurse had the opportunity to complete the survey and respond anonymously to the survey modality called OWL, an organizational based software program utilized for internal survey distribution. Results were collected via computer-generated report, with generalization and anonymity intact. No names or identities were compromised.

This assessment survey was created specifically for this project to determine the need for a practice model and was distributed from August 30, 2013 – October 15, 2013 that yielded 129 consented and completed surveys out of the 405 that were distributed (see Appendix B). The purpose of the survey was to assess the organizational view on need for a practice model, assessing the avenues of collaboration and engagement, and the readiness for change within the organization. Triggered from the pre-survey results, the research and data supported this need and importance of establishing a change and thus the development of an organizational practice model was seeded.

A diverse group of 12 nurses representing emergency, intensive care, cardiac catheterization lab, medical surgical, telemetry, progressive cardiac, perioperative, perinatal, case management, education, and service lines volunteered to serve as the decision makers, disseminators and role models for this change. Utilizing the Rosswurm and Larrabee (1999) model for change, this eager group established a working and constructive environment of collaboration and began the process of analyzing, questioning, and developing a concept for nursing model design. Various existing models and conceptual practice models were analyzed to identify and determine desired inclusions and exclusions for a personalized model.

This model was briefly introduced to the medical surgical units with simple steps in improving caring transactions. Emphasis on core values was essential and key to supporting caring behavior and action recognition. Bedside nurses were motivated to support this change and took ownership in their practice habits, utilizing the caring aspect of the model as basis for their nurse-patient interactions.

The focused group of collaborative nurses responded with the positive pilot by researching and developing a plan to help promote and sustain positive caring behavior.

Introduction of a program that would continue to recognize and acknowledge positive caring and value-based behavior would strongly support cohesion of the model into regular and expected practice efforts.

Findings

Findings were indicative of need and actions correlated to the introduction of a practice guideline. The physical and purposeful aspects of the model emphasized adherence to a structured practice model. Having the core values as the focal point, nurses practice within a solid foundation of influence. Development of the recognition cards supported continued behavior compliance. Post implementation survey results supported and proved the positive effects of the practice change.

As a guide the nurse collaborators created a model that would not only reflect core values but also provide a visual to represent the fluidity and connection of each value with the others (see Appendix C). This interactive model represents the integration of organizational core values and practice based focus. With visual 2D design and conceptual 3D action, we envision a constant action in motion, circular and fluid. Each value is depicted and further supported with keywords and phrases demonstrating activity that enhances each core value. These vigorous concentric circular rings all center around the main focus of the patient, patient family, and community

This collaboration of nurses facilitated and engaged the nursing staff to integrate core values of working together as a team, treating the patient mind body and spirit as a whole, maintaining integrity and compassionate care transactions, and seeking excellence in service. These behaviors were fostered and exemplified into daily tasks by through team support, looking at the whole patient dynamic, following through on intended

duties, infusing care into all practice tasks, and performing duties to the best ability. Through identifying the living of core values, nurses are able to integrate these ideas into their daily routine and care practice. Values signs were emphasized through department bulletin board displays and monthly values themed in-service focus from leadership. Educational workshops, discussions, grand rounds, and dissemination of model descriptions served as the primary means for communication of this change. Values expectations were disseminated through the job description, orientation, and are reflected on yearly performance evaluations.

In conjunction with the newly developed practice model and utilizing the acronym reflecting the hospital's core values of *T*eamwork, *W*holeness, *I*ntegrity, *C*ompassion and *E*xcellence, the TWICE values recognition program was subsequently developed. This program created a way for recognition of specific core related behavior to be acknowledged and congratulated through the distribution of on the spot recognition cards (see Appendix D). Values cards reinforced behavior reflective of the organizational core values and were handed out from one employee to another employee when values behavior was recognized. These cards had perforations that allowed the recognizer and the receiver each to retain a portion. These cards were collected by department leadership and reported to administrative leadership. This process supported response and behavior identification for evaluation purposes. Further recognition actions will follow based on collection of the recognizer retained portion being turned in to a TWICE team designated chairperson. This model idea has sprouted interest with the Chief Experience Officer and facets are being developed to expand and support this change.

A post-survey identical to the pre-survey was distributed from August 7, 2014 – August 27, 2014 that yielded 70 consented and completed surveys out of the 404 that were distributed (see Appendix E). All survey results were analyzed using the percentage in an increase of positive responses from pre-to-post survey administration. Responses from the pre survey were then compared to post survey with the difference being reflected as stated above.

