



Transforming Roles of Nursing Professional Development Practitioners

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Consumers and payers demand highly reliable, accessible, and affordable healthcare (Findlay, 2012). In 2010 legislators dramatically altered the trajectory of healthcare with passage of The Patient Protection and Affordable Care Act (ACA) (U.S. Department of Health and Human Services, 2015). New healthcare regulations consisting of comprehensive health insurance reforms and new care delivery and payment models have transformed the industry. As these unprecedented reforms destabilize the already fragile healthcare system and critical staffing shortages loom over the horizon, healthcare executives are facing new mandates for population health management, higher quality, patient safety and experiences, and lower healthcare costs (Nash, 2012). Similarly, workers are challenged with new stressors such as diminished time with patients, new and evolving information technologies, fewer staff resulting in work overload, and lack of training, mentorship, and advancement opportunities (Fields, 2011). As a result, today's nursing professional development (NPD) practitioners must meet the continuing education needs of nurses in this complex, highly regulated, stressful environment.

In view of these changes, the traditional role of NPD practitioners as delineated in the 2010 Scope and Standards (American Nurses Association & National Nursing Staff Development Organization, 2010) is rapidly becoming obsolete. In addition, only limited efforts have been made to define NPD competencies (Brunt, 2007). Identification of

the projected future role of NPD practitioners is necessary to facilitate identification of core competencies and to ensure adequate role preparation through academic education, orientation, and professional development in the practice environment.

Background

LITERATURE REVIEW

Nursing professional development is defined as "a specialized nursing practice that facilitates the professional role development and growth of nurses and other healthcare personnel along the continuum from novice to expert ..." (Harper & Maloney, 2016, p. 6). This professional role development is becoming increasingly important as nurses' roles evolve in response to the changing healthcare environment as well as to meet the expanded healthcare needs of an aging and diverse population (National Academies of Sciences, Engineering, and Medicine, 2015). Berg and Dickow (2013) identified several new nursing roles resulting from the ACA including coordinator (population health management and tiered coordination), faculty team leader (interprofessional education in community settings), informatics specialists, community-centered nurse (healthcare offered where people work and live), and primary care partner (team care in the community).

Not only are NPD practitioners being called upon to contribute to the professional

role development of nurses, they are increasingly assuming multiple new roles and responsibilities to promote organizational outcomes. These responsibilities may include transitioning newly licensed nurses into clinical practice and experienced nurses into new roles, serving as leaders of quality and safety teams to create highly reliable processes, and implementing new disruptive technologies designed to improve healthcare effectiveness and efficiencies.

AIM

As the role of the nurse evolves so must the role of NPD practitioners. The specific aim of this study was to achieve consensus among nationally recognized NPD experts and stakeholders about future roles of NPD practitioners. Knowledge gained informed the revised *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016) and will provide a framework for future competency development and NPD role preparation.

Methods and Findings

DESIGN

This Institutional Review Board exempt study was conducted in two phases as illustrated in Figure 1. Phase 1 used focus group and interview methods to generate opinions about future NPD roles. In Phase 2, using themes identified in Phase 1, a modified e-Delphi technique was used to achieve consensus

FIGURE 1
Study Framework and Timeline



around future roles among a different group of NPD experts.

This 2-phase method was chosen to ensure a broad spectrum of opinions from a heterogeneous sample consisting of NPD experts as well as stakeholders from diverse settings and geographic locations. Moreover, the focus group format allowed participants to share and compare their ideas and experiences (Morgan, 1997).

PHASE 1

Focus group/interviews. In Phase 1, qualitative data were acquired through a focus group or 1:1 telephone interviews with participants who were unable to attend the focus group. Both the focus group and the interviews focused on participants' experiences and perspectives about current healthcare issues and trends and future nursing workforce needs. The same set of questions was used for the focus group and telephone interviews, although probing/clarifying questions may have varied. Participants were asked to envision the future role of NPD in view of the current changes in the healthcare environment and their impact on nursing practice.

