The Effect of a Professional Practice Model on Clinical Nurses' Perceptions of Their Practice Environment and Job Satisfaction on Medical and Medical-surgical Units

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THE EFFECT OF A PROFESSIONAL PRACTICE MODEL ON CLINICAL NURSES’ PERCEPTIONS OF THEIR PRACTICE ENVIRONMENT AND JOB SATISFACTION ON MEDICAL AND MEDICAL-SURGICAL UNITS

By

SUSAN ZIMMERMANN

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The Effect of a Professional Practice Model on Clinical Nurses' Perceptions of Their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

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ABSTRACT

**Purpose:** The purpose of this study is to examine the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction. Secondly, this study examined clinical nurses’ perceptions of the PPM through survey questions focusing on elements of the PPM.

**Design:** A descriptive, pretest-posttest design using secondary data to analyze nurses’ perception of their practice environment and job satisfaction before and after implementation of the healthcare organizations PPM. Also, a prospective design using a survey method was used to measure nurses’ perceptions of the PPM.

**Methods:** Data were collected from a convenience sample of bedside nurses on 15 medical/medical-surgical units of an acute care not-for-profit hospital. Secondary data was retrieved from the hospital’s NDNQI® database for the years 2009 and 2011.

**Results:** There was an increase in the practice environment and job enjoyment scores after the implementation of the PPM. The survey indicated a majority of nurses were aware the healthcare organization has a PPM and that the nursing PPM guides nursing care for their patients. However, many felt they could not describe the PPM or identify any of the five subgroups within the model and requested additional education and information.

**Conclusions:** The healthcare organization has a PPM designed to engage aspects of nursing practice into daily patient care. However, it is the responsibility of nursing leadership to provide an environment that embraces and communicates how the PPM can be used in daily practice of caring for patients.
Keywords: professional practice model, clinical nurse, nurse satisfaction, practice environment, nurse job satisfaction.
CHAPTER 1: INTRODUCTION

Nursing job satisfaction has been a major focus within healthcare for many years. Healthcare organizations that support a working Professional Practice Model (PPM) have shown to have a positive impact on nurse satisfaction and patient outcomes (McGlynn, Griffin, Donahue, & Fitzpatrick, 2012). A healthy work environment requires strong nursing leadership at the bedside as well as in senior administration (Sherman & Pross, 2010). A nursing PPM can be used to help clinical nurses improve their practice environment by leading nurses to be more efficient and safe while carrying out patient tasks (Murphy, Hinch, Llewellyn, Dillon, & Carlson, 2011). It is important for nursing administrators to identify factors that contribute to improving work environments in order to hire and retain highly qualified committed nursing staff (Laschinger, Almost, & Tuer-Hodes, 2003). Healthcare organizations that have introduced a PPM into their nursing strategic plan, seek to create and optimize an environment that embraces patient centered care.

This chapter presents information about the study purpose, background and significance, problem statement, and theoretical framework. In addition, the research questions, definitions, assumptions, and limitations for this study are addressed.

Purpose

The purpose of this study was to examine the effect of a PPM on clinical nurses’ perceptions of their nursing practice environment and job satisfaction. Secondly, this
study examined clinical nurses’ perceptions of the PPM through survey questions focusing on elements of the PPM.

**Background and Significance**

The 5-Star Professional Practice Model was developed for the healthcare organization and introduced to nursing staff in April of 2010. The 5-Star PPM is an integral part of the healthcare organization’s nursing strategic plan; however, the PPM has not yet been evaluated to determine the impact on key nursing indicators such as nursing satisfaction. An evaluation of the PPM can provide useful information that may help keep the nursing vision focused in the intended direction.

The PPM has been in practice at the healthcare organization for 57 months and is the guiding force behind the clinical practice of clinical nurses working on medical and medical-surgical units. Prior to that time the healthcare organization did not utilize a PPM making the implementation all that more impactful. The design of the PPM supports the role of the clinical nurse and incorporates the organization’s vision and mission into the nursing care model.

It is virtually impossible to review literature discussing the current or future status of nursing without the mention of nursing shortages, nurse retention rates, nursing turnover rates, and vacancy rates. The number of studies that have examined the link between nursing satisfaction and nurse empowerment, implementation of a PPM, and the relationship with quality outcomes has exploded over the past two decades (Joynt, & Kimball, 2008; McGlynn et al., 2012).

Organizations such as the American Association of Colleges of Nursing (AACN), the Institutes of Medicine (IOM), the Robert Wood Johnston Foundation have
consistently posted research touching on the crisis state that the nursing workforce is facing and will continue to face for years to come (IOM Report Brief, 2010; Joynt, & Kimball, 2008; Rosseter, 2012). For example, the AACN published current and projected nursing shortage indicators that were last updated in 2012 (Rosseter, 2012). Rosseter (2012) reported that much of the forecast was underestimated in regards to the number of healthcare providers that will be needed by 2020. According to the Bureau of Labor Statistics’ Employment Projections 2010-2020, registered nurses will covet the spot for job growth with an estimated 26% growth rate in 2020 (Bureau of Labor Statistics, 2013).

The underestimated nursing shortage will be further impacted by the more than 32 million Americans that will gain access to healthcare through the Affordable Care Act (Rosseter, 2012). Within this context, it is imperative that healthcare organizations provide healthy work environments that promote job satisfaction and retention of nurses.

Within nursing organizations that incorporate PPMs, perceived autonomy has been found to be a significant independent predictor of job satisfaction in clinical nurses (Pierce, Hazel, & Mion, 1996). Similarly, Newcomb, Smith, and Webb (2009) found that nurses were more satisfied with professional status, interaction, and autonomy after implementation of a PPM. AACN supports data suggesting that a PPM fosters positive outcomes for job satisfaction, staffing costs, decrease turnover rates as well as other positive returns on investment (Miller et al., 2013).

Examining the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction may provide further knowledge to nursing
administrators in understanding the dynamics of guiding nursing practice, promoting a healthy work environment, and improving job satisfaction for clinical nurses.

Statement of the Problem

A 633-licensed bed healthcare facility located in the southeast United Stated implemented a PPM as part of their nursing strategic plan in April 2010. To date, there has not been a formal review of the perceived benefit to nursing staff relative to the work environment nor has there been a review of nursing satisfaction scores comparing the pre-implementation data to current nursing satisfaction and practice environment scores.

Theoretical Framework

Rosabeth Moss Kanter’s (1977, 1979) empowerment theory provided the theoretical framework for this study because of the relevance to the nursing care process. The PPM that guides the nursing process at the healthcare organization is titled the 5-Star PPM (Figure 1). The 5-Star PPM provides the framework for the nursing strategic plan that offers strategies, key tactics, and outcomes identified for each of the five stars of the model. The nursing vision that supports the 5-Star PPM is Caring Compassionately – Practicing Professionally. Two of the seven distinguishing principles supporting the 5-Star PPM coincide with Kanter’s theory: 1) empowerment and ownership for practice are the basis for accountable nursing care and 2) the role of the nursing leader is to support and empower those who are serving the patient.
Figure 1: Healthcare Organization’s 5-Star Professional Practice Model

Kantar’s (1977, 1979) organizational empowerment theory provides a framework that explains how negative workplace behaviors impact outcomes such as increased turnover (Kanter, 1977). Kanter posits that people who have power tend to deny it; people who seek it do not want to seem hungry for it; and people who engage in its mechanics do so in private (Kanter, 1979). Power however, is a crucial skill for effective managerial behavior and needs to be perfected and used correctly (Kanter, 1979). Access to Kanter’s empowerment structures such as (1) information, (2) support, (3) resources, and (4) opportunity for mobility and growth is facilitated by formal and informal job characteristics (Ning, Zhong, Libo, & Qiujie, 2009). Powerlessness on the other hand, breeds bossiness rather than true leadership (Kanter, 1979). Sometimes people are not in the right position and may need to be retrained or replaced (Kanter, 1979). This ideal is
captured in another distinguishing principle of the 5-Star PPM: acknowledgement and advancement of nursing knowledge promotes excellence and retains key talent.

Kanter (1977) also points out that productive power has to do with connections to the system. Power is accumulated when the job is designed to allow flexibility and creative contributions (Kanter, 1977). Power also is derived when the manager feels supported by other higher-level management (Kanter, 1977). Kanter’s empowerment theory recognizes management behaviors that promote optimal nursing practice.

Kanter’s opportunity component of the empowerment theory uses growth and mobility to increase knowledge and skills. The structure of power refers to one’s ability to access and mobilize resources and information to successfully get the job done (Kanter, 1979). This emphasizes that nursing management has an important role in creating an environment that empowers nurses to provide outstanding care for their patients inside an environment that fosters professional practice and an effective working relationship (Lashinger, Gilbert, Smith, & Leslie, 2010). Furthermore, developing knowledge and skills that may ultimately lead to advancement is an important component of the structure of opportunity (Laschinger et al., 2010). The importance of a nursing practice model is that it provides an organizational framework to facilitate better care for patients that ultimately leads to higher nurse job satisfaction (McGlynn et al., 2012). Satisfied nurses tend to stay longer than those who are discontent.

Kanter’s theory has been conceptually consistent with the nursing care process (Laschinger et al., 2010). Laschinger, Gilbert, Smith, and Leslie (2010) argue that nurses with greater structural and psychological empowerment in their work environment are more likely to employ patient empowering behaviors. The feeling of empowerment spills
over into higher levels of patient empowerment, which is thought to promote better patient outcomes (Laschinger et al., 2010).

The PPM reviewed for this study embellishes patient-centered care as a central theme with a framework supporting nurse empowerment. From exemplary practice and outcomes to professional development, evidence based practice/nursing research, and teamwork combined with collaboration, engages nursing staff to feel empowered to make a difference with every patient they encounter.

