

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



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

# Faculty Disclosure

<b>Faculty Name</b>	Darlene Amendolair PhD, RN
<b>Conflict of Interest:</b>	None
<b>Employer</b>	Associate Professor, USC Upstate, Spartanburg, SC. Nurse Researcher, AnMed Health, Anderson, SC
<b>Sponsorship/ Commercial Support</b>	AnMed Health sponsored and supported this research project. USC Upstate grant to support for travel expenses only, no other support.

<b>Faculty Name</b>	Kathy Betsill MSN, RN, NE-BC
<b>Conflict of Interest</b>	None
<b>Employer</b>	Department of Nursing, AnMed Health, Anderson, SC
<b>Sponsorship/ Commercial Support</b>	AnMed Health sponsored and supported this research project. AnMed Health provided support for travel expenses only, no other support.

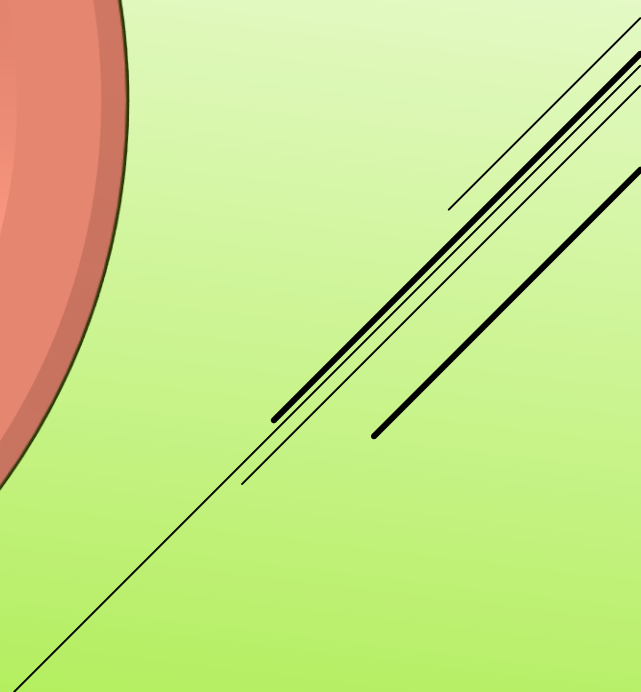
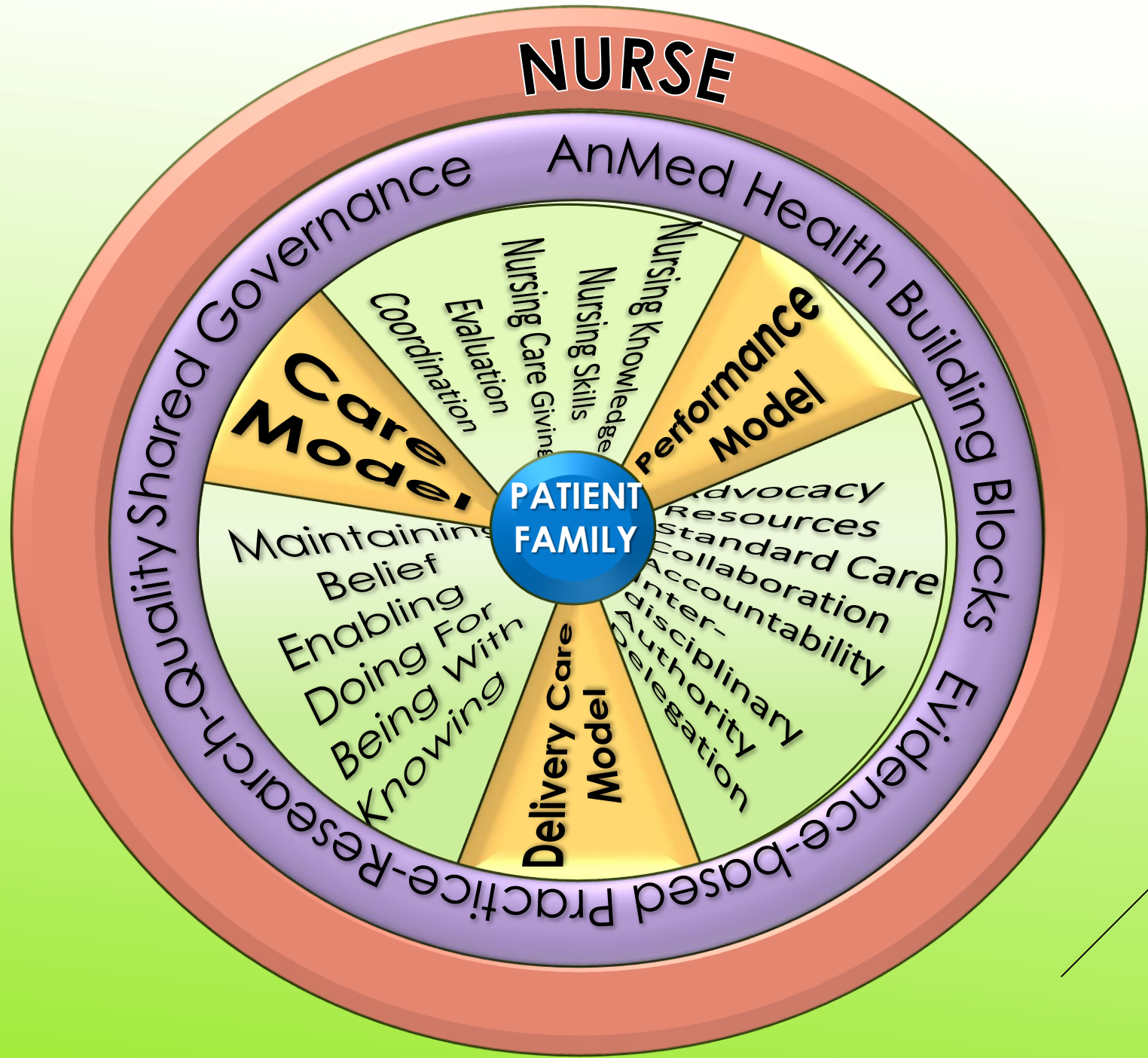
<b>Faculty Name</b>	Sharon Myer, BSN, RN, BA
<b>Conflict of Interest:</b>	None
<b>Employer</b>	Department of Nursing, AnMed Health, Anderson SC
<b>Sponsorship/ Commercial Support</b>	AnMed Health sponsored and supported this research project.

# LEARNING OBJECTIVES

(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.

**Session Goal**  
**Building a valid framework of nursing care through a Professional Practice Model**



# RESEARCH STUDY

Research Questions

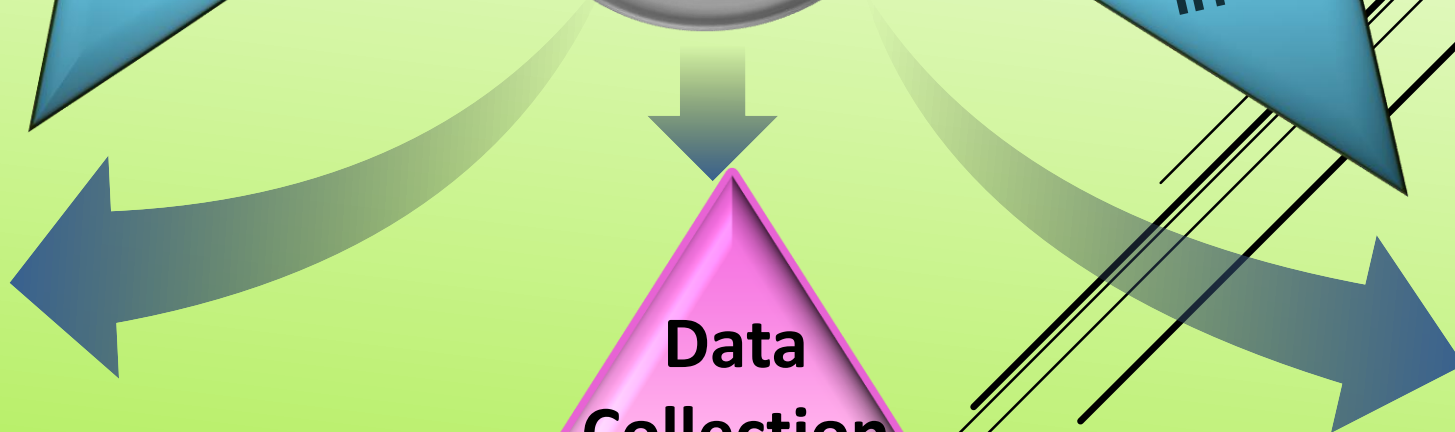
Will staff nurses, who provide direct patient care, be able to identify the concepts of the NPPM?