Sample. A purposive sample of 29 nursing professional development experts and stakeholders from members of the Association for Nursing Professional Development (ANPD), other professional nursing organizations, hospitals, and academe attended the focus group. Telephone interviews were conducted with four additional stakeholders.

Analysis. Results from the focus group and telephone interviews were organized and categorized using thematic analysis. Findings were shared with participants to verify accuracy of the information and themes for content validity. (Morgan, 1997).

Findings. Results from the qualitative data elicited two major themes reflective of the rapidly changing health care environment: managing transitions in healthcare worker roles, and managing transitions in the NPD role. From these themes, seven key roles for NPD practitioners were identified: partner for practice transitions, learning facilitator, change agent, mentor, leader, champion of scientific inquiry, and advocate for NPD specialty. Additional emerging themes focused on requirements for graduate level education and certification to prepare NPD practitioners in their role.

PHASE 2

E-Delphi. The Delphi technique is a method for building consensus by using a series of questionnaires (Hsu & Standford, 2007). This method is based on the underlying assumption that group opinion is more valid and reliable than individual opinion (Keeney, Hasson, & McKenna, 2011). It routinely consists of two or more rounds of questionnaires administered to an expert panel. The first questionnaire of a classical Delphi process uses open-ended questions to query panelists about their opinions on a certain issue to generate ideas. For this study, the focus group and telephone interviews replaced the first round questionnaire.

Selection of experts. Anticipating a 50% attrition rate, a purposive sample of 36 NPD experts selected from the ANPD membership list were invited to participate. Participants were selected based on NPD expertise (educational preparation, certification, number of publications, and national presentations), geographic location, NPD role (director or staff), and facility type and size.

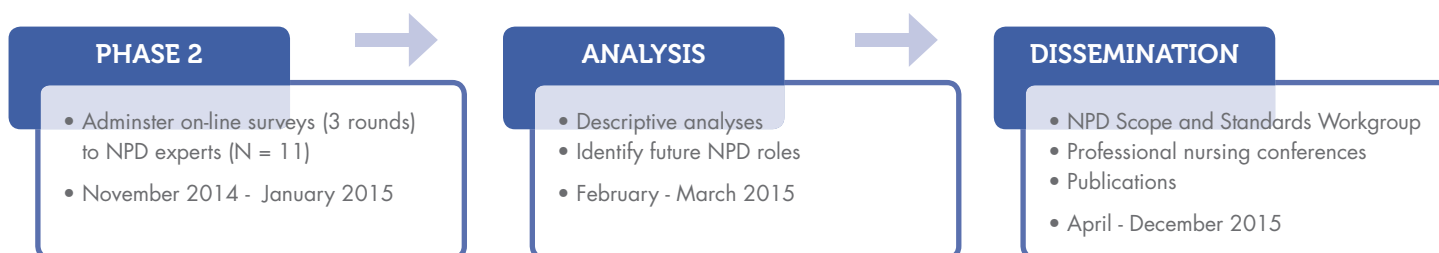
Questionnaire development. The themes and emerging roles identified in Phase 1 were used to construct the initial item pool for the first round of the e-Delphi process. Each of the seven roles was presented with a list of corresponding responsibilities that emerged from the qualitative data analysis. In addition, questions regarding role preparation (education and certification) were added. Phase 2 participants were asked to rate each item on a 9-point (1 = not important, 9 = highly important) modified Likert-type scale. Additionally, participants were given the opportunity to add items for each role to generate a more comprehensive item pool or to suggest revision of items to improve clarity.

Procedure. A secured online survey platform was used for data collection. Emails with pre-notice letter, invitation letter, and follow-up reminders were sent out through the group list developed for this study. Participants were given two weeks followed by a reminder, for a total of three weeks, to complete and return each round of the survey.

Analysis. After each round the investigators reviewed individual items' scores and participant feedback items were

FIGURE 1 (CONTINUED)

Study Framework and Timeline



retained (consensus achieved), maintained for future rounds (lack of consensus), or deleted (deemed not important by consensus of participants). Some items were maintained due to recommended revisions, while original items were returned along with recommended revisions to elicit participant preference. Additionally, new items suggested by participants were added. Each round built on the previous rounds until consensus was achieved. Items that reached consensus in one round were not included in subsequent rounds of e-Delphi surveys.

