Background

As the nation faces a critical nursing shortage, creating a dynamic practice environment through a professional practice model (PPM), where registered nurses (RNs) are empowered, leads to increased job satisfaction, which in turn improves quality patient care outcomes (Colin, Camparcini, & Simonetti, 2014).

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 PPM versus prior education on the organization’s nursing PPM provided during nursing orientation impact RNs’ perception of their nurse empowerment and job satisfaction over a period of three months?

Introduction

Problem description
• Nursing PPMs can act as a driver of empirical-quality outcomes, cost savings, and employee engagement.
• PPM are built from the constructs of an organization’s culture, mission, values and behaviors.
• Greater emphasis has been placed on how nurses are coming together to improve quality consumer care outcomes that are highly reliable and cost-effective through relevant PPMs.
• The organization lacked a universally identifiable PPM across nursing practice environments throughout the system.

Specific Aims
• Designed to further investigate nurse empowerment and job satisfaction through application of current evidence to address practice gaps
• Intended to improve the work environment and retention of RNs in a time of high demand
• Phase 1: attending medical inpatient unit staff meetings to introduce the project, presentation of demographic and survey tools, releasing web-based education, following up on completion of survey tools, and completed data analysis.
• Phase 2: project interventions, measures, analysis and ethical considerations
• Phase 3: - describing the results, interpretation, limitations and sustainability, conclusions, funding, and dissemination.

Methods

Content
• Medical RN unit-based inpatient population from seven medical units at Christiana Hospital and three at Wilmington Hospital
• Total sample 447 RNs represented approximately 26% of Christiana Care Health System’s inpatient care RNs; target of 188 RNs represents 77.9% worked at Christiana Hospital
• 58.4% have worked on their current unit <5 yrs
• Overall access, formal and informal power at CH (p = 0.02)
• Participation in hospital affairs (p = 0.006)
• 88 participants completing both baseline and month three surveys
• Total RNs were aged 31-40; 68.35 were female; 44.45 yrs of nursing experience 0.65 yrs as their current unit -5 yrs
• RNs = 415 nurses, 4 yrs
• RNs = 85 RNs, 47.55% hold a BSN; 29.5% certified in medical-surgical nursing
• RNs = 204 RNs, 42.25 were involved in shared governance
• RNs = 188 RNs, 77.9% worked at Christiana Hospital

Available knowledge
• Focused on current literature completed through a comprehensive electronic database search. Key search terms included professional practice, nursing practice, nursing PPM, shared governance, nurse work environments, nurse empowerment, nurse job satisfaction, and Magnet hospital designation.
• The John Hopkins Nursing Evidence-Based Practice model was selected for application to this DNP project. This model is based on the tenets of nursing as a science and profession, nursing practice being based on the best available evidence within a hierarchy, translating research findings into nursing practice, and nursing’s values of effectiveness and efficiency (Newhouse, 2007).

Rationale
• Kantor’s structural empowerment theory was selected as the theoretical framework. It states that power and opportunity within organizations are essential to employee empowerment which can drive maximal organizational effectiveness and success (Kanter, 1993).
• Healthcare organizations that provide for their RNs to have access to these empowerment conditions have improved RN perceptions of patient care quality and job satisfaction (Laschinger & Fine, 2015).

Measures
• Demographic tool
• Practice Environment Scale of the Nursing Work Index (PES-NWI) (Fulmer et al. 2007) to evaluate the perceptions of RNs on their work environment (Likert scale, 5 points on a scale of 1 to 5)
• Conditions of Work Effectiveness Questionnaire II (CQWQ II) (Christianson et al., 2007) to measure the conditions of work effectiveness and RNs’ perceptions of their work environment (Likert scale, 5 points on a scale of 1 to 5)

Analysis
• Purposive & regression analysis, and least squares means
• RN participants completing both baseline and month three surveys
• Total RNs were aged 31-40; 68.35 were female; 44.45 yrs of nursing experience 0.65 yrs as their current unit -5 yrs
• RNs = 415 nurses, 4 yrs
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Results
• No statistically significant differences for the overall PES-NWI from baseline to month three survey data
• Subcales for RNs with ADNs with significant p values:
  • Participation in hospital affairs (p = 0.006)
  • Foundations of quality of care (p = 0.03)
  • Manager ability (p = 0.05)
  • Collegial nurse-physician relations (p = 0.0)

Discussion
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References

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