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

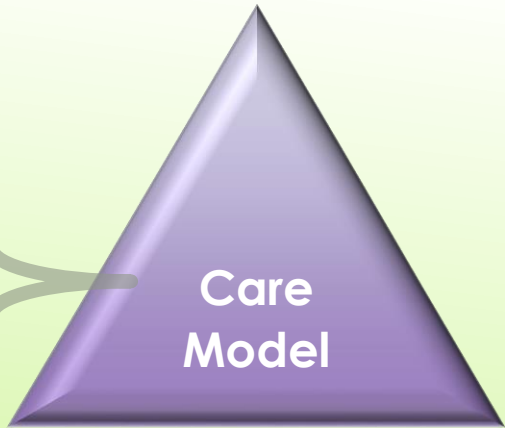
Sample

Data Collection

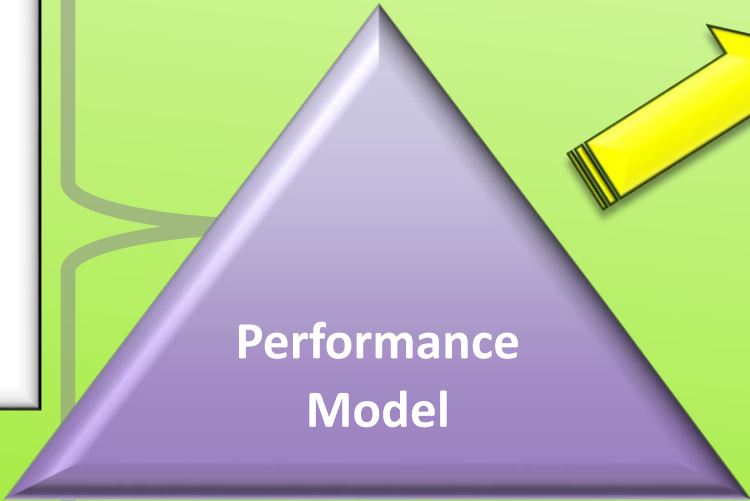
Results



Being With  
Doing for  
Knowing  
Enabling  
Maintaining  
Belief



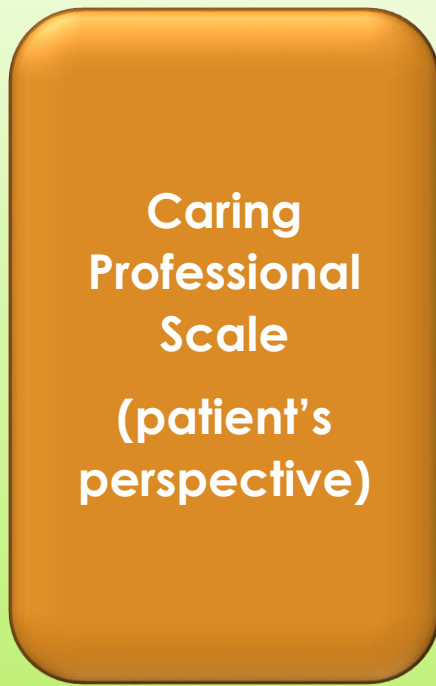
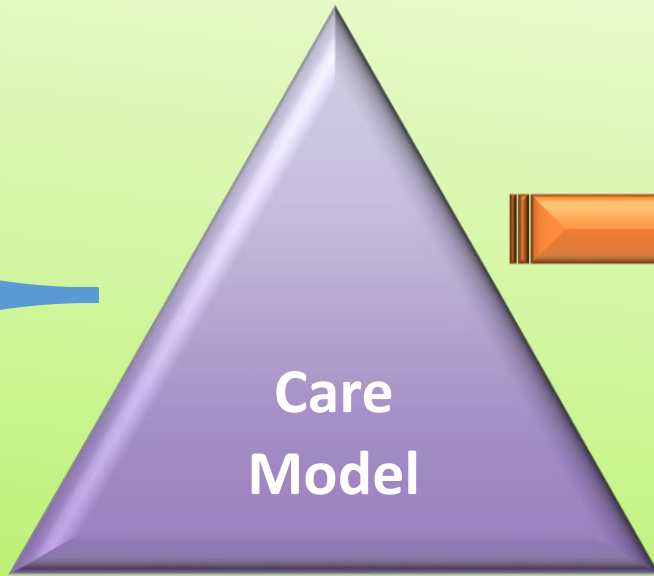
Nursing Skills  
Nursing  
Performance  
Nursing  
Knowledge  
Coordination  
Evaluation



**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

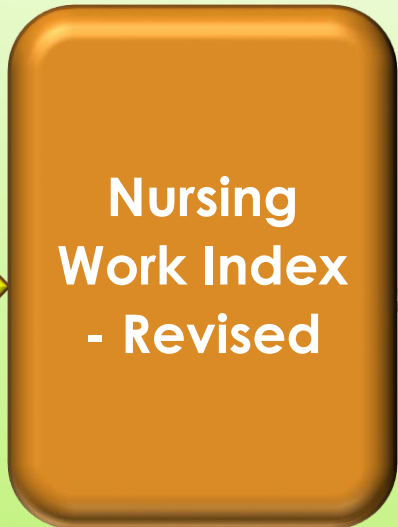
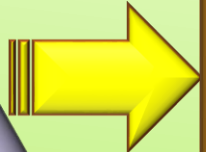
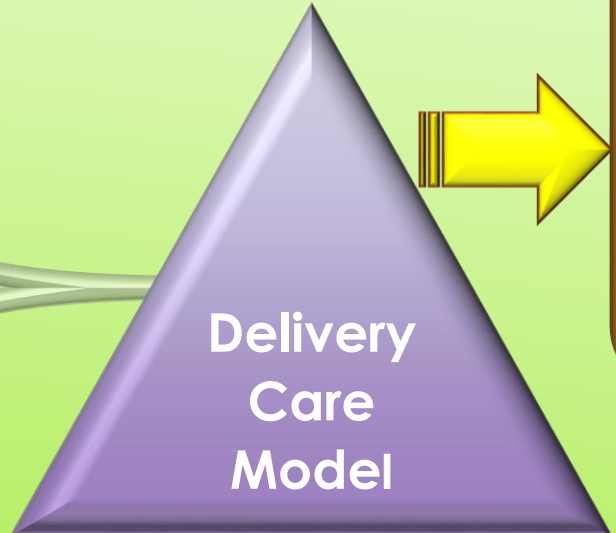
Being With  
Doing For  
Knowing  
Enabling  
Maintaining  
Belief



**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

Autonomy  
Advocacy  
Standard Care  
Collaboration  
Accountability  
Interdisciplinary  
Authority  
Delegation



**Autonomy**  
Manager backs RN decisions  
Nursing judgment valued  
Freedom to make decisions  
Controls practice

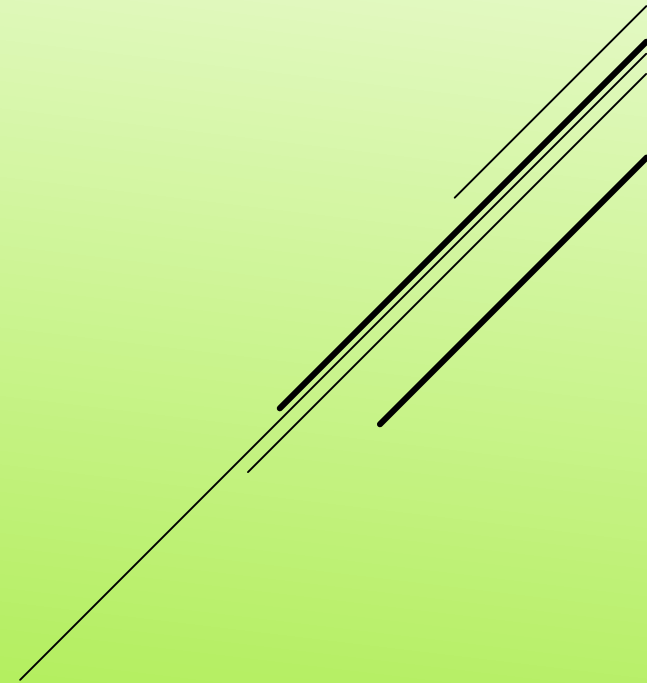
**Control over Practice**  
Care plans shared  
Opportunity to specialize  
Nursing model guides care  
Preceptorship program  
Active in cost management