As described earlier, a 9-point modified Likert-type scale was used to rate each of the items. This rating scale was similar to that used by Meshkat et. al., (2014) where scores from 1 to 3 represent items perceived by respondents as not important; scores from 4 to 6 represent the region of equivocality; and scores from 7 to 9 represent items participants identify as important.

To ensure rigor in analysis with a Delphi technique, the level of consensus should be determined prior to data collection. In the literature, consensus for participant response to rounds of e-Delphi ranges from 51% to 80% (Keeney et al., 2013). In this study, consensus for retaining items was defined a priori as 70% of the e-Delphi participants rating an item at the top 30% (7 or higher) of the modified 9-point Likert-type scale. Items rated less than 7 by 70% of the participants were not retained. Survey results were analyzed using standard statistical software.

Findings. The participant response rate for round 1 was 30% (N=11/36). In round 2, 10 of the 11 participants responded, and in round 3 all 10 of the remaining participants responded. A total of three rounds were completed. Table 1 presents the seven key roles and their correlated items that achieved consensus.

TABLE 1
Future Roles of the NPD Workforce

| | ROUND* | | ROUND* |
|--|--------|---|--------|
| PARTNER FOR PRACTICE TRANSITIONS | | MENTOR | |
| Scans the environment to be aware of impending trends | 1 | Empowers individual nurses to identify their learning needs | 1 |
| Plans orientation and competency requirements based on future needs of staff | 1 | Counsels individuals in relation to role transitions | 1 |
| Manages the practice gaps between academia and service | 1 | Coaches staff with their professional growth and role transitions | 1 |
| Prepares staff to promote population health across the continuum of care | 3 | Provides educational resources | 1 |
| Promotes transfer of knowledge, skills and attitudes for application to practice | 2 | Connects others to knowledge/resources within and outside of nursing | 2 |
| Creates seamless transitions in practice (TIP) | 1 | **Encourages lifelong learning | 2 |
| Develops timely and efficient onboarding processes | 1 | **Partners with staff to facilitate achievement of personal and professional goals | 2 |
| Engages the learner on behalf of the organization for continued personal and professional growth | 1 | **Develops relationships to increase growth capacity among learners | 2 |
| Incorporates the needs of diverse nurses with varying abilities into workforce planning | 3 | LEADER | |
| Promotes understanding among competent staff nurses of their need for continued growth to achieve transition in their roles to meet the needs clients across the continuum of care | 1 | Provides a voice in legislative, regulatory, and accrediting bodies | 1 |
| Partners with academia to create and implement nursing roles for the future | 1 | Participates in decision-making groups | 2 |
| **Prepares staff to transition across clinical settings | 2 | Demonstrates business acumen | 1 |
| LEARNING FACILITATOR | | ROUND* | |
| Provides education that is valuable to the point of care nurse | 1 | Measures fiscal value of services | 1 |
| Creates strategies that focus on learning as opposed to teaching | 1 | Calculates return on investment for educational programming and project management | 2 |
| Builds the infrastructure to facilitate lifelong learning | 1 | Acts as management partner for culture of change | 1 |
| Uses innovative teaching methods, including technology, to provide effective and timely education and training | 1 | Partners with stakeholders to achieve organizational goals | 1 |
| Uses innovative teaching methods, including technology, to meet the needs of diverse learners | 1 | Aligns activities with organizational goals | 1 |
| Develops educational programs to achieve patient oriented outcomes | 1 | Shifts culture to align/drive organizations goals | 1 |
| Promotes anticipatory thinking in nurses to identify future needs of patients | 1 | Asks to be included in decision-making groups | 1 |
| Uses innovative teaching methodologies, including technology, to promote rapid achievement of competence among learners | 1 | Demonstrates persuasive and effective written and verbal communication | 1 |
| Clearly defines competence/competency | 1 | Coaches/mentors stakeholders | 1 |
| Analyzes competency assessment data to identify gaps in practice | 2 | Uses skills of influence | 1 |
