Theory-Driven Evaluation of a Multi-site Nursing Professional Practice Model

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**Background:** A large Mid-western hospital system has had a professional practice model in place since 2003. Previous model evaluations lacked structure and failed to provide enough information to make necessary revisions as changes in health care occurred and nursing practice evolved. The graphic representation of the model did not fully depict how the components should guide nursing practice. A work group was sanctioned by the Nursing Practice Council to determine the relevance of the extant practice model, identify needed revisions, and establish a structure and recurring evaluation cycle for the model.

**Action:** Based on a review of the literature, the only theory driven evaluation of a nursing practice model used the Multi-Attribute Utility Theory to guide the work. That theory allowed for attributes of nursing practice to be identified and for the development of a numeric statement of utility by weighting the attributes. The work group agreed that the same theory would provide the needed structure for evaluation of the organization’s nursing practice model. An engineer/researcher in an academic setting who was an expert in applying the theory was consulted at key points during the evaluation. The model was explored from three perspectives using both qualitative techniques and a non-experimental, prospective study. Clinical narratives, nursing concept analyses, and 1:1 leadership interviews were used to identify potential model attributes. Additionally, a study (N=110) using the Patient Activation Measure and Patient Perspective of Patient-empowering Nurse Behaviors Scale was conducted to elicit the patients’ perspective of which nurse behaviors were more likely to increase patient engagement and patient activation.

**Outcomes and Takeaways:** The clinical nurse narratives and concept analyses validated some of the extant model components (patient-centered, collaboration, competence, efficient). Some model components were updated with current definitions and terminology. Leadership interviews provided new model components such as compassion, innovation, and presence. A linear regression analysis, of the patient data revealed the patient need for the nurse to provide opportunities to participate in decision making about their plan of care F(2,105)=9.941, p=.004. Findings of the linear regression analysis also indicated that patient activation declined with each year of age, p=.006. All perspectives were valuable in creating a new model that recognized practice attributes, nursing essential actions, supportive components and professional practice outcomes. A 3-year model evaluation cycle was established using the same methodology to allow comparison of data over time.