Nursing Professional Practice Models: Impact on Medical Nurse Empowerment and Job Satisfaction

Michelle L. Collins
Director, Magnet® Recognition
DNP, MSN, APRN, CNS, ACNS-BC, RN-BC, NEA-BC, LSSBB
Christiana Care Health System
Newark, DE

PICOT Question

Among hospital-based medical unit RNs within a Magnet® organization on two campuses, how does web-based learning on the organization’s revised nursing professional practice model versus the current state overview on the organization’s nursing professional practice model provided during nursing orientation impact RNs’ perception of their nurse empowerment and job satisfaction over a period of three months?
Problem Description

This project reflects on the relevance of a nursing professional practice model (PPM) to the nurse practice environment and the nurses’ perceptions of the environment’s impact on nurse empowerment and job satisfaction. (Cicolini, Comparcini, & Simonetti, 2014)

- Can act as a driver of empirical quality outcomes, cost savings, and employee engagement (Robert & Finlayson, 2015)
- Should align with an organization’s quadruple aims of optimal health, organizational vitality, and exceptional experience
- Support how nurses improve quality consumer care outcomes that are highly reliable and cost-effective

Christiana Care Health System Nursing Professional Practice Model
Available Knowledge

- Christiana Hospital
  - Library Search: professional practice model, nurse empowerment, nurse job satisfaction #513
- Additional records from snowballing and expert recommendations #41
- Screening for de-duplication excluded #261
- Full-text articles assessed for eligibility #174
- Articles excluded due to limitations in meeting inclusion criteria #148
- Studies summarized in tables #26

Theoretical Framework

- (Cicolini, Comparcini, & Simonetti, 2014; Kanter, 1993; Slayter, Coventry, Twigg, & Davis, 2015)
Evidence-Based Model

DNP Project Purpose

- To apply current evidence to address RN empowerment and job satisfaction gaps intended to improve the work environment and retention of RNs in a time of high demand
Context

• RNs from 10 inpatient medical care units (7 at Christiana Hospital & 3 at Wilmington Hospital)
• Convenience sample of 447 RNs represented approximately 26% of CCHS’s inpatient RNs
• Sample target of 188 RNs representing approximately 42% of medical inpatient RNs

(Albert & O’Connor, 2012)

Project Plan

• Medical RNs complete a baseline demographics survey, PES-NWI, and CWEQ II
• RNs required to complete web-based education on the new PPM
• Three months after web-based education on revised PPM, medical RNs were asked to repeat PES-NWI and CWEQ II
Plan Approvals

- Project Approval: Aaron Sebach, DNP, MBA, AGACNP-BC, FNP-BC
  Ric Cuming, EdD, MSN, RN, NEA-BC, FAAN

- Human Subjects Review Committee Wilmington University

- Institutional Review Board Christiana Care Health System

- Use of Practice Environment Scale – Nursing Work Index and Conditions of Work Effectiveness Questionnaire II

- Johns Hopkins Medicine: (Approval to use John Hopkins Nursing Evidence-Based Practice Tool)

Interventions

- **August 2017**
  Unit-based staff meetings and nurse leader education on project plan; creation of web based learning content; development of REDCap survey in partnership with CCHS’s Value Institute

- **September 2017**
  Surveys launched in REDCap; follow up communications to nurse manager, nurse educators, and medical service line vice president till survey closure; web-based education released including video content, flyers, frequently asked questions

- **October 2017**
  Additional web-based content released linking new PPM to CCHS mission, values and behaviors

- **November 2017**
  Relaunch surveys in REDCap; follow up communications to nurse manager, nurse educators, and the medical service line vice president till survey closure
A New CCHS Nursing Professional Practice Model was planted!

(Reavy, 2016)

Project Work

Nursing Leadership Professional Practice Communication Toolkit – October 2017

This month’s focus for staff communication will be on our new Nursing Professional Practice Model (PPM).

Staff Learning Outcomes:
1. Understand why and how the new Nursing PPM was developed.
2. Explain the components of the new PPM.
3. Identify one example in their own nursing practice that exemplifies the new PPM.

<table>
<thead>
<tr>
<th>October 2017</th>
<th>Communication Tools</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Education Plan</td>
<td>A 3-minute video on our new PPM will be launched to professional nurses during the week of October 9th. This lesson should be completed within 30 days.</td>
<td></td>
</tr>
<tr>
<td>Staff Meetings</td>
<td>Magnet Ambassadors will collaborate with Nurse Manager (or designee) to share the following in October staff meetings: 1. Play 3-minute PPM video 2. Share the following slides Please remind staff to complete the 3-minute PPM Web lesson in the Learning Space. A general understanding of the PPM will be crucial for future education on each PPM component.</td>
<td></td>
</tr>
<tr>
<td>Shift Holden</td>
<td>The attached document contains two options to engage staff in a very brief shift huddle discussion on the PPM.</td>
<td></td>
</tr>
<tr>
<td>Council Education</td>
<td>Share the visual schematic of the PPM and PPM FAQs. Consider scheduling time in the meeting to discuss examples of how your unit exemplifies our new PPM.</td>
<td></td>
</tr>
<tr>
<td>Press Release</td>
<td>The attached press release can be modified to fit the format that works best for your team.</td>
<td></td>
</tr>
<tr>
<td>Supplemental Materials</td>
<td>The attached materials are available to share with staff.</td>
<td></td>
</tr>
<tr>
<td>Quarterly Check in Conversations</td>
<td>Beginning in January 18, quarterly suggestions check in conversations will be provided, with a look back at topics from the last quarter.</td>
<td></td>
</tr>
</tbody>
</table>