| Integrates appropriate teaching/learning strategies to promote effective decision-making skills in learners | 2 | Participates as a community leader | 1 |
| Facilitates interprofessional educational opportunities | 1 | Serves as operational professional role model (regardless of setting) | 1 |
| Promotes interprofessional collaboration and shared resources | 1 | Thinks strategically and with vision | 1 |
| **Fosters accountability within staff for preparation of new nurses and new employees | 2 | Forecasts trends | 1 |
| **Creates teaching/learning strategies that promote application of knowledge, skills and attitudes to practice | 2 | Demonstrates awareness of future directions | 1 |
| **Applies learning theories in the teaching/learning process as a pedagogical/andragogical basis for understanding how students learn and to design educational programming | 2 | Exhibits systems thinking | 1 |
| CHANGE AGENT | | ROUND* | |
| Communicates and markets upcoming organizational or system changes | 2 | Possesses emotional intelligence | 1 |
| Instills a sense of urgency about change | 1 | Measures contributions to patient safety, patient satisfaction, and quality outcomes | 1 |
| Facilitates change quickly | 1 | **Measures the value of learning by demonstrating ROI and cost avoidance | 1 |
| Focuses on patient outcomes in varied healthcare settings at the micro, meso, or macro-level | 3 | CHAMPION OF SCIENTIFIC INQUIRY | |
| Uses various strategies to influence practice change and outcomes | 2 | Uses research/EBP for clinical and nursing professional development practice change | 2 |
| Acts as adaptive expert implementing sustainable rapid cycle change | 1 | Applies concepts from implementation science to change practice | 1 |
| Applies improvement processes (e.g. Lean Six Sigma) to affect practice change | 1 | Helps nurses gain the knowledge and skills necessary to apply evidence-based practice to optimize outcomes | 2 |
| Uses project management tools to promote efficiency and efficacy throughout the change process | 2 | Facilitates, conducts, and/or evaluates research | 2 |
| **Facilitates the use of a formal change process | 2 | Disseminates findings of inquiry | 1 |
| **Applies change theory to support organizational innovation and change management | 2 | Identifies meaningful outcomes | 1 |
| **Supports staff as a facilitator or leader through the change process and sustainability | 2 | Uses evaluation methodologies to measure outcomes | 2 |
| **Champions innovation and willingness to try new ideas | 2 | Validates effectiveness of education or other interventions on identified outcomes | 3 |
| | | Analyzes and displays quantitative and qualitative data | 2 |
| | | Uses metrics (benchmarks and dashboards) to establish practice gaps and identify areas of improvement post intervention | 2 |
| | | Questions established practices | 1 |
| | | Uses informatics to support clinical decision-making | 1 |
| | | **Promotes information literacy as a lifelong competency in all staff | 2 |
| | | **Identifies or creates interventions to address gaps in knowledge, attitudes, and practice | 2 |
| | | ADVOCATE FOR NPD SPECIALTY | |
| | | ROUND* | |
| | | Represents NPD as a specialty | 1 |
| | | Promotes NPD as a nursing practice specialty | 2 |
| | | Engages partners | 1 |
| | | Influences change | 1 |
| | | Promotes educational preparation for NPD | 1 |
| | | Articulates the value of the role of the NPD specialist | 1 |
| | | Demonstrates developing expertise in the NPD role through personal and professional development | 2 |
| | | Pursues academic progression | 1 |
| | | Obtains and maintains professional certification | 1 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 2
Role: Partner for Practice Transitions

| ITEM | REVISION | ROUND* |
|---|---|--------|
| Role: Partner for role transitions | Partner for practice transitions | 3 |
| Prepares staff to provide care across the continuum | Prepares staff to promote population health across the continuum of care | 3 |
| Promotes transfer of knowledge | Promotes transfer of knowledge, skills and attitudes for application to practice | 2 |
| Incorporates the need of aging nurses into workforce planning | Incorporates the needs of diverse nurses with varying abilities into workforce planning | 3 |
| ** Prepares staff to transition across clinical settings | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 3
Role: Learning Facilitator

