Findings from the Future of Nursing: Campaign for Action
Action Coalition Survey

January 29, 2016
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Kate Locke
Jared Raynor
Today’s Webinar

- Review findings of Action Coalition’s Survey conducted by TCC Group in 2013 and 2015
- Refine your understanding of coalition effectiveness by reviewing survey results.
- Dialogue with Evaluation Team members to explore tactics to improve coalition effectiveness.
- Q&A

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www.campaignforaction.org/webinars
Today’s Webinar Leaders

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Introduction
About the Survey

• TCC administered an online survey to all Action Coalitions (ACs) as a follow up to the 2013 survey.

• 1,036 Action Coalition participants from all 50 states and Washington, D.C. completed the survey.

• ACs distributed the survey themselves, so an exact response rate is not known.
Overall Campaign Opinion
Respondents perceptions on the overall Campaign

• Many respondents are clear on the goals of the campaign, though fewer are clear on the strategy.

• States perceive a strong value of the national Campaign overall, with room for improvement on specific activities.

• States continue to perceive a lack of opportunities for engagement with other ACs.

• State perception of fairness in grant support distribution has increased.
Outcomes
Since the Institute of Medicine report, what progress has your state made?

<table>
<thead>
<tr>
<th>Area</th>
<th>2013 National Mean</th>
<th>2015 National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of sufficient opportunities for academic progression.</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>Nurses working together**</td>
<td>76%</td>
<td>68%</td>
</tr>
<tr>
<td>Workplace policies benefiting academic progression for nurses.</td>
<td>61%</td>
<td>67%</td>
</tr>
<tr>
<td>Leadership opportunities for nurses**</td>
<td>53%</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Change from 2013 to 2015 was significant at a level of p < .01
Since the Institute of Medicine report, What progress has your state made?

<table>
<thead>
<tr>
<th>Area</th>
<th>National 2013 Mean</th>
<th>National 2015 Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased availability of workforce data.</td>
<td>63%</td>
<td>64%</td>
</tr>
<tr>
<td>Scope of practice legislation/regulation*</td>
<td>47%</td>
<td>57%</td>
</tr>
<tr>
<td>Diverse nursing workforce**</td>
<td>37%</td>
<td>57%</td>
</tr>
<tr>
<td>Public awareness of nursing workforce issues**</td>
<td>56%</td>
<td>47%</td>
</tr>
<tr>
<td>Relationships betw/nurses &amp; other professions**</td>
<td>49%</td>
<td>41%</td>
</tr>
</tbody>
</table>

*Change from 2013 to 2015 was significant at a level of p < .05
**Change from 2013 to 2015 was significant at a level of p < .01
Responses to, “What has had the biggest impact in your state regarding nursing in the last 5 years?”

<table>
<thead>
<tr>
<th>Response</th>
<th>% with Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education/academics</td>
<td>35%</td>
</tr>
<tr>
<td>Barriers to practice/scope of practice</td>
<td>18%</td>
</tr>
<tr>
<td>Legislation and politics</td>
<td>13%</td>
</tr>
<tr>
<td>Partnerships, relationships, &amp; collaboration</td>
<td>12%</td>
</tr>
<tr>
<td>Jobs or workforce issues</td>
<td>10%</td>
</tr>
<tr>
<td>Strong state or national initiative/s</td>
<td>7%</td>
</tr>
<tr>
<td>Major challenges still exist</td>
<td>7%</td>
</tr>
<tr>
<td>Another issue was mentioned</td>
<td>8%</td>
</tr>
</tbody>
</table>
## Degree to which Respondents Contribute Change to ACs

<table>
<thead>
<tr>
<th>Contributions from ACs</th>
<th>Less Contribution from ACs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing education stakeholders working together (59%)</td>
<td>Relationships between physicians and nurses (25%)</td>
</tr>
<tr>
<td>Nursing leadership organizations working together (59%)</td>
<td>Media coverage of nursing workforce issues (34%)</td>
</tr>
<tr>
<td>Leadership opportunities for nurses (53%)</td>
<td>Interprofessional Collaboration (36%)</td>
</tr>
</tbody>
</table>
Overall Demographics
The age breakdown reflects the greater challenges in the aging of the nursing workforce.

- Most respondents are in their 50s or older.

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How old are you?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013 Data nationwide</th>
<th>2015 Data nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>In my 30s</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>In my 40s</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>In my 50s</td>
<td>41%</td>
<td>36%</td>
</tr>
<tr>
<td>60 or older</td>
<td>37%</td>
<td>41%</td>
</tr>
</tbody>
</table>
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- The 2013 NCSBN survey found 53% of working nurses are 50 years old or older and the average age is 50.