10/9/2018
Demographics

Demographic Questionnaire
1. Have you met the standards for nursing performance in 2017?
   a. Yes
   b. No
   c. Other

2. What is your age in years?
   a. 18-25
   b. 25-35
   c. 36-45
   d. 46-55
   e. 56 and older

3. How many years of nursing experience do you have?
   a. 1-2
   b. 3-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21-25
   g. 26-30
   h. 31-35
   i. 36 or older

4. How many weeks have you worked on your current unit?
   a. 1-5
   b. 6-10
   c. 11-15
   d. 16-20
   e. 21-25
   f. 26-30
   g. 31-35
   h. 36 or older

5. How many years have you been employed at Christiana Care Health System as a registered nurse?
   a. 1-2
   b. 3-5
   c. 6-10
   d. 11-15
   e. 16-20
   f. 21-25
   g. 26-30
   h. 31-35
   i. 36 or older

6. What level are you on in your clinical ladder?
   a. Staff
   b. Nurse Practitioner
   c. Nurse Manager
   d. Director of Nursing
   e. Other (please specify)

PES-NWI

The Practice Environment Scale of the Nursing Work Index

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

(Lake, 2002)
**CWEQ II**

**CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE-II**

**How much of each kind of opportunity do you have in your present job?**

<table>
<thead>
<tr>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Challenging work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The chance to gain new skills and knowledge on the job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Tasks that use all of your own skills and knowledge</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**How much access to information do you have in your present job?**

<table>
<thead>
<tr>
<th>1 = No Knowledge</th>
<th>2</th>
<th>3 = Some Knowledge</th>
<th>4</th>
<th>5 = Know A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The current state of the hospital</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The values of top management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The goals of top management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**How much access to support do you have in your present job?**

<table>
<thead>
<tr>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Specific information about things you do well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Specific comments about things you could improve</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Helpful hints or problem solving advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**How much access to resources do you have in your present job?**

<table>
<thead>
<tr>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time available to do necessary paperwork</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Time available to accomplish job requirements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Acquiring temporary help when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

(Laschinger, 2012)
Demographic Analysis

- 29.9% were aged 31-40
- 88.3% were female
- 44.1% had less than 5 years of nursing experience
- 58.4% had worked on their current unit for less than 5 years
- 50.6% have been CCHS employees for less than 5 years
- 68.8% are RN IIs
- 67.5% hold a bachelor’s degree in nursing
- 28.5% were certified in medical-surgical nursing
- 89.5% identify as Caucasian
- 98.7% identified as not Hispanic/Latino

PES-NWI & CWEQ II Mean Results

<table>
<thead>
<tr>
<th>Month 3 Practice Environment Scale of the Nursing Work Index Subscales</th>
<th>Subscale</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to opportunity</td>
<td>4.14</td>
<td></td>
</tr>
<tr>
<td>Access to information</td>
<td>3.57</td>
<td></td>
</tr>
<tr>
<td>Access to support</td>
<td>3.03</td>
<td></td>
</tr>
<tr>
<td>Access to resources</td>
<td>3.15</td>
<td></td>
</tr>
<tr>
<td>Formal power</td>
<td>3.26</td>
<td></td>
</tr>
<tr>
<td>Informal power</td>
<td>3.74</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month 3 Conditions for Work Effectiveness II Subscales</th>
<th>Subscale</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to opportunity</td>
<td>4.14</td>
<td></td>
</tr>
<tr>
<td>Access to information</td>
<td>3.57</td>
<td></td>
</tr>
<tr>
<td>Access to support</td>
<td>3.03</td>
<td></td>
</tr>
<tr>
<td>Access to resources</td>
<td>3.15</td>
<td></td>
</tr>
<tr>
<td>Formal power</td>
<td>3.26</td>
<td></td>
</tr>
<tr>
<td>Informal power</td>
<td>3.74</td>
<td></td>
</tr>
</tbody>
</table>
Significant Results

**PES-NWI**
Subscales for RNs with ADNs p values:
- Participation in hospital affairs ($p=0.006$)
- Foundations for quality of care ($p=0.03$)
- Manager ability ($p=0.009$)
- Collegial nurse-physician relations ($p=0.02$)