In the survey question based on the topic of *nursing model development* 18% of participants (n=70) were supportive of this need to develop the model. In addition, post-model implementation showed a 25% of participants (n=70) supported the *existing organizational culture* and a 15% of participants (n=70) acknowledged an increase of the *model reflecting core values* being utilized in practice and care of patients. Finally, the survey revealed a 51% increase in *evidence-based practice utilization* and a 36% increase in the feeling of *collaboration among the nursing staff*. These results are reflective of the influence and positive action by nursing staff of integrating caring and the core values into patient care transactions and based on the nursing practice model design.

Discussion

Based on the results, it is apparent that nurses were utilizing the nursing practice model to support and infuse the core values into their daily practice. Employees began working together as an organizational team; treating and caring for patients as a whole, addressing their mind, body, and spirit; being accountable and responsible in all care actions; providing compassion and caring as a basis for interaction; and striving to provide excellent care to each and every patient. This brought overall improvement to the practice and culture of teamwork, wholeness, integrity, compassion and excellence.

Initially, the facilitator served as a continuing resource for guidance, direction, and facilitation of this change process. The start-up group of nurses served as the key representatives. Through shared governance they directed the further facilitation of this change process and subsequent actions. Communication with the stakeholders regarding how the nursing practice model was disseminated provided assurance for appreciation and alignment with the strategic goals for employee satisfaction improvement and overall practice improvement. This practice model and subsequent influences serve as a continuous working entity with the organization's engagement and strategic goals.

Recommendations

In order to continue the success of this project, it would be beneficial to have one person responsible for the continuation of this program. A clinical excellence coordinator position could be considered to facilitate the support and ongoing reinforcement of the practice model, including the coordination and management of the Values cards program. Additional responsibilities would be to research continued practice improvement initiatives, navigate changes related to nursing model and core values at the organizational level, and serve as a primary change agent for the organization. The clinical excellence coordinator would include monthly recognitions using the organizational website on a page devoted to core values, management of a yearly banquet to honor recognition recipients, as well as facilitation of letters from administration acknowledging service and appreciation to the values exemplars.

Resource and strategies for change maintenance were developed and ongoing evaluation will be facilitated through the coordinator role, directly under the chief experience officer. The coordinator will perform yearly evaluations to include research,

analysis, and report of effectiveness of the nursing model and subsequent values program. A comparative benchmark for future evaluation was completed and submitted to chief nursing officer.

Conclusion

Focusing on the creation of a distinctive nursing model and significant recognition strategies can help support a positive effort to improve staff satisfaction and improve care practice. Utilization of this uniquely created and distinctly organizational based model supported enhanced professional practice that supported advocacy, autonomy, and sparked an effort of collaborative care. Creation of this improved service will continue to support prominence and organizational pride, reflect positively on continued enhancement of care, maintain collaboration, keep nurses engaged, inspire ongoing quality service, and ultimately promote service excellence.

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Appendix A

Pre Assessment Survey/Post Assessment Survey

Please consider the readiness for practice improvement, a nursing model, and a practice culture. There are no right or wrong answers. Please be sure to participate in the examples section at the bottom of this survey. When complete, please return this survey to Tracy. Thank you so much for your help in improving practice.

Item	None at all	A Little	Somewhat	Moderately	Very Much
1. To what extent is a model for nursing practice central to the mission, vision, and values of this facility?	1	2	3	4	5
2. Do you feel a lack of a distinct nursing model effects practice behavior?	1	2	3	4	5
3. To what extent does the lack of a nursing practice model affect the delivery of care at this facility?	1	2	3	4	5
4. Do you feel this organization needs a nursing model to guide practice?	1	2	3	4	5
5. Do you believe that creating a nursing model based on care, would improve practice at this facility?	1	2	3	4	5
6. To what extent do you feel a nursing model is related to job satisfaction?	1	2	3	4	5
7. To what extent are nurses at this organization committed to improve practice?	1	2	3	4	5
8. In your facility, to what extent are nurses motivated for an improvement of nursing practice?	1	2	3	4	5
9. To what extent is there an existing organizational culture?	1	2	3	4	5
10. To what extent is the prevalence for an organizational culture?	1	2	3	4	5
11. To what extent do you feel a distinct nursing model will guide practice and support an organizational culture of practice?	1	2	3	4	5
12. Do you feel this organization has a core team of collaborators?	1	2	3	4	5
13. To what extent would a collaborative practice change help encourage employee engagement?	1	2	3	4	5
14. To what extent do you believe EBP (evidence-based practice) is utilized at this facility?	1	2	3	4	5
15. To what extent are there change champions (i.e. go the extra mile to advance EBP and guide practice change for improvement)?	1	2	3	4	5

