

EMPIRICAL RESEARCH MIXED METHODS

Development of a Professional Practice Nursing Model for a University Nursing School and Teaching Hospital: A nursing methodology research

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Abstract

Aim: The aim of the study was to describe the process of developing a Professional Practice Model by a Nursing School and Nursing Department of University Hospital.

Design and Method (s): This is a descriptive nursing methodology research, developed along three stages: preliminary, empirical and validation. The empirical phase used qualitative and quantitative methodology. 28 teachers from the nursing school and nurses from the hospital participated. We defined the elements of the nursing meta-paradigm from narratives and focus group. Then, we extracted propositions regarding the nature of nursing from the relationship between the meta-paradigm elements, which concluded in the core elements.

Results: The core elements of this nursing professional practice model are nursing seeks the well-being of the person, family or group; nursing is total and global, person-centred; nursing is compassionate; nursing entails up-to-date, quality scientific, technical and human competencies; nursing is delivered in a teaching hospital environment, with a Christian ethical perspective.

KEYWORDS

nursing care, nursing models, patient care management, professional practice, teaching hospital

1 | INTRODUCTION

Until recently nursing science was based mainly on biological, medical and social science theories. A biomedical approach to nursing practice, focused on medical diagnosis and treatment and makes it difficult to delve into aspects of special interest for the development of nursing knowledge and practice. The development of nursing models in the last century has made the human person more visible as the centre of care. These models propose new foundations for

the elaboration of nursing theories from a human approach, considering the nurse–person relationship as part of the knowledge of the profession (Boz & Kaya, 2019). Our university considers professional models important for nursing.

Stalling-Weldon et al. (2016) define a Practice model as “...frameworks or systems that uphold and define the professional practice of nursing in an organization. Ideally professional practice models provide structure for nursing practice that is consistent with professional values, create meaning for nurses, and offer benefits to

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patients and families. Such models help nurses feel connected to their own professional values, see the link between their own practice and the work of the institution, and showcase nursing's contribution to health care" (Stalling-Weldon et al., 2016, p. 4).

The production of scientific evidence through the evaluation of models is necessary to sustain the growth and exercise of the nursing profession and, in the same way, contributes to a greater recognition of the social role of nurses and its impact on health and patient outcomes (Boz & Kaya, 2019).

The literature shows that the development and implementation of nursing professional practice models represents an important challenge, which, once achieved, provides the basis for an excellent professional practice (Figueredo-Borda et al., 2019). The evidence reveals that models also contribute to reducing adverse events and missed care and improve job satisfaction in nurses (Havaei et al., 2019; Sohal, 2020).

Such is the relevance of models in nursing practice that they are an element for Magnet certification of the American Association of Colleges of Nursing (AACN). Models provide nurses with the authority and responsibility to deliver direct care. Furthermore, nursing models contribute to the continuity of care, this being one of the pillars of Magnetism, as part of the element exemplary professional practice (Kaplow & Reed, 2008).

For the construction of a model, it is necessary to have the intention and willingness to capture the essence of the nursing that we expect to teach intend to practice in our health institution. Secondly, as nurses we need to document the model, to finally proceed according to its guidelines. To implement a sustainable model over time, nursing managers must display a persistent leadership which promotes the identification of nurses with the model and its integration into daily practice (Duffy, 2016).

On the other hand, a model provides the nursing curriculum with the general guidelines regarding teaching-learning strategies and contents and offers an extraordinary view for nursing education (Rusch et al., 2018). According to Meleis in Moreno (Moreno, 2005) knowledge acquires its real meaning when students can test it and transfer it to clinical practice. It is essential that nursing programmes have a clear reference, which facilitates the alignment and development of the curriculum courses. It is possible to suggest that students will benefit from such a curriculum, gaining the necessary competencies to perform with excellence, according to the demands of the environment.

The training of nurses in this country grants a bachelor's degree and a professional title after 10 semesters of study in most universities. However, in Chile, the construction and implementation of nursing professional practice models in universities or health institutions is practically unknown.