| ITEM | REVISION | ROUND* |
|---|---|--------|
| Builds effective decision-making skill among learners | Integrates appropriate teaching/learning strategies to promote effective decision-making skills in learners | 2 |
| **Fosters accountability within staff for preparation of new nurses and new employees | | 2 |
| **Creates teaching/learning strategies that promote application of knowledge, skills and attitudes to practice | | 2 |
| **Analyzes competency assessment data to identify gaps in practice | | 2 |
| **Applies learning theories in the teaching/learning process as a pedagogical/andragogical basis for understanding how students learn and to design educational programming | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 4
Role: Change Agent

| ITEM | REVISION | ROUND |
|---|--|-------|
| Communicates upcoming changes | Communicates and markets upcoming organizational or system changes | 2 |
| Focuses on patient outcomes within and beyond the acute care setting | Focuses on patient outcomes in varied healthcare settings at the micro, meso, or macro-level | 3 |
| Influences practice change and outcomes | Uses various strategies to influence practice change and outcomes | 2 |
| Serves as project manager conducting needs assessment, gap analysis, planning, implementing and evaluating program outcomes | Uses project management tools to promote efficiency and efficacy throughout the change process | 2 |
| **Facilitates the use of a formal change process | | 2 |
| **Applies change theory to support organizational innovation and change management | | 2 |
| **Supports staff as a facilitator or leader through the change process and sustainability | | 2 |
| **Champions innovation and willingness to try new ideas | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 5
Role: Mentor

| ITEM | REVISION | ROUND |
|--|--|-------|
| Connects others to knowledge/resources outside of nursing | Connects others to knowledge/resources within and outside of nursing | 2 |
| **Encourages lifelong learning | | 2 |
| **Partners with staff to facilitate achievement of personal and professional goals | | 2 |
| **Develops relationships to increase growth capacity among learners | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

Partner for practice transitions. In round 1, nine of eleven items describing the partner for practice transitions role were retained as written. The role descriptor *partner for role transitions* and three items underwent revision as seen in Table 2 and one new item was added. In round 2, consensus was obtained for the newly added item, however, further refinement was required for the role descriptor and two of the items. Consensus was obtained for all statements in round 3.

Learning facilitator. The 12 items listed for learning facilitator met consensus criteria in round 1; however, participants recommended revisions to one item, and four new items were recommended as listed in Table 3. At the end of round 2, all revised and new items achieved consensus.

Change agent. Although all eight items under change agent met consensus criteria in round 1, half of these items underwent revision and four new items were added as seen in Table 4. At the end of round 2, all revised and new items achieved consensus.

Mentor. Similarly, all mentor items achieved consensus in round 1. Although only one item required revision, an additional three items were suggested by participants as shown in Table 5. The revised and new items achieved consensus in round 2.

Leader. In the first round, 20 of the 21 items listed for the role of leader achieved consensus. One item was revised and one new item was added as shown in Table 6.

Champion of scientific inquiry. All items for champion of scientific inquiry achieved consensus in round 1; however, 7 out of the 12 items were revised and two additional items were added as listed in Table 7.

Advocate for NPD specialty. All nine items describing the advocate for the NPD specialty role achieved consensus in round 1. While seven were accepted as written, two items underwent minor revision and achieved consensus in the second round as shown in Table 8.

NPD role preparation. Although participants agreed upon master's preparation as the minimal requirement for the title of NPD specialist, consensus was not reached concerning the title and roles for baccalaureate prepared nurses serving as NPD practitioners as shown in Table 9. In their feedback some e-Delphi participants expressed concern that the differentiated roles "may not be recognized by an organization." Other feedback indicated the differentiation should be expanded to state the "NPD specialist leads, implements, and evaluates practice change whereas the NPD generalist participates in practice change" and the "generalist facilitates learning to achieve a practice change...specialist designs strategies to support learning to achieve a practice change."