a. Administrators?	1	2	3	4	5
b. Physicians?	1	2	3	4	5
c. Clinical Nurse Specialists?	1	2	3	4	5
d. Advanced Practice Nurses?	1	2	3	4	5
e. Staff Nurses?	1	2	3	4	5
f. Ancillary Staff?	1	2	3	4	5
16. Name 2 barriers to change practice at this facility?	1.		2.		
17. Give 3 examples of ways staff can be supported to enhance their practice and patient care habits?	1.	2.	3.		
18. Identify 3 activities in which you participate to maintain balance of personal, spiritual and self and work?	1.	2.	3.		
19. Give 3 examples of how you show CARE in your practice?	1.	2.	3.		
20. Overall, how would you rate this organization in readiness for practice improvement?	1	2	3	4	5
21. Compared to 6 months ago, how much improvement in your organization has there been toward developing collaboration and improved practice?	1	2	3	4	5
Are you willing to become an advocate for collaborative practice improvement?	YES _____ NO _____ Name: _____				

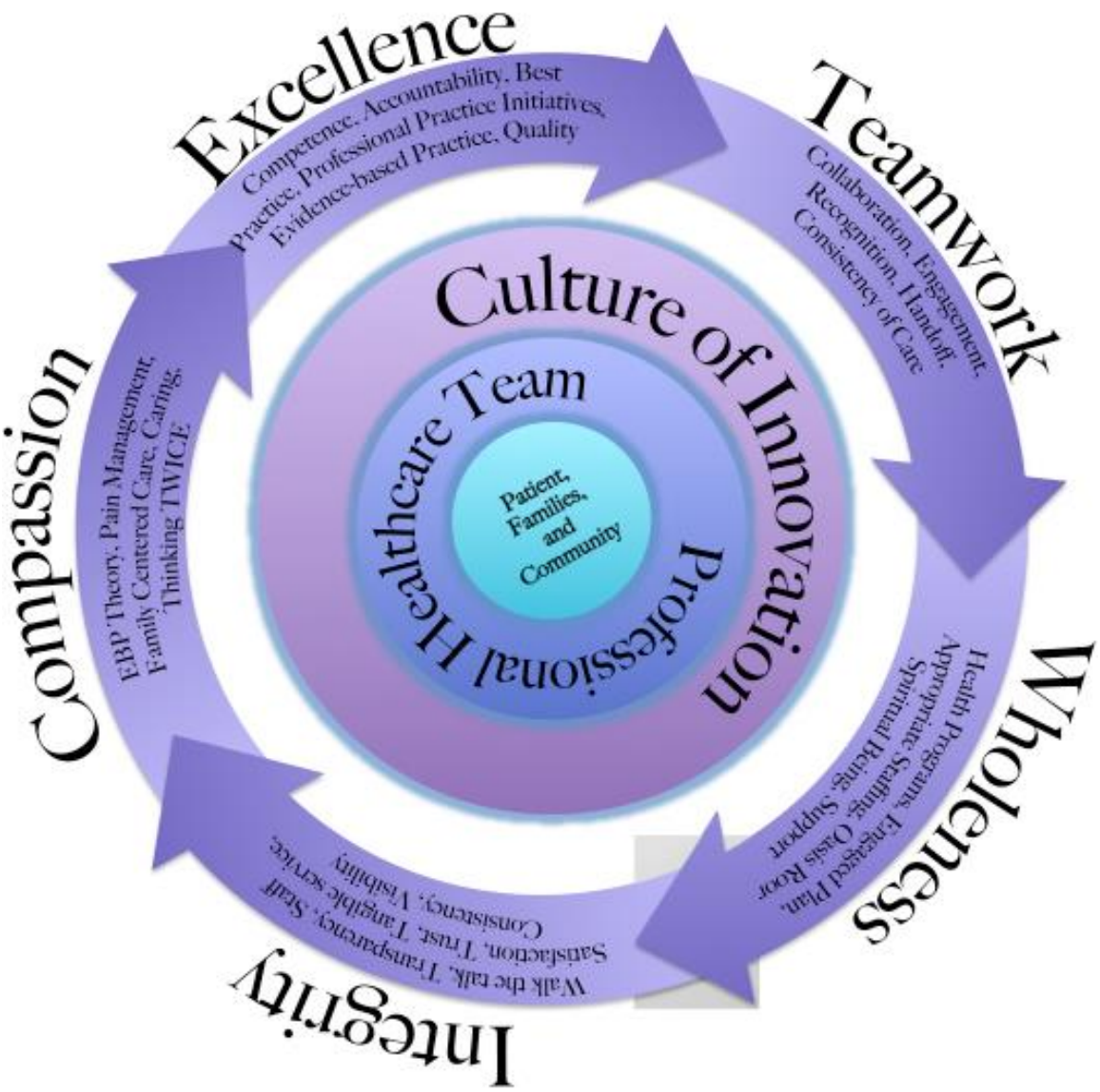
Appendix B
Pre survey questions by number

