

From blank canvas to masterwork: Creating a professional practice model at a Magnet Hospital

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NAZARETH COLLEGE



Objective

At the end of this presentation, registered nurses will be able to identify the four key components of the Professional Practice Model.



The presenter has declared no conflicts of interest.

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Purpose & Research Question

- The purpose of this nursing research study was to engage nurses in the creation of a professional practice model.
- The research question for this study was: How do registered nurses in an acute care hospital conceptualize their professional practice?



PPM Definition

“A professional practice model is the overarching conceptual framework for nurses, nursing care, and interdisciplinary care. It is a schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization (e.g., patients, families, community)”

(ANCC, 2008, p. 28).



Research Method

- Qualitative inquiry
 - 1) Descriptive qualitative
- Focus groups
 - 1) Audio-taped and transcribed verbatim
 - 2) Initial focus groups (n=9)
 - Participants n=66 registered nurses
 - 3) Focus groups for verification (n=4)
 - Participants n=24 registered nurses
 - Non-participants n=3 registered nurses
- Constant-comparative analysis
 - 1) Categories (135)
 - 2) Themes (4)
 - Subcategories



Focus Group Questions

- When did you feel like a real nurse?
 - 1) What was the defining moment?
 - 2) Tell me a story about the first time you felt like a real nurse.
- Imagine someone you love very much is a patient, what kind of nurse would you like to take care of this person?
- Describe an ideal day to work at RGH.
 - 1) What are the characteristics of an ideal day?
 - 2) Describe the perfect day to be a nurse.
- A reporter asks, “How is a nurse’s job different from other caregivers in the hospital?”
 - 1) What would you tell them?
 - 2) How would you respond?
- As a registered nurse, what are you most proud of?
- Do you have any questions for us?



The image shows a desk with a vertical index card holder on the left containing cards numbered 87 to 100. The desk is covered with various documents, including a large grid document, a form titled "EXEMPT PATIENTS", and several other forms with handwritten notes and stamps. The papers are overlapping and appear to be part of a medical or administrative record-keeping system.

5.40.900	I have made my patients feel valued.
5.40.906 Q	"... I've made a difference and they (patients) feel that here. I go out of my way to make them feel that way."
5.41.910	you go in every night, do the best you can and
5.41.917	"... I've done no harm and made everyone feel
	"They really thanked me for that connection and other than just being there, I didn't do anything."
5.21.506 Q	"It's funny every time I come home my son asks me today? Because he thinks it's like ER (TV show) and I certainly affected someone's life. And I do feel better about it. Whether it's a patient or the nurse."

...ing. It's

I'm kind
ing
recognize

Transcribed by:
Executive Order, Inc.
1300 University Avenue
NW 16807-1618

Prepared for:
Dimitroff

PPM Focus Group #9
Senior Leadership Team
06/27/11

Prepared for:
Dimitroff

Number	Quote
1.4.84	felt challenged
1.4.85 resp	responsible for people's lives
1.4.85 owner	felt ownership for what I was doing

(not a direct answer to the question) "I think I felt I remember being in nursing school first year and at schools (outside of nursing) about what I was doing, realizing right away we were on totally different playing fields. Making me feel that I had really chosen something different. Patient relationships, the degree of responsibility, the everything about it. Wow this is just perfect... (my first year) the responsibilities we now have

17142

during orientation, the nurse felt confident, others
long time, doing nurse things that she had not done
doing

cancer patient needed someone to talk to and the realized that emotional support was an important different aspect of nursing' instead of just being

[illegible]

1	1	1	1	Added #24 Communication with patients & family
1	1	1	1	Added #25 Connect
1	1	1	1	Added # 47 Gatekeeper
1	1	1	1	Added #34 Critical thinking; #7 Application of knowledge; #18 Think on feet
1	1	1	1	Added #72 Little things; #120 Time for extra
1	1	1	1	Added #52 Healing / Journey
1	1	1	1	Added #6 Anticipation / Problems

	Observed	Expected	Residual	Adjusted Residual
1. Age	1	1	0	0
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3. Education	1	1	0	0
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Attitude					
Autonomy / Leadership					
Big picture (2)					
Breaks and Lunch / Out on time					
Relationship					
ing (3) - <u>12/12/12</u>					
ing & Completion					
Statistics of Nurses (2)					
Competencies					
Prepare body (2)					
tion and teamwork (4)					
ation (3)					
17/18					

Added #2 No meetings / Slow day

#18 Care moved to #14 Caring

Added # 22 Comfort; Added # 36 Deaths

#18 Code moved to #19 Code / Prepare

tion moved to #21 Collaboration with patients & families

Demographics: Current role

Role	n	%
Care Manager	9	13.6
Clinical Leader	7	10.6
Clinical Resource Nurse	6	9.1
Clinical Nurse Specialist	6	9.1
Direct Care Nurse	16	24.2
Director of Nursing	3	4.5
Nurse Manager	8	12.0
Senior Leader	1	1.5
Other	9	13.6
No response	1	1.5
TOTAL	66	100



Demographics:

Areas of Practice

	n	%
Administration	1	1.5
Clinical education	4	6.1
Critical care nursing	3	4.5
Emergency nursing	2	3.0
Medical nursing	9	13.6
Outpatient nursing	4	6.1
Pediatric nursing	1	1.5
Perioperative nursing	5	7.6
Surgical nursing	13	19.7
Women's health, obstetrics, neonatal	1	1.5
Other	23	34.8



Demographic:

Number of Years as RN

Years	n	%
Less than one year	1	1.5
One year	2	3.0
2-5 years	3	4.5
6-10 years	8	12.1
11-15 years	14	21.2
16-20 years	6	9.1
21-25 years	1	1.5
Over 25 years	31	47.0
TOTAL	66	100



Demographics:

Nursing & Employment Status

Diploma		Associate's Degree		Bachelor of Science		Master of Science		Total	
n	%	n	%	n	%	n	%	N	%
4	6.1	14	21.2	36	54.5	12	18.2	66	100

Per diem		Part-time		Full-time		Total	
n	%	n	%	n	%	N	%
2	3%	9	13.6%	55	83.3%	66	100



The Unveiling

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ROCHESTER GENERAL HOSPITAL NURSING PROFESSIONAL PRACTICE MODEL

NICHE Model • AACN's Healthy Work Environments Initiative • Relationship-Based Care Model



RGH Nursing Strategic Plan • Future of Nursing Initiative • RGH's Mission, Vision & Values

Magnet Model • ANA Standards • NYS Nurse Practice Act • ANA Code of Ethics • RGH Nursing Values

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PPM Components

- Caring
- Knowing
- Navigating
- Leading



Domain I: Caring

Caring is the essence of nursing through an affective (emotional) demonstration of commitment to patients and families.



Components of Caring

- A holistic approach
- Affirmation
- Connection
- Time
- Trust



Caring

"It's funny every time I come home my son asks me, 'did you save someone's life today?' Because he thinks it's like ER (TV show). I said I didn't save someone's life but I certainly affected someone's life. And I do feel, as a nurse, I have that caring behavior... Whether it be a patient or the nurses (affecting someone's life) ... that's what I'm proud of."



Domain II: Knowing

Knowing is the art and science of nursing, an essential attribute to the success of nurses and the safe delivery of patient care. Knowing is the translation of embodied knowledge into evidence-based clinical decisions, actions, and scholarship.



Components of Knowing

- “Big Picture”
- Competence
- Critical Thinking
- Intuition
- Lifelong Learning
- Nursing as a Profession



Knowing

“Even though I believe that all members of the patient care team are equally important, and that includes housekeeping, laundry, food and nutrition services... We (nurses) have to use evidence-based practice and concrete knowledge of what’s going on with our patients and what we think is best for our patients as we advocate for them. I don’t think that non-clinical people always make the best decision, because they don’t have the clinical background.”



Domain III: Navigating

Navigating characterizes the nurse's role on the team, guiding patients and team members through the complexities of the health care experience. It is the nurse having the ultimate responsibility and accountability for establishing the link between all health care team members to navigate on behalf of patients. Team function is highly dependent on adequate support, time, and resources, and the nurse's facilitation of effective communication processes among team members to keep patients informed.



Components of Navigating

- Advocacy
- Communication
- Hub
- “Making a difference”
- “Master of all trades”
- Support
- Teamwork
- Time



Navigating

"I think that you're beyond doing even their care. Obviously that's the most important thing that you're advocating for the patient and you're also moving the furniture, talking to the physician, you're talking to the family, you're calling when something is broken, you're making sure they get their meal trays. Everything ultimately is the responsibility of the nurse, bottom line. You have a physician, you've got techs, you've got a million people to make this hospital run, but bottom line, ... everything seems to be the responsibility of the nurse."



Domain IV: Leading

Leading is organizing people and processes. Organizational and community leadership is charting new directions and having a vast sphere of influence on patients, families, and the nursing profession.



Components of Leading

- Affirmation
- Global vision
- “Making a difference”
- Nurses as professionals
- Respect
- Support



Leading

"... I remember years ago that there was a new resident ... I remember talking to this intern and said 'if you want to make [it] I'll tell you some words of wisdom. Always listen to the nurse. If I call you and say you've got to come up and see a patient, realize that these nurses are with the patient 8 to 10 hours a day... If you want to be good, if you want things to go smoothly, I recommend you listen to the nurse. Take their words of wisdom. If they have any suggestions, listen to them because they have been around the block a few times; this isn't their first rodeo' ... he looked at me and said, 'thank you' and then he helped me make a bed."



Our Professional Practice Model

- Provides a foundation
- Gives direction
- Leads us professionally

The nurse is at the center of the PPM.



Our nurses' reactions to the results.



“The results make sense...”

- "I think it certainly summarizes who nurses are and what nurses do because it's certainly all-encompassing from A to Z – everything."
- "And it puts it into words; you don't think about doing each of these things, but when you read it, it's like, 'Oh yeah, we do that...'"
- "It's interesting because when you get up and go to work in the morning, you don't realize this is what you do every day, all day long. Wow ... !"



Significance of the PPM Study

- Most importantly, a PPM gives a voice to nurses and the nursing profession!
- The RGH nursing PPM describes
 - who we are (identity),
 - what we do (roles), and,
 - what we want our professional practice to be!



Questions & Comments



References

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