TABLE 6
Role: Leader

| ITEM | REVISION | ROUND* |
|--|--|--------|
| Calculates return on investment | Calculates return on investment for educational programming and project management | 2 |
| **Participates in decision-making groups | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 7
Role: Champion of Scientific inquiry

| ITEM | REVISION | ROUND* |
|---|---|--------|
| Uses research/EBP for practice change | Uses research/EBP for clinical and nursing professional development practice change | 2 |
| Helps nurses gain the knowledge and skills necessary to optimize outcomes | Helps nurses gain the knowledge and skills necessary to apply evidence-based practice to optimize outcomes | 2 |
| Conducts research | Facilitates, conducts, and/or evaluates research | 2 |
| Uses evaluation models to measure outcomes | Uses evaluation methodologies to measure outcomes | 2 |
| Validates education effectiveness outcomes | Validates effectiveness of education or other interventions on identified outcomes | 3 |
| Analyzes and displays data | Analyzes and displays quantitative and qualitative data | 2 |
| Uses metrics (benchmarks, dashboards) | Uses metrics (benchmarks and dashboards) to establish practice gaps and identify areas of improvement post intervention | 2 |
| **Promotes information literacy as a lifelong competency in all staff | | 2 |
| **Identifies or creates interventions to address gaps in knowledge, attitudes, and practice | | 2 |

*Denotes number of rounds to reach consensus **Not found in focus group added by e-Delphi expert panel

TABLE 8
Role: Advocate for NPD Specialty

| ITEM | REVISION | ROUND* |
|--|---|--------|
| Promotes NPD as a nursing specialty | Promotes NPD as a nursing practice specialty | 2 |
| Demonstrates expertise in professional development | Demonstrates developing expertise in the NPD role through personal and professional development | 2 |

*Denotes number of rounds to reach consensus

TABLE 9
NPD Role Preparation

| ITEM | MEDIAN | | | FREQUENCY | | | | | |
|--|--------|-----|-----|-----------|-----|-----|-----|-----|-----|
| | ROUND | | | 1 | | 2* | | 3 | |
| | 1 | 2 | 3 | <7 | ≥7 | <7 | ≥7 | <7 | ≥7 |
| Minimal requirements to be titled NPD specialist are master's preparation in nursing or related degree and certification in NPD | 9 | | | 9% | 91% | | | | |
| Minimal requirements to be titled NPD generalist are baccalaureate degree in nursing with or without certification in NPD | 6 | 6.5 | 7.5 | 55% | 45% | 50% | 50% | 40% | 60% |
| The difference between the NPD specialist and generalist is the NPD specialist leads practice change whereas the NPD generalist implements practice change | 7 | 4 | 6.5 | 36% | 64% | 70% | 30% | 50% | 50% |

*Denotes number of rounds to reach consensus

Discussion

Qualitative data yielded two major themes reflective of the changing health care environment: managing transitions in healthcare worker roles, and managing transitions in the NPD role. Moreover, seven key future roles for NPD practitioners were identified: partner for practice transitions, learning facilitator, change agent, mentor, leader, champion of scientific inquiry, and advocate for the NPD specialty.

MANAGING TRANSITIONS IN HEALTHCARE WORKER ROLES

The first theme focuses on the NPD practitioner's role in preparing nursing staff for new roles. These transitions exceed the traditional transition of newly licensed nurses into practice and emphasize the need for the partner in practice transitions as an essential new role.

Results from this study are reflective of those from other studies examining future nursing workforce roles (Berg & Dickow, 2013; Carlson, Kline, & Zangerle, 2016). As healthcare moves away from the acute care setting and focuses more on health maintenance, practicing nurses can expect to transition into new roles that require new competencies. Future NPD practitioners will be challenged to address these transitions. As described by a focus group participant:

Today 65% RNs are employed in the hospital. In 3 to 10 years (some sources say 3 to 5 years but I don't think the U.S. moves that fast), 20 to 40% shrinkage in hospital beds [is anticipated]."