Research Questions

1) What is the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction?

2) What are medical and medical-surgical clinical nurses’ perceptions of a PPM?

Conceptual Definitions

Professional practice model. A system, structure, process, and values that supports the registered nurses’ control over the delivery of patient care and the environment that care is delivered (Hoffard & Woods, 1996).

Clinical nurse. A licensed registered nurse who protects, promotes, and optimizes the health and abilities of patients through prevention of illness and injury; alleviation of suffering; and advocating for the care of individuals, families, communities, and populations (American Nurses Association, [ANA], 2013)

Nurse satisfaction. Nursing job satisfaction is how people feel about their jobs and the different aspects of their jobs (Bhatnagar & Sirastava, 2012).

Practice environment. An environment that manifests a philosophy of clinical care emphasizing quality, safety, collaboration, and professional accountability. An
environment that recognizes contributions of nurses’ to clinical care, and patient outcomes, promotes executive level nursing leadership, empowers nurse participation in clinical decision-making, maintains clinical advancement programs, certifications, and advanced preparations as well as supporting technological advances in clinical care and information systems (AACN, 2013).

**Operational Definitions**

**Professional practice model.** The PPM in this study was a 5-Star PPM framework comprised of 5 main elements or STARS: 1) Professional Development, 2) Evidence Based Practice and Research, 3) Exemplary Practice and Outcomes, 4) Teamwork and Collaboration, 5) Resources and Support. With the patient, family, and community at its core, the 5-Star PPM is the framework that guides the nursing strategic plan of the organization. Fueled by its core, the 5-Stars are further identified with goals and tactics to align with the nursing strategic plan.

**Practice environment.** The Practice Environment scale total score measured the practice environment for each medical and medical-surgical unit obtained through the healthcare organization’s National Database of Nursing Quality Indicators (NDNQI®) report.

**Nurse job satisfaction.** Nurse job satisfaction was measured by the Job Enjoyment scale total score for each medical and medical-surgical unit obtained through the healthcare organization’s NDNQI® report.

**Nurses’ perception of PPM.** Nurses’ perception of the PPM was measured by a researcher-developed questionnaire. Percentages of each statement were calculated.
Assumptions

An assumption going into this study was that the implementation of the PPM made a difference in the nursing practice environment and nurses’ job satisfaction. Another assumption was that nurses would answer the survey questions truthfully. Additionally, an assumption was made that the data from the NDNQI® surveys was entered correctly yielding correct data.

Limitations

A limitation of this study was that data would be reviewed from only one hospital of a five-hospital system; therefore the convenience sample may not be reflective of the entire five-hospital system. However, of note is the facility chosen for this study was the largest facility in this healthcare system.

A second limitation was that the PPM had been in practice for 4 years, which may not be enough time to demonstrate changes in the practice environment and nurse job satisfaction. There may be other factors impacted by the implementation of the PPM that were not assessed by this study.

A third limitation was the small sample size. The small sample size may not be a true representation of the effect of the PPM on the practice environment or nurses’ job satisfaction, which may limit the generalizability of the study.

Finally, the Hawthorn effect (Polit & Beck, 2012) was a limitation of the study. Nurses’ responses on the questionnaires may have been influenced by their desire to please nursing administrators and/or the researcher. The variance in length of employment of nurses may have also swayed responses. For example, employees hired
within the initiation of the PPM implementation may not have a reference point of having been employed during the time where the facility did not utilize a PPM as part of their strategic plan.
CHAPTER 2: REVIEW OF LITERATURE

This chapter provides research literature that supports the purpose of this study. The literature review focuses on professional practice models, the nursing practice environment (NPE), and nursing job satisfaction.

Professional Practice Model

Evaluating the effect of the implementation of a PPM can yield beneficial information to hospital leadership regarding the outcome of their nursing strategic plan. A White paper supported by the Robert Wood Johnson Foundation stated that the United States healthcare delivery system was nearing a crisis point with the average person spending $7,000 a year on healthcare (Joynt & Kimball, 2008). Joynt and Kimball (2008) stated that given the reported trends, the need for effective healthcare delivery models cannot be overstated. These models must work to deliver high quality care with fewer workers, better technology, and lower cost while improving patient safety and satisfaction (Joynt & Kimball, 2008).

A review of the literature suggests a common thread of an ideal PPM is one that can be replicated and sustained (Joynt & Kimball, 2008). Joynt and Kimball (2008) initially reviewed 171 care delivery models that were then narrowed down to 60 for an in-depth review. Not-for-profit organizations made up 90 percent of the PPMs in the review. Joynt and Kimball identified the ability to replicate the care delivery model as the most important principle to consider. Joynt and Kimball applied the following specific criteria to help narrow the group down to a manageable 24 models in the review.
1. **Innovation**, exemplified by redesigned provider roles and teams, interdisciplinary teams, introduction of new technology, increased responsiveness to patients, and/or the redesign of the physician care environment.

2. **Sustainability** of the model at the original organization and likely sustainability at replication sites.

3. Demonstrated impact in terms of *reduced cost* or utilization, improved patient safety and quality, improved patient care provider satisfaction, and ultimately the ability to reduce the long-term demand for acute care nurses.

A discussion surrounding why components of a nursing PPM should be assessed is certainly a good starting point and necessary for organizations that pursue evidence based practice with the expectation of excellent patient outcomes. Viewed as an intervention, conducting a review after the implementation of the PPM is wise as it may heighten awareness of missing components not factored into the practice environment and ultimately lead to a decrease in overall satisfaction (McGlynn et al., 2012). A PPM is a strategic intervention providing a framework aimed at supporting registered nurses’ control over how they deliver care. As an intervention and part of the nursing strategic plan, it makes sense that nursing administrators monitor the implementation to ensure it is yielding the desired outcome. Strategic planning is one of those high-level business functions unfamiliar to most clinical nurses. However, it is integral to the longevity of the healthcare organization. Many PPMs were developed in response to problems or concerns brought about by patient satisfaction scores (Joynt & Kimball, 2008). The ability to track results and make appropriate changes at any time during the PPM cycle is
an indicator of a successful model (Joynt & Kimball, 2008). There are very few studies linking the implementation of a PPM to nursing outcomes (McGlynn, Griffin, Donahue, & Fitzpatrick, 2012; Harwood et al., 2007a, Harwood et al., 2007b; Newcomb, Smith & Webb, 2009; Storey, Linden, & Fisher, 2008).

McGlynn et al. (2012) conducted a descriptive, cross-sectional study using Herzberg’s Motivation-Hygiene Theory to examine nurses’ job satisfaction and satisfaction with the professional practice environment after implementation of a professional practice model. McGlynn et al. (2012) hypothesized that there would be a positive relationship between job satisfaction and the satisfaction with the professional practice environment after implementation of the Collaborative Care Model PPM. The Collaborative Care Model PPM was based on seven core values: “professionalism, excellence, leadership, caring, collaboration, safety, and honoring the human spirit” (McGlynn et al., 2012, p. 262). The sample consisted of 101 registered nurses working on four patient care units. In the study, job satisfaction was measured by the Index of Work Satisfaction, Part B questionnaire (Stamps, Piedmont, Slavitt, & Haase, 1978) and satisfaction with the professional practice environment was measured by The Practice Environment Scale of the Nursing Work Index (Lake, 2002). Surprisingly, McGlynn et al. found that nurses were only moderately satisfied with the professional practice environment \( (M = 2.90, \ SD = 0.25) \) and overall exhibited low levels of job satisfaction \( (M = 144.16, \ SD = 21.52) \). Interestingly, McGlynn et al. found a significant negative correlation between job satisfaction and satisfaction with the practice environment \( (r = -0.49, \ p < 0.0001) \). McGlynn et al. concluded that the implementation of the PPM may have increased nurses’ awareness of factors related to job satisfaction which in turn
brought to light factors that were not being met in the eyes of the nurses surveyed. Furthermore, McGlynn et al. emphasized the importance for nursing leaders to understand the many dimensions of job satisfaction in order to effectively address job satisfaction among nurses.

Harwood et al. (2007a) conducted a mix methods study to examine the impact of a PPM on renal nurses’ perceptions of empowerment, characteristics of the practice environment, and nursing outcomes. Harwood et al. (2007a) used Kanter’s theory of empowerment for the framework for the study. For the quantitative portion of the study, Harwood et al. (2007a) conducted a “then and now” design to survey nurses’ perceptions of their work environment prior to the implementation of the PPM and after the implementation of the PPM. The Practice Environment Scale of the Nursing Work Index (Lake, 2002) was used to measure nurses’ perceptions of autonomy, control over the practice environment, and MD-RN relationships. The Condition of Work Effectiveness Questionnaire II measured nurses’ perception of empowerment in the work place (Laschinger, Finegan, Shamian, & Wilk, 2001). A convenient sample of 81 renal nurses completed the surveys. Harwood et al. (2007a) found that post implementation scores on four out of five Practice Environment Scale subscales increased but only one, nursing foundations for quality of care was significantly higher ($p = .005$). Interestingly, no significant changes were found in the empowerment scores except for the organizational relationships subscale score, which was significantly increased after the PPM implementation ($p = 0.16$). Harwood et al. (2007a) concluded that although significant results were not seen in all areas of measurement, the results of the study supported the positive impact the implementation of a PPM had on nursing practice. In addition,
Harwood et al. (2007a) concluded that the results of the study identified specific areas that needed to be addressed to promote a professional work environment.