Survey Questions Likert Scale Format	Very Much	Significantly	Somewhat	A Little	Not at all
1) To what extent is a model for nursing practice central to mission, vision, and values of this facility?	27%	38%	11%	3%	0%
2) Do you feel a lack of a distinct nursing model effects practice behavior?	14%	27%	23%	7%	7%
3) To what extent does the lack of a nursing practice model affect the delivery of care at this facility?	13%	32%	21%	9%	4%
4) Do you feel this organization needs a nursing model to guide practice?	21%	31%	15%	5%	4%
5) Do you believe that creating a nursing model based on care, would improve practice at this facility?	21%	33%	12%	8%	2%
6) To what extent do you feel a nursing model is related to job satisfaction?	20%	31%	13%	6%	6%
7) To what extent are nurses at this organization committed to improve practice?	25%	32%	19%	4%	0%
8) In your facility, to what extent are nurses motivated for an improvement of nursing practice?	23%	33%	17%	3%	1%

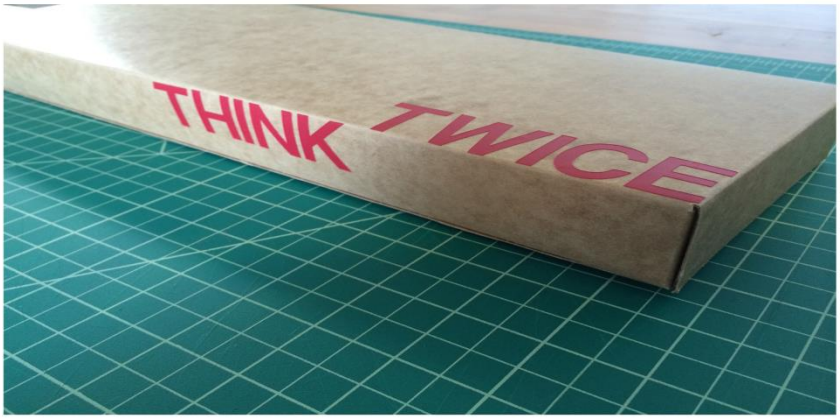
9) To what extent is there an existing organizational culture?	7%	24%	32%	13%	4%
10) To what extent is the prevalence or need for an organizational culture?	29%	36%	18%	3%	0%
11) To what extent do you feel a distinct nursing model will guide practice and support an organizational culture of practice?	20%	35%	14%	6%	2%
12) Do you feel this facility has a core team of collaborators?	10%	21%	23%	14%	8%
13) To what extent would collaborative practice change help encourage employee engagement?	23%	40%	13%	1%	0%
14) To what extent do you believe evidence-based practice is utilized at this organization?	8%	19%	39%	10%	1%
15) To what extent would you rate the importance of Administrators as change champions?	24%	29%	20%	5%	2%
16) To what extent would you rate the importance of Physicians as change champions?	22%	27%	17%	9%	3%
17) To what extent would you rate the importance of Clinical Nurse Specialists as change champions?	26%	33%	11%	7%	0%
18) To what extent would you rate the importance of Advanced Practice Nurses as change champions?	23%	33%	13%	5%	2%
19) To what extent would you rate the importance of Staff Nurses as change champions?	33%	30%	9%	3%	1%