**Nurse-Physician Relationship**  
Teamwork  
Good working relationships

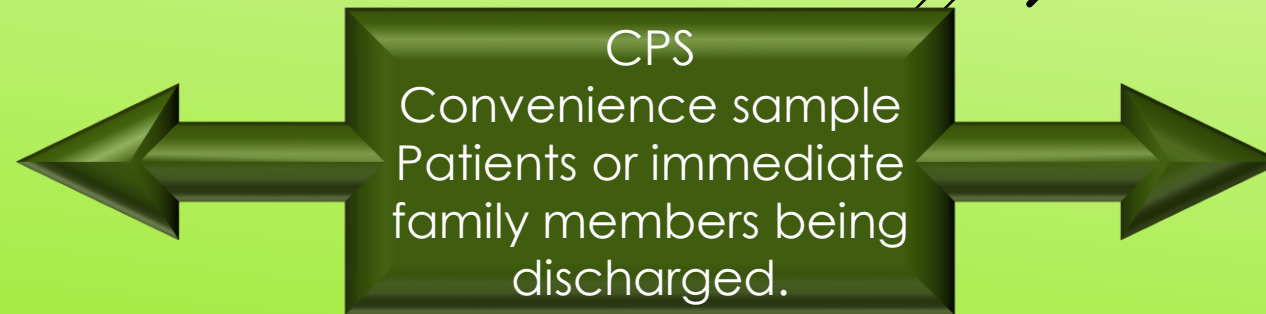
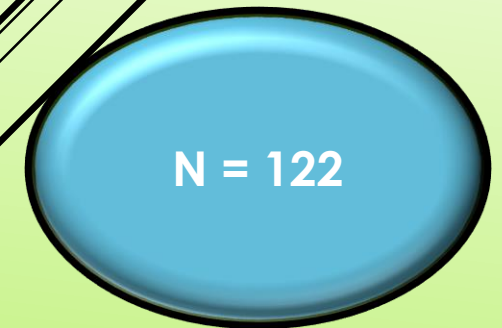
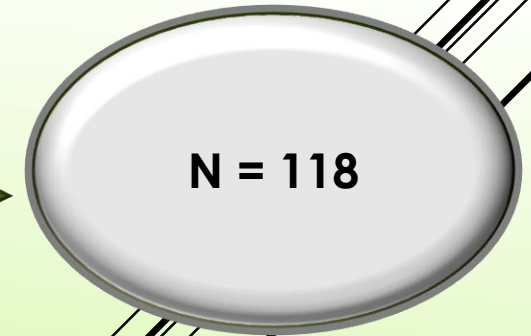
**Organizational Support**  
Time to discuss pt. problems  
High nursing standards of care  
Total patient care  
Good manager / leaders  
Quality patient care  
Support services give time



# RESULTS



# SAMPLE





## Demographic Information

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

# 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 -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

Being With  
Doing For  
Knowing  
Enabling  
Maintaining Belief

Care Model

Performance Model

Nursing Skill  
Nursing Care Giving  
Nursing Knowledge  
Evaluation  
Coordination

# Caring Dimension Inventory (CDI)

Attribute of Nursing Care

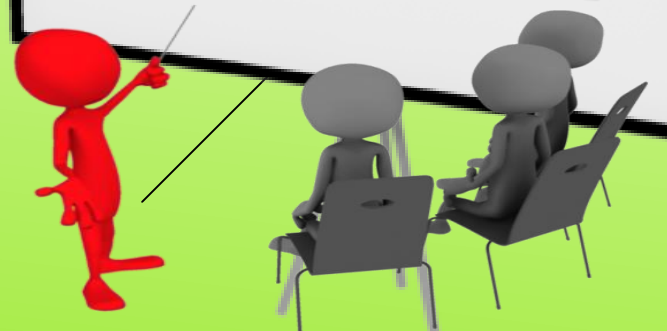
**Psychological**

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

**Professional & Technical**

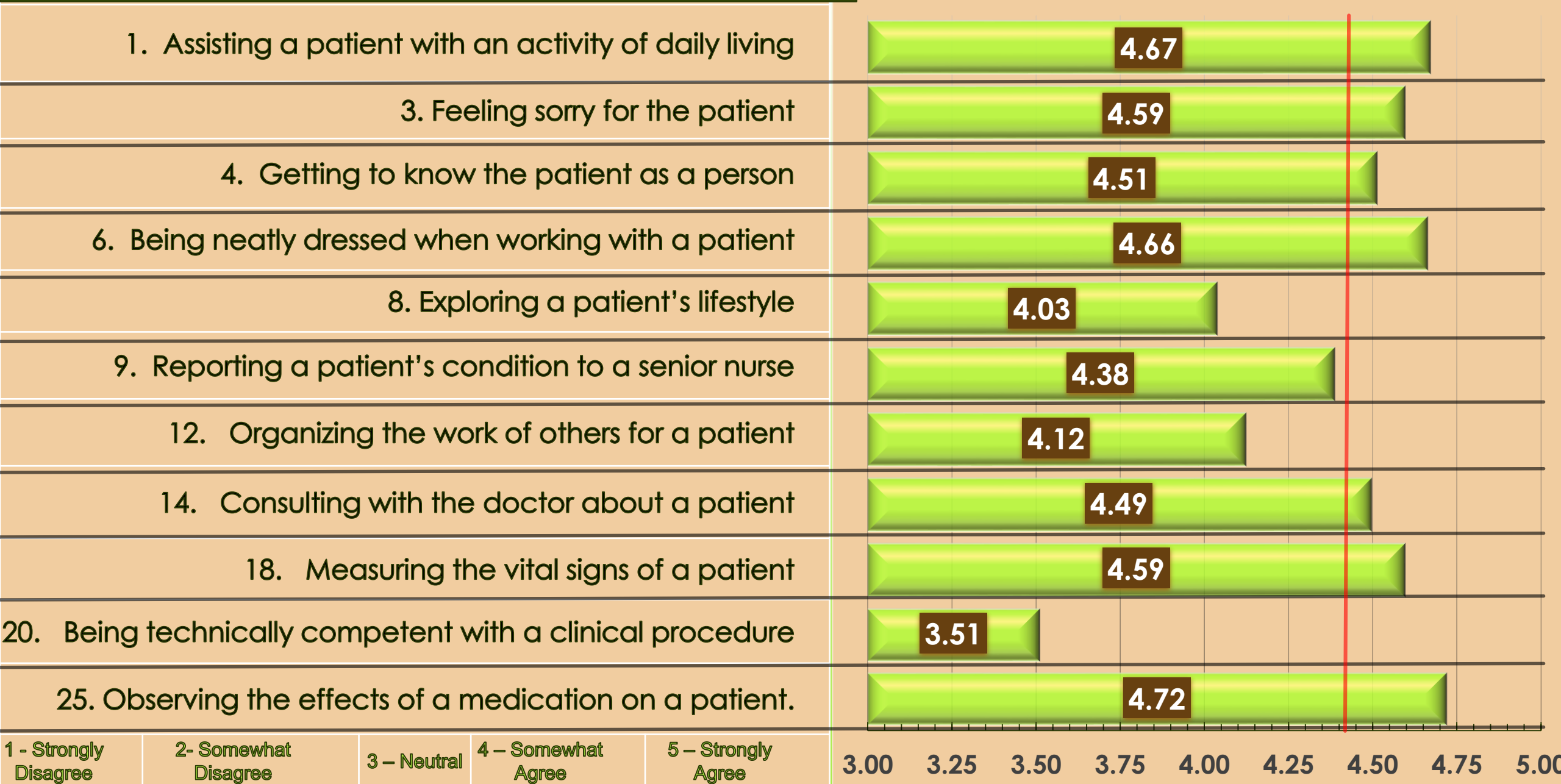
M = 4.357 n = 118 α = .914

Questions: 16, 17, 19 eliminated



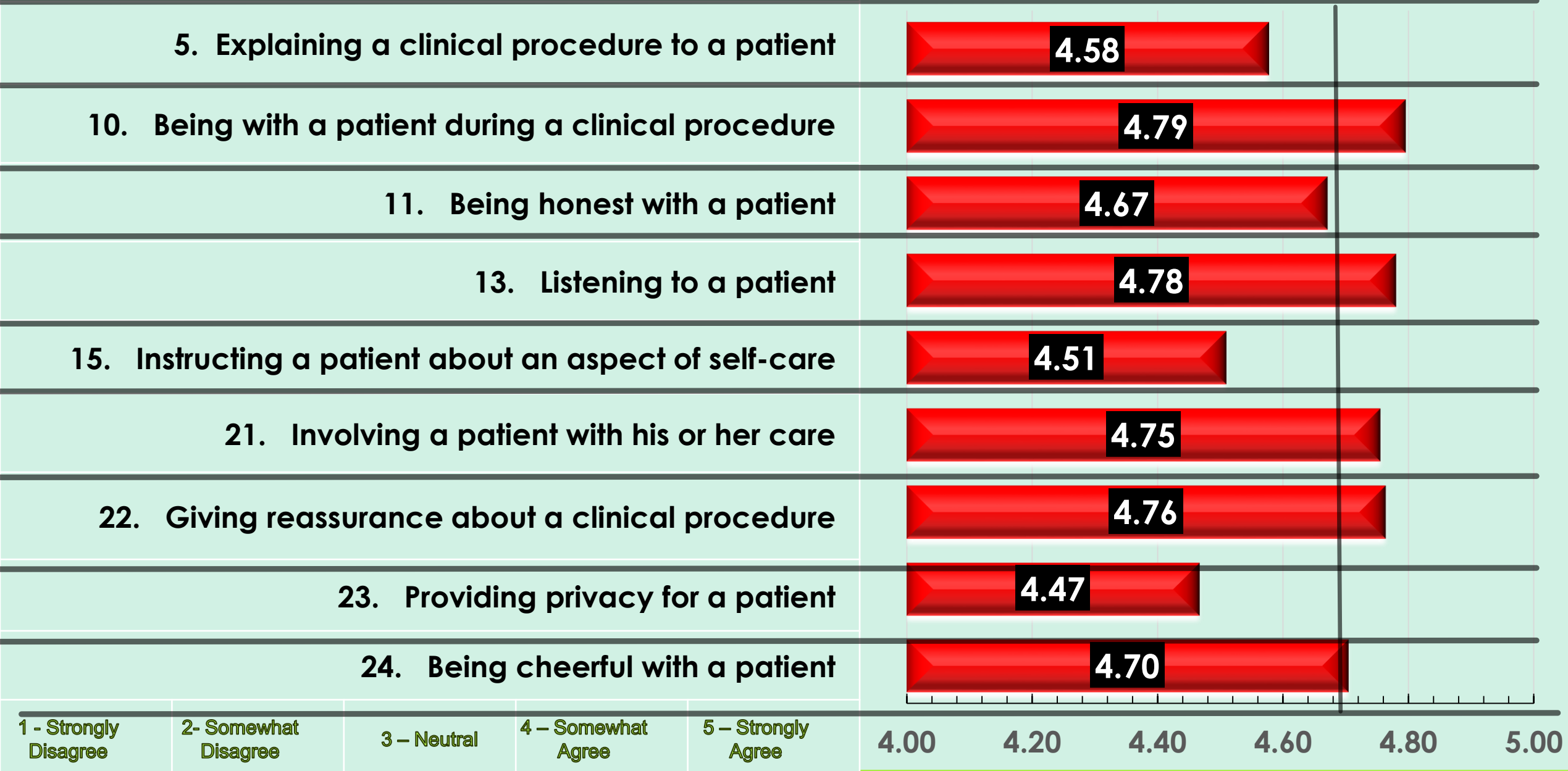
Composite Mean = **4.40**  
Inter-Item Reliability Cronbach alpha = **0.864**