MANAGING TRANSITIONS IN THE NPD ROLE

The second theme from qualitative data focuses on the new knowledge and competencies for the expanded roles NPD practitioners will assume to prepare staff for the future. Managing these specialty role transitions will require ongoing professional development for the NPD workforce itself.

One example of an NPD role transition delineated in this study is facilitator of learning which contrasts with the previous role of educator. In the facilitator role the focus is on learning as opposed to teaching. This role will require the ability to use innovative teaching methods including technology. In addition, NPD practitioners must be able to promote anticipatory thinking in nurses to identify future patient needs. Furthermore, NPD practitioners must become skilled in interprofessional continuing education and collaboration.

Another example of role transition is the evolution from the previously identified NPD role of researcher to becoming a champion of scientific inquiry. The Institute of Medicine (IOM) Roundtable on Evidence-Based Medicine (2008) set a goal that, by 2020, 90% of clinical decisions will be supported by the best available and most accurate evidence. The champion of scientific inquiry role serves as a driving force in translating knowledge into practice. As a consumer of research, NPD practitioners must be able to guide nurses in interpreting evidence and managing practice change to improve patient outcomes.

In addition to translating evidence into practice, many of the roles identified in this study will demand that NPD practitioners develop and refine other requisite skills for the future. As leaders, NPD practitioners must have skills in project management and measuring quality outcomes. Furthermore, as change agents, NPD practitioners must become adaptive experts who are able to implement sustainable rapid cycle change in order to positively influence patient outcomes.

In both phases of this study, the demand for NPD practitioners to engage in transformational leadership was evident. NPD experts identified more than 20 key responsibilities for the leader role. This call for leadership is consistent with the IOM Future of Nursing goals (2010) and similar to the American Organization of Nurse Executives' (AONE) call for transformational leadership competencies (Carlson et al., 2016). Although many NPD practitioners do not envision themselves as "leaders," their position of influence in the organization is consistent with the role of a leader.

Quotes from the focus group best summarize leadership skills required to prepare the future nursing workforce. NPD practitioners "must be prepared to help individuals regardless of setting;" "must be cognizant of what is happening, changes that occur, what works and what doesn't;" "acquire knowledge and skills to stay relevant;" and have "a sense of urgency about change[because] what we did five years ago doesn't work today." As a leader, "NPD practitioners need to see ourselves as leaders;" "be at the table;" "develop assertiveness;" "speak to be understood;" and have "academic progression and certification for credibility." Finally NPD practitioners must show how erudite they truly are in measuring and demonstrating the value of their role.

NPD CREDENTIALS

In this study, NPD experts agreed that graduate education and certification in NPD are needed to function at the NPD specialist level; however, in reality, many nurses practice and are certified at the baccalaureate level. Consensus among the NPD experts was not obtained concerning differentiating levels of NPD practice based on education and certification. While some felt this differentiation may be conceptually confusing, others indicated that it might provide "better access to a pathway for the specialty" and allow for "future growth in the role."

LIMITATIONS

The e-Delphi technique lacks universal guidelines, causing confusion about the methodology and its rigor. Consequently, many researchers criticize the approach whereas others view its flexibility as a scientific benefit (Keeney, Hasson, & McKenna, 2011). While the e-Delphi design may be seen as a limitation of this study, the use of input from a focus group, development of consensus definition a priori, and using three rounds to identify consensus promoted rigor. Although the anticipated 50% response rate for e-Delphi participants was not achieved, a total of 10 participants is acceptable for this technique (Keeney, Hasson, & McKenna, 2011).

“NPD practitioners] must create a transition plan, not only for working nurses but for those being prepared to enter the workforce. If you can do that, you’ll be worth your weight in gold . . . If you don’t do it, someone else will come to help transform the nursing workforce.”