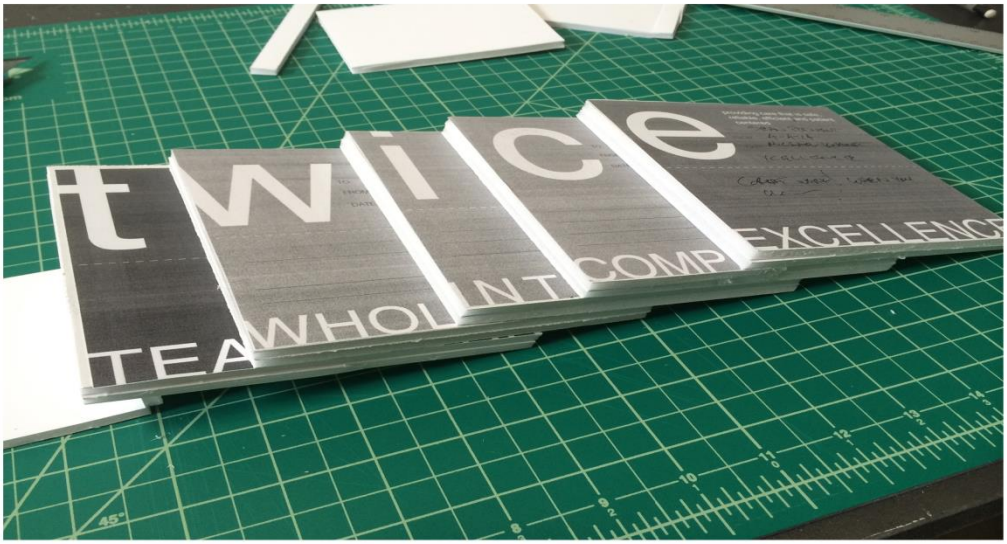
Appendix C

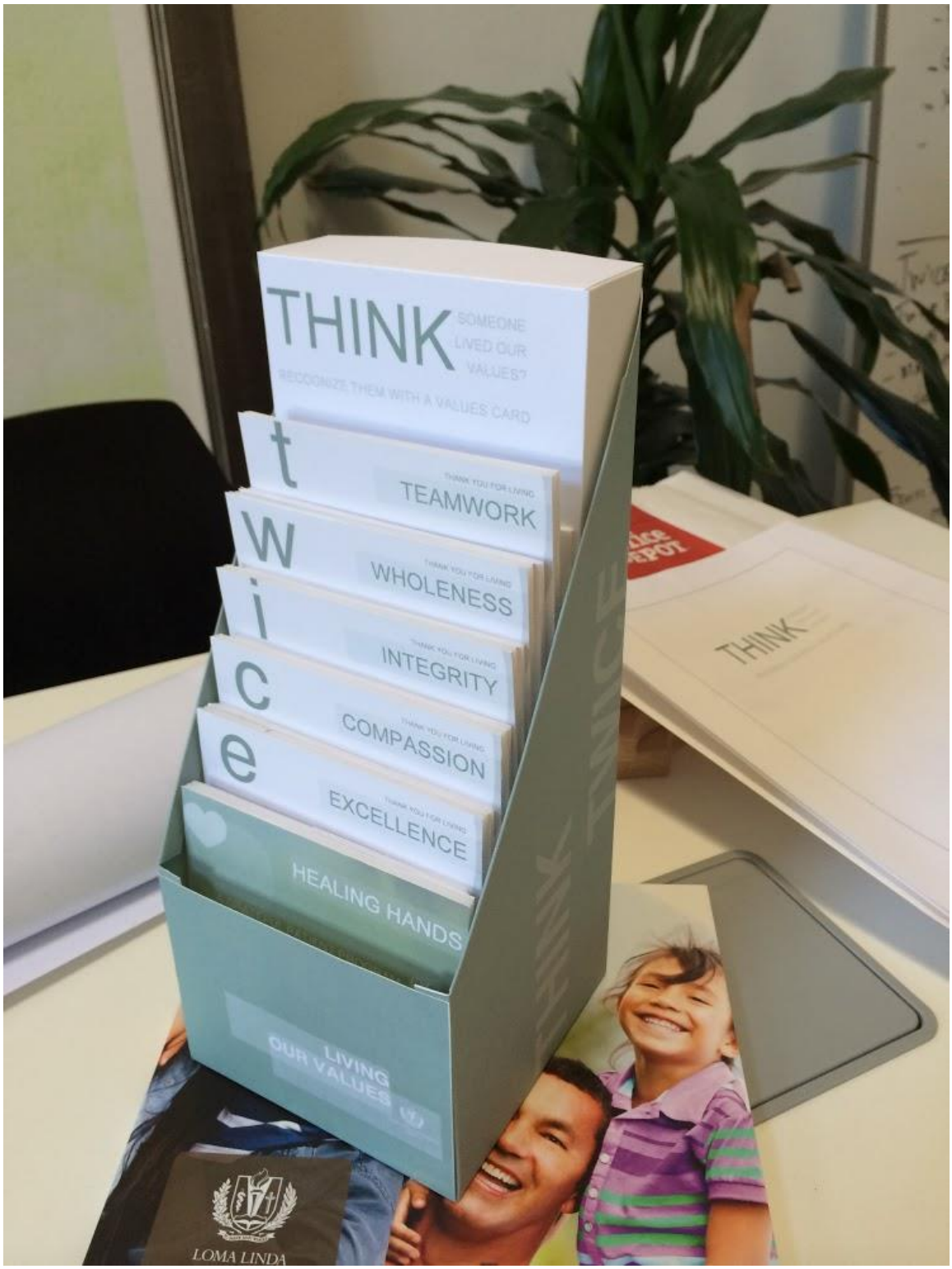
Nursing Practice Model



Appendix D
T.W.I.C.E. Values cards






THINK
SOMEONE
LIVED OUR
VALUES?
RECOGNIZE THEM WITH A VALUES CARD
t
TEAMWORK
W
WHOLENESS
i
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c
COMPASSION
e
EXCELLENCE
HEALING HANDS
LIVING
OUR VALUES
LOMA LINDA
THINK

Appendix E
Post survey by question number

Survey Questions Likert Scale Format	Very Much	Significantly	Somewhat	A Little	Not at all
1) To what extent is a model for nursing practice central to mission, vision, and values of this facility?	33%	47%	16%	1%	1%
2) Do you feel a lack of a distinct nursing model effects practice behavior?	13%	37%	26%	13%	11%
3) To what extent does the lack of a nursing practice model affect the delivery of care at this facility?	17%	43%	23%	11%	6%
4) Do you feel this organization needs a nursing model to guide practice?	29%	41%	13%	11%	6%
5) Do you believe that creating a nursing model based on care, would improve practice at this facility?	29%	37%	21%	10%	3%
6) To what extent do you feel a nursing model is related to job satisfaction?	29%	37%	21%	10%	3%
7) To what extent are nurses at this facility committed to improve practice?	10%	44%	27%	10%	9%
8) In your facility, to what extent are nurses motivated for an improvement of nursing practice?	17%	47%	27%	7%	1%
9) To what extent is there an existing organizational culture?	17%	39%	40%	1%	3%

10) To what extent is the prevalence or need for an organizational culture?	4%	30%	53%	11%	1%
11) To what extent do you feel a distinct nursing model will guide practice and support an organizational culture of practice?	13%	53%	31%	1%	1%
12) Do you feel this organization has a core team of collaborators?	17%	50%	26%	3%	4%
13) To what extent would collaborative practice change help encourage employee engagement?	10%	17%	49%	21%	3%
14) To what extent do you believe evidence-based practice is utilized at this facility?	21%	57%	16&	3&	3%
15) To what extent would you rate the importance of Administrators as change champions?	10%	27%	47%	10%	6%
16) To what extent would you rate the importance of Physicians as change champions?	16%	36%	33%	11%	4%
17) To what extent would you rate the importance of Clinical Nurse Specialists as change champions?	14%	46%	23%	13%	4%
18) To what extent would you rate the importance of Advanced Practice Nurses as change champions?	20%	43%	32%	3%	3%
19) To what extent would you rate the importance of Staff Nurses as change champions?	39%	46%	13%	0%	3%

APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

> Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)
>
> Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

> Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA *Publication Manual*.

Learner name and date: [redacted] 5/4/15

Mentor name and school: Dr. Linda Matheson School of Nursing and Health Sciences