The School of Nursing of this University has a history of 28 years, it is accredited with the maximum number of years according to the National Accreditation System. The teaching hospital, accredited by the Ministry of health since 2017, has been active for seven years. Since the beginning nursing centred on the person and family influenced both institutions.

The aim of this study is to describe the process of developing a Professional Practice Model in nursing that guides teaching and practice in search of improving safety and high-quality care in a university and its hospital in Santiago, Chile.

2 | METHODS

2.1 | Design

Descriptive design. This Nursing Methodology Research, included three stages:

2.1.1 | Preliminary stage

Need for a model

The School of Nursing awareness' of the academic contribution of a nursing model, merges with the need of the nursing department of the hospital to make visible and further define nursing practice based on institutional principles. In addition, both groups seek to consolidate the integration between teaching and clinical practice.

To develop the model, it was necessary to constitute a task force with experience in research and in the academic and clinical area, ideally with postgraduate training. The final group consisted of 8 researchers, with an average of 26 years of work experience, 80% with a master's degree and one pursuing a doctoral programme. Three are professors of the School of Nursing, one is professor at Universidad de La Sabana, Colombia and four, work in our University. The task force worked regularly 3 hours a week between 2018 and 2021, where progress was made on the milestones of the research plan according to the defined Gantt chart.

Literature review

We included in our revision theories and conceptual models elaborated by Leininger, Roy, Newman, Henderson, and Watson, Peplau, Travelbee and Duffy (Parker & Smith, 2010), because these approaches coincide with our vision of nursing; however, we considered them insufficient to guide practice in our institution. We examined methods to construct a model of nursing by accessing Wiley Online Library, Elsevier, CINAHL, Health Source: Nursing/Academic Edition, PUBMED. These databases were chosen because they allowed access to a large number of nursing publications. The researchers studied the Chilean nursing legal framework, the sanitary law, the health and education institutions accreditation system, the Magnet® Certification and the philosophy of the University (Quezada, 2019).

2.1.2 | Empirical stage

The empirical phase used qualitative and quantitative methodology (Appendix S1: STROBE guideline and Appendix S2: SRQR). We used

a qualitative methodology under the participatory and interpretive paradigm and defined the four elements of the nursing meta-paradigm (Person, Nursing, Health and Context). Teachers from the nursing school and nurses from the hospital participated in the elaboration of these definitions. We considered them as key informants due to their different roles as managers, bedside nurses and teachers of different subjects and with different time of permanence at the school or at the hospital. We then applied a questionnaire of 4 open questions. In the first question, they were asked to report an exceptional situation/experience of care (Table 1), with this information we carried out an analysis of the narratives of the text.

Then, with the same objective and inclusion criteria, we selected another professional from both institutions selected, who participated in a focus group. The NVivo® program for the qualitative analysis of the narratives and opinions helped us in the analysis. Subsequently, the researchers extracted nodes or basic units of analysis from these documents and, through an inductive process, elaborated the emerging categories. Through an inductive analysis of the emerging categories, we defined the four concepts of the meta-paradigm. The next step was to link the four elements in a matrix that produced different propositions. Then, we invited the key informants to prioritize the propositions according to importance and governance for nursing, on a rating scale of 1–5, where 1 is the least important and uncontrollable and 5 the most important or totally controllable. Then, we calculated the median and selected all propositions that scored above the median. Finally, we defined those that best-reflected nursing for both institutions. For the analysis quantitative, we used Excel version 2016.

Once we defined the propositions and concepts of the meta-paradigm, based on the information provided by the study participants (Emic component) through a deductive analysis process, we defined the central elements of the professional practice model, with an external expert corroboration (Etic component; Corona & Maldonado, 2018).

For each central element, we created dimensions, strategies, activities and process/result indicators for the application of the model in the hospital. In the case of the school, learning objectives, we defined strategies and indicators at the different levels of the curriculum for the teaching and evaluation of the model.