In the qualitative portion of the study, Harwood et al. (2007b) explored the impact of the PPM on renal nurses’ perceptions of their work environment. Harwood et al. conducted semi-structured interviews using an interview guide with a sample of 10 nurses who were employed on the unit prior to the implementation of the PPM and remained employed after the PPM was implemented. Harwood et al. analyzed the interview data using content analysis to identify common themes from the nurses’ experiences. Harwood et al. found the following four themes: 1) attunement with subthemes familiarity/knowing the patient and going the distance; 2) patient outcomes with subthemes consistency and continuity of care and autonomy/taking the initiative; 3) nurse reward with subthemes satisfaction and accountability and empowerment/input; and 4) facilitating systems with subthemes communication, support, and assignment. Harwood et al. concluded that with the implementation of the PPM, nurses perceived their work environment conducive to providing quality patient care. With the implementation of the PPM and providing primary nursing care, nurses felt they knew their patients better resulting in more confidence to engage with other healthcare providers in consulting about patients’ needs. In addition, collegial relationships were enhanced which promoted effective communication impacting positive patient outcomes (Harwood et al., 2007b).

Newcomb, Smith, and Webb (2009) set out to determine if there was evidence of change in nurse satisfaction with a simultaneous change in the nursing practice model as part of an organization’s Magnet journey. Newcomb et al. (2009) used a cross-sectional
design with repeated measures to examine job satisfaction in a private pediatric hospital prior to, during, and immediately after the facility’s application and attainment of Magnet Hospital status. As with other PPMs, shared governance was an integral piece of the implementation of the healthcare organization’s strategic plan to obtain Magnet status. A non-random sample composed of over 300 licensed nurses participated in the study. The researchers used the Index of Work Satisfaction (IWS) (Stamps, 1997) to measure nurse satisfaction. Data were collected at three points during the study: at baseline just prior to the Magnet journey, one year following the baseline which was the time of application submission, and then again another year later at the time Magnet status was awarded (Newcomb, Smith, & Webb, 2009). Newcomb et al. found that nurses were most satisfied after implementation of the PPM with professional status, interaction, and autonomy. Additionally, nurses were most unsatisfied with pay, task requirements, and organizational polices (Newcomb et al., 2009). Overall, Newcomb et al. found that changing the nurse governance model in a large tertiary care medical facility was associated with only minor and transient changes in nurse satisfaction.

PPM’s are typically implemented in order to improve nursing professionalism (Storey, Linden, & Fisher, 2008). A healthcare organization choosing the path of implementing a PPM will require reflective leadership styles that not only internalize the values of the PPM but also demonstrate the PPM’s philosophy and incorporation into leadership practices (Story et al., 2008). Storey, Linden, and Fisher (2008) set out to uncover the nature of leadership best practices that reflect successful implementation of a PPM. Storey et al. (2008) interviewed four nursing directors who were chosen by nursing peers that practiced “nursing at a higher level.” The interviews were taped and
transcribed verbatim to identify themes from the data. Storey et al. found themes that were directly linked to the PPM (professional development, professional practice and behaviors, community connections, and outcomes). Storey et al. identified the following themes related to nursing leaders practicing at a higher level: 1) reflective practice, 2) aspirational thinking, 3) interdisciplinary approach, 4) risk taking, 5) attitude, and 6) passion. In conclusion, Storey et al. emphasized the importance of leadership strategies such as role modeling, clinical visibility, meaningful dialogue engagement, and reflective practice in order to promote a consistent vision of professional nursing practice throughout healthcare organizations. Furthermore, Storey et al. pointed out that executive nursing leadership must understand, support, and demonstrate ongoing visibility when implementing any new strategic direction such as a PPM.

**Nursing Practice Environment**

The nursing practice environment has been shown to have a positive correlation to nursing satisfaction (Duffield, Roche, Blay, & Stasa, 2010). Duffield, Roche, Blay, and Stasa (2010) conducted a secondary data analysis to determine which aspects of the work environment had the most influence on increased staff retention. Duffield et al.’s (2010) results were not surprising in that there was a positive relationship between perceived good leaders by staff and staff retention. Leaders providing positive feedback and perceived as nursing advocates were positively linked to increased staff retention (Duffield et al., 2010).

Trinkoff et al. (2010) used a cross-sectional secondary data analysis from 2004 data from the Nurses Work life and Health study to compare working conditions of nurses in Magnet and non-Magnet hospitals. Responses from 837 nurses were used in the
data analysis consisting of 14 Magnet designated organizations and 157 non-Magnet
designated organizations. Trinkoff et al. found that nurses working in a Magnet facility
did not differ in terms of demographic characteristics including age, gender, marital
status, educational level, and unit type from non-Magnet facilities (Trinkoff et al., 2010).
Of note was the proportion of nurses of color working in Magnet hospital facilities was
significantly lower (8.6%) than those working in a non-Magnet facility (16.1%) ($\chi^2 =
5.964, p = .018$). Overall, Trinkoff et al. found few differences in terms of working
conditions casting the study as more of an outlier as many studies found positive
differences between the Magnet and non-Magnet facilities. There were no differences
between the two types of organizations in the category of job demands or psychological
demands. Physical demands however were lower among nurses in Magnet hospitals
compared with those working in non-Magnet hospitals. Additionally, there were no
significant differences between Magnet and not-Magnet nurses in regards to patient
safety culture and overall job satisfaction. A limitation to this study is that of its smaller
size and possible inability to detect differences when measuring on a small scale (Kelly,
McHugh, & Aiken, 2011).

In contrast to this study, Kelly, McHugh, and Aiken (2011) conducted an analysis
of patient, nurse, and hospital data on 56 Magnet and 508 non-Magnet hospitals, which
was carried out in 4 large states. Outlined in this study are the 5 areas that Magnet
hospitals are evaluated on: transformational leadership, structural empowerment,
exemplary professional practice, new knowledge, innovations, and improvements-
empirical outcomes (Kelly, McHugh, & Aiken, 2011). A convenience sample of nurses
was used from 4 of the nations’ largest states including California, Pennsylvania, New
Jersey, and Florida (Kelly, McHugh, & Aiken, 2011). A descriptive analyses using logistic regression examined the association between Magnet recognition and patient outcomes (Kelly, McHugh, & Aiken, 2011). The results displayed Magnet hospitals had significantly better work environments (PES-NWI composite score of 2.86 in Magnet as compared with 2.66 in non-Magnet ($p < .001$). Additionally, significantly higher proportions of BSN-educated nurses (0.46 vs. 0.39; $p < .001$), and higher numbers of specialty-certified nurses (0.40 vs. 0.36; $p = 0.03$) were reported (Kelly, McHugh, & Aiken, 2011). Even after accounting for organizational aspects of nursing, there were important residual differences in good patient outcomes captured by the data (Kelly, McHugh, & Aiken, 2011). This could reflect the organizational climate of commitment to excellence and willingness to embark on organizational innovation (Kelly, McHugh, & Aiken, 2011). It is felt that there is a positive spillover effect that contributes to a positive work environment that is ultimately conducive to high quality nursing care (Kelly, McHugh, & Aiken, 2011).

Flynn, Liang, Dickson, Xie, and Suh, (2012) conducted a non-experimental design research study using a sample of 82 medical-surgical units from 14 acute care hospitals in the United States. Flynn et al., (2012) sought to determine if there were relationships among characteristics of the nursing practice environment, nurse staffing levels, nurses’ error interception practices, and rates of non-intercepted medication errors in acute care hospitals. In this study, Flynn et al. found no association between RN staffing levels (RN hours per patient day) and nurse error interception practices or medication error rates. However, the nursing practice environment was positively and significantly associated with nurses’ error interception practices ($p = .001$). Foundations
for quality \( (p = .000) \), collaborative RN-physician relationships \( (p = .000) \), nurse participation \( (p = .003) \), and supportive nurse manager \( (p = .032) \) were found to have a significant, positive relationship with nurses’ error interception practices. The only variable not significantly related to nurses’ error interception practices was adequate staffing and resources \( (p = .073) \) (Flynn et al., 2010). Further findings from this study indicated that practices used by nurses to identify and intercept medication errors had a modest, but significant effect on the rate of medication errors on medical-surgical units in acute care hospitals \( (p = .015) \). Flynn et al. suggest that a supportive practice environment is associated with higher quality nursing care. With that in mind, senior administration should carefully consider strategies that help create and foster a supportive practice environment with the intent to recruit and retain a high quality nursing workforce.

Charlambous, Katajisto, Valimaki, Leino-Kili, and Suhonen (2010) conducted a study with the purpose of describing individualized care and the professional practice environment from the nurses’ point of view and to explore the relationship between individualized care and the professional practice environment. Charlambous et al. (2010) utilized an exploratory correlational research design and collected data from 207 nurses working on inpatient wards from three acute care hospitals in Finland. The Individualized Care Scale (ICS) (Suhonen, Gustafsson, Katajisto, Valimak, & Leino-Kilpi, 2010) was used to measure support of patient individuality and perceptions of individuality in care provided. Charlambous et al. (2010) found that nurses’ perceptions about the support of individuality were significant associated with “handling disagreements \( r = 0.193, p = .005 \), work motivation \( r = 0.212, p = .002 \), control over practice \( r = 0.371, p = .001 \),
leadership and autonomy ($r = 0.224, p = .001$), relationships with physicians ($r = 0.196, p = .005$), and cultural sensitivity ($r = 0.296, p = .001$)” (p. 504). In addition, significant relationships were found between “nurses’ views about the individuality of care provided and handling disagreements ($r = 0.261, p = .002$), work motivation ($r = 0.197, p = .0058$), control over practice ($r = 0.393, p = .001$), leadership and autonomy ($r = 0.228, p = .008$), cultural sensitivity ($r = 0.334, p = 001$), and communication about patients ($r = 0.334, p = 0.013$), but no relationship was found with teamwork ($r = 0.025, p = .720$)” (Charalambous et al., 2010, p. 504). Charalambous et al. concluded that the nursing practice environment is closely associated with the provision of individualized care to patients, and understanding the relationship may assist in developing individualized clinical nursing care.