**CWEQ II**
Subscales based on the demographic factors revealed:
- Greater access to support at CH ($p=0.03$)
- Greater access overall to opportunity, information, support, and resources at CH ($p=0.05$)
- Greater overall access and formal and informal power at CH ($p=0.05$)

- **Nurses with ADNs felt:**
  - greater access to support ($p=0.03$)
  - greater empowerment ($p=0.04$)

- **Nurses on the clinical ladder as RN IIIs felt:**
  - greater access to support ($p=0.02$)
  - greater formal power ($p=0.02$)
  - greater access overall ($p=0.02$)

Interpretation

- Potential impact of ADN hiring practice changes
- 50.6% of RNs involved with shared governance and 16.8% RN IIIs with unit-based project responsibilities may be impacting improved formal power
- 10% increase in the medical RNs ability to describe new PPM
- Reinvigoration of systemwide commitment to nursing professional practice
- Use of the National Database for Nursing Quality Indicators RN survey, based on the PES-NWI, escalated for future CCHS use
**Limitations**

- Medical RN population only
- Convenience sampling of two hospital campuses in the same system
- Choice of assessment tools
- No pre-assessment of valuable variables
- Three month implementation period

**Discussion**

- New PPM and the educational instruction methods were impactful
- Project strengths: support from nursing senior leadership, CCHS Value Institute, Nursing Professional Development and Education
- Project barriers: no individual unit champions driving survey completion rates, no incentives, no contact with the DNP student during open survey periods
Ethical Considerations

• Demographics survey specificity had to be altered based on IRB review
• Volume of groups pulled out for analysis based on subgroup n
• Influence of trust in anonymity

Conclusion

• Implementation work continues based on feedback to monthly toolkits
• PPM discussions take place at multiple nursing leadership meetings and directly with clinical nurses
• Aligning the nursing practice environment to improve empowerment and JS leading to better patient care quality outcomes is daily work

(Kanter, 1993)
(Shea & Solomon, 2013)
Implications for Advanced Nursing Practice

- Assessing the application of the PPM to units or areas underperforming on upcoming RN satisfaction surveys
- Assessing the impact of PPM display boards highlighting nursing practice related to unit-based patient outcomes
- Re-evaluating PPM in 2020 through the Nursing Value Council for Magnet® re-designation

Dissemination Plan

- Peer-reviewed journal publication
- Local, regional, and national presentations through abstract submission
- Submission to the Doctoral Project Repository through DNP, Inc.
Meeting the DNP Essentials

DNP 1 Total hours=relationship of the validated tools to be used which reflect essential nursing practices and the work environment such as the PES-NWI and the CWEQ II (AACN, 2006; Laschinger, Read, Wilk, & Finegan, 2014).

DNP 2 Total hours=addressed given the corresponding relationship between the practice environment and health system culture (AACN, 2006).

DNP 3 Total hours=translation of science focused on the importance of professional practice environments on nurse empowerment and job satisfaction (AACN, 2006; Kramer, Brewer, Halfer, Macguire et al., 2013).

DNP 4 Total hours=controlled communication variable will be electronically formatted, and surveys will be delivered via our email technology (AACN, 2006).

Meeting the DNP Essentials

DNP 5 Total hours=addressed based on the results of the project as related to policy around care delivery and the nursing practice environment (AACN, 2006).

DNP 6 Total hours=reflected if there are additional projects or programs that follow in the wake of this work related to complex practice and organizational issues (AACN, 2006).

DNP 7 Total hours=reveal characteristics relative to the sample population based on their diversity.

DNP 8 Total hours=support this project will provide to nurses achieving and recognizing excellence within their personal and organizational professional nursing practice (AACN, 2006).
Thank you!

- The CCHS Professional Practice Model Taskforce
- Ric Cuming, EdD, MSN, RN, NEA-BC, FAAN, CCHS Chief Nurse Executive
- Richard Caplan, CCHS Value Institute Senior Biostatistician
- Michael Knorr, MSN, RN, CCHS Nsg Vice President, Medical Service Line
- Mrs. Maureen Smith, CCHS Administrative Assistant II
- Joanne McAuliffe, DNP, MSN/BA, BNS, RN, OCN, NEA-BC, Vice President Cancer Nursing, Winship Cancer Institute, Emory University
- Wendy Ostendorf, EdD, MS, BSN Professor Neumann University
- Heather Westerfield, DNP, RN, CMSRN, DNP Project Chair
- Monica Rochman, PhD, RN, CCHS Program Director for Nursing Research and Evidence-Based Practice
- Lynn Bayne, PhD, APRN, NNP-BC, CCHS Neonatal Nurse Practitioner II
- Tim Holden, CCHS Nursing Finance Manager

Question & Comments
References


References


References


References


References