2.1.3 | Model validation stage

In the last stage, we contrasted the concepts and propositions of the meta-paradigm with the philosophy of the university. Our research group internally validated the central elements, dimensions and indicators to confirm the relations between the model and the mission of the School of Nursing and of the University Hospital. Additionally, the key informants, faculty members and school managers performed a validation process. Finally, the model was approved by seven academics with knowledge on the subject of theories and development of nursing models applied to practice, from the universities that share our philosophy, from Colombia, Argentina, Mexico, Spain and Italy. We made adjustments to the Model following their suggestions.

It was necessary to socialize the Model, to create a diagram and a claim regarding its central elements. Both the diagram and claim were validated by members of the school of nursing and the hospital.

2.2 | Ethical considerations

We developed this study as part of the hospital's continuous improvement framework on patient safety and quality of care. It was authorized by the hospital managers and did not require approval from the Scientific Ethics Committee (Cortés, 2019). The professionals participating in the study signed an informed consent and authorized the recording of the focus group.

TABLE 1 Survey for nurses applied for the development of the PPM

Questions

1. Please report an experience of nursing care during your life that left you very satisfied with your professional performance.

2. What elements of this nursing care experience do you consider the most valuable? List at least three.

3. What did you learn from that experience? Point out the most important lessons.

4. Please identify the following in that experience:

(a) Who was (were) the subject(s) of care?

(b) What context did you take into account when caring?

(c) What was your role as a nurse?

(d) What was the ultimate goal of the care you planned and delivered?

3 | RESULTS

3.1 | Preliminary phase

3.1.1 | Literature review

The literature review showed that nursing models are theoretical guidelines that can lead thought and action in clinical practice, and their usefulness depends on the satisfaction or benefit obtained through their application (Carvajal-Hermida & Sánchez-Herrera, 2018; Moreno, 2005).

Models promote professional autonomy and help improve nursing care at an institutional level (Holskey & Rivera, 2020; Moreno, 2005). Several authors described different methodologies to build nursing PPMs (Ariza, 2016; Favero et al., 2019) agree that construction must begin with the analysis and definition of the theoretical components, through the review of the conceptual framework, of the general concepts that guide the central phenomenon of the discipline and a philosophical review based on the human person. In this stage, as (Ariza, 2016) and (Favero et al., 2019) explained, it is necessary to consider the essence of nursing, with the resulting strengthening of its theoretical core, including the analysis of concepts, propositions and elements defined from the beliefs, values, principles, norms and clinical experience (Ariza, 2016; Favero et al., 2019). Finally, our group elaborated the functional component which included nursing interventions and metrics (Ariza, 2016).

This University seeks to deepen the knowledge of all areas of science and contribute to the comprehensive education of its students, promote academic dialogue, a job well done and the desire to serve society, among whose principles are the dignity of human person, the right to life of every human being, the freedom of man to orient himself towards the good, according to his conscience, his social vocation, the primacy of the common good and freedom of association, research and teaching. The University Hospital bases its practice on these values, emphasizing the focus of the patient and the family, a job well done and the spirit of service.

Finally, our group studied the Chilean Health Code, which recognizes the functions of the nursing role and establishes that the professional services of the nurse include the management of care in relation to the promotion, maintenance and restoration of health and the prevention of diseases or injuries and the execution of actions derived from the diagnosis and medical treatment and the duty to ensure the best administration of the assistance resources for the patient (Ministerio de Salud. Departamento de asesoría Jurídica, 1968). This regulation served as the framework for the proposed model.

3.2 | Empirical phase

Twenty-eight teachers from the nursing school and nurses from the hospital participated in the study, of them 12 professionals from

both institutions answered the questionnaire in writing and 16 participated in a focus group. Subsequently, our group invited 15 of the 28 participants to prioritize the propositions according to importance and governance for nursing. The analysis of the focus group and of the reports in writing of an exceptional situation/experience of nursing care resulted in the descriptions of nodes. The grouping of the nodes created 19 emerging categories, all of them within the framework of social justice according to our institutional philosophy. We then associated these categories with corresponding concepts of the meta-paradigm. Then, we defined the four concepts of the meta-paradigm of the nursing model as shown (Table 2).