## Descriptive Statistics: Professional and Technical Means



**Composite Mean = 4.70**  
**Inter-item Reliability: Cronbach's alpha = 0.820**

## Descriptive Statistics: Psychological Mean



# Swanson's Care Theory

Being With  
Doing For  
Knowing  
Maintaining  
Belief  
Enabling

## Care Model

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

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

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

Compassionate Healer

Caring  
Professional  
Scale  
(CPS)

Competent Practitioner



# Caring Professional Scale

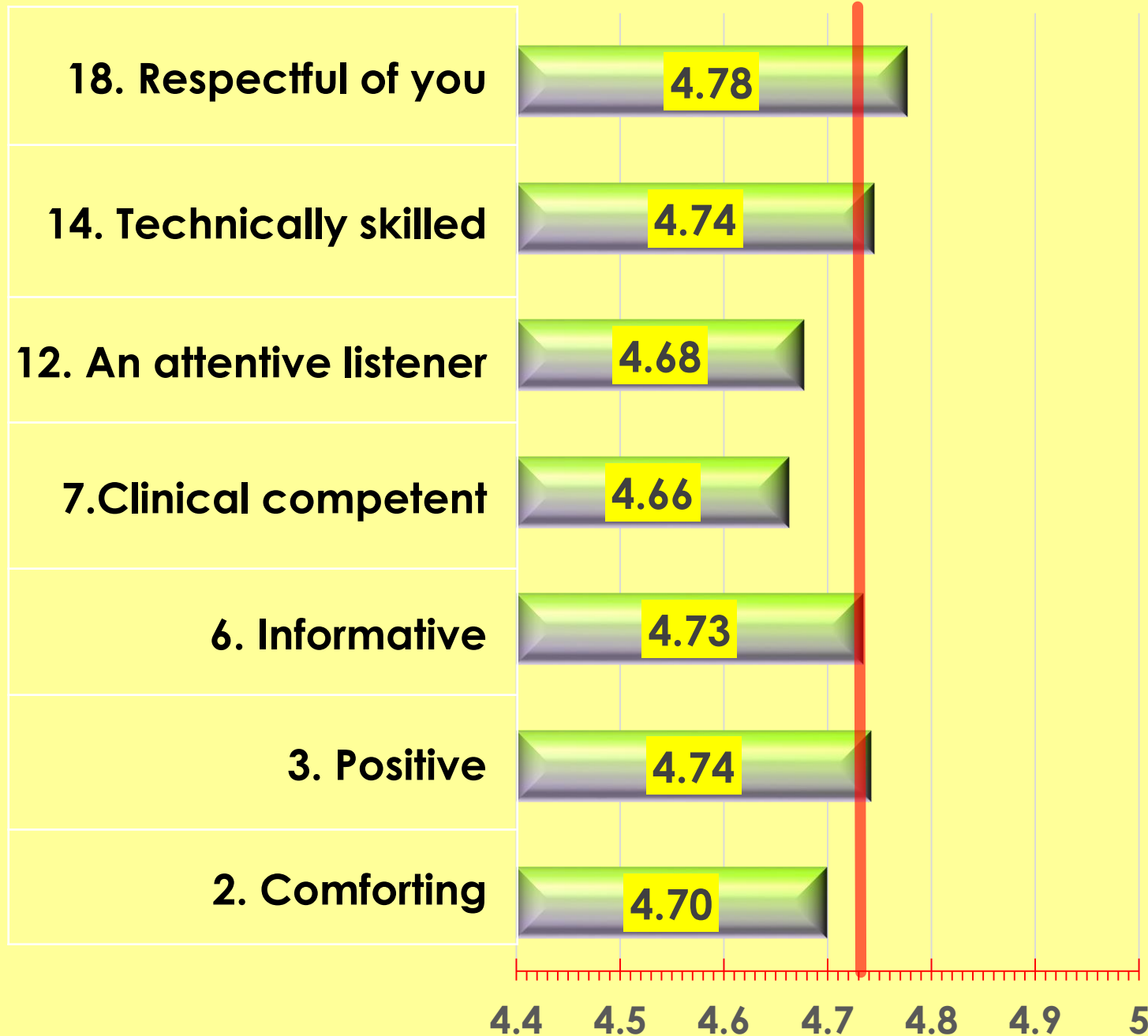
## Competent Practitioner



Composite Mean = 4.724

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

## Competent Practitioner



# Caring Professional Scale

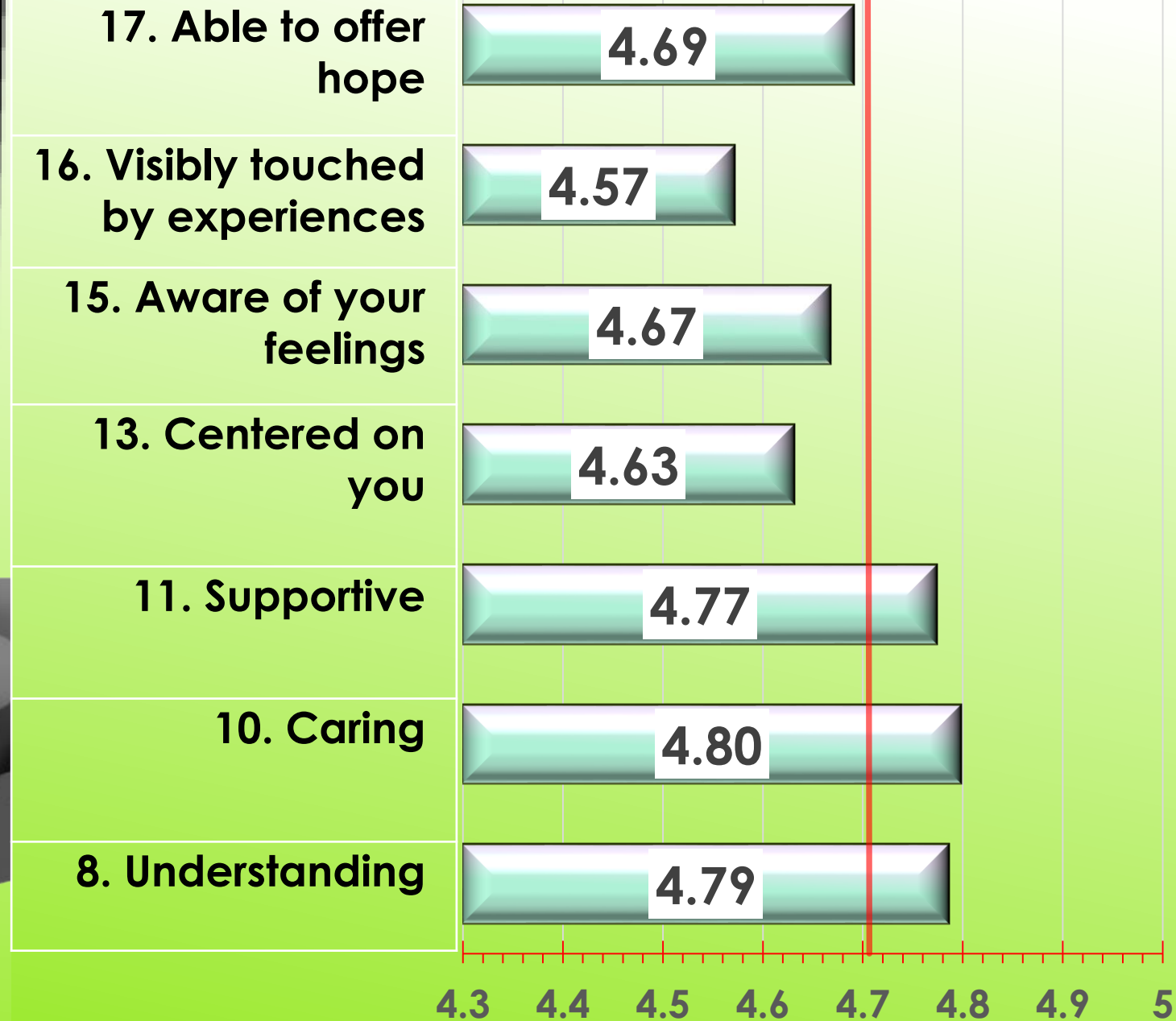
## Compassionate Healer



Composite Mean = 4.71

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

## Compassionate Healer



Authority  
Delegation  
Interdisciplinary Care  
Collaboration

## Delivery Care Model

Advocacy  
Resource Allocation  
Standards of Care  
Accountability  
Autonomy

# NURSE WORK INDEX-REVISED (NWIR)

$M = 3.151, n = 109, \alpha = .882, df = 108, F = 24.244, p < .001$

	Autonomy	Control Over Practice	Nurse-Physician Relations	Organizational Support
Delivery Care Model	Advocacy Authority Accountability	Delegation Standards of Care	Collaboration Interdisciplinary Care	Resource Allocation
Composite Mean	$M = 3.068$	$M = 3.04$	$M = 3.295$	$M = 3.048$
Cronbach's alpha	$n = 113$	$n = 122$	$n = 115$	$n = 118$
ANOVA	$\alpha = 0.691$	$\alpha = 0.684$	$\alpha = 0.729$	$\alpha = 0.783$
	$df = 117,$ $F = 14.81,$ $p < .001$	$df = 114,$ $F = 14.83,$ $p < .001$	$df = 121,$ $F = 6.36,$ $p = .013$	$df = 112,$ $F = 46.49,$ $p < .001$

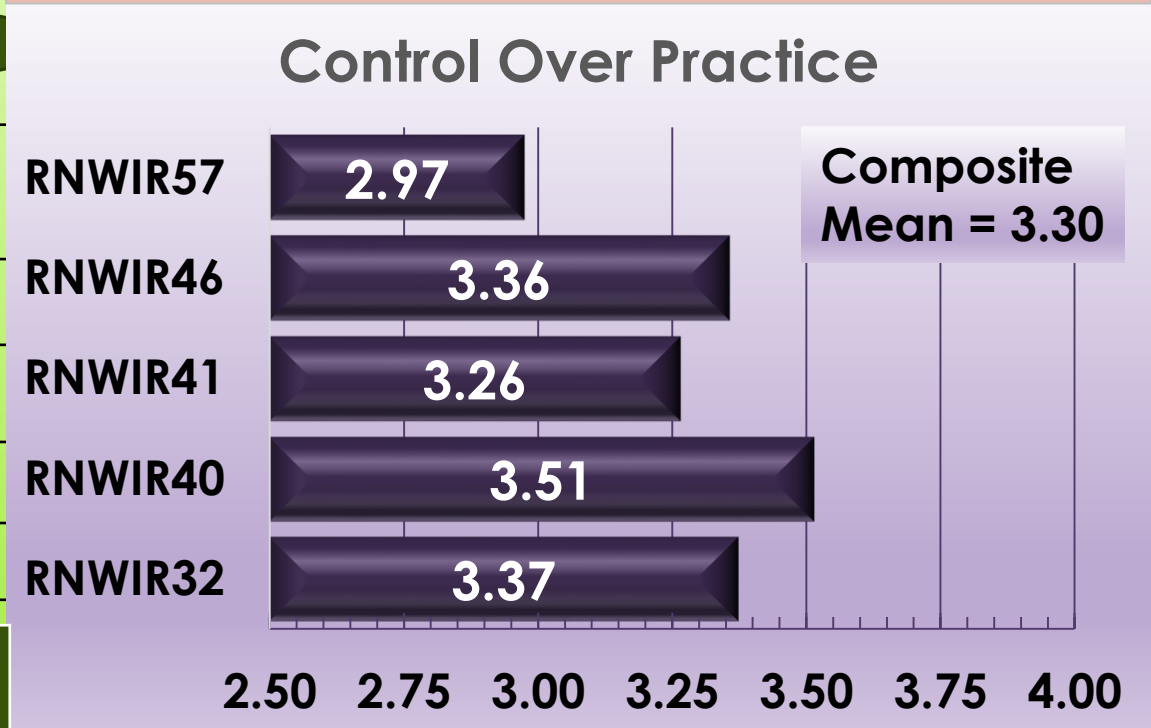
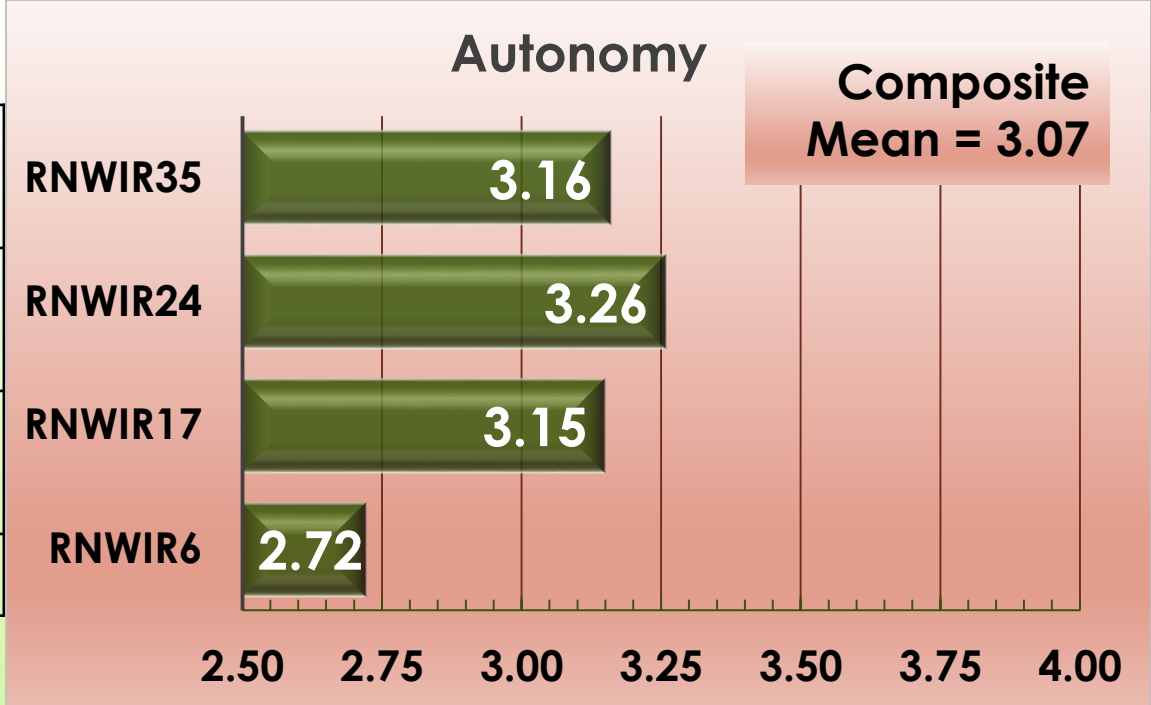
# Nursing Work Index (Revised)

- 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.

**1 = Strongly Agree    4 = Strongly Disagree**

- 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.

