Validation and Enculturation of a Professional Practice Model
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INTRODUCTION

Professional Practice Models
• Nursing benefits of incorporating a professional practice model:
  • Optimal patient outcomes
  • Decreased turnover
  • Develop role identity and autonomy
  • Promote a professional image of nursing
  • Ensure a safe culture and supportive work environment
  • Provide a means for professional growth and development
  • Facilitate engagement in one’s work
  • Increased job satisfaction
  • Increase quality and consistency of nursing care
  • Facilitate collaboration of interdisciplinary care.

SERMC Professional Practice Model
• Created in 2009
• Based off Differentiated Practice model already in place
• New hires educated on model at New Associate Orientation; staff hired prior to 2009 never formally educated.
• Magnet Redesignation 2014; discovered majority of nurses could not speak to the model.

AIMS
• Determine the effect of an online education intervention on staff perceived understanding of the professional practice model.
• Determine if correlations exist between baseline perceived understanding and years employed as a nurse or differentiated practice level.

METHODS
• Quality Improvement project using a pre- and post-test design
• Research Review Board & Institutional Review Board approval obtained from Nebraska Wesleyan University and Saint Elizabeth Nursing Research Council
• Convenience sample of all nurses working at SERMC
• Surveys provided to participants via a voluntary LEARN module with a link to an investigator-developed survey on Survey Monkey.
• Surveys obtained demographic data and utilized a 5-point Likert scale to evaluate perceived understanding of the model, ability to explain the model, and applicability of the model to practice

RESULTS
• Data analysis completed in Excel and SPSS computer programs
• N=236 completed surveys (40% response rate of all nurses employed at Saint Elizabeth)
• 43% (N=106) reported never having seen the model prior to this study
• There was a significant increase in perceived understanding of care delivery models after the education intervention (p=0.0009)
• Perceived understanding of the professional practice model increased (mean 2.8 before, 3.6 after) approaching significance (p=0.06)
• Perceived ability to explain the model to someone else increased (mean 2.6 before, 3.6 after, p=0.34)
• Nurses reported nearly identical rates of the model reflecting their practice before and after the education intervention (mean 3.4 before, 3.8 after, p=6.4)
• There was a significant correlation between having served on Shared Nursing Leadership council within the last 4 years and higher baseline perceived understanding (p=0.035)
• Perceived baseline understanding of the model increased with each nursing differentiated practice level, supporting our differentiated practice
• There was no significant difference between groups of years employed as a nurse and perceived baseline understanding (p=0.22)
• Nurses demonstrated understanding of the model by correctly answering 3 application questions on the post test (94.5%, 96.6%, 95.2%)

DISCUSSION
• Online education interventions are an effective learning tool for staff education
• In the future, further education on Saint Elizabeth’s professional practice model is recommended for nurses who have not advanced in the differentiated practice ladder
• Follow up studies are recommended to reevaluate retention of knowledge and reflection of the model in nurses’ practice

KEY REFERENCES
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