

## Co-designing an interprofessional practice model as part of Magnet implementation in a university hospital

### Background

One of the challenges for hospitals aiming to implement Magnet® principles is the development of a professional practice model (PPM)<sup>1</sup>. A PPM is a the overarching conceptual framework for nurses, nursing care and interprofessional patient care that depicts how nurses practice, collaborate, communicate and develop professionally to achieve the highest quality outcomes<sup>2</sup>. Using a PPM may improve patient outcomes, but has also been associated with improvements in job satisfaction, nurse-to-nurse interactions, nurse-physician interaction and retention<sup>3</sup>.

### Aim(s)

We aimed to develop an interprofessional practice model (IPPM) through shared governance to promote shared decision making on patient care units and between different care professionals in the University Hospitals of Leuven, Belgium.

### Methods

We used a multi methods qualitative approach. First, a brainstorm session was held with the 65 healthcare workers representing 15 different care departments that form the interprofessional advisory (IPA) board. The central question of the session was '*What are the necessary components enabling high-quality professional care*'. Second, after being advised on how to communicate with their team to facilitate discussion, all IPA board members discussed the same question within their patient care units to receive input from front-line clinicians. Lastly, three feedback rounds were held within the IPA board and the leadership advisory board to analyze all written input and finalize the IPPM.

### Results

The UZ Leuven IPPM consists of eight components accompanied by subcomponents which drive practice and is translated into the daily work on the patient care units. The eight (sub)components are: *communication* (having a warm, transparent and honest dialogue with each other, the patient and the environment), *research and innovation* (working together on quality improvement projects which are relevant for practice), *well-being* (creating a group feeling within a confidential place with attention and time for (ethical) reflection), *involvement* (having a positive feedback culture with empathic interaction for staff as well as the patient), *professional development* (attention for career opportunities, lifelong learning and development of individual talents), *collaboration* (multi- en interprofessional) *healthy work environment* (attention for ergonomics, infrastructure and staffing of healthcare workers) and *shared leadership* (motivating each other with attention for the individual and shared responsibility). The patient and healthcare worker are centralized in the IPPM.

Healthcare workers from the hospital were involved in the visualization of the IPPM. A guide and interactive sessions are being developed for the practical use of the IPPM at the patient care units.

### Discussion

The involvement of a variety of healthcare workers in the development of the IPPM via shared decision making is considered an essential component to become an ambassador in promoting the IPPM on the patient care units. The IPPM gives structures, processes and values that guides and supports healthcare workers in the delivery of high-quality patient care.

### Implications and future perspectives

Patient care units start implementing the IPPM within their practice in October 2023. Since every patient care unit has a different scope of practice, each patient care unit chooses its own points of attention. The implementation will start in different units and will be spread over the entire hospital the coming year.

## References

1. Doleman G et al. J Nurs Manag 2022; 30(7), 3519–3534.
2. American Nurses Credentialing Center. 2019 Magnet Application Manual; p39
3. Slatyer S et al. J Nurs Manag 2016; 24(2), 139-150.