The relationship of the emerging categories of each of the four concepts of the meta-paradigm yielded 66 propositions which we arranged according to the score obtained and associated to each concept. Twenty-six propositions scored above the median (4.5). Of these 26, the researchers chose the 16 which best reflected the nature of nursing in this University (Table 3), to define, strategies and metrics.

Five core elements were identified by our group: 1. nursing seeks the well-being of the person, family, or group; 2. nursing is total and global, person-centred; 3. nursing is compassionate; 4. nursing entails up-to-date, quality scientific, technical and human competencies; 5. nursing is delivered in a teaching hospital environment, with a Christian ethical perspective. This process with its results is observed in Figure 1.

For each central element and dimensions, we defined strategies, activities and outcomes. Finally, our group constructed the diagram and the claim representing the nursing professional practice model (Figure 2).

For the element "Nursing seeks the well-being of the person, their family or group," the dimensions were perceived well-being, accompaniment, perception of value and human contact. For "Total and global care centred on the person" our group considered the dimensions: person as a unique and transcendent being and care delivered with a global and total approach. For "Compassionate care," we considered the compassionate care dimension. For "Reflective up to date excellence competences: scientific, technical and human," we considered the technical and updated scientific reflective competencies, human and updated reflective competencies and updated research competences dimensions. For "The teaching care environment with a Christian ethical perspective," we considered the dimensions of teaching, teamwork, physical environment, spiritual and sociocultural context. For each dimension associated with the core elements, we defined indicators to measure the application of the model.

4 | DISCUSSION

The nursing professional practice model developed by the Hospital and School of Nursing members arises from the need to guide, make visible and specify nursing practice, based on the values and principles that relate to the mission of the institution, in addition

TABLE 2 Meta-paradigm concepts of the nursing PPM

Concept	Definition
Person	<p>The subject of nursing care is the person and his/her family, or a group of people, who may be in a vulnerable condition, with care needs that are associated with their health situation.</p> <p>The person is unique, total and transcendent in their physical, psychological, spiritual and sociocultural dimensions and must be cared for considering their identity, the stage of their life cycle, their situation and their particular context, their way of communicating and their lifestyle. Subjects of care are subjects of rights, whose dignity and freedom must always be respected. These subjects receive care services to promote health, during treatment and recovery or in the process of death.</p> <p>Caregivers can make sense of their experience of health, illness or death and find in it an opportunity to grow. As whole beings, they are affected by suffering that is often associated with feelings of fear, anxiety, rejection or guilt, which must be alleviated.</p> <p>The family, made up of one or more members, is usually the main caregiver of the person facing illness or vulnerability. This family can be affected in multiple dimensions by the processes experienced by one of its members. Sometimes this family lacks the knowledge required to adequately meet the care needs of their loved one.</p> <p>The subject of care can be a group that shares specific health situations, a risk, or a condition of vulnerability and that requires nursing care to promote and maintain health, prevent disease and to strengthen their capacity to care.</p> <p>As human beings, the nurse, the health team, the training team and the students need to be cared for</p>
Nursing	<p>Nursing is the discipline and profession that seeks to respond to the needs and expectations of a subject's care, with criteria of humanization and scientific-technical competencies, based on the best available evidence. Its practice is carried out through a systematic process of assessment, diagnosis, planning, intervention and evaluation. Sustained in a holistic, Christian ethical perspective, it seeks to understand the person in their unique and transcendent nature, and in his/her experience as a patient, family or community group.</p> <p>The role of the nurse contemplates the management of care in all phases of the life-death and health-disease process. For this the nurse accompanies, advises, educates; investigates and exercises leadership in healthcare issues. Nursing care management considers the actions derived from medical diagnosis and treatment; and the duty to safeguard the best administration of patient support resources. It contemplates the generation of new evidence in nursing, teaching in the classroom and in clinical practice. Nursing requires a vocation that is expressed in respectful, compassionate, affectionate and joyful care. It prioritizes the subject of care, accompanies him in decision-making and helps him grow as a person, through the search for meaning in his health experience. In turn, reflective practice allows nurses to grow in their human and professional condition</p>
Health or Goal of Nursing	<p>The goal of nursing care is to seek, in conjunction with the patient, family or community group, their well-being throughout life and in the process of death. To do this, nursing responds to changes in the needs of the subjects of care and contributes to their maintaining their health, supporting them in their recovery and helping them to heal.</p> <p>Nursing seeks to help the subjects of care find meaning in the health-illness/life-death situation that they face and, in this process, grow as a human being.</p> <p>It is part of the well-being that the subjects of care feel respected and dignified in their corporality, affectivity, spirituality and in their sociocultural dimension; That they feel accompanied and perceive that care is delivered in a personal, timely manner, with love and an aesthetic sense, through a job well done, even in the small details</p>
Context of caring (environment)	<p>For our non-profit institution, person-centred and Christian inspiration, the context of care considers a physical, relational and family environment, in which safety and quality are prioritized, considering focus on details.</p> <p>The context of caring at our teaching hospital is made up of personal, spiritual, affective, cultural and social dimensions, which are dynamic. This context can generate opportunities and risks that must be considered when caring for the person, the family or the group. In this sense, current health professionals and those in training must work as a team to respond to the needs of the subject of care, seeking to support their well-being. The context of nursing in our institution considers that both professionals and students provide care</p>