**Nursing Job Satisfaction**

Job satisfaction for registered nurses and nurse retention rates are extremely concerning for all nurse administrators (McGlynn et al., 2012). As the demand for bedside nursing increases and current nursing attrition rates increase, hospital administrators are seeking creative and innovative ideas to swing this supply and demand pendulum in the positive direction.

Lu, Barriball, Zhang, and While (2012) conducted a systematic review to examine the literature related to nurse job satisfaction and related factors associated with nurse job satisfaction using seven databases encompassing both English and Chinese language publications. Lu et al. (2012) strategized that the systematic review would shed light on a comprehensive understanding of nurse job satisfaction and its related factors, identify variables that will add to the improvement in nurses’ working lives, review sources of job
satisfiers and their relation to nurse job satisfaction, and come up with strategies to aid the development of interventions to improve nurse retention. Lu et al. included the following databases to search for appropriate articles to be included in the review: CINAHL (1982 – 2011), Medline (1996-2011), PsycINFO (1974-2011), and China Academic Journal (1985-2011). A total of 100 articles met the inclusion criteria to be included in the review. Lu et al. found that nurse job satisfaction was associated with work conditions, organizational environment, job stress, conflict and ambiguity of the nursing role, perceptions of the nursing role, and commitment to the organization and nursing profession.

Moneke and Umeh (2013) conducted an empirical study to identify factors influencing critical care (CC) nurses’ perception of their overall job satisfaction. Moneke and Umeh (2013) used a quantitative, correlational design to explore and describe the effect of leadership styles and organizational commitment on CC nurses overall job satisfaction. The sample consisted of 112 CC nurses from a large, nonprofit healthcare organization in New York City. Nurses who participated in the study were from various intensive care units employed by the organization for at least 6 months, and worked full time, part time or PRN schedules. The conceptual frameworks used for the study included Maslows’s hierarchy of needs, Herzbergs’s dual factor theory, and Kouzes and Posner’s domain of the leadership practices. Moneke and Umeh found significant relationships between nurses’ job satisfaction and 1) perceived leadership, 2) organizational commitment, and 3) perceived leadership practices. Furthermore, Moneke and Umeh found that organizational commitment was the strongest predictor of job satisfaction. In conclusion, Moneke and Umeh emphasized the importance of nursing
leaders monitoring nurse job satisfaction and implementing strategies to improve nurse job satisfaction to increase nurse retention. In addition, Moneke and Umeh findings support the evidence that more committed nurses are more effective and productive within the work environment, resulting in increased job satisfaction.

Nursing job satisfaction is not specific to the United States. Nursing shortages, staff retention, and job satisfaction is a worldwide issue (Ning, Zhong, Libo, & Qiujie, 2009). Aided by Kanter’s theoretical framework, Ning, Zhong, Libo, and Qiujie (2009) developed a correlational, cross-sectional study to test Kanter’s organizational empowerment theoretical model specifying the relationships among demographic variables, structural empowerment, and job satisfaction in China. A convenience sample of 650 nurses completed the survey. Ning et al. (2009) found that overall nurses perceived their work environment to be moderately empowering ($M = 19.4; SD = 4.35$). In addition, nurses perceived they had greater access to support ($M = 3.19, SD = 0.89$) and the least access to resources ($M = 2.96, SD = 0.85$). Stepwise multiple regressions revealed an 11.5% of the variance in structural empowerment was explained by a combination of age and work objectives. Interestingly, more structural empowerment was perceived with younger nurses who loved the nursing profession. Furthermore, 16.8% of the variance in job satisfaction was explained by nurses’ education level and work objectives (Ling et al., 2009). Finally and most important, Ning et al. found a statistically significant positive correlation ($p < 0.01$) between structural empowerment and job satisfaction. Ling et al. emphasized the importance of nursing managers to identify strategies to enhance structural empowerment in a supportive work environment to promote nurse engagement and job satisfaction (Ning et al., 2009).
Summary

Nursing leaders must employ a variety of strategic models in order to capture and retain high quality nursing staff. A PPM that is supported by senior leaders and incorporated into the daily nursing activities provides a foundation and a structure by which staff and leaders can draw upon for guidance (Aiken, 2002; Joynt & Kimball, 2008; McGlynn et al., 2012). The nursing practice environment has shown to be positively correlated to nursing satisfaction (Duffield et al., 2010). However, studies have shown that paying attention to all the dimensions of job satisfaction improved retention of highly qualified nurses (Joynt & Kimball, 2008). Of importance noted by Ning et al. (2009), refining structural empowerment within the daily activities of the bedside nurse may be an effective way to work on nurse engagement. Additionally, understanding the positive relationships between job satisfaction and a combination of higher education level along with work objectives may parallel in importance when working on retention of a high quality-nursing workforce.
CHAPTER 3: METHODS

This chapter describes the research methodology for this study including the design, setting and sample, data collection procedures, data collection instruments, threats to validity, and procedures for protection of human subjects. Additionally, the data analysis and data security plans are addressed.

Research Design

A descriptive, pretest-posttest design using secondary data was used. This research design provided a method that analyzed nurses’ perception of their practice environment and job satisfaction scores before and after implementation of a PPM. In addition, a descriptive, prospective design using a survey method was used to measure clinical nurses’ perceptions of a PPM. The research questions guiding this study were:

1. What is the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction?

2. What are medical and medical-surgical clinical nurses’ perceptions of a PPM?

Settings

The research took place in a community-based hospital within an integrated healthcare organization located in the southeast United States. The community hospital consisted of 633 beds with services ranging from women’s services to hospice care.

Population and Sample

The population for this study consisted of 15 medical and medical-surgical nursing units within the community hospital. Unit level data related to job satisfaction
and practice environment scores were obtained from the hospital’s NDNQI® RN Satisfaction survey data.

In addition, a convenience sample of medical and medical-surgical nurses from each unit was recruited to complete a PPM perception questionnaire. Inclusion criteria for the nurses included: 1) 18 years or older, 2) a registered nurse employed at the hospital and working in a medical or medical-surgical nursing unit, 3) able to speak and read English, and 4) a willingness to participate and complete the study questionnaires.

**Procedures for Data Collection**

Unit job satisfaction and practice environment scores were obtained from the hospital’s NDNQI® database for the years 2009 and 2011. Permission was obtained from the healthcare organization’s Chief Nurse Executive (Appendix A) to complete the study and obtain access to the NDNQI® data.

In addition, the researcher composed a research packet consisting of: an empty envelope, consent form (Appendix B), a demographic questionnaire (Appendix C), and the PPM perception questionnaire (Appendix D). A recruitment flyer was provided to unit managers and posted in the break room of each unit (Appendix E). The researcher set a time frame of three weeks for staff to complete the short survey and rotated rounds on each unit during huddle times in order to provide face-to-face recruitment and encouragement for participation in the study. The research packets were placed in each unit’s break room for nurses to access. Participants were instructed to place the completed questionnaires in the envelope provided, seal, and place the sealed envelope in a designated, secure research box marked “Professional Practice Model Research Study”
located in each break room. The researcher retrieved the completed questionnaires at least once a week and secured the questionnaires in a locked file cabinet.

To encourage participation, a pizza party was given to the unit with the highest participation rate. In the event of a tie, the unit names were placed on a piece of paper and drawn out of a hat by a person not connected to the research.

**Instruments.** The National Database of Nursing Quality Indicators is a storehouse for nursing-sensitive indicators and RN Satisfaction data (ANA, 2013). The NDNQI® is the only database that collects data at the nursing unit level, which is why it was chosen for this research project (ANA, 2013). The mission of the NDNQI® is to aid the registered nurse in patient safety and quality improvement efforts by providing research-based national comparative data on nursing care and the relationship to patient outcomes (ANA, 2013). Indicators endorsed and measured are: incidence of patient falls, patient falls with injury, and prevalence of hospital acquired pressure ulcers, and restraint prevalence. Quality outcome data are reported quarterly on nursing skill mix, nursing hours per patient day, nurse turnover rates, RN education and certification, healthcare-associated infections, incidence of patient falls, patient falls with injury, prevalence of hospital acquired pressure ulcers, and restraint prevalence (ANA, 2013). Hospitals who participate in the quality outcomes database have the opportunity to participate in the annual RN Satisfaction Survey in which practice environment data are reported (ANA, 2013).

For this study, job satisfaction and practice environment scores from the healthcare organization’s 2009 and 2011 NDNQI® data were used. Job satisfaction scores were obtained from the NDNQI®’s data measured by the Job Enjoyment Scale. Practice
environment scores were obtained from the NDNQI® data measured by the Practice Environment Scale.

**Job enjoyment scale.** The 7-item Job Enjoyment scale is an adaptation from Brayfield and Rothe’s (1951) 18-item Job Satisfaction scale. The Job Enjoyment scale measures the degree to which people like their work (ANA, 2009). For the original scale, Brayfield and Rothe (1951) reported a split-half reliability coefficient of .87 and established construct validity using a known-groups method. Internal consistency reliability of the 7-item scale has been reported with Cronbach’s alpha coefficients ranging from .88 to .85 in previous studies (Price & Mueller, 1986, Sauter et al., 1997). The ANA (2009) reports Cronbach’s alpha coefficients ranging from .91 to .92 from 2003 and 2008. The scale uses a 6-point Likert response format option: strongly disagree (1), disagree (2), tend to disagree (3), tend to agree (4), agree (5), and strongly agree (6), with higher scores indicating higher job enjoyment.