1	2	3	4
Strong Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree



# 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

1	2	3	4
Strong Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

## Nurse-Physician Relationship

RNWIR2

3.37

RNWIR27

3.23

Composite Mean = 3.295

2.50 2.75 3.00 3.25 3.50 3.75 4.00

## Organizational Support

RNWIR25

3.64

RNWIR22

3.20

RNWIR21

3.06

RNWIR13

3.25

RNWIR12

2.33

RNWIR11

3.08

RNWIR1

2.73

Composite Mean = 3.05

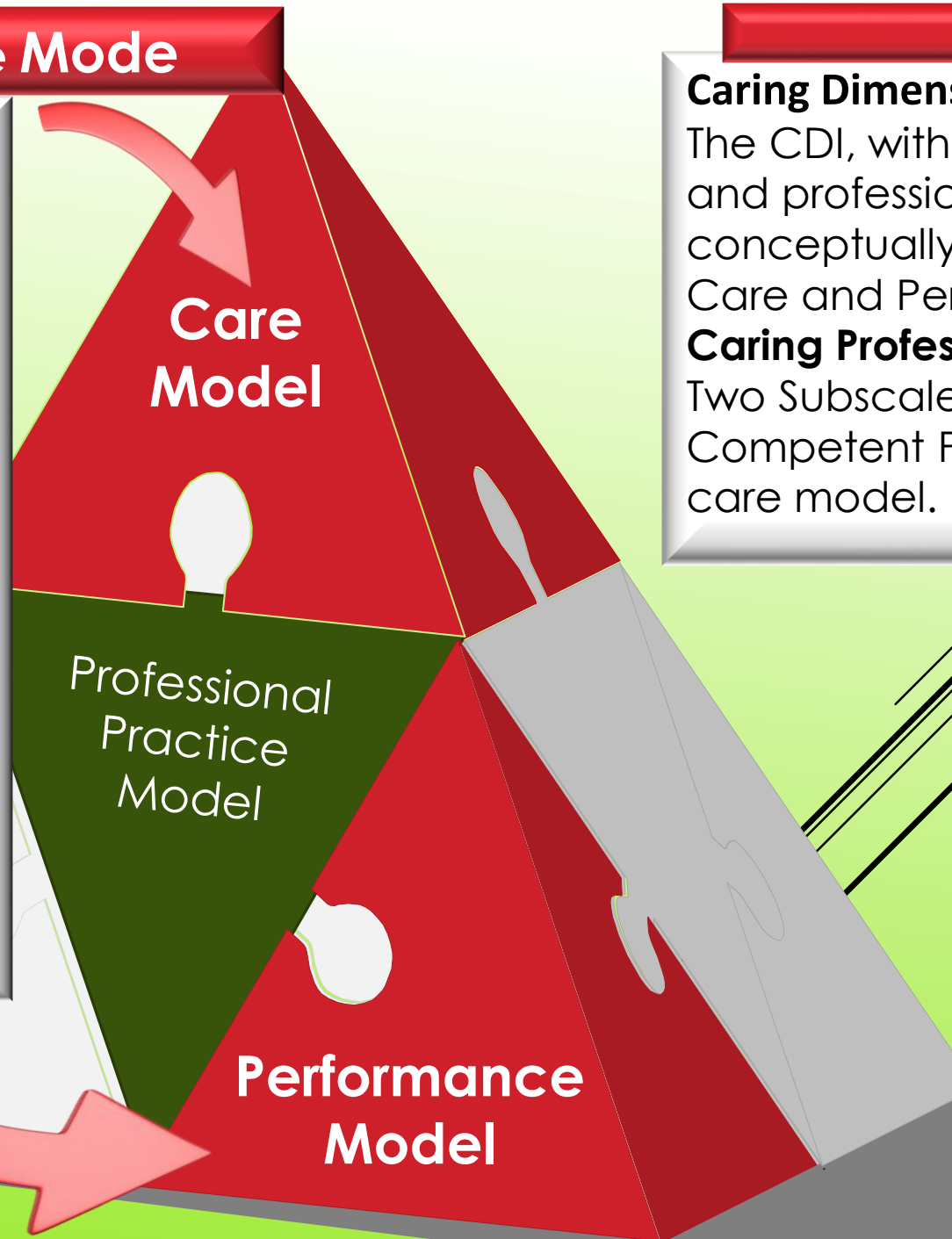
2.00 2.25 2.50 2.75 3.00 3.25 3.50 3.75



*Discussion*

## Care and Performance Mode

- The staff nurses were able to identify the key components of the care and performance models as evidence 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.

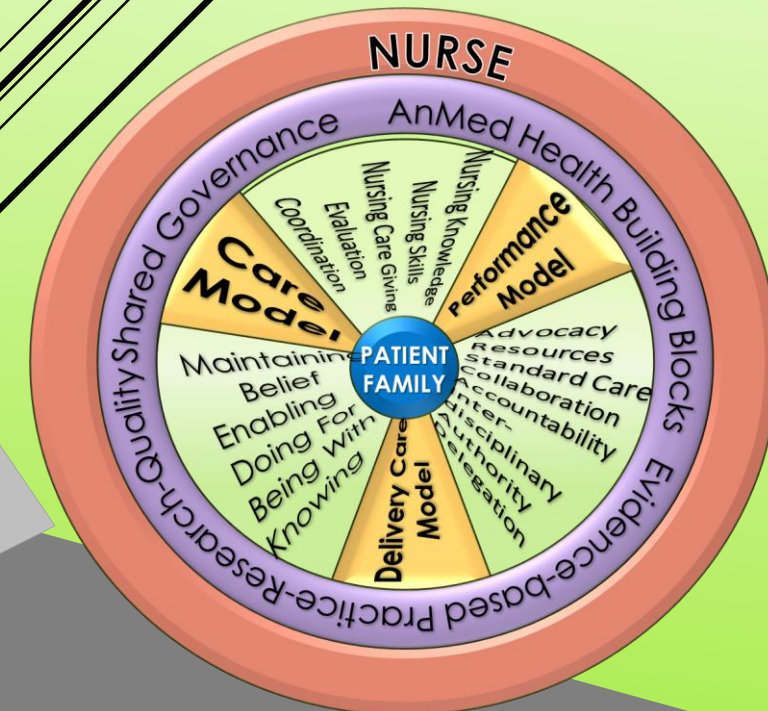


## Caring Dimension Inventory

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

## Caring Professional Scale

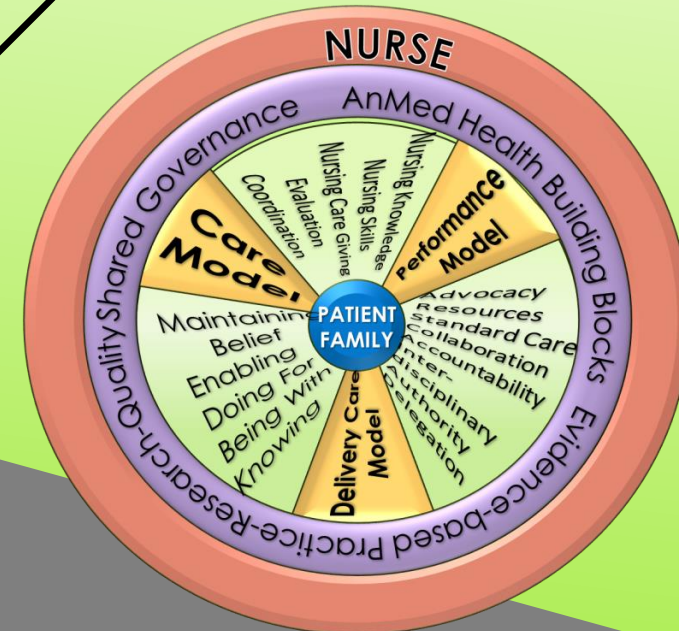
Two Subscale: Compassionate Healer and Competent Practitioners is aligned with the care model.



## Delivery 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 has important when they delivery care to their patients.
- This study found that nurse 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.

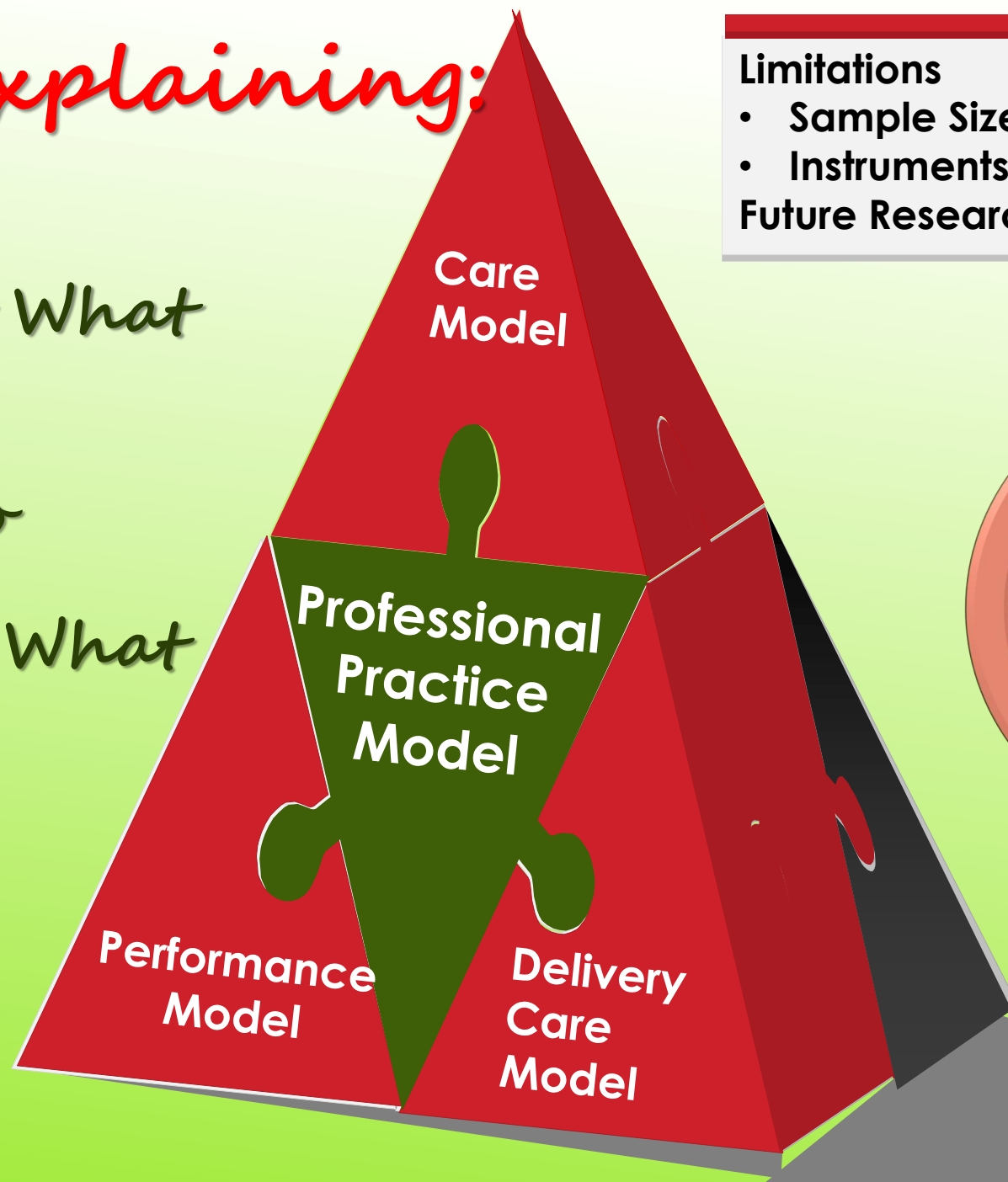
- Nurses' perceptions:
  - autonomy (autonomy, authority, accountability),
  - control over practice (standards of care, delegation)
  - relationships (interdisciplinary collaboration, coordination) with peers and others
  - organizational support (resources allocation). The Nursing Work Index (Revised) measures these components.