- About 10% of respondents who answered the question about areas impacting nursing in their state cited the “aging workforce and population.”
Support Services
The effectiveness of each type of support service from the national campaign

<table>
<thead>
<tr>
<th>Most Useful</th>
<th>Least Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person meetings (88%)</td>
<td>Support in Fund Development (70%)</td>
</tr>
<tr>
<td>Learning Collaborative Conference Calls (85%)</td>
<td>CFA Newsletter (71%)</td>
</tr>
<tr>
<td>Strategic Planning Help (83%)</td>
<td>CFA Email Updates (73%)</td>
</tr>
</tbody>
</table>
State Priorities
Priority levels of six IOM recommendations on a scale of one (highest) to six (lowest).

• Education (26 states) and leadership (17 states) are top priorities of most (43) states.

• Most states did not list interprofessional collaboration and data were as high priority.

• Diversity was not highly-prioritized by any states.
The 30 states without full practice & prescriptive authority consider removal of barriers a higher priority.

- Data was also analyzed to determine the average level of support for specific IOM recommendations, by state.

- Ratings were recoded so that ascending numbers indicated a higher priority. For example, items coded as top priority were coded to have a score of 5, on a scale of 0-5.

**Average Priority of Removing Barriers**
(Higher number corresponds to higher priority)

<table>
<thead>
<tr>
<th>Priority Level (Scale 0-5)</th>
<th>States WITHOUT full practice &amp; prescriptive authority</th>
<th>2.8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>States WITH full practice &amp; prescriptive authority</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Action Coalition Capacity
Our coalition has moved beyond nursing and is focused on improving health(care) for consumers and their families.

Our coalition is delivering short term results while continuing to develop long-term plans.

Our coalition has the courage to place the right leaders at the helm or remove weak, ineffective leaders.

Our coalition has funding to sustain this work.

Our coalition does not ignore diverse stakeholders critical to our success.

% "Agreeing" or "Strongly Agreeing"

- Our coalition has moved beyond nursing and is focused on improving health(care) for consumers and their families: 40% (2013), 42% (2015)
- Our coalition is delivering short term results while continuing to develop long-term plans: 73% (2013), 79% (2015)
- Our coalition has the courage to place the right leaders at the helm or remove weak, ineffective leaders: 56% (2013), 59% (2015)
- Our coalition has funding to sustain this work: 23% (2013), 38% (2015)
- Our coalition does not ignore diverse stakeholders critical to our success: 80% (2013), 85% (2015)
Four Core Capacities Model

Leadership

The ability of all organizational leaders to create & sustain the vision, inspire, model, prioritize, make decisions, provide direction, & innovate, all in an effort to achieve the organizational mission.

Adaptive

The ability of a nonprofit organization to monitor, assess, respond to and create internal and external changes.

Technical

The ability of a nonprofit organization to implement all of the key organizational and programmatic functions.

Management

The ability of a nonprofit organization to ensure the effective and efficient use of organizational resources.
Adaptive Capacity Findings

• There was a decline in states reporting they have a relevant strategic plan.

• ACs are doing a good job of monitoring the external environment and tracking their progress against stated targets.

• Only 52% reported having a sustainability plan and only 31% have a succession plan.
Leadership Capacity Findings

- ACs exhibit strong leadership capacity, though there has been a decline since 2013.

- There remains a high level of trust within ACs.

- There is increased perception of “leaders in name only.”

- There may be a focus on planning over action in some ACs, but may reflect cyclical nature of Campaigns.
Management Capacity Findings

• Many ACs are doing a satisfactory job of translating value to their members, but the value proposition is not clear to all.

• Respondents increasingly believe their ACs efficiently manage financial resources.

• ACs are doing moderately well at managing their membership.
Technical Capacity Findings

• Respondents continue to report financial resource constraints.

• Most ACs have adequate organizational support.
Recommendations
Recommendations

• Find ways to meaningfully engage non-nurses in the work and align AC work with the health needs of consumers.

• Recruit and retain nurses under 50 in ACs.

• Promote goal setting and monitoring.

• Update strategic plans.

• Develop succession and sustainability plans.
Questions or Comments?

Press *1 on your telephone key pad to ask a question
OR
Use the “chat” feature to send “everyone” a question.

You can find the recording, webinar summary, and additional resources by going to: www.campaignforaction.org/webinars.
February Webinar

• Join us on February 9th, 2-3 PM EST

• **Succession Planning** - Leadership transition is inevitable in Coalition work. Is your coalition ready and prepared for leadership transition? Learn from coalitions who have undergone successful leadership transitions.