The ANA (2009) uses modified transformation scores (T-scores) in order to compare unit level job enjoyment scores. Individual respondent scores are first calculated to obtain an individual average scale score. Next, the average scores are aggregated to the unit level and converted to modified T-scores. T-scores below 40 represent low job enjoyment, scores between 40-60 represent moderate job enjoyment, and scores above 60 represent high job enjoyment. For this study, unit level job enjoyment scores were extracted from the NDNQI® hospital data reports for each unit (ANA, 2009).

**Practice environment scale.** The 31-item Practice Environment of the Nursing Work Index (PES-NWI) was developed by Lake (2002) to measure nurses’ perception of their practice environment within hospital settings. According to Lake (2002), the nursing
practice environment reflects the organizational features of a work setting that facilitate or limit nursing professional practice. The scale development and evaluation progressed in five stages to establish psychometric properties of the PES-NWI.

In stage one, Lake reviewed all 65 items of the NWI and selected 48 items that reflected the nursing practice environment. Face validity was established by independent review of the 48 items by Lake, a nurse-researcher, and a hospital staff nurse (Lake, 2002).

During the second stage, Lake (2002), conducted an exploratory factor analysis with a sample of 1610 nurses from Magnet hospitals. Thirty-one items were retained in the scale because of their salient loading on the five factors that emerged from the analysis. The five factors (subscales) were: nurse participation in hospital affairs, nursing foundation for quality of care, nurse manager ability, leadership and support of nurses, staffing and resource availability, and collegial nurse-physician relations.

Stage three consisted of establishing individual and hospital level reliabilities of the subscales and total scale. To establish internal consistency reliability at the individual level, Lake (2002) conducted reliability analyses using Cronbach’s alpha coefficients with a cut off criterion of .80. Individual level reliability of the subscales (nurse participation in hospital affairs -.83, nursing foundation for quality of care - .80, nurse manager ability -.84, leadership and support of nurses - .84, and staffing and resource availability - .80) and total scale (.82) demonstrated high internal consistency reliability with Cronbach’s alpha coefficients greater than .80, except for the nurse-physician relation subscale (.71). To establish reliability at the hospital level, Lake (2002) assessed consistency by using inter-item correlations of aggregated responses and mean rater
reliability by assessing interclass correlations. Averaged inter-item correlation coefficients for the subscales ranged from .64 to .91 and the total scale inter-item correlation coefficients were reported at .82. Interclass correlations for the five subscales and total scale ranged from .86 to .97.

During the fourth stage, Lake (2002) established the construct validity of the PES-NWI by using the known-groups method to compare mean scores of the PES-NWI between Magnet and Non-Magnet hospital nurses. The assumption was that nurses in magnet hospitals would have significantly higher scores on all measures than non-magnet hospital nurses. Lake (2002) found that Magnet hospital nurses had significantly higher scores on all five subscales as well as the total scale than Non-Magnet hospital nurses with mean scores ranging from 2.76 to 3.09 for Magnet hospital nurses compared to 2.44 to 2.83 for Non-Magnet hospital nurses.

In the final stage, Lake (2002) conducted a confirmatory factor analysis to test the generalizability of the PES-NWI. Findings supported the five-subscale structure of the PES-NWI.

The PES-NWI uses a 4-point Likert response scale ranging from strongly disagree (1) to strongly agree (4). Mean scores are calculated for the five subscales and total scale with higher scores indicating greater agreement (Lake, 2002).

For this study, unit level scores were extracted from the NDNQI® hospital report for each unit. NDNQI® collects responses from individual nurses from each unit then aggregates the responses to obtain a unit level score (ANA, 2009). A group of researchers at MD Anderson set out to determine “what is a sufficient response rate” when measuring the work environment necessary to evaluate improved structures and
strategies (Kramer, Schmalenberg, Brewer, Verran, & Keller-Unger, (2008). This group of researchers found that at least a 40% response rate is necessary for reliable, accurate data when aggregated from an individual to a group level using unit-specific scales or instruments (Kramer et al., (2008). Additionally it was noted that adequate survey response rates are necessary both before and after an intervention, which ensures accurate and reliable data so that improved nurse work environments can be, achieved (Kramer et al., (2008).

**PPM perception questionnaire.** No questionnaires were found that measured nurses’ perception about a professional practice model. Therefore, the researcher developed a questionnaire to measure nurses’ current perception of the healthcare organization’s PPM. The questions focused on how familiar nurses are with the healthcare organization’s PPM, any impact it has made on their work environment, and how the PPM impacts nursing daily work, and the overall satisfaction with the PPM. The questionnaire consisted of 8 questions with a response format of true/false. Percentages of true/false responses were analyzed for each statement. In addition, a final question was assessed whether nurses felt further education was needed related to the PPM.

**Threats to Validity**

Threats to validity included behavior biases also referred to as reactivity. An example of this is when participants are aware of being observed which can alter the way they answer survey questions (Polit, & Beck, 2012). This is also known as the Hawthorne Effect, which is a placebo-type effect, caused by a study participants expectations. The researcher was well known throughout the hospital facility, which may have presented observational biases as the participant may have answered how the researcher would
want them to answer. Reactivity can affect the validity of this research; however every attempt was made to eliminate this bias. The researcher ensured that individual responses were kept confidential and the data was viewed as a whole and not individually or by unit. Additionally, the researcher encouraged complete honesty and transparency when answering the questionnaire in order to obtain accurate data. The researcher also measured nurses’ perception and not as much nursing knowledge of the PPM. Measuring perception was less of a threat when answering the questionnaire.

Using a convenience sample also created a bias in this research study. The threat here was that nurses who were sampled might be atypical of the hospital population as a whole (Polit & Beck, 2012). This was especially important in such a large hospital system. The researcher only surveyed 15 units in one hospital out of the five hospital system. This convenient sample was not reflective of the entire system. Additionally, the survey took place in the largest of the five hospitals where culture and change typically takes longer to achieve (Morrison, 2012).

**Data Analysis**

SPSS for Windows Release 20.0 was used to conduct descriptive and inferential statistics. Descriptive statistics including frequencies, percentages, means, and standard deviations were performed and reported on unit level job satisfaction and practice environment scores. In addition, descriptive statistics were used to report nurses’ demographic variables and perceptions of the PPM. Inferential statistic included an independent *t*-test to examine the effect of the PPM on clinical nurses’ perceptions of their practice environment and job satisfaction. A p value of ≤ 0.05 was considered statistically significant.
Protection of Human Subjects

Prior to beginning the research study, approval was obtained from the healthcare organization’s Nursing Research Committee (NRC) (Appendix F) and Kennesaw State University (KSU) Institutional Review Board (IRB) (Appendix G). Any revisions suggested by the NRC or KSU IRB was completed and submitted for approval prior to beginning the study.

NDNQI® data. Data obtained from the healthcare organization’s NDNQI® data reports were de-identified and cannot be linked back to individual nurses. Only unit level data was obtained and reviewed by the researcher and faculty advisors. All data was kept confidential.

Nurses. A cover consent letter was given and reviewed by nurses prior to the beginning of data collection (Appendix B). Nurses were informed that they would be asked to complete a demographic questionnaire and the PPM perception questionnaire. Nurses were informed the questionnaires would take approximately 5 minutes to complete and that they were free to withdraw from the study at any time. The nurse’s completion of the questionnaires served as his or her consent to participate. Additionally, all participants were informed that all information obtained was kept confidential.

Data Security

All data acquired for this research study was stored on a single jump drive and kept in a locked file cabinet in the researcher’s office. In addition, all questionnaires were kept in a locked file cabinet in the researcher’s office. Data compiled on the SPSS data file was stored on the single jump drive with restricted access to the data. Only the researcher, researcher’s faculty, and statistician had access to the SPSS database file. At
the end of the study, all data (questionnaires and jump drive) was given to and secured at the healthcare organization’s Center for Nursing Excellence where it will remain for a minimum of 3 years and then destroyed.
CHAPTER 4: RESULTS

This chapter presents a summary of the data analyzed for this study. In addition, this chapter provides the format for a discussion of the data analysis plan, sample characteristics, and the results of the analysis. The data analysis answers the following questions: 1) What is the effect of the PPM on clinical nurses’ perceptions of their practice? 2) What are medical and medical-surgical clinical nurses’ perceptions of a PPM?

Data Analysis

The purpose of this study was to examine the effect of a PPM on clinical nurses’ perceptions of their nursing practice environment and job satisfaction. Secondly, this study examined clinical nurses’ perceptions of the PPM through survey questions focusing on elements of the PPM. Descriptive and inferential statistics were used to analyze the data using SPSS for Windows Release 20.0. Descriptive statistics including frequencies, percentages, means, and standard deviations were performed and reported on unit level job satisfaction and practice environment scores. In addition, descriptive statistics were conducted to report nurses’ demographic variables and perceptions of the PPM. Inferential statistic were conducted using an independent t-test to examine the effect of the PPM on clinical nurses’ perceptions of their practice environment and job satisfaction. A p value of ≤ .05 was considered statistically significant.
Research Questions

**Research question one.** Research question one examined the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction. Due to unavailable data only eleven out of the fifteen units were used in the analysis. The mean 2009 PES score was 2.54 ($SD = .22$) and the mean 2011 PES score was 2.88 ($SD = .14$) (Table 1). The mean 2009 job enjoyment score was 44.20 ($SD = 6.49$) and the mean 2011 job enjoyment score was 51.60 ($SD = 5.53$). There was a statistically significant increase in the PES scores after the implementation of the PPM, $t(10) = -4.20$, $p = .002$. There was a statistically significant increase in the Job Enjoyment scores after the implementation of the PPM, $t(10) = -2.71$, $p = .022$.

Table 1

*Means and Standard Deviations for the Pre-Post Scores of the Practice Environment Scale and the Job Enjoyment Scale ($N = 185$).*

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>Pretest $M (SD)$</th>
<th>Post-test $M (SD)$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Environment</td>
<td>2.54 (.22)</td>
<td>2.88 (.14)</td>
<td>.002*</td>
</tr>
<tr>
<td>Job Enjoyment</td>
<td>44.20 (6.49)</td>
<td>51.60 (5.53)</td>
<td>.022**</td>
</tr>
</tbody>
</table>

*p < .01, **p < .05

**Research question two.** Research question two examined medical and medical-surgical nurses’ perceptions of the PPM. A total of 366 questionnaires were distributed on the 15 acute care nursing units. A total of 185 were returned resulting in a 50.55% return rate.

In this study, the majority of nurses were female (89.2%, $n = 165$) and Caucasian (66.5%, $n = 123$) (Table 2). The nurses ranged in age from 20 – 65 years with a mean age of 36.89 ($SD = 11.26$). Almost three quarters of the nurses held a Baccalaureate degree in nursing (70.3%, $n = 130$). The average years of nursing experience was 8.96 ($SD = \ldots$)
9.48) and the average years of employment at the healthcare facility was 5.11 \((SD = 5.48)\). The majority of nurses did not hold a national certification \((84.3\% \ n = 156)\).

### Table 2

**Sample Characteristics \((N = 185)\).**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>(M)</th>
<th>(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>36.89</td>
<td>11.26</td>
</tr>
<tr>
<td>Years nursing experience</td>
<td>8.96</td>
<td>9.48</td>
</tr>
<tr>
<td>Years employed</td>
<td>5.11</td>
<td>5.48</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>10.8</td>
</tr>
<tr>
<td>Female</td>
<td>165</td>
<td>89.2</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>123</td>
<td>66.5</td>
</tr>
<tr>
<td>Black/African</td>
<td>45</td>
<td>24.3</td>
</tr>
<tr>
<td>American</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>8</td>
<td>4.3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Associate</td>
<td>39</td>
<td>21.1</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>130</td>
<td>70.3</td>
</tr>
<tr>
<td>Master’s</td>
<td>12</td>
<td>6.5</td>
</tr>
<tr>
<td>National Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>156</td>
<td>84.3</td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>14.1</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Perceptions of the PPM**

The majority \((80\%, \ n = 148)\) of nurses were aware that the healthcare organization has a PPM and \((77.3\%, \ n = 143)\) were aware that the nursing PPM helps guide nursing care for their patients (Table 3). However, 77.3\% \( (n = 143) \) felt they could
not describe the PPM or identify any of the five subgroups within the model, 68.6% felt they did not have a thorough knowledge of the PPM and 79.5% ($n = 147$) indicated they would like additional education and information regarding the nursing PPM. A little over half (53%, $n = 98$), felt there were areas within their daily work routine that were not addressed or needs addressing by the nursing PPM. In addition, 45.9% ($n = 85$) of the nurses did not understand how to use the PPM in their daily nursing practice. Only 48.6% ($n = 90$) of nurses indicated they were overall satisfied with the healthcare organization’s PPM.
Table 3

*Perceptions of PPM (N = 185).*

<table>
<thead>
<tr>
<th>PPM Statements</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware healthcare organization has PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>36</td>
<td>19.5</td>
</tr>
<tr>
<td>True</td>
<td>148</td>
<td>80.0</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Aware nursing PPM guides nursing care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>41</td>
<td>22.2</td>
</tr>
<tr>
<td>True</td>
<td>143</td>
<td>77.3</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Able to describe PPM with 5 subgroups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>143</td>
<td>77.3</td>
</tr>
<tr>
<td>True</td>
<td>40</td>
<td>21.6</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Have thorough knowledge of nursing PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>127</td>
<td>68.6</td>
</tr>
<tr>
<td>True</td>
<td>55</td>
<td>29.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Needs more education/information about PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>36</td>
<td>19.5</td>
</tr>
<tr>
<td>True</td>
<td>147</td>
<td>79.5</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Feels areas in daily work routine not addressed by PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>82</td>
<td>44.3</td>
</tr>
<tr>
<td>True</td>
<td>98</td>
<td>53.0</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td>Understands PPM use</td>
<td></td>
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</tr>
<tr>
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<td>45.9</td>
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<td>1.6</td>
</tr>
<tr>
<td>Overall satisfied with nursing PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>False</td>
<td>85</td>
<td>45.9</td>
</tr>
<tr>
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<td>90</td>
<td>48.6</td>
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<tr>
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<td>10</td>
<td>5.4</td>
</tr>
</tbody>
</table>
CHAPTER 5: DISCUSSION

This chapter discusses the interpretations of findings, the relationship of the findings to theory, and the limitations of the study. In addition, this chapter discusses the implications of the findings in relationship to nursing practice, education, and research.

Findings from this study supported that there was a statistically significant increase in the pre and post scores for the PES as well as the job satisfaction score after implementation of the PPM. This finding is dissimilar to McGlynn et al. (2012) findings. McGlynn et al. found that nurses were only moderately satisfied with their professional practice environment and overall exhibited low levels of job satisfaction after the implementation of the Collaborative Care Model. McGlynn et al. concluded that implementation of the PPM may have heightened nurses’ awareness of factors related to job satisfaction that were lacking within the organization. However, it should be noted that increases in job satisfaction and nurses’ perception of their professional practice environment could have been associated with other changes, e.g., hospital leadership, positive changes in the work place, or other outside factors unrelated to the implementation of the PPM. As emphasized by McGlynn et al., nursing leaders should understand the many dimensions of job satisfaction in order to effectively address job satisfaction among nurses.

Similar to Newcomb et al. (2009) finding, nurses were more satisfied after the implementation of the PPM in this study. Specifically, Newcomb et al. found that nurses were more satisfied with professional status, interaction, and autonomy after
implementation of a PPM. The findings from this study may be reflective of the commitment of nursing leadership to internalize the philosophy and values of the PPM and incorporation into the nursing practice environment.

This study’s findings indicated that the majority of nurses surveyed were aware that the healthcare organization utilizes a PPM and over three quarters were aware that the nursing PPM helps guide nursing care for their patients. This is a positive finding and is reflective of the organizations efforts to ensure staff was introduced to the PPM. However, as that number reflects a high proportion of nurses, an equally high percentage of nurses, over three quarters, felt they could not describe the PPM or identify any of the detailed subgroups within the model. In essence, even though the staff was fully aware of the PPM, they could not discuss its properties or how it might be used to guide patient care. This could be where the organization failed to bring forth enough passion in the PPM that the staff grasped enough understanding to list the areas of daily practice the PPM impacts. As described by Wolf and Greenhouse (2007), the PPM must be integrated into the DNA of the organization. Passion for the PPM and its implications for nursing care must be communicated from senior leadership down to the unit manager and the bedside nurse. In order to be engrained in the work environment of the nursing staff, the PPM must serve as a roadmap that is aligned with the organizations’ mission, vision, and strategic plan (Wolf & Greenhouse, 2007).

Although this study’s findings found nurses could not describe the PPM or identify any of the detailed subgroups within the model, Harwood et al. (2007) found dissimilar findings. Harwood et al. (2007) examined the impact of a PPM on nursing outcomes, characteristics of practice environments, and empowerment on a renal nursing
unit. Harwood et al. reported increases in four of the five NWI-PES subscales when comparing the scores pre and post implementation of their PPM. The findings showed only one of the increases was significant; the organizations increased focus on quality. Harwood et al. also found a positive correlation between empowerment and professional practice characteristics, which may indicate the staff had a good understanding of the subgroups or characteristics of the PPM. Understanding of the characteristics of the PPM leads to the nurse’s ability to incorporate the components of the PPM into the daily care of patients (Harwood et al., 2007).

In this study, the fact that the majority of nurses could not discuss the characteristic of the PPM is concerning. Anecdotal remarks taken from the comment section of the survey are reflective of nurses’ inability to describe in any detail the PPM. “I have heard of it, probably seen it in writing, but could not verbalize much on what it contains” also, “I don’t remember ever hearing specifics of this model”, and finally “I know what a PMM is and what it’s used for, just not familiar with all specific details”. These comments present an opportunity for hospital leadership to reignite the fire under the PPM and expose nursing staff to the details that support the PPM that guides their practice.

A request for additional education regarding the PPM was also captured in this study. With over three quarters of the nurses’ surveyed requesting additional education and information regarding the nursing PPM, the researcher views this as a positive finding because it shows the nursing staffs’ hunger for knowledge about the model that guides their nursing care. For the organization, this indicates that a concentrated effort should be centered on a strategy to boost awareness of the PPM. McGlynn et al. (2012)
stated a review after the implementation of a PPM is wise as it may heighten awareness
to missing components not factored into the practice environment and ultimately lead to a
decrease in overall satisfaction. This may be the reason that over three quarters of the
nurses’ surveyed requested additional education. This may also be reflective in that less
than half of the nurses felt over all satisfied with the PPM.

The fact that half of the nurses did not understand how to use the PPM in their
daily nursing practice and a little over half felt they did not have a thorough knowledge of
the PPM only adds intensity to the need for heightened awareness and education. The
healthcare organization’s PPM cascades from the healthcare system’s nursing strategic
plan that includes a crosswalk to the American Nurses Association’s Magnet Model
(ANA, 2014). As clinical nurses place the patient, family, and community at the forefront
of their care, it speaks to the core of the organization’s PPM. The model is a relationship
based care delivery system that speaks to the exemplary care and life long relationships
nurses nurture every day. Given that half of the nurses did not understand how to use the
model, yet are probably using the model every day is an opportunity for the organization.