to consolidating the integration between professional training and clinical practice.

The professional practice of graduates trained in the light of this model will enable the transcendence of the vision of the university through the delivery of nursing care.

Some authors reinforce the importance of developing models to guide practice, nursing administration and the training of nurses (Carvajal-Hermida & Sánchez-Herrera, 2018; Meleis, 2012; Rusch et al., 2018; Younas & Quennell, 2019). Others have reflected on the dissociation between nursing theory and practice (Pérez & Amezcua, 2017; Piedrahita & Rosero, 2017). By guiding both teaching and practice concurrently, the model developed may contribute

to narrow this gap, allowing coherence between clinical practice and the education of students, which strengthens the joint work between the academy and the hospital. The proposed model provides a curricular orientation that favours the unification of objectives throughout a study plan and teaching methodologies, coinciding with what is stated by Moreno (Moreno, 2005). This model is innovative because it proposes tools for clinical practice and strategies for the curriculum.

This model is consistent with the methodology used for the development of the nursing PPM of the Universidad de La Sabana, Colombia (Arroyo-Marlés et al., 2018). Both models have multiple elements in common, such as placing the well-being of the patient and

TABLE 3 Propositions for each meta-paradigm concept

Metaparadigm concepts	Propositions
Nursing	<p>Continuous training in nursing favours quality standards</p> <p>Personal and professional fulfilment is achieved when nurses provide total care</p> <p>Reflective nursing practice promotes personal growth</p> <p>Vocation, together with technical, scientific and human skills, allow nurses to achieve the goals of care</p> <p>In the environment of a teaching hospital, nurses must model care with scientific-technical and human competencies</p>
Person	<p>The consideration of the human person as a unique and transcendent being, requires considering all dimensions of care</p> <p>Accompaniment at the end of life and supporting a good death are part of the objectives of nursing care</p> <p>Compassionate nursing care fosters effective support for the patient and family</p>
Health or Goal of Nursing	<p>It is a nursing goal that the subject of care feels accompanied and listened to</p> <p>The unique and transcendent condition of the human subject requires nurses to have technical, scientific and human skills to support them in meeting the patients' needs</p> <p>Patient and family deserve nursing care in accordance with the highest quality and safety standards</p> <p>Nursing care implies contributing to the well-being of the patient</p>
Context of caring (environment)	<p>For caring, nurses must consider the patient, family or group as their priority</p> <p>Nursing must respond to the needs of the subject, with a global approach that considers care focused on the unique, total and transcendent person</p> <p>Nurses must provide compassionate care considering the suffering of patients and family</p> <p>A nurse who cares with vocation focuses on personal, social, cultural, spiritual, emotional and physical context without neglecting any of them</p>

their family in the centre of nursing care, considering the person as a transcendent and worthy being with a Christian ethical perspective, in a teaching care environment. Both institutions share the same philosophy (Monge, 2005).

Unlike the model proposed by the Universidad de la Sabana, which is operationalized in moments of care, this model is put into practice in strategies and activities deriving from the dimensions described for each core element. It considers dimensions beyond clinical care and emphasizes nursing care in a training environment.

Other models have also focused on the patient and his family, with a humanized care (Abdelhafiz et al., 2016; Pérez-Vergara et al., 2021), highlight the importance of integrally considering the subject of care as a social being and not only as a subject affected by his health needs. They include the patient, his family or caregivers in decision-making both to improve the health situation, reintegrating the person into daily life, with the best possible conditions or accompanying him in a good death with humanized care (Pérez-Vergara et al., 2021).

This professional practice models has common elements with others (Slatyer et al., 2016): the centrality of care for patient and family (Carvajal-Hermida & Sánchez-Herrera, 2018; Pérez-Vergara et al., 2021), the scientific-technical competences of the nurse (Johnson, 2014; Meehan et al., 2018; Murphy et al., 2018; Yuedan et al., 2019), the consideration of the environment as an element that contributes to the quality of relationships and therefore to the delivery of care (Holskey & Rivera, 2020; Johnson, 2014; Sohal, 2020; Younas & Quennell, 2019) and taking into consideration the values central to the institution (Murphy et al., 2018; Yuedan et al., 2019).

Unlike other models that are based on existing theories, the fundamental elements of this model arise from the nursing vision of the institution's clinical and academic nurses.

These elements correspond to the components and characteristics that have the greatest value for them and which they consider most typical of the profession, a fact which provides support to the model especially since these coincide with the philosophy of the University.

A model strengthens nursing leadership since it represents an opportunity of moving forward, if it is encouraged through innovative attitudes in personal and group projects, and teamwork. Practising positive leadership is associated not only with positive consequences for the patient and the health institution but also for nursing, resolving conflicts and improving care management (Slatyer et al., 2016). The researchers think that a consequence of the implementation of a model is to motivate reflection and analysis of care, which encourages new research questions and can generate new nursing knowledge.

Theoretical knowledge used a systematic guide for critical thinking and decision-making strengthens nursing work. It improves the quality of care provided, helps organize patient data, decide the necessary nursing actions and provides care with expected results (Marriner & Raile, 2018; Rodríguez-Bustamante & Báez-Hernández, 2020).

Implementing this model requires establishing metrics for quality of given following the guidelines of the model, both in the School of Nursing for its teaching and in the hospital for practice.

It should be noted that only through the full implementation of the model, it will be possible to understand its applicability. The values that sustain this model are transcendent and do not change over time. However, as nursing science develops, and this institution grows over.

time, the dimensions, strategies and activities of this model may change, in other words, the operationalization of the model may vary to better reflect the nursing culture of the moment.

