Decisional Involvement and Professional Practice: Relation and Outcomes

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BACKGROUND

Associated with implementation of an electronic clinical documentation system, Lehigh Valley Health Network (LVHN) adopted the Clinical Practice Model (CPM) Framework™. This model depicts components within which mastery is ideal for organizations to become the best places to give and receive care.

METHODS

The Professional Practice Framework Assessment Survey (PPFAS, 65 items) and Shared Governance Decisional Involvement Assessment (SGDIA, 15 items) were used to assess professional practice and shared governance, respectively. The primary aim is to understand the relationship between shared governance, professional practice and outcomes. Potential respondents included RNs, technical and other interprofessional staff who provide direct care in a 1040 bed tertiary, Magnet® hospital in Pennsylvania.

RESULTS

Two demographics were found to have a statistically significant difference in scores for shared governance involvement: unit worked predicted 10.4% of the variance of shared decision making while shift worked predicted 2.1% for a total of 12.5% explained variance. While none of the demographics demonstrated relationships to professional practice, the involvement in shared decision making predicted 45.7% of the professional practice variance. Lastly, professional practice predicted 1.9% of the variance for intent to stay (See Figure 1).

DISCUSSION

This is the first of two measures in this time series study of shared decision making and professional practice. As hypothesized, shared decision making has a significant impact on the professional practice score. Also supported was the hypothesis that shared decision making and professional practice would increase scores for intent to stay.

References: