

A Needs Assessment of Florida Nurse Practitioner Readiness  
To Engage in Health Coaching

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### **Abstract**

The purpose of this project was to assess the needs of Florida nurse practitioners in regards to their readiness to engage in health coaching services pursuant to the preventative care provision of the Patient Protection and Affordable Care Act (PPACA). The PPACA directs the creation of a national prevention and health promotion strategy to improve the health status of Americans and reduce the incidence of preventable illness and disability in the United States. This study assessed factors such as how Florida nurse practitioners use health promotion interventions in their practices, whether their graduate nursing education prepared them to provide health coaching, their perceptions of the importance of health promotion and prevention, and how advanced practice nursing may be impacted with full implementation of the PPACA.

This study found that the 142 Florida nurse practitioners in 36 counties who were surveyed are uniformly aware of the increased need for prevention and health promotion and are currently providing many types of preventative care services within their practice settings across a wide variety of specialty areas. The majority of those who participated in this study are aware of the increased opportunities and requirements for preventative care created by the PPACA. Most respondents indicated that they view the PPACA as an opportunity to expand the nurse practitioner role and would be willing to engage with patients using a health coaching model.

This project also demonstrated that Florida nurse practitioners believe that symptoms associated with diseases such as diabetes, heart disease, and COPD may be prevented or reduced through health coaching. A strong positive correlation was seen between years of advanced practice nursing experience and willingness to adopt a health and wellness coaching strategy as a new approach to health care that focuses on prevention.

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The training needs of participants, in order to be fully prepared to provide health promotion and prevention services, were identified as health coaching skills and culturally competent care. Recommendations were made concerning continuing education offerings, academic curricula, and certification programs that could address these topics. The goals of health promotion and wellness coaching are to improve health outcomes and reduce health costs for individuals, employers, third party payers, and the nation at large.

**Dedication**

This research project is dedicated to the innovators, idealists, visionaries, and creative people who develop new models for health care, improve the quality of our lives, and help to make the world a better place.

### **Acknowledgements**

I would like to thank my chair, Dr. Mary Walker, for all of her hard work and efforts in assisting me in the completion of this project. I would also like to thank the other members of my committee, Dr. Roger Green and Dr. Cheryl Wagner, who supported me in turning an innovative idea into a reality that contributes to the body of knowledge about nurse health coaching. I appreciate the additional guidance and assistance I received from Dr. Joanne Grunow who also served on my committee.

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## **Chapter 1**

### **Introduction**

#### **Introduction to the Problem**

The Patient Protection and Affordable Care Act (PPACA) of 2010 placed a bright spotlight on preventative care. A major shift is taking place in the United States to move from a disease-based model of health care to a health and wellness promotion model. As the PPACA indicates, it is time for new national preventive strategies to be developed and implemented.

According to Luck (2013), nurses should consider recent health care reform legislation to be an opportunity to create models of care that support health and wellness initiatives. The legislative and regulatory initiatives may expand opportunities for nursing practice, including the role of health coaching. In the process of implementing the new laws and attendant rules and regulations, there are proposed incentives in health care to keep people healthy, manage chronic illness effectively, and avoid hospital admissions. This can help set the stage for nurses who are prepared to take on the role of health promotion and prevention to be at the forefront and center of this new direction, and be increasingly valuable in the workplace as health care reform is fully implemented.

#### **Problem Statement**

The focus of health care in the United States is shifting from a disease-based system to a system that is based on health and wellness promotion as a result of health care insurance reform generated through the PPACA. The act supports new incentives in the health care field to help patients maintain good health, prevent the onset or progression of chronic conditions, and avoid costly hospitalizations. The health promotion model and health coaching role could provide a

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framework that would allow highly skilled providers such as nurse practitioners to use their clinical expertise to assist people in meeting their health goals. Health promotion changes the manner in which health care is delivered, and shifts the delivery system to a model in which patients maintain responsibility for their own health status.

According to the Duke University Department of Integrative Medicine (2013), although contemporary medicine has made many breakthroughs and powerful advances, it still remains primarily a disease management system. The current system can leave health care providers without the necessary time and training to help clients plan for their health and implement effective health behavior changes for disease prevention. Health promotion and prevention can provide the missing link between medical recommendations and self-care in the current health care system. It is a new paradigm of care that defines success as improved patient engagement and outcomes, rather than more tests and procedures. The health coaching process empowers individuals to make lasting behavior changes that are the building blocks of wellness across the lifespan, and bridges the gaps between medical recommendations and clients' abilities to successfully implement those recommendations within the complexities of their daily lives.

It was important to conduct a needs assessment survey concerning the readiness of Florida nurse practitioners to engage in health coaching with patients, pursuant to the preventative care and health promotion mandates of the PPACA. The educational background of nurse practitioners includes a broad knowledge base of scientific principles and theories, however, nurse practitioner competencies such as client interviewing and counseling skills may vary, depending on clinical and training experiences. Some nurse practitioners, accustomed to traditional models of nursing education and clinical practice, may not be fully prepared to provide health promotion and prevention services with the health coaching model. It was

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important to conduct a needs assessment in order to assess nurse practitioner needs related to readiness to engage in health and wellness coaching for Florida health care consumers, as a means of carrying out the new health care reform initiatives. If nurse practitioners are not prepared to provide health promotion and preventative care for patients who are newly enrolled in the health insurance system, it could result in less than optimal compliance with the new regulations.

### **Background**

King (2012) wrote that patients are not at the center of the present health care delivery system. Health care delivery is driven by accrediting agencies such as the Joint Commission and the Accreditation Association for Ambulatory Health Care, as well as third party payers such as Medicare and private insurance companies. Outpatient primary care providers generally have only a fifteen minute appointment with each patient. They are forced to squeeze preventive care and other mandated criteria into the visit, as well as address the actual clinical reason for the appointment. This leaves little time for active listening, discussion, goal setting, and improvement or resolution of health care problems that can be accomplished in health coaching.

King (2012) stated that the traditional approach to patient care identifies health care providers as the experts, dispensing facts to patients about how to achieve and maintain optimal health in a parental manner. Nurse practitioners and physician assistants have been educated in traditional medical and nursing models, and have generally adopted this system of interaction between patients and providers. However, according to King, these providers can use what they already know to change the manner in which health care is delivered through health coaching. Health coaching shifts the delivery system to a partnership model in which patients maintain responsibility for their own health status. In health coaching, providers use expertise and

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encouragement to assist people in meeting their health care goals. Rather than giving advice, King explains, practitioners help people remove obstacles that keep them from fulfilling their goals.

Hess et al (2013) wrote that nurse health coaches could include staff nurses, case managers, nurse practitioners, nursing faculty, administrators, nurse researchers, or entrepreneurs. Hayes and Kalmakis (2007) stated that health coaching is an expected nurse practitioner competency. It fits well with the holistic, collaborative approach to patient care that nurse practitioners value. Coaching provides an opportunity to shift traditional thinking about relationships between patients and providers and directly address how to motivate patients toward behavioral change. One of the challenges for nurse practitioners could be taking the time to implement the health coaching process and employ coaching communication strategies in primary care or specialty clinic encounters.

According to Ondash (2011), consumers face a bewildering array of health and wellness guidelines, products, and services, making it difficult to take charge of their own health. Physicians and nurses have traditionally been taught to focus on getting patients to comply with expert advice rather than fostering their personal growth. Health coaches, on the other hand, help people discover where they want to go and how to get there. Health promotion and preventative care can be described as a broader means of helping individuals change their overall lifestyle as opposed to simply going on a diet or beginning an exercise program.

### **Significance of the Problem**

According to Koh and Sebelius (2010), many people in the United States are not reaching their full health potential because of preventable conditions. Americans receive only about half of the preventative care services that are recommended. This highlights the need for increased

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health promotion. The initiatives of the PPACA advance a new prevention theme. Koh and Sebelius (2010) believe that the PPACA will usher in a revitalized era for prevention at every level of society.

Kilham (2012) wrote that Americans are now living longer than ever before. Because of improved sanitation, hygiene, life sustaining medications, and health care, lifespan in the United States has increased significantly. The average life expectancy in the United States is now almost 80 years. Although age 65 was once considered elderly, it is now just the upper limits of middle age. The Baby Boomer generation will survive longer than any other. They comprise 42 percent of all Americans over the age of 21. The Baby Boomer generation initiated a geriatric explosion in 2011 when its oldest members turned 65. Even though society continues to redefine the meaning of old age and push the limits of normal lifespan, the rates of disease and disability are rising. If this trend continues, America's elders could become a sick and impoverished population with limited resources to provide for their own care. Furthermore, without the PPACA, health care costs are expected to skyrocket, crippling the nation's economy. The PPACA aims to improve health care value, quality, and efficiency, while reducing wasteful spending (Rosenbaum, 2011).

The average American over age 65 suffers from one or more chronic conditions, such as diabetes, hypertension, and arthritis. This group accounts for one-third of all health care spending, one-third of prescription medication use, and forty percent of visits to health care providers (Kilham, 2012). Lowery (2012) identified chronic disease as the single largest driver of health care costs. Lowery wrote that Baby Boomers tend to be sophisticated consumers of health care. They seek customized, innovative health plans that are tailored to their individual



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needs. They want more medical information and control over their health care services. Baby Boomers are highly motivated to remain independent as they grow older.

According to the Centers for Disease Control and Prevention (CDC) (2012), about seventy percent of health care costs in the United States are related to preventable illness. Health care professionals and insurance companies are seeking ways to manage costs and prevent health problems before they arise (Ondash, 2011). Increasing numbers of people in the United States are coping with chronic illnesses or diseases that are generally manageable but not curable. The CDC estimates that 133 million Americans, or nearly half the population, suffer from at least one chronic illness. The CDC explained that this figure is 15 million higher than a decade ago, and by 2030, this number is expected to soar to 170 million.

Over the past fifteen years, the number of people with diabetes has more than doubled. Heart disease affects almost 80 million Americans, and is responsible for forty percent of all deaths. The number of people with arthritis is expected to increase to 67 million by 2030, or greater than twenty million more arthritis patients than today (CDC, 2012). Chronic conditions can decrease the length and quality of life, especially when not properly managed. For example, complications of diabetes include damage to the kidneys, nerves, eyes, and vascular system.

Florida is home to one of the largest populations of older people in the United States. Over three million Florida residents are age 65 or older. Since the elderly are at increased risk for illnesses such as diabetes, heart disease, and cancer, health promotion and prevention could be beneficial in decreasing the rates of morbidity and mortality in the elderly, as well as containing skyrocketing health costs for seniors (CDC, 2012).

### **Purpose**

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The purpose of this project was to assess the needs of Florida nurse practitioners in regards to their readiness to engage in health coaching services pursuant to the preventative care provision of the PPACA. This legislation promotes health promotion and wellness, and provides unprecedented funding and commitment to these services. It directs the creation of a national prevention and health promotion strategy to improve the health status of Americans and reduce the incidence of preventable illness and disability in the United States. This study assessed factors such as whether and how often Florida nurse practitioners currently use health promotion interventions in their practice, their perceptions of the importance of these interventions, and whether they believe that health coaching can help prevent the onset or progression of some disease processes.

This project assessed whether Florida nurse practitioners believe they have the appropriate training to take on the health coaching role, whether they understand how the PPACA provides the opportunity for nurse practitioners to function in new or expanded roles as health coaches, and the comfort level of nurse practitioners with health coaching related to preventative care and health promotion. The project also assessed Florida nurse practitioner readiness to adopt health coaching as a new model for advanced practice nursing, either as a new specialty emphasis or complementary to their current practice, or if needs and gaps exist related to lack of preparedness to provide the newly-mandated health promotion and preventative care services.

### **Significance of the Study**

Health coaching is within the scope of practice for Florida professional registered nurses, pursuant to Section 464.003(3)(a) of the Florida Statutes (2013). The practice of professional nursing is defined as the performance of acts requiring substantial specialized knowledge,

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judgment, and nursing skills based upon applied principles of psychological, biological, physical, and social sciences that includes observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care, health teaching, and counseling of people who are ill or injured, as well as the promotion of wellness, maintenance of health, and prevention of illness.

According to the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee and the APRN Consensus Work Group (2008), as nursing practice evolves and health care needs of the population change, new advanced practice roles or models may evolve over time. A new or expanded advanced practice nursing role would encompass a unique or significantly differentiated set of competencies from any of the current advanced practice roles. Additionally, the scope of practice within the new role or population focus would not be entirely subsumed within one of the other previously defined roles. The American Association of Colleges of Nursing (AACN) (2011) wrote that graduate level nursing education should reflect the profession's continuing quest for imagination, transformative thinking, and evolutionary change in nursing practice. The explosion of knowledge, increasing diversity, expanding technologies, and global health challenges create a dynamic environment that amplifies the important contributions of nursing to health care. Graduate level education should prepare nurses for leadership roles and the ability to initiate critical actions within rapidly changing, complex health care systems, as well as equip nurses with valuable knowledge and skills to lead change, promote health, and elevate care in a variety of roles and settings.

The AACN (1996) stated that the nursing profession has a rich history of concern for primary care with a strong emphasis on health promotion, prevention of illness, and identification of environmental factors that impact health status. Healthy lifestyles, self-care, risk reduction, and maximizing the quality of life are key concepts for nursing. Advanced practice

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nursing educational programs should prepare nurses with a strong theoretical foundation in health promotion, disease prevention, and maintenance of optimal function across the health continuum of individuals, patients, families, and communities. Advanced practice nursing education should focus on expanding nursing foundations and clinical expertise in core courses and specialty areas.

Although health coaching is woven into the nursing process and builds upon foundational nursing knowledge and skills, there is currently little formal emphasis on the nurse coaching role in advanced practice nursing education. The Florida Nurse Practice Act (2013) does not specifically address health coaching as a part of advanced practice nursing. Yet nurse practitioners build on the competence of the registered nursing skill set and demonstrate a greater depth and breadth of knowledge, more extensive synthesis of data, increased complexity of skills and interventions, and significant role autonomy. Advanced practice nurses are expected to assume responsibility and accountability for health promotion and the assessment, diagnosis, and management of patient problems, including the prescription of pharmacologic and non-pharmacologic interventions (AACN, 2006).

Hess et al (2013) wrote that the role of health coach is fundamental to professional nursing. The nurse coach role is rooted in the social sciences and nursing theory. Coaching competencies are based in nursing, social cognitive theories, and health promotion models and research. Development of professional health coaching skills, which integrate basic coaching skills with the unique dimensions that shape nursing practice, is not typically included in the curricula of current nursing educational programs. The focused preparation of nurse health coaches is integral to assuring that these services are made available to health care clients.

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Nurse practitioner and wellness coach Eileen O’Grady (2013) reported that during her two decades as a primary care provider, she wrote voluminous prescriptions, as is customarily done, to treat high blood pressure, high cholesterol, anxiety, and diabetes, as well as other conditions. From that experience, O’Grady came to believe that traditional health care strategies are not working, and that people are getting sick because of unhealthy lifestyles that do not support wellness. Most people do not need information, but rather a deeper degree of self-knowledge, inspiration, and support through a transformative change process, according to O’Grady. The current medical model of illness is oriented towards the extreme and for many chronic illnesses the only solution it offers is prescription medication. While medications can be important in mitigating the effects of chronic disease, O’Grady (2013) explained that many chronic conditions can be treated or even reversed with self-awareness and sustained lifestyle changes.

Bandura (2004) also supported the idea that biomedical treatment should no longer be viewed as a sole means of achieving and maintaining good health. Quality of health is heavily influenced by lifestyle habits. This perspective enables individuals to exercise an increased measure of control over their health status. By managing their health habits, people can live longer and healthier and retard the process of aging. Self-management is good medicine.

Quan (2012) wrote that with the current focus on preventative care in United States health care reform, health coaching can play a significant role in patient care and education, since many common chronic diseases are preventable through lifestyle choices and self-management of risk factors. Early detection and management of symptoms are essential in preventing illnesses from progressing. Changing unhealthy behaviors to promote wellness and prevent damaging complications from chronic illnesses such as diabetes, heart failure, and

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emphysema requires substantial education as well as support and follow through. Patients need coaching in order to change behaviors related to nutrition, physical activity, weight management, and compliance with other prescribed treatments. Nurses, as patient educators and advocates, are ideally suited to become leaders of chronic disease management teams. For instance, many diabetics can benefit from encouragement over time to keep up with blood sugars checks, carbohydrate intake, exercise regimens, and medical checkups for eye health, kidney disease, and foot care. According to Quan (2012), vast opportunities will exist for nurses who have an interest in becoming health coaches specializing in patient education, goal setting, and lifestyle modification.

### **Nature of the Project**

A needs assessment survey design was selected to assess the readiness of select Florida nurse practitioners to engage in health coaching pursuant to preventative care mandates that are part of the PPACA. A needs assessment is a systematic process used to determine and address needs or gaps between current conditions and desired conditions. The discrepancy between a current condition and a wanted condition must be measured in order to appropriately identify needs. The need can be a desire to improve current performance or to correct a deficiency (Altschuld & Kumar, 2009). If Florida nurse practitioners were not prepared to engage in health promotion and preventative care with clients, it would indicate a need for continuing education and keeping abreast of health policy mandates related to the provisions of the PPACA.

The study was conducted using an electronic survey with self-reported, forced choice questions. The population that was studied in this project consisted of Florida nurse practitioners who are members of the Florida Nurse Practitioner Network (FNPN). The surveys were distributed to participants via email, using the Survey Monkey program.

### **Research Questions**

This project sought to answer the following two questions: Are Florida nurse practitioners ready to engage in health coaching, pursuant to the expanded health promotion and preventative care services required by full implementation of the PPACA? Will nurse practitioners' actions related to screening predict their intent to engage in health coaching as an expanded role component of nurse practitioner functioning?

### **Theoretical Framework**

Nola Pender's Health Promotion Model (HPM), shown in Diagram 1, was selected as the theoretical framework for describing professional health coaching in this study. The purpose of this model is to assist nurses in understanding the major determinants of health behaviors as a basis for behavioral counseling to promote healthy lifestyles (Pender, Murdaugh & Parsons, 2010). This theory defines health promotion as human behavior that is motivated by the desire to increase well-being and maximize health potential. Health protection or illness prevention can be described as behavior that is motivated by the desire to actively avoid a disease process, detect it early, or maintain functioning within the constraints of an illness.

The HPM assumes that individuals, in their biopsychosocial complexity, continually interact with the environment. This process of interaction progressively transforms both the environment and the individual over time. Health care providers are considered a part of the interpersonal environment that influences people throughout their lifespan. Self-initiated reconfiguration of interactive patterns between a person and their environment is essential in order for behavior change to occur.

According to the HPM, an individual's previous behavior, as well as genetic and acquired characteristics, can influence the individual's beliefs and enactment of health-promoting

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behaviors. People tend to commit to engaging in behaviors from which they derive benefits that are consistent with their personal values. A patient's self-confidence to carry out a given behavior increases the likelihood of making a commitment and performing the behavior. Greater perceived self-efficacy, or the belief in one's ability to complete tasks and reach goals, generally results in fewer perceived barriers to specific health-promoting behaviors. A positive attitude towards a particular behavior can result in an increased perception of self-efficacy, and when positive emotions are associated with a behavior, the probability of action is increased.

Pender (2010) theorized that patients are more likely to engage in health-promoting behaviors when their significant others model the behavior, expect the behavior to occur, and provide assistance and support. Family members, friends, and health care professionals can be important sources of interpersonal influence on an individual's commitment to and performance of health-promoting behaviors. Health-promoting behaviors are more likely to be sustained over time with a high level of commitment to a specific plan. Situational influences in an individual's external environment can also affect his or her participation in healthy behaviors in positive or negative ways.

Commitment to a particular plan of action is less likely to result in the desired behavior when there are competing demands that require an individual's attention, or when there are other actions that are more attractive, and therefore preferable, to the healthy behavior. People can modify their thoughts, feelings, and their physical and interpersonal environments to create incentives for health-promoting actions.

The HPM recognizes personal factors, or general characteristics, or an individual that influence health behavior. These factors can be biological, psychological, or socio-cultural in nature. They are instrumental in predicting and shaping the behavior of an individual. Personal

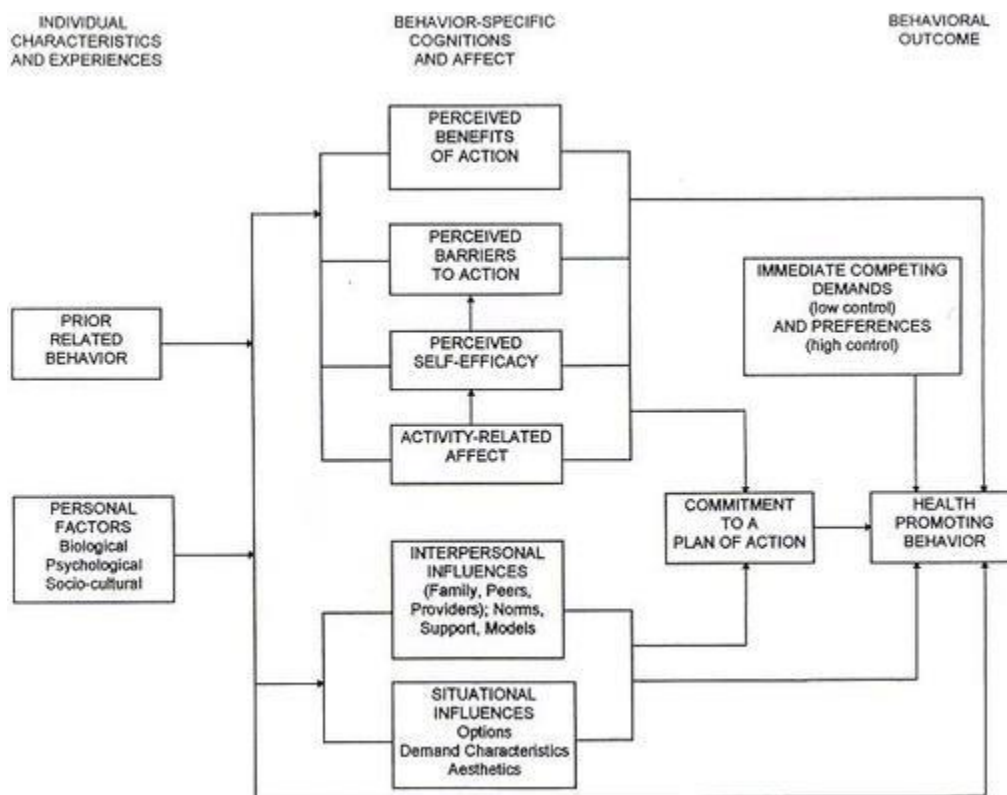


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factors include gender, age, socioeconomic status, ethnicity, education, self-esteem, and body mass index.

Diagram 1

## Pender's (2010) Health Promotion Model



According to Luck (2013), the nursing profession is poised to take on a leading role in health care reform. With over three million nurses in America, nursing has the capacity to provide health promotion and wellness coaching in every sector of society. The new focus on prevention and disease management will require the guidance of a profession that has always adapted to change. The nursing role is dynamic and continually evolving in response to the shifting needs, demands, and resources of society. The emphasis on health and wellness will, according to Luck (2013), undoubtedly help the nurse health coaching role to evolve into a solid

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scientific practice based on evidence-based outcomes research. The art and science of nursing could become further defined within the health promotion and prevention model.

### **Definitions**

**Health Coaching** – A process that facilitates healthy and sustainable behavior change by challenging a person to identify values, attend to inner wisdom, and transform goals into action. The health coaching process draws upon the principles of positive psychology, social cognitive theory, and the practices of motivational interviewing and goal setting (Starr, 2008).

**Needs Assessment** - A systematic process for determining and addressing needs or gaps between current conditions and desired conditions. It is often used in community and organizational planning for education, training, and performance improvement (Altschuld & Kumar, 2009).

**Nurse Practitioner** - An advanced practice registered nurse who has earned a masters or doctoral degree in nursing, and maintains certification through passing a national board certification examination. The nurse practitioner role includes teaching and counseling patients to understand their health problems, diagnosing and treating medical problems, coordinating care for patients within complex health systems, and referring patients to physicians and other health professionals as appropriate (Brassard, 2012).

**Patient Protection and Affordable Care Act (Public Law 111-148)** - A federal statute signed into law by United States President Barack Obama in 2010 that aims to increase the rate of health insurance coverage for Americans and reduce the overall costs of health care.

**Preventative Care** – Measures taken to promote health and avoid the occurrence of disease (CDC, 2012).

### **Scope and Limitations**

The scope of this project was a needs assessment of the readiness of a select group of nurse practitioners in Florida to engage in health coaching. This project explored the awareness of these nurse practitioners concerning opportunities for health coaching as a result of health care reform laws, their knowledge of the preventative care and health promotion initiatives and requirements of the PPACA, and whether they believe that health promotion, as provided with health coaching techniques, can prevent the onset or progression of some diseases.

Anticipated limitations included the possibility of a suboptimal return rate using Survey Monkey to conduct the needs assessment via an electronic survey format. In order to minimize this limitation, a plan was made to send out a reminder email after seven days to subjects who were invited to participate in the study but had not responded. It was also anticipated that a disproportionately high response rate from nurse practitioners who are interested in health promotion and preventative care may have affected the outcome of the study. Construction of the survey instrument questionnaire by a novice student researcher may have also impacted the findings of the project.

Additional limitations to the project could have come from unforeseen factors, such as electronic glitches within the Survey Monkey software program, as well as internet glitches such as lack of connectivity and broken or corrupted hyperlinks to the survey document. While an electronic survey provided for anonymity, ease of response, forced completion of required fields, and streamlined analysis of the data, the electronic format may have been a limitation. Nurse practitioners who completed the survey may have had greater ease of access to computer use than those who did not participate. Those who did not have access to email during the data collection period were unable to respond.

**Summary**

Health promotion and prevention are becoming increasingly important aspects of health care practice as the PPACA takes hold. The health care system is shifting from a disease-based model of health care to a health promotion model. According to Kilham (2012), the average American over age 65 suffers from one or more chronic illnesses, such as diabetes, hypertension, and arthritis. This group accounts for one-third of all health care spending, one-third of prescription medication use, and forty percent of visits to health care providers. Lowery (2012) identified chronic disease as the single largest driver of health care costs.

More than three million Florida residents are age 65 or older. Since the elderly are at increased risk for illnesses such as heart disease, diabetes, and cancer, preventative care and health promotion, in the form of health coaching, may be beneficial in helping people avoid the onset or progression of disease and disability, as well as curtail the nation's skyrocketing health care costs (CDC, 2012).

A needs assessment needed to be conducted in order to assess Florida nurse practitioner readiness to engage in health coaching as a means of carrying out the initiatives of the PPACA. If nurse practitioners are not prepared to provide health promotion and preventative care services for patients who are newly enrolled in the health insurance system, it could result in suboptimal implementation of health care reform.

## **Chapter 2**

### **Literature Review**

#### **Introduction**

This literature review establishes the foundation for the conduct of this research project, a study involving a needs assessment of Florida nurse practitioner readiness to engage in health promotion and prevention with patients, through the use of the health coaching model. Health promotion and preventative care are important aspects of the PPACA. This literature review examines the literature related to needs assessments in nursing, the development and description of health coaching, nurse practitioner role expansion, and research related to health coaching outcomes.

#### **Needs Assessment Surveys**

According to Kaufman and Guerra-Lopez (2013), a needs assessment is part of a planning process. It can be an effective tool to help clarify problems and identify any interventions or solutions that are required. By identifying existing problems or gaps, resources can be directed towards developing and implementing solutions. Data collection informs the process of developing an outcome that will address the needs of a group or system. Needs assessment surveys are most effective when they are outcome-focused and provide solid evidence that can be used to determine a plan to achieve desired results. Selection of a desired outcome drives the development of objectives or strategies in order to accomplish a goal.

Landry et al (2012) employed a needs assessment to identify barriers to achieving a baccalaureate level of education for a select group of nurses. The researchers, who were nurse

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educators at a public university in San Francisco, conducted a needs assessment of nurses' educational needs, in partnership with administrators at a local public hospital. In spite of widespread interest in improving the education of nurses, the majority of nurses at the hospital were prepared only at the associate degree level. Although applications to the university's school of nursing were increasing, applications to the baccalaureate completion program had dwindled.

The purpose of the study was to determine barriers faced by nurses who wished to continue their formal education, and to identify supports necessary to facilitate their return to college and academic success. A two-part needs assessment tool was developed by the researchers. One part consisted of multiple choice questions concerning personal and work-related barriers and supports. The other part included four yes or no questions asking participants:

1. if they were interested in continuing their education
2. if they knew about educational programs offered at area institutions
3. if they had knowledge of prerequisites for educational programs
4. if they were aware of institutional resources available to them if they decided to continue their education

A total of 630 nurses were eligible to participate in the survey. A total of 169 completed assessments were returned. The completed assessments showed that approximately 85 percent of the registered nurse respondents had considered continuing their education. Almost sixty percent of participants were aware of educational opportunities in the area, but about forty percent were not. Approximately half of the respondents reported having no knowledge regarding prerequisites, and almost 75 percent were unaware of resources available at local universities.

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The most frequently identified barriers were job responsibilities, tuition and related educational costs, family commitments, and classes not being offered at convenient times. Other barriers included previous course work done at foreign educational institutions from which credits were not transferable, and a perceived loss of medical and dental benefits if work hours had to be reduced to accommodate classes. The supports most frequently identified were financial assistance, child care availability, reduced work schedules with maintenance of benefits, flexible work hours, and incentives such as salary increases for nurses with baccalaureate degrees.

The finding that 85 percent had considered going back to school suggested a strong overall interest in career enhancement through the continuation of formal nursing education. The researchers used the results as an impetus to explore the concept of supporting nursing education and developing strategies to overcome barriers. The original workgroup was expanded to include more nursing faculty and other stakeholders.

This project led to the formation of a consortium of academic and health service organizations. The Consortium for Academic Access, Leadership Development, Professional Practice, Research-Based Outcomes, Organizational Involvement and Systems Support (CALPROS) was formed in 2008. It included faculty and clinicians from the university, two community colleges, and four institutional partners. CALPROS identified the need to develop a seamless integration of nursing competencies, philosophies, and curricula that facilitate access and acceleration along an educational highway. This permits nursing students and working professionals to enter an academic institution and earn higher degrees in nursing, by providing easily accessible on-ramps and eliminating roadblocks.

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Continuing education learning activities can be also developed to fulfill the identified needs of a group. Criteria for success are based on expected outcomes, with a focus on determining whether gaps have been filled with a subsequent change in the learners' knowledge, skills, and practice. Nursing research has shown links between continuing education and patient care outcomes. DuHamel et al (2011) demonstrated that continuing education activities using various teaching strategies engaged registered nurse learners in knowledge and skill acquisition that enhanced the transfer of knowledge to clinical practice. This study documented participants' self-reported increased professional growth and career satisfaction, as well as improved patient outcomes.

### **Nurse Practitioner Role Expansion**

The American Association of Colleges of Nursing (AACN) (2013) reported that underutilization of nurse practitioners costs the nation billions of dollars annually, due to practice restrictions in state laws and other denied access for health care consumers that keeps the costs of basic health inflated. Although nurse practitioners can prescribe medications in most states, they may be more likely than physicians to suggest non-prescription drug approaches to treatment for a variety of conditions, such as counseling or changes in diet to relieve stress-related disorders. The PPACA aims to nudge the health care system into behaving in new ways, in terms of how health care professionals work in a more clinically integrated manner (Rosenbaum, 2011). Nurse practitioners should see this as an opportunity to focus on what they may need in order to expand their role to include greater emphasis on health promotion and preventative care, in the form of health coaching.

### **Descriptions of Health Coaching in the Literature**



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The body of literature related to professional health coaching is somewhat sparse, as it is a relatively new phenomenon. Starr (2008) described the practice of health and wellness coaching as a process that facilitates healthy, sustainable behavioral change by challenging clients to identify their values, listen to their own inner wisdom, and transform their goals into actions. The terms “health coaching” and “wellness coaching” are often used interchangeably throughout the literature. Starr explained that health coaching draws upon the principles of positive psychology and the practices of goal setting and motivational interviewing.

Starr (2008) further wrote that the professional health coaching process involves didactic conversations in which one person listens and then encourages the other to explore inner strengths, draw upon personal knowledge, improve self-confidence, and make positive changes from within. Health coaching also involves the teaching of skills and techniques to clients that promote and facilitate the attainment of goals.

According to King (2012), the health coaching relationship represents a shift towards a partnership model in which clients are responsible for their own health and participate in directing their own care. The term “client” in this approach is sometimes used in the literature, because the word “patient” may tend to suggest that the health care consumer is not on an equal level with the provider. The health coaching provider is responsible for using special techniques, personal experience, expertise, and encouragement to assist the client in fulfilling health care goals. King (2012) emphasized that the coaching process is not simply about giving advice. Health coaches help individuals remove obstacles that prevent goals from being achieved. The health coaching process is ideally performed in an atmosphere in which the provider gives full attention to the client.

### **Development of Professional Health Coaching**

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Coaching, which has been taking place since the beginning of humankind, has been used in fields such as athletics, education, music, and business. The roots of health coaching began in the early 1990s with psychologists who were treating patients for alcohol addiction. The coaching and motivational interviewing process was shown to be an efficient and cost effective intervention (Ossman, 2004). Professional health coaching has subsequently been adopted for use in the fields of psychotherapy, social work, nursing, business management, and the fitness industry. Antrobus (1997) wrote that the future of professional nursing practice involves adopting the role of promoting health and well being. Antrobus argued that in order for nurses to practice as knowledge workers, they must develop counseling skills and knowledge required to promote health as a multidimensional, dynamic, evolving, and transforming process.

Professional organizations such as the International Nurse Coach Association, the American Holistic Nurses Association, and the National Society of Health Coaches are now offering certification programs for nurse health coaches. Professional health coach programs for nurses are also developing and expanding at large collegiate institutions such as the University of Minnesota and Duke University (Ondash, 2011). The development of these educational programs appears to be fulfilling the vision set forth by Antrobus (1997) for the future of nursing.

### **The Health Coaching Process**

**Establishing a Relationship.** In order to fully understand health coaching, it is necessary to be knowledgeable about the process. According to Starr (2008), the health coaching process begins with engagement. Engagement and building trust with clients are established by developing rapport. This process involves several factors. Traits that are essential to establishing rapport include authenticity, good eye contact, pleasant voice quality, a feeling of connectedness,

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being comfortable and relaxed in the exchange, active listening, being supportive, and open body language. Starr also asserted that rapport is fundamental in the initial coaching session but must also be sustained throughout the coaching process. Yet the professional health coach must avoid becoming too close with clients. Becoming overly close to a client can create barriers for a successful coaching process by being overly emotionally attached, having a personal agenda, and developing assumptions based on personal relationships or experiences.

**Creating a Wellness Vision.** A wellness vision is a tool used by professional health coaches to help health care consumers reach new levels of well-being by connecting to inner truth and wisdom. A wellness vision is a creative statement made by an individual that reveals his or her desired optimal health potential. The vision can include physical, emotional, social, and spiritual realms of living. A new life vision empowers clients to see possibilities, along with a specific and clear direction that can be achieved through creativity, wisdom, and personal power. A health and wellness vision allows clients to use their imagination and then think, feel, speak and ultimately manifest their highest potential (Starr, 2008).

Rollnick and Miller (2002) also supported the idea that a vision of health and wellness can be manifested through a process of goal setting. Goal setting is a collaborative process that takes place between the health coach and the health care consumer. After strengths, values and desires have been determined and the client's vision is clearly in place, specific goals and objectives are developed so that clients can begin to move in the direction of their newly formed vision of optimal health.

**Developing a Plan.** In health coaching, behavioral change is accomplished through a collaborative process that includes developing and implementing a plan. The health coach then helps the patient focus on the successes even if goals are not yet fully achieved. Continual

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evaluation of strengths and partial successes helps the health care consumer move forward.

Rollnick et al (2002) emphasized that motivational interviewing and providing positive feedback help individuals progress and move through negative self-talk, ambivalence, resistance, and other obstacles in order to change bad health habits and achieve wellness goals.

**Evaluation.** Rollnick et al (2002) wrote that although self-regulation is a powerful behavior tool for improving health, people sometimes suffer lapses. When a health coach promotes the principles of positive psychology and goal attainment through the motivational interviewing process, it can help clients continue to improve their self-efficacy, which in turn supports continued behavior change. The coach and client must periodically review the strategy together in order to evaluate progress, refine goals, and make revisions to the plan as needed.

Ossman (2004) wrote that many people seek help for various situations in their lives. In 2009, the largest category of coaching in the United States was that of health, fitness and wellness, with a combined 83.7 million listings. This speaks to the overall importance of the health coaching role, as well as the need for guidelines that promote thorough understanding the process of coaching and effective work relationships with clients in the area of health and wellness.

### **Health Coaching Research**

Professional health coaching is a relatively new behavioral intervention that is gaining popularity in health care because of its ability to address multiple behaviors, health risks, and self-management of chronic health conditions. Several studies have confirmed the effectiveness of health coaching in improving patient health. Linden, Butterworth, and Prochaska (2010) used a quasi-experimental design to evaluate the impact of health coaching and motivational interviewing with a group of 106 chronically ill participants compared with group of 230 non-

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participants at a large medical university. Measures that could be directly attributed to a health coaching intervention on chronic illness were assessed by survey. Over a period of eight months, significant numbers of patients reported increased self-efficacy, healthier lifestyles, and improved perceived health status. The results supported coaching as an effective chronic care management intervention in impacting outcome measures over time.

Tidwell et al (2004) studied clients participating in Health Matters, a community-based nurse coached health promotion and fitness program for elderly clients. A total of 255 persons were recruited into the program. Eligibility criteria included having one or more qualifying chronic health conditions, being age 65 or older, being members of a participating health plan, and owning a particular type of long-term care insurance policy. The interventions included nurse health coaching, evaluation of self- management skills related to chronic illness, referrals to community resources, and a fitness program. More than 90 percent of the participants were in exercise programs at 12 months, and 30 percent had participated in one or more chronic illness management classes within the same time period. The Health Matters program was more successful in attracting higher disability risk members than was either a community-based or a self-exercise program without health coaches. This study demonstrated that it is possible for nurse health coaches to proactively recruit and retain individuals in a health promotion program. The nurse coaches communicated with primary care physicians about the enrollees and their health action plans, but recruitment did not rely on physician referrals.

Wolever et al (2010) evaluated the effectiveness of health coaching on behavioral change, psychosocial factors, and blood glucose control in patients diagnosed with type 2 diabetes. In this study, fifty-six patients diagnosed with type 2 diabetes were randomized to either six months of health coaching or a control group in which subjects received customary

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care. Health coaching was conducted via telephone for fourteen sessions of thirty minutes duration each. Patients were guided in creating individualized visions of health, and goals were selected by patients that were aligned with their personal values. The discussion topics, coaching agenda, and goals were determined by the patient rather than the health coach. Pre-intervention and post-intervention assessments measured medication compliance, exercise frequency, patient engagement, psychosocial variables, and HgbA-1-C levels. The results demonstrated that perceived barriers to medication adherence decreased, while patient activation, perceived social support, and benefit finding increased in the health coaching group when compared with those in the control group. In the experimental group, patients were also monitored for self-reported medication compliance, exercise frequency, stress levels, and perceived health status. Coaching participants with elevated baseline HgbA-1-C levels of greater than or equal to 7.0 significantly reduced their levels. The researchers concluded that coaching interventions focusing on client values and sense of purpose may provide added benefits to traditional diabetes education programs. Fundamentals of coaching may be used by nurse health coaches and diabetes educators to improve patient self-efficacy, accountability, and clinical outcomes.

Butterworth, Linden, McClay, and Leo (2006) studied 276 employees at a medical center who self-selected to participate in either a three-month health coaching intervention or a control group. The treatment group showed significant levels of improvement in both perceived physical and mental health status compared to controls. Because of concerns about possible selection bias, the researchers also performed a matched case control analysis, which elicited similar results. The findings suggest that health coaching may be effective in improving both physical and mental health status in an occupational setting.

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Similarly, a meta-analysis of 46 studies published between 1970 and 2005 found moderate, statistically significant effects of workplace health promotion programs. The summary evidence showed consistent reductions in the use of sick leave, health plan costs, and worker compensation and disability insurance costs (Chapman, 2005). The author concluded that worksite health promotion represents an effective strategy for controlling employee health costs and absenteeism, and recommended the institutionalization of organizational health promotion programming for all working populations.

Merrill, Aldana, and Bowden (2010) studied the effectiveness of an interactive health coaching intervention at lowering body weight. This project involved 5405 overweight or obese individuals between the ages of 18 and 85. The average body mass index (BMI) significantly decreased from 32.1 at baseline to 31.4 at 3 months, 31.0 at 6 months, and 30.6 at 12 months. Decreasing BMI was more pronounced in older age groups and among female clients, those who were taking weight loss medication, individuals with higher BMI, and those with higher motivation and self-confidence to make behavior changes. When the effects of these variables on the decreasing trends in BMI were simultaneously estimated, only baseline classifications of BMI, health status, and confidence remained significant. The change in BMI through 12 months was -0.7% for those with normal weight, -2.0% for overweight, -3.6% for obese, and -7.1% for morbidly obese clients at baseline. Among morbidly obese participants, the decrease in BMI through 12 months was -7.6% for those with self reported high levels of confidence to lose weight at baseline as opposed to -4.4% for those with low confidence. Better overall health status at baseline was also related to more pronounced weight loss. The authors concluded that interactive health coaching significantly lowered BMI among participants through 3, 6, and 12 months of follow-up.

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Vale et al (2003) reported that disease management programs in which drugs are prescribed by advanced practice nurses have been shown to improve the coronary risk factor profile in patients with coronary heart disease. However, disease management programs in which drugs were not prescribed did not improve patients' coronary risk factor status. The objective of the researchers' Coaching patients On Achieving Cardiovascular Health (COACH) study was to determine whether nurse practitioners or dieticians who did not prescribe medications could coach patients with coronary heart disease to work with their physicians to achieve the target levels for their total cholesterol (TC) and other risk factors.

The authors conducted a randomized controlled trial in which 792 patients from six university teaching hospitals in Melbourne, Australia were randomly stratified by cardiac diagnosis within each hospital. There were 398 participants assigned to customary care plus The COACH program, and 394 to only their usual care. Patients in The COACH program group received regular personal coaching via telephone and mailings to achieve the target levels for their particular coronary risk factors. The study included one health coach per hospital. The primary outcome was the change in TC from baseline to six months after randomization. Secondary outcomes included measurement of a wide range of physical, nutritional, and psychological factors. The analysis was performed by intention to treat.

The COACH program achieved a significantly greater TC than usual care alone. The mean change in TC level was 21 mg/dL (0.54 mmol/L) (95% confidence interval [CI], 16-25 mg/dL [0.42-0.65 mmol/L]) in The COACH Program vs 7 mg/dL (0.18 mmol/L) [95% CI], 3-11 mg/dL [0.07-0.29 mmol/L]) in the usual care group ( $P<.0001$ ). Therefore the reduction in TC from baseline to six months after randomization was 14 mg/dL (0.36 mmol/L) (95% CI, 8-20 mg/dL [0.20-0.52 mmol/L]) greater in The COACH Program group than in the usual care group.



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Health coaching produced substantial improvements in most of the other coronary risk factors as well as patient quality of life.

The authors concluded that use of the COACH program is an effective strategy for reducing TC and other coronary risk factors in patients with coronary heart disease. The researchers also concluded that health coaching has potential effectiveness throughout the entire area of chronic disease management.

### **Health Coaching with Minorities**

The Institute of Medicine (IOM) (1999) reported that wide differences exist in the current health care system between racial and ethnic groups, especially in terms of access to health care and the availability of health insurance. Minorities such as Hispanics and African Americans are less likely than whites to have private health insurance. According to the IOM, racial and ethnic minority patients also tend to receive lower quality care than non-minorities, even when they have the same health insurance coverage. The IOM argued that cultural barriers may lead to minority patients not seeking care. Approximately 14 million Americans are not proficient in the English language, and time pressures on providers under the current health care system may interfere with their ability to accurately assess presenting symptoms of minority patients, especially where cultural or linguistic barriers are present. Furthermore, the geographic availability of health care institutions, while largely influenced by economic factors, can impact health care for racial and ethnic minorities. The IOM argued for a comprehensive, multi-level strategy to eliminate health care disparities and address health care systems, the legal and the regulatory contexts in which the systems function, health care providers, and their patients. Some aspects of health care systems, such as the way in which they are organized and financed, as well as the availability of services, may exert different effects on patient care for members of

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racial and ethnic minority groups. Finally, the IOM reported that health care provider biases, prejudices, and uncertainties when treating minorities can contribute to health care disparities. The attitudes and beliefs of health care professionals, even if they are not consciously aware, may influence the quality of patient care.

Ivey et al (2012) used a participatory research approach to evaluate the effectiveness of a culturally tailored, linguistically appropriate model for diabetes care employing health coaches to improve HgbA-1-C levels in Chinese-American patients in a federally qualified health center setting. The authors chose to study this issue because type 2 diabetes is a growing concern among medically underserved Chinese Americans, and there are very few interventions that have been developed or adapted for Chinese Americans with diabetes.

The researchers compared changes in HgbA-1-C levels between 46 intervention participants, who received a health coaching intervention, and 46 control participants, who received usual care over a period of approximately six months. They found that intervention participants showed a decrease in mean HgbA-1-C at follow-up (-0.40%) compared to control subjects (+0.04%), although this difference was not statistically significant. At the 6-month follow-up, a significantly higher percentage of intervention participants (45.7%) had well-controlled HgbA-1-C levels compared to control subjects (23.9%) ( $p = 0.048$ ).

The authors concluded that it is feasible to implement a culturally tailored, linguistically appropriate health coaching model of care for Chinese-Americans with type 2 diabetes. This type of model may be helpful in maintaining normal HgbA-1-C levels. Given trends in improvement during a six month pilot study, future randomized trials with larger sample sizes capable of providing adequate statistical power to detect improvements are warranted.

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Similarly, a study conducted at the South Asian Heart Center in California (Jose et al, 2013) demonstrated that culturally competent coaching to South Asian patients may be an effective way to reduce their risk for developing coronary artery disease. The study examined 703 patients who opted to enroll in a heart health coaching program and were either partially coached ( $n = 145$ ) or fully coached ( $n = 558$ ) for an entire year. A third group ( $n = 33$ ) consisted of patients who did not participate in the program. The level of coaching was dependent on client receptivity to phone calls or e-mails from trained volunteers throughout the study who provided culturally competent health education on diet, physical activity and stress reduction. To measure the physical impact of coaching, fasting lipid panels were obtained and measured with mean differences calculated from baseline and the last available follow-up lab test (Jose et al, 2013).

Study results showed that in the fully coached group, there were significant improvements ( $p < 0.001$  for all) in total cholesterol (TC) ( $-5.5 \pm 28.4$ mg/dl), LDL ( $-4.1 \pm 24.3$ ), HDL ( $1.9 \pm 6.4$ ), triglycerides ( $-16.1 \pm 67.3$ ), and TC/HDL ratio ( $-0.31 \pm 0.83$ ). The partially coached group demonstrated reductions in total cholesterol ( $-5.2 \pm 27.8$ ,  $p = 0.03$ ), LDL ( $-8.1 \pm 28.0$ mg/dl,  $p < 0.001$ ), and TC/HDL ratio ( $-0.42 \pm 1.01$ ,  $p < 0.001$ ) with a trend towards increased HDL ( $4.9 \pm 31.3$ ,  $p = 0.06$ ). Non-coached participants in the control group had no statistically significant differences for lipid measurements. There were also no significant differences in mean age of the participants (43, 42 and 43), mean BMI (25.8, 26.5 and 26.2), or baseline lipid values across the three groups that consisted of completers, partial completers, and non-completers.

The results of the study also showed that even partial coaching can have health benefits for clients, as seen with improved total cholesterol and LDL levels. Health coaching was demonstrated to be a cost effective method of risk reduction in a vulnerable population. The

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researchers hope to use their findings to enhance health coaching programs at their facility and provide guidance to other communities facing similar challenges, not only in California, but nationally and worldwide (Jose et al, 2013).

The literature indicates that culturally competent health coaching for individuals with chronic diseases can be effective. Health coaches must be prepared to provide support, guidance, and encouragement to help minority patients achieve and sustain healthy behaviors. Health coaching focuses on client barriers to progress, goals, and readiness to change, and these processes may differ among cultural groups. The PPACA will likely provide health coverage and preventative care benefits to increased numbers of lower income Americans, many of whom belong to racial and ethnic minority groups.

According to the 2010 census, the racial distributions of the State of Florida include 60.1 percent white residents, 17 percent African Americans, 2.1 percent Asian American, 1.4 percent Native American, and 18 percent Latino. Florida has one of the largest African American populations in the country, as well as the second highest Latino population on the east coast outside of the state of New York. Florida's Asian American population has grown in high rates since the 1990s, the majority being Vietnamese, Filipino, and ethnic Chinese. Florida has several federally recognized Native American tribes, including the Seminoles (United States Census Bureau, 2010). These data point to the need for nurse health coaches in Florida to be skilled in culturally competent care.

### **Conclusion**

The literature supports the use of the needs assessment as an effective tool for identifying and addressing any problems or gaps that may exist between current conditions and desired

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outcomes. Nursing researchers have employed needs assessment surveys to identify needs for improving educational gaps in college degree programs as well as continuing education.

This project sought to answer the question of whether Florida nurse practitioners believe that they are adequately prepared to engage in health coaching, pursuant to the expanded health promotion and preventative care services required by full implementation of the PPACA. Several large studies have demonstrated the effectiveness of health coaching in preventing the onset or progression of illness with a variety of populations. Health coaching has been shown to be effective in the management of diabetes, obesity, and cardiovascular disease.

Other studies have shown that workplace health promotion programs result in reduced use of employee sick leave, lower health plan costs, and decreased worker compensation and disability costs. Health coaching has been demonstrated to be effective with elderly patients, as well as minorities such as Hispanics, African Americans, and Asians.

There were no studies found that did not demonstrate significant effectiveness of health coaching. The research literature related to health and wellness coaching generally shows a positive correlation between coaching and improved health, in studies involving large numbers of patients and a variety of experimental designs, surveys, metrics, and types of data analysis. There are no studies found in the literature that replicate previous health coaching research, nor are there any longitudinal studies that document the effectiveness of professional health coaching interventions over periods of several years.

### **Summary**

The literature supports the use of the health coaching model in health promotion. Although health coaching is a relatively new phenomenon, this practice model shows promise in helping clients maintain their health status and manage chronic illnesses. The stages of the health

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coaching relationship have been clearly defined in the literature. The needs assessment survey method has been shown to be effective in identifying barriers and gaps in nursing knowledge, so that a plan can be made to reach desired goals. In order to assure full compliance with the preventative care and health promotion mandates of the PPACA, it was necessary to conduct a needs assessment of Florida nurse practitioners to assess their readiness to expand their role by providing health coaching services. Nurse practitioners, whose services have been underutilized in the area of primary care, should seize the opportunity to play a vital role implementing the health promotion and prevention initiatives of health care reform.

### **Chapter 3**

#### **Methods**

#### **Introduction**

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This chapter will discuss the methodology that was chosen for this study. There is a current need for the provision of expanded health promotion and prevention services throughout the health care system, due to the recent mandates of the PPACA and the resulting influx of several million new health care consumers as they gain access to the health system. Health coaches will be needed to facilitate the transition from a disease-based model to a wellness model of health care. Nurse practitioners, as highly educated and skilled health professionals, are ideally suited to provide these services and expand their role into this area. This study employed a needs assessment survey, using an electronic survey format, to identify any gaps or barriers in Florida nurse practitioners' current level of preparedness that could impede their ability to fully carry out the preventative care and health promotion standards of the new health care reform laws.

### **Project Design**

The needs assessment survey design was chosen for the project to explore the readiness of select Florida nurse practitioners to provide health coaching services, pursuant to the health promotion and prevention provisions of the PPACA. Americans have typically been receiving only about half of the preventative care services that are recommended, and subsequently do not reach their optimal health potential because of preventable illnesses (Koh & Sebelius, 2010). With full implementation of the PPACA looming large, the health care system must be prepared to meet the challenge of providing services for millions of newly insured persons. According to Koh and Sebilus, a shortage of primary care physicians is the most immediate health workforce issue, but when added to the nation's population growth and increasing numbers of aging patients who require care, keeping pace with the new standards for health promotion and preventative care could prove even more daunting.

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It was important to survey nurse practitioners to assess their readiness to assist the primary care system in managing the expected surge in patient demand for services. Nurse practitioners must be fully prepared to meet the needs of substantial numbers of patients who previously were uninsured and had little or no preventative care. Florida nurse practitioners should consider health care reform to be an opportunity to implement innovative models of care, such as health coaching, which can expand the nurse practitioner role, support health and wellness initiatives, and help to transform the health care system.

**Population.** The population that was chosen for this project consisted of a convenience sample of Florida nurse practitioners who are members of the Florida Nurse Practitioner Network (FNPN). The FNPN is a professional organization that provides educational and professional development resources for nurse practitioners throughout the state. The total membership of the FNPN is 7500. The total email membership list consists of 1600 members. The FNPN organization also serves as a resource for nurse practitioners and health care consumers, and encourages networking among members. The FNPN promotes excellence in clinical practice, education, policy, and research. There are approximately 12,500 advanced practice nurses currently licensed in the state of Florida.

**Needs Assessments.** The needs assessment survey design was chosen because the project sought to identify any needs or gaps in nurse practitioner readiness to take on the role of preventative care and health promotion through health coaching. Conducting needs assessments can be an effective way to identify barriers and gaps, as well as determine appropriate solutions or interventions. By identifying existing gaps or needs, resources can be directed towards developing and implementing solutions. Data collection informs the process of developing an outcome that will address the needs of a group, system, or organization. Needs assessment



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surveys can be very effective when they are outcome-focused and provide solid evidence that can be used to determine a plan to achieve desired results. Selection of desired outcomes drives the development of objectives or strategies that can be used to accomplish goals (Kaufman & Guerra-Lopez, 2013).

This study assessed factors such as whether and how often Florida nurse practitioners currently use health promotion interventions in their practice, their perceptions of the importance of these interventions, and whether they believe that health coaching can help prevent the onset or progression of some disease processes.

This project assessed factors such as whether Florida nurse practitioners believe they possess the appropriate skills and knowledge to take on the health coaching role, whether they understand how the PPACA provides the opportunity for nurse practitioners to function in new or expanded roles as health coaches, and the comfort level of nurse practitioners with health coaching as a form of delivering preventative care and health promotion. The project assessed Florida nurse practitioner perceptions of any existing needs or gaps related to lack of preparedness to provide health promotion and preventative care services. The study also explored the views of participants concerning the possibility of adopting health coaching as an expanded reimbursable role for advanced practice nursing, either as a new specialty emphasis or complementary to their current practice.

**Theoretical Framework.** Clark (2008) wrote that prior to initiating change, nurses must first understand what influences them in the decision-making process. A theoretical framework, such as the Health Promotion Model (HPM) (Pender et al, 2010), can be used to help nurses better understand this process. The goal of using a theoretical model in clinical practice is to assist nurses in understanding the motivations and factors involved in making decisions, and help

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them select appropriate strategies for promoting health in individuals and populations. According to Clark (2008), nurses who understand the various factors that influence patients to change their behavior are more likely to succeed when promoting change.

The HPM can assist nurses in understanding the major determinants of health behaviors as a basis for behavioral counseling in order to promote healthy lifestyles. This model defines health promotion as human behavior that is motivated by the desire to increase well-being and maximize health potential. Health protection or illness prevention can be described as behavior that is motivated by the desire to actively avoid a disease process, detect it early, or maintain functioning within the constraints of an illness. The HPM theoretical framework, therefore, informs and clarifies the health coaching process. It also provides an overarching guide for addressing the needs of nurse practitioners in relation to their preparedness to provide the health promotion and preventative care services that are mandated by the PPACA.

**Instrument.** The survey instrument consisted of 33 questions based on the research questions for this project. Ten of the questions, which were designed to measure certain perspectives of nurse practitioners on health coaching, were written in a binary, forced-choice format. Binary questions were used in order to capture participants' immediate reactions and current knowledge level of health coaching. It was not intended for subjects to spend time researching the topic before giving in-depth or open-ended responses, as this may have resulted in a lower than optimal survey return rate. Fifteen of the survey questions addressed specific types of health promotion and prevention interventions on a four-point Likert-type scale. The other eight questions in the survey addressed subjects' demographic information in a binary or multiple choice format.

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The questionnaire was developed by the researcher based on a review of the literature. There was no known instrument already in existence that addressed issues related to assessing the needs of nurse practitioners in regards to their preparation to provide health promotion and preventative care. An introduction letter explaining the nature, purpose, and background of the study was written by the researcher and included at the beginning of the survey. The survey instrument and introduction letter are shown in Appendices A and B, respectively.

**Procedure for Data Collection.** An electronic survey format was selected for data collection. Permission was obtained from the president of the FNPN to use the current membership email list for this project. The data for this study were collected using the Survey Monkey online software program. The questionnaire and introduction letter were circulated electronically to the entire current email membership list of the FNPN. Data were collected from the convenience sample of respondents who sent completed surveys to the researcher by return email within a specified data collection time frame of seven days.

A data collection period of seven days was selected on the basis a review of the literature. Sharp, Moore, and Anderson (2011) demonstrated that that 55 percent of participants in an online survey respond within 48 hours of receiving the instrument by email. These researchers found that an online survey with a brief data collection period will not yield a less representative sample than a survey with a longer data collection time frame. Additionally, the authors found that participants who are first to respond to an online survey do not significantly differ demographically, behaviorally, or attitudinally from participants who take longer to complete the questionnaire.

Reitz and Anderson (2013) compared postal and internet survey methods in studies involving the nursing workforce. They reported that use of an electronic survey format has

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several advantages. It can be distributed by email rapidly, easily, and inexpensively, and can provide access to large populations. It is convenient for both researchers and participants. Online surveys permit engagement of participants through the use of an interactive design, and results in fewer missing or incomplete response sets and thus higher quality data.

Confidentiality is easy to maintain because electronic surveys can be completed anonymously. The only identifier used in this study was the email address of the participant. An electronic survey method allows questions to be formatted in a manner that forces a response to all items on the questionnaire, eliminating partial responses. This reduces the chance of having to exclude subjects' data from the analysis because of incomplete response sets.

The initial data collection period was seven days. Prior to data collection, a plan was developed that if fewer than 100 subjects had responded at the end of the initial seven day period, a reminder email would be sent out to members of the population who had not yet responded. However, sufficient responses were received within seven days, so an extended data collection period was not necessary.

The time frame estimated for participants to complete the survey was approximately twenty minutes. With an email data collection process, the possibility exists that subjects who use email only infrequently may be less likely to participate, or more likely to make a late response after the response period has expired. Participants who are technologically savvy may be more likely than others to complete the questionnaire.

Several other factors can impact the outcome of an electronic survey, including software glitches within online programs such as Survey Monkey, a lack of internet connectivity, and broken or corrupted hyperlinks to the survey document. While the electronic survey provided for

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anonymity, ease of response, forced completion of required fields, and streamlined analysis of the data, the electronic format may have presented certain limitations.

**Protection of Human Subjects.** No information was collected that could personally identify the participants. The respondents' internet protocol (IP) addresses were not collected or stored in Survey Monkey. Participants' IP addresses did not appear on the survey results. Printed copies of all collected data were kept in a locked file cabinet in a locked office. All electronic data received were kept in a password protected computer inside a locked office. All data will be kept for five years and then destroyed. The results obtained from this study were shared only with American Sentinel University faculty and students, and a statistical consultant.

The only people who were who would be permitted to see the raw data include:

1. Research team, including the principal investigator and faculty mentors.
2. Any government and university staff members who need to know more about the study. For example, individuals who provided oversight on this study may have needed to review the records to ensure that the research is being carried out within the appropriate guidelines.
3. Any agency of the federal, state, or local government that regulates research, including the Department of Health and Human Services and the Office for Human Research Protection.
4. The American Sentinel University Institutional Review Board and its related staff members who had oversight responsibilities for this project.
5. A qualified statistical consultant.

The Institutional Review Board (IRB) approved procedures for the protection of human subjects, including maintaining confidentiality and removing identifiers from the collected data, were followed at all times throughout this project. There were no foreseeable risks to participants associated with this study. Nevertheless, subjects were advised in the introduction letter that they

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could withdraw from the survey at any time if they felt uncomfortable answering any of the questions.

### **