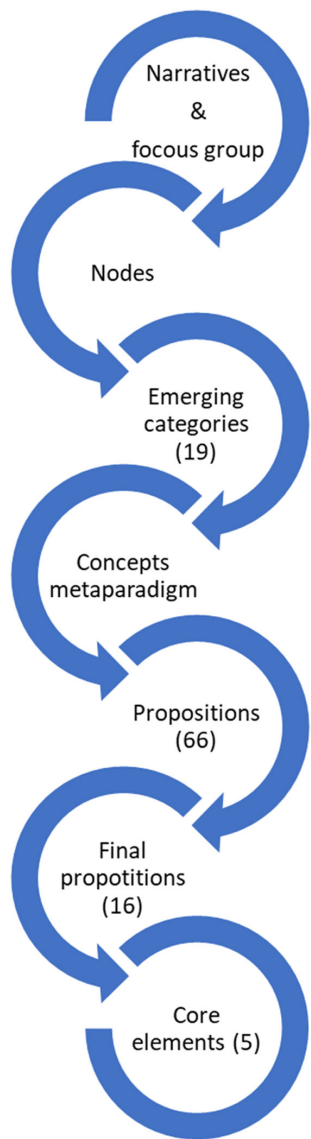
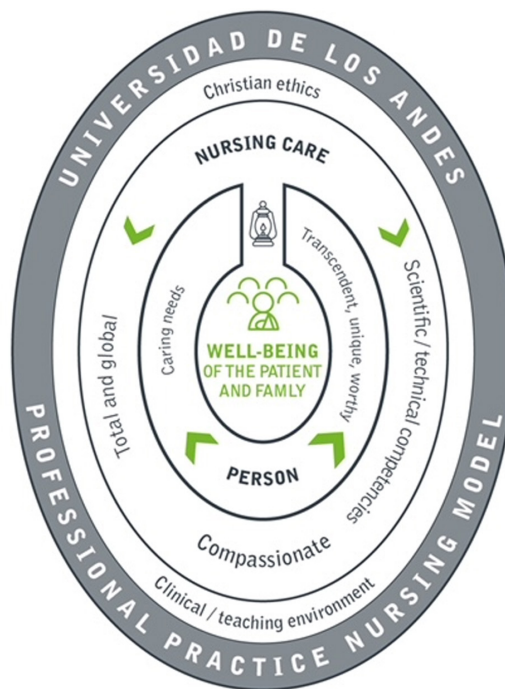


FIGURE 1 Empirical phase diagram

An exceptional nursing care is essential to ensure quality results. This is an important factor for retaining a committed workforce. A nursing model becomes more prominent than ever (Slatyer et al., 2016).

Although the model is developed based on fundamental aspects of our hospital and School of Nursing, it may have limitations in the total integration of other organizational aspects that affect its operation. Similarly, despite having been validated by clinical nurses and teachers, different conditions could be generated that would require validation over time. It should be noted that it will only be through its implementation that the model will materialize in its entirety to see its applicability.

Since our research assumes that the necessary knowledge to develop the model is found in the professionals themselves, as part of the qualitative research we used an interpretive paradigm with a phenomenological methodology and as a data collection method,



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FIGURE 2 Diagram and claim

surveys and interviews. Then, the results were validated with the participants, thus ensuring consistency between what they expressed, and the conclusions derived from the analysis.

5 | CONCLUSIONS

The development of this professional practice model is a response to the need to combine clinical and academic vision of nursing, to have a common guide for safe and quality care practice and training. The experience of collaborative work between clinicians and faculty is challenging and enriching for nursing.

The results of this study show that the participating nurses have a vision of nursing which is consistent with the philosophy of the institution.

Expert advice was important for this project, it facilitated and expedited the creation of the model, which does not search the elaboration of new concepts of the nursing meta-paradigm, instead it pursues to emphasize and define the existing concepts according to the institutional philosophy.

This is one of the few Chilean professional practice models published. This work can be a contribution for other institutions interested in developing their own nursing model, with the purpose of improving the quality and safety of the care provided.

The next step is to design of the implementation of the model in the teaching and clinical setting, defining processes and outcome indicators, for both the nursing school and the university hospital.

6 | RELEVANCE TO CLINICAL PRACTICE

This professional practice model may provide a starting point for discussion among other nursing leaders, clinical nurses and faculty, to structure a model that reflects their own culture and practice.

A nursing model allows establishing indicators for the continuous improvement of nursing care that promotes excellent clinical practice and better management. Initially, metrics increase the visibility of nursing care and subsequently, facilitate its continuous improvement. It encourages and visualizes person-centred nursing leadership, empowering the nurses within the health team and the community.

The creation and implementation of a model provides nursing managers with a distinct perception of the consistency between nursing practice and institutional values, transcending time and people.

ETHICAL APPROVAL

We developed this project as part of the hospital's continuous improvement framework for patient safety and quality of care. It was authorized by the hospital management and did not require the approval of the Scientific Ethics Committee (Cortés), because it did not involve individuals.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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