The significance of this study was to examine the effect a PPM had on nursing
satisfaction and key nursing indicators, four years after the PPM implementation. Prior to
the implementation, the healthcare facility did not utilize a PPM making an evaluation of
the current PPM all the more valuable. Although there was a statistically significant
increase in nursing satisfaction with the pre and post NDNQI® scores, nurses’ perception
clearly indicated a lack of understanding about the PPM possibly due to a lack of
continued focus on the PPM throughout the years. In addition, the survey indicated that
nurses were familiar with the PPM however requested further education. This study
supports the concept that when a PPM is implemented into a healthcare system, it is beneficial to evaluate its effectiveness. It is unclear from the NDNQI® data if the increase was due to other factors not captured in the PPM. The current perceptions of the nurses clearly indicate a need for additional emphasis on education specific to the components of the PPM.

Limitations

This was a limited review of the nurses’ perception of the healthcare organization’s PPM at one hospital within the healthcare system, which may not be reflective of the entire nursing staff at the system level. Furthermore, the survey was only given at one of five facility locations and at this point it is unclear if the other system facilities had additional emphasis placed on the PPM as it relates to nursing care. In addition, the PPM has only been in practice for four years, which may not be enough time to demonstrate changes in the practice environment and nurse job satisfaction. The post PES data was collected 57 months after the implementation of the PPM and the survey data represents current nursing knowledge. The current nurse perception of the PPM supports the need for renewed efforts to incorporate the model into practice. Based on participant responses, the organization may have missed an opportunity to bring awareness of the PPM and how it can be positively incorporated into nursing practice.

A convenience sample was used for this study, as it was the most available group of nurses to survey. According to Polit and Beck (2012), a convenience sample may be atypical of the population as a whole. With that, the convenience sample used in this study may not be reflective of the nursing staff employed on the units that were not used
in the survey. In addition, the sample chosen may also not be reflective of the entire hospital system.

Furthermore, this study was conducted at one hospital in the southeastern part of the United States. This limits the generalizability to other healthcare organizations in different geographical locations.

Another limitation is that the nurses more than likely completed the survey during working hours and not in the presence of the researcher. The possibility of cross talk between the staff may have influenced the responses to the survey.

Finally, it is difficult at best to determine if any of the nurses surveyed by the NDNQI® data from 2009 and 2011 are the same nurses that completed the survey portion of this study. The fact that the survey portion of the study may not have been answered by the same nurses who took part in the pre and post NDNQI® survey may not reflect the true changes in PES and job satisfaction scores related to the PPM implementation.

**Implications**

Although this study indicated a statistically significant increase in the nursing satisfaction data, there is strong evidence supporting a perceived lack of knowledge and overall understanding of the PPM by the current nursing staff. This section will discuss the implications this study has to nursing practice, education and nursing research

**Nursing practice.** The effects on nursing based on comments made by respondents have weighed heavy in the researchers mind. Considering the average years of facility employment is about five and the nursing PPM has been in place for about four years, it was concerning to read comments such as: “I am not exactly sure what it is all about and how it relates or our nursing care,” and “I don’t feel it takes all the possible
treatments and activities into account, it is hard to see where the PPM fits sometimes”.

Even seasoned nurses who have been employed at the facility for greater than 10 years posted “Recently, we have been inundated with information overload, changes in policy, introduction of EPIC, and changes in RN responsibilities. Couple these changes with severe staffing shortages have left me with gaps of understanding which includes the PPM. I have heard of it, probably seen it in writing, but could not verbalize much on what it contains.” Comments like this beg the question “when is too much change, just too much?” and “when does change create a barrier to engagement?” As nurses are being asked to do more with less, there needs to be a watchful eye on what this culture is costing the organization. Storey, Linden, and Fisher (2008) support that PPMs are typically implemented in order to improve nursing professionalism. Kantar’s organizational empowerment theory provides a framework that explains how negative workplace behavior and attitudes impact outcomes such as increased turnover (Kanter, 1977). Although the researcher construed the survey comments as positive, a negative undertone might be perceived. Kanter’s (1979) structure of power refers to one’s ability to access and mobilize resources and information to successfully get the job done. This supports the concept of nursing management’s role in creating an environment that empowers nurses to provide outstanding care for their patients inside an environment that fosters professional practice and an effective working relationship (Lashinger, Gilbert, Smith, & Leslie, 2010).

**Education.** Currently, the healthcare organization is on a Magnet journey, which may be the perfect catalyst for reigniting awareness and education on the PPM and truly getting back to the basics. Based on the survey results and the written comments it is safe
to assume that the PPM and nursing strategic plan are not topics of conversation in the break room. However, the data showed that half the nurses surveyed requested additional education, which is a step in the right direction. The researcher did not perceive any negative comments regarding the model and no negative comments regarding any aspect of the model, just an overall lack of awareness, which in the researchers mind is a positive finding. The key moving forward is getting the information to the clinical nurse in a way that is reflective of nursing practice. The positive twist on the results of the survey is that education is easy and can be done in a variety of ways. Each nursing unit has a shared governance meeting whereby aspects of the PPM could be easily referenced to correspond with each activity and every initiative occurring on the unit. Even something as simple as a badge buddy outlining the components of the PPM could have a huge impact on awareness. Unit huddles could focus on one aspect of the PPM per month and use a consistent method of communication to share the focus. Senior leadership rounding could also be used as a positive way to educate the staff. Simply asking the question “tell me about one aspect of the PPM and how you use this to help care for your patients” may increase awareness of the purpose of the PPM.

**Research.** Implications for nursing research based on this study are numerous. An intervention of additional education and awareness along with an additional post survey may be a positive venture especially as the organization pursues the Magnet status. This study sheds light from a nursing perception that too much change could be construed as a barrier to individual knowledge of the PPM. It may be beneficial for senior leadership to monitor the amount of change happening at the bedside so nursing staff does not lose site of the pursuit of connecting with patients and their families to
provide excellent care that yield better outcomes. Who, at the senior level has a pulse on
the clinical nurse, the beating heart of the organization? Comments like “I don’t have
time to focus on models of nursing” should not be taken lightly by administration and be
considered as an opportunity to reflect and review the initiatives placed on staff. The
purpose of the PPM is to be used as a framework by which bedside nurses provide care.
Subcategories such as professional development and evidence base practice as well as
shared governance and optimal outcomes are typical phrases we hear from leadership and
clinical nurses. However, additional research is needed to identify the disconnect
between nurses’ perception and knowledge of the PPM and an overall connection of
practice to the PPM. Additional research may show that daily reflection of the PPM in
huddles or some other type of communication tool, may not only increase awareness, but
also increase overall job satisfaction.

A more in depth qualitative study may assist in gaining further insight into nurses’
perceptions of the PPM. In this study, the researcher asked a small bank of true/false
questions with the purpose of gaining an initial perspective into the nurses’ current
knowledge of the PPM. The data clearly indicated that the majority of nurses knew of
the PPM, however were unable to describe any of it elements. A qualitative study may
also assist nursing leaders as to how additional education would be best served. For
example, most units utilize shared governance and unit based council meetings. This
would not be an area that nursing leaders would need to spend their efforts with
education, however, using shared governance meetings might be one place to start with
an educational roll out.
A long term strategic plan managed by a committee composed of administrative leadership, unit managers, and clinical nurses might be helpful to track the progress of the impact of additional education on the elements of the PPM. This committee would focus on the areas that need improvement or additional education and work together to provide this in a way that impacts the clinical nurse’s understanding of how to better utilize the PPM and provide better care to their patients. A longitudinal study would be able to track this progress and show the impact of the PPM and focus on the areas needing the most improvements.

**Conclusion**

This study not only highlighted the importance of a nursing PPM but it also helped link the PPM to the organization’s nursing strategic plan. Not unlike any other organization, this study reflects the need for constant surveillance so that great initiatives are not lost in the day-to-day work that runs the organization. In addition, this study points out that simple exposure to the nursing strategic plan and the structure of that plan is not enough. Terms like nursing excellence, optimal outcomes, creative innovations, and evidence based practice are frequently spoken within the walls of healthcare organizations but rarely linked to their PPM. Once a link is established between the elements of the PPM and bedside care, nurses would be able to put the “why” behind the “what” we do for their patients every day. A heightened awareness focusing on important nursing strategies must continuously stay on the radar of those who can benefit the most.
REFERENCES


APPENDIX A

Chief Nurse Executive Permission
January 6, 2014

To Whom It May Concern;

I am writing this letter in full support of the research proposal by Mrs. Susan Zimmermann BSN, CNRN. The title of her research is "The Effect of a Professional Practice Model on Clinical Nurses' Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical Surgical Units". I understand that Mrs. Zimmermann is a graduate student in Kennesaw State University's WellStar School of Nursing program. Mrs. Zimmermann is conducting this research study to complete her thesis requirements for a Master's degree in Advanced Care Management and Leadership with a Health Policy concentration.

I fully support Susan in conducting the research on the units specified in her study at WellStar Kennestone Facility.

WellStar believes in being a lifelong learner and supports team members pursuing advanced degrees. We are proud of Susan's accomplishments and look forward to using her results to provide a better working environment for our employees.

Sincerely,

Laura Caramanica, PhD, RN, CENP, FACHE, FAAN
Vice President & Chief Nursing Officer
WellStar Kennestone Hospital
APPENDIX B

Consent Form
Kennesaw State University

Nurse Informed Consent

Research Title: The Effect of a Professional Practice Model on Clinical Nurses’ Perceptions of Their Practice Environment and Job Satisfaction on Medical and Medical Surgical Units.