— PHONE INTERVIEW PARTICIPANT

IMPLICATIONS

NPD practitioners need to move beyond their traditional responsibilities of orientation, in-service, and continuing education. Although some of the identified roles in this study, such as learning facilitator, mentor, and change agent, are similar to those previously described in the *Nursing Professional Development: Scope & Standards of Practice* (ANA & NNSDO, 2010), others, such as champion of scientific inquiry and leader, have expanded and reflect the need for additional competencies and engagement in organizational initiatives to achieve optimal patient outcomes. Likewise, as partners for practice transitions, NPD practitioners must continue to promote seamless transition from academia to practice while also helping experienced nurses transition to new roles to promote population health. Finally, NPD practitioners are called upon to advocate for the specialty and demonstrate its value to the organization.

The clear call to action by the experts in this study is for NPD practitioners to act as leaders. To be of value, NPD practitioners must be able to lead, follow, and be viewed by senior leadership as full partners in achieving organizational goals. Project management, scientific inquiry, and outcome measurement demonstrating improved quality and patient safety are musts.

Final results of this study have informed the 2016 update of the *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016) and will provide a framework for development of core competencies for the specialty to ensure adequate academic role preparation, orientation, and professional development of NPD practitioners.

References

- American Nurses Association & National Nursing Staff Development Organization (2010). *Nursing professional development: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.org.
- Carlson, E., Kline, M., & Zangerle, C. M. (2016). AONE competencies: Preparing nurse executives to lead population health. *Nurse Leaders*, 14(2), 108-111.
- Berg, J. G. & Dickow, M. (2013). Nurse role exploration project: The Affordable Care Act and new nursing roles. *California Institute for Nursing & Health Care*. Retrieved from <http://healthimpact.org/wp-content/uploads/2015/08/NurseRoles-100920131.pdf>
- Brunt, B. (2007). *Competencies for staff educators: Tools to evaluate and enhance nursing professional development*. Danvers, MA: HCPro.
- Fields, R. (2011). The top 10 challenges facing healthcare workers. *Becker's Hospital Review*. Retrieved from <http://www.beckershospitalreview.com/hospital-management-administration/the-top-10-challenges-facing-healthcare-workers.html>
- Findlay, S. (2012). Health Policy Brief: Public Reporting on Quality and Costs. *Health Affairs*. Retrieved from http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_131.pdf
- Harper, M. G., & Maloney, P. (Eds.). (2016). *Nursing professional development: Scope and standards of practice* (3rd ed.). Chicago, IL: Association for Nursing Professional Development.
- Hsu, C. & Standford, B. A. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research, & Evaluation*, 12(10). Retrieved from <http://pareonline.net/getvn.asp?v=12&n=10>
- Institute of Medicine. (2008). Evidence-based medicine and the changing nature of healthcare 2007 IOM annual meeting summary. Appendix C, *IOM Roundtable on evidence-based medicine roster and background*. Retrieved from <http://www.nap.edu/download/12041>
- Institute of Medicine. (2015). *Future directions of credentialing research in nursing: Workshop summary*. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2015/FutureDirectionsCredentialingNursing.aspx>
- Keeney, S., Hasson, F., & McKenna, H. (2011). *The Delphi technique in nursing and health research*. Oxford, United Kingdom: Wiley-Blackwell.
- Meshkat, B., Cowman, S., Gethin, G., Ryan, K., Wiley, M., Brick, A. . . . Mulligan, E. (2014). Using an e-Delphi technique in achieving consensus across disciplines for developing best practice in day surgery in Ireland. *Journal of Hospital Administration*, 3(4), 1-8.
- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Nash, D. B. (2012). The population health mandate: A broader approach to care delivery. *A Boardroom Press Special Section*. Retrieved from http://www.populationhealthcolloquium.com/readings/Pop_Health_Mandate_NASH_2012.pdf
- National Academies of Sciences, Engineering and Medicine. (2015). *Assessing progress on the Institute of Medicine report The Future of Nursing* Retrieved from <http://www.nationalacademies.org/hmd/Reports/2015/AssessingProgressontheIOMReportTheFutureofNursing.aspx>
- U.S. Department of Health and Human Services. (2015). *Key features of the Affordable Care Act by year*. Retrieved from <http://www.hhs.gov/healthcare/facts-and-features/key-features-of-aca/index.html>