# Effectively Explaining:

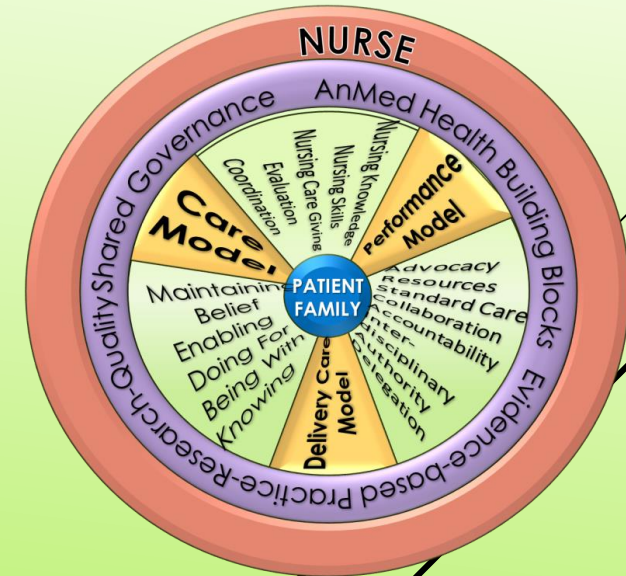
- ❖ Why Nurses Do What they Do
- ❖ What Nurses Do
- ❖ How Nurses Do What they Do

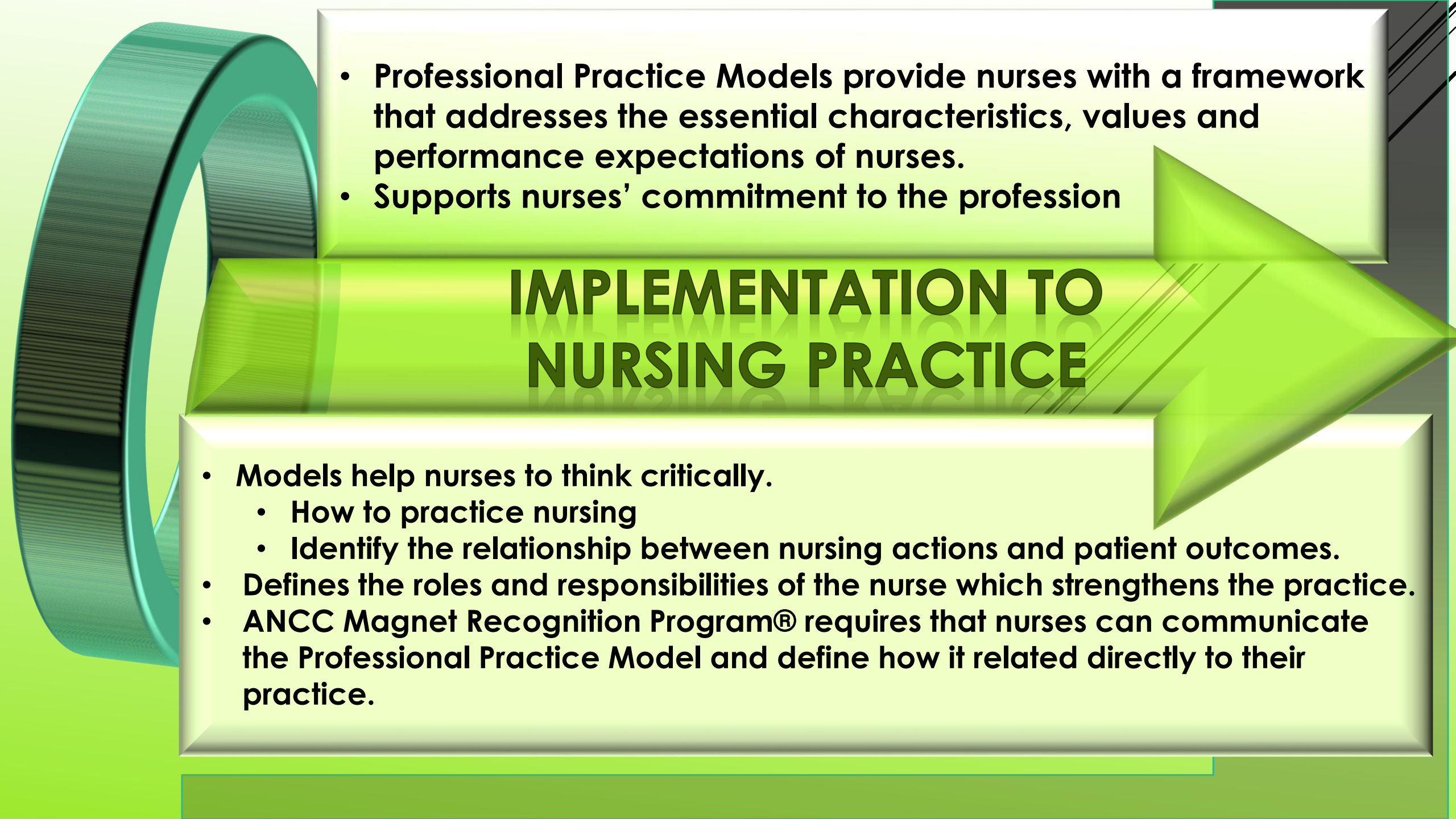


## Limitations

- Sample Size
- Instruments

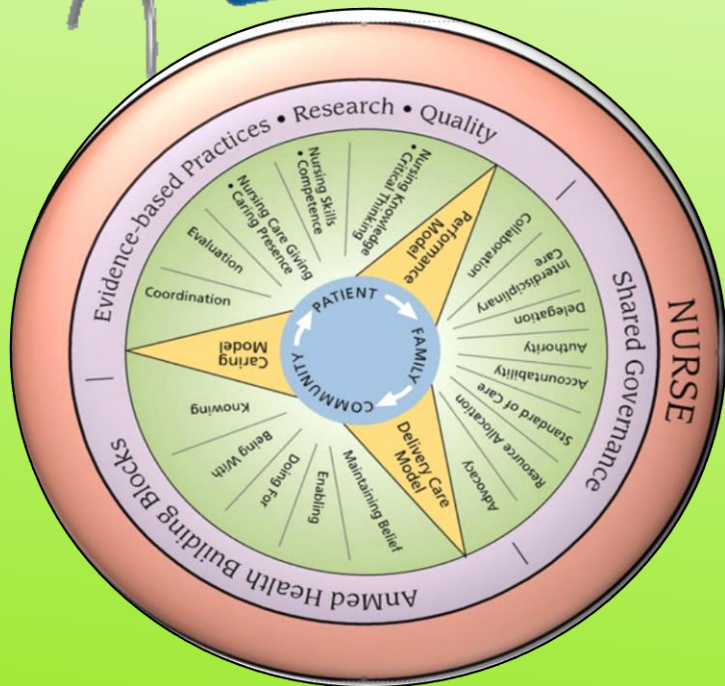
## Future Research



- 
- 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.