Principal Investigator: Susan Zimmermann BSN, CNRN

Faculty Advisor: Patricia L. Hart, PhD, RN

I am seeking medical and medical-surgical nurses to participate in a research study. The purpose of this study is to examine the effect of a professional practice model (PPM) on clinical nurses’ perceptions of their nursing practice environment and job satisfaction. Secondly, this study will touch on clinical nurses’ perceptions of the PPM through survey questions focusing on elements of the PPM. Inclusion criteria to participate in the study include: 1) 18 years of age or older, 2) a registered nurse employed at the hospital and works in a medical or medical-surgical nursing unit, 3) able to speak and read English, and 4) a willingness to participate and complete the study questionnaires.

The research questions for the study are:

1. What is the effect of a PPM on clinical nurses’ perceptions of their practice environment and job satisfaction?

2. What are medical and medical-surgical clinical nurses’ perceptions of the PPM?

Procedures: If you decide to participate in this research study you will be asked to complete a short demographic questionnaire consisting of 5 questions. Additionally, you will be asked to complete 8 questions that will address your knowledge and
understanding of the nursing PPM. Lastly, you will be provided an area to make any
comments you feel would help the researcher understand your perception of the
healthcare organization’s nursing professional practice model.

**Risks:** There are no physical risks for taking part in this study.

**Benefits:** There is no direct benefit to you for participating in this study. With the
information provided it is possible the researcher will identify areas whereby additional
education may benefit staff as a whole.

**Incentives:** If you choose to participate in this study, you will add to your units’
percentage rate of participation. The unit with the highest participation rate will win a
pizza party.

**Confidentiality:** The results of the research study will be kept confidential and reported
in group form without any identifying information. No participant will be identified
personally. The information you provide will only be shared with the individuals that are
directly involved with the research study. You maintain all of your rights while
participating in this study.

**Voluntary Participation/Withdrawal:** Participation in research is voluntary. You have
the right to refuse to participate in this study. You have the right to change your mind at
any time during this study and maintain the right to drop out at any time.

**Data Security:** Data obtained from this study will be maintained on a jump drive and
secured in a locked file cabinet at the researcher’s office. Only the researcher,
researcher’s faculty, and statistician will have access to the data. At the end of the study,
the data will be secured at the healthcare organization’s Center for Nursing Excellence
for a period of 3 years and then destroyed. Data will not be shared with any person(s) within the healthcare system that is not associated with this study.

**Contact Information:** If you have any questions or concerns about this study, you may contact the principal investigator: Susan Zimmermann BSN, CNRN @ susan.zimmermann@wellstar.org, 770-793-5511

**Institutional Review Board:** Research at Kennesaw State University that involves human participants is carried out under the oversight of the Institutional Review Board (IRB). Feel free to contact the IRB with any questions or concerns regarding the protection of your rights. The contact information: Institutional Review Board, Kennesaw State University, 1000 Chastain Road, Kennesaw, GA 30144. Phone contact: (678)797-2268
APPENDIX C

Demographic Form
Demographic Questionnaire

1. What is your age in years? ________________

2. How many years of nursing experience do you hold? ________________

3. How many years have you been employed at WellStar? _______________

4. Please choose the highest nursing degree you hold?
   - Diploma RN
   - Associate
   - Baccalaureate
   - Master’s
   - Doctorate

5. Are you currently certified by a national organization? (example: CCRN,
   CNRN, CEN) □ Yes  □ No

6. What is your gender? Check one
   - Female
   - Male

7. What is your race/ethnicity?
   - White/Caucasian
   - Black/African American
   - Hispanic/Latino
   - Asian or Pacific Islander
   - Other please specify ________________
APPENDIX D

Professional Practice Model Perception Questionnaire
**Professional Practice Model Perception Questionnaire**

The following questions will address your perception of the healthcare organization’s Nursing Professional Practice Model (PPM). Circle the appropriate response to each statement.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am aware that this healthcare organization has a nursing professional practice model.</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>2. I am aware that the Nursing PPM helps guide nursing care for our patients</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>3. I can describe the PPM along with naming some or all of the 5 sub-groups</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>4. I feel there are areas within my daily work routine that are not addressed or needs to be addressed by the Nursing PPM.</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>5. I would like more education and information regarding our Nursing PPM.</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>6. I understand how the PPM may be used.</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>7. I have a thorough knowledge of our Nursing PPM, however I feel my colleagues would benefit from additional education on our PPM.</td>
<td>False</td>
<td>True</td>
</tr>
<tr>
<td>8. Overall, I am satisfied with our Nursing PPM at this healthcare organization.</td>
<td>False</td>
<td>True</td>
</tr>
</tbody>
</table>

Comments:
APPENDIX E

Recruitment Flyer
Attention all clinical nurses!

I am conducting a research study within Wellstar Kennestone healthcare facility that will examine the effect of our Professional Practice Model (PPM) on nurses’ perceptions of their practice environment and job satisfaction. This research study is in partial fulfillment for the requirements of my graduate program in Healthcare Leadership and Nursing Administration at Kennesaw State University’s School of Nursing Program.

To be eligible to participate in this study, you must meet the following criteria:

1. Be a registered nurse employed by Wellstar healthcare system and work on a medical or medical surgical care unit providing care to patients
2. Able to speak and read English language
3. You must be willing to participate and complete the study questionnaires

Choosing to participate will require you to complete a short demographic questionnaire and a PPM perception questionnaire. Completing these two brief questionnaires will take approximately 5 minutes. Additionally, if you choose to participate, you will increase the chances of your unit winning a pizza party. The unit with the highest participation rate will be awarded a pizza party! Communication of unit percentage participation will be done via unit manager and myself.

If you are interested in participating in this research study, you will find a nurse research packet available in your break room. Complete instructions are included in the packet. Please complete the questionnaire and place in the envelope provided. Please seal and place the envelope in the designated research box also provided in your break room. I will come by once a week to empty the box. All information will be kept confidential.

Should you have any questions about this study, please contact Susan Zimmermann @ 770-793-5511 or email at susan.zimmermann@wellstar.org

Thank you in advance for your participation in my study.

Susan Zimmermann BSN, CNRN
Program Manager Neurosciences
Wellstar Kennestone Regional Medical Center
Appendix F

Nursing Research Committee Approval
Dear Ms Zimmermann,

Study Number: 14-03
Study Title: The effect of a professional practice model on clinical nurses’ perceptions of their practice environment and job satisfaction on medical and medical-surgical units?

Your research proposal has been approved by the WellStar Nursing Research Committee, and you may begin your study. Please send a copy of Kennesaw’s IRB approval once it is sent to you. Any changes to the study must be reported promptly to the Nursing Research Committee for approval.

A 12 month Progress Report (attached) is due in February, 2015 unless the study is closed before that date. At the completion of the study, please schedule a date to report the results of your study to the Nursing Research Committee.

Please contact me if you have any questions or need additional information.

Sincerely,
Jayne Petefish

Jayne Petefish  MS, ACNS-BC, CCRN
Chair
Nursing Research Committee
WellStar Health System
Center for Nursing Excellence
Phone  740-245-1619
Cell: 770-380-9267
Fax 678-337-7495
Jayne.petefish@wellstar.org
Appendix G

IRB Approval
Study 14-318: The Effect of a Professional Practice Model on Clinical Nurses’ Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

From: irb@kennesaw.edu

Subject: Study 14-318: The Effect of a Professional Practice Model on Clinical Nurses’ Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

To: susan.zimmermann <susan.zimmermann@wellstar.org>

Cc: irb@kennesaw.edu, phart@kennesaw.edu

2/25/2014

Susan Zimmermann, Student
WellStar Health System, Medical Imaging

RE: Your application dated 2/24/2014, Study #14-318: The Effect of a Professional Practice Model on Clinical Nurses’ Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

Dear Ms. Zimmermann:

Your application for the new study listed above has been administratively reviewed. This study qualifies as exempt from continuing review under DHHS (OHRP) Title 45 CFR Part 46.101(b)(2) - educational tests, surveys, interviews, public observations and (4) - collection or study of existing data. The consent procedures described within your application are in effect. You are free to conduct your study.

Please note that all proposed revisions to an exempt study require IRB review prior to implementation to ensure that the study continues to fall within an exempted category of research. A copy of revised documents with a description of planned changes should be submitted to irb@kennesaw.edu for review and approval by the IRB.

Thank you for keeping the board informed of your activities. Contact the IRB at irb@kennesaw.edu or at (678) 797-2268 if you have any questions or require further information.

Sincerely,

Paula Strange, Assistant Director for Research Compliance
KSU Institutional Review Board Administrator
From: irb@kennesaw.edu

Subject: Study 14-318: The Effect of a Professional Practice Model on Clinical Nurses' Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

To: susan.zimmermann <susan.zimmermann@wellstar.org>
Cc: irb@kennesaw.edu, phart@kennesaw.edu

(Corrected letter - revision to dates of data to be reviewed)

February 27, 2014

Susan Zimmermann, Student
WellStar Health System, Medical Imaging

RE: Request for Revision to Exempted Study, Study #14-318: The Effect of a Professional Practice Model on Clinical Nurses' Perceptions of their Practice Environment and Job Satisfaction on Medical and Medical-Surgical Units

Dear Ms. Zimmermann:

I have reviewed your request for revisions to the exempted study listed above, which involves the following change to the protocol: Revision of secondary data dates to be reviewed (from 2009-2012 to 2009-2011). This study continues to qualify as exempt from review under DHHS (OHRP) Title 45 CFR Part 46.101(b)(2) - educational tests, surveys, interviews, public observations. You are free to conduct your study as approved.

Please note that any further proposed changes to the study must be promptly reported and approved prior to implementation. Contact the IRB at (678) 797-2268 or irb@kennesaw.edu if you have any questions or require further information.

Sincerely,

Paula Strange, Assistant Director for Research Compliance

KSU Institutional Review Board Administrator