- **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**

# CONCLUSIONS



# REFERENCES CARING DIMENSION INVENTORY

- Akansel, N., Watson, R., Aydin, N. & Ozdemir, A. (2012). Mokken scaling of the caring dimensions inventory (CDI-25). *Journal of Clinical Nursing*, 22, pp. 1818-1826.
- Lea, A., Watson, R., & Deary, I. (1998). Caring in nursing: A multivariate analysis. *Journal of Advanced Nursing*, 28(3), pp. 662-671 . *Journal of Clinical Nursing*, 18, pp 409-417.
- McCance, T., Slater, P., & McCormack, B. (2008). Using the caring dimensions inventory as an indicator of person-centered nursing.
- Salimi, S., Azimpour, A., Mohammadzadeh, S., & Fesharaki , M. (2014). Psychometric properties of Persian version of the Caring dimension Inventory (PCDI-25). *Iranian Journal of Nursing and Midwifery Research*, 19(2), pp 173-179.
- Watson, R., Deary, I., & Lea, A. (1999). A longitudinal study into the perceptions of caring among student nurses using multivariate analysis of the Caring Dimensions Inventory. *Journal of Advanced Nursing*, 30(5), pp. 1080-1089.
- Watson, R., & Lea, A. (1997). The caring dimensions inventory (CDI): Content validity, reliability and scaling. *Journal of Advanced Nursing*, 25, pp. 87-94.
- Watson, R., Deary, I., Hoogbruin, A. (2001). A 35-item version of the caring dimensions inventory (CDI-35): Multivariate analysis and application to a longitudinal study involving students. *International Journal of Nursing Studies*, 38, pp. 511-521.
- Watson, R. (2003). Intrarater reliability of the Caring Dimensions Inventory and Nursing Dimensions Inventory. *Journal of Clinical Nursing*, 12, pp 786-787.

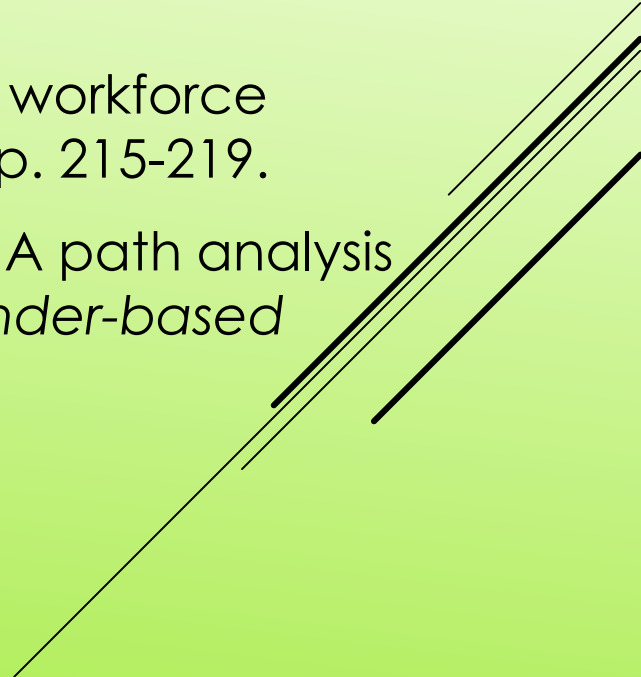
# REFERENCES

## NURSING WORK INDEX - REVISED

- Aiken, L., & Patracian, P. (2000). Measuring organization traits of hospitals: The Revised Nursing Work Index. *Nursing Research*, 49(3), pp. 146-153.
- Aiken, L., Clarke, S., Sloane, D., Lake, E. (2008). Effects of hospital care environments on patient mortality and nursing outcomes. *JONA*, 38(5), pp. 223-229.
- Bogaert, P., Clarke, S., Vermeyen, K., Meulemans, H., & Heyning, P. (2008). Practice environments and their associations with nurse-reported outcomes in Belgian hospitals: Development and preliminary validation of a Dutch adaptation of the Revised Nursing Work Index. *International Journal of Nursing Studies*, 46, pp. 55-65.
- Cavelie, J., O'Grady, T., & Denkard, K. (2011). Structural empowerment and the nursing practice environment in Magnet organizations. *JONA*, 43(11), pp. 566-575.
- Cho, S., Mark, B., Yun, S., & June, K. (2011). Differences in intensive care unit work environments among and within hospitals using subscales and a composite measure of the Revised Nursing Work Index. *Journal of Advanced Nursing*, 67(12), pp. 2637-2648.
- Choi, J., Bakken, S., Larson, E., Du, Y., & Stone, P. (2004). Perceived nursing work environment of critical care nurses. *Nursing Research*, 53(6), pp. 370-378.
- Cummings, G., Hayduk, L., & Estabrooks, C. (2006). Is the nursing work index measuring up? Moving beyond estimating reliability to testing validity. *Nursing Research*, 55(2), pp. 82-93.
- Ditomassi, M. (2012). A multi-instrument evaluation of the professional practice environment. *JONA*, 42(5), pp 266-272.
- Estabrooks, C., Tourangeau, A., Humphrey, C., Hesketh, K., Giovannetti, P., Thomson, D., Wong, J., Acron, S., Clarke, H., & Shamian. (2002). Measuring the hospital practice environment: A Canadian context. *Research in Nursing and Health*, 25, pp. 256-268.
- Gerhardt, W., & VanKuiken, D. (2008). Assessing magnet readiness using the Nursing Work Index-Revised survey. *JONA*, 38(10), pp. 429-434.
- Gatson, C., Peterson, K., Kinneman, M., & Turner, T. (1996). The practice environment project: A process of outcome evaluation. *JONA*, 26(5), pp. 43-51.
- Kenaszchuk, C., Reeves, S., Nicholas, D., & Zwarenstein, M. (2010). Validating and reliability of a multiple-group measurement scale for interprofessional collaboration. *BMC Health Services Research*, 10, pp. 84-100.
- Kim, C., Lee, S., Kang, J., Park, B., Park, S., Park, H, Lee, K., Yi, Y., & Jeon, B. Application of Revised Nursing Work Index to hospital nurses of South Korea. *Asian Nursing Research*, 7, pp. 128-135.
- Laschinger, H., Almost, J., & Tuer0Hodes, D. (2003). Workplace empowerment and Magnet hospital characteristics. *JONA*, 33(7/8), pp. 410-422.

# REFERENCES

## CARING PROFESSION SCALE

- Higdon, K., & Shirey, M. (2012). Implementation of a caring theoretical framework in multihospital system. *JONA*, 42(4), pp. 190-194.
- Nelson, J. (2011). Measuring caring – the next frontier in understanding workforce performance and patient outcomes. *Nursing Economics*, 29(4), pp. 215-219.
- Swanson, K. (2000). Predicting depressive symptoms after miscarriage: A path analysis based on the Lazarus Paradigm. *Journal of Women's Health & Gender-based Medicine*, 9(2), pp.191-206.
- 

# REFERENCES

## PROFESSIONAL PRACTICE MODEL

- Amendolair, D., (2012). Caring Model: Putting research into practice. *International Journal of Human Caring*, 16(4), pp. 14-21.
- Basol, R., Hilleren-Listerud, A., & Chmielewski, L.(2015). Developping, implementing, and evaluating a professional practice model. *JONA*, 45(1), pp. 43-49.
- Berger, J., Conway, S., Beaton, K. (2012). Developing and implementing a nursing professional model in a larger health system. *JONA*, 42(3), pp. 170-175.
- Boykin, A., Schoenhofer, S., Smith, N., St. Jean, J., & Aleman, D. (2003). Transforming practice using a caring-based nursing model. *Nursing Administration Quarterly*, 27(3), 223-230.
- Chamberlain, B., Bersick, E., Cole, D., Craig, J., Cummins, K., Duffy, M., Hascup, V., Kaufmann, M., McClure, D., Skeahan, L. (2013). Practice models: A concept analysis. *Nursing Management*, 44(10), pp. 16-18.
- Erickson, J & Ditomassi, M. (1998). Professional practice models: A tool for articulating nursing practice. *Creative Nursing*, 4(4), pp. 12-15.
- Haynes, A. (2014). Making sense of professional practice models and delivery systems. *Nurse Leader*, 12(1), pp. 10.
- Ives-Erickson, J., Ditomassi, M. (2011). Professional practice model: Strategies for translating models into practice. *Nursing Clinics of North America*, 46(1), pp 35-44.
- Johnson, L., Ezehiellian, J. (2014). Use of professional practice model to illuminate the importance of relationships. *Creative Nursing*, 20(2), pp. 127-136.
- Mullen, J., & Asher, L (2007). Implementing of a nursing practice model of care in a pediatric hospital. *Pediatric Nursing*, 33(6), pp. 499-504.
- Murphy, M., Hinch, B., Llewellyn, J., Dillion, P., Carlson, E. (2011). Promoting professional nursing practice: Linking a professional practice model to performance expectations. *The Nursing Clinical of North America*, 46(1), pp. 67-79.
- Porto, A, Thofehrn, M., Pai, D., Amestoy, S, Joner, L., Palma, J., Revista, P, Cuidado, F. (2013). Nursing theories and models that enhance professional practice.
- Shirey, M. (2008). Nursing practice models for acute and critical care: Overview of care delivery models. *Critical Care Nursing Clinics of North America*, 20(4), pp. 365-73.
- Slatyer, S., Coventry, L., Twigg, D., & Davis, S. (2015). Professional practice models for nursing: A review of the literature and synthesis. *Journal of Nursing Management*,
- Trofino, J. (1996). A professional model for nursing practice. *Nursing Management* 27(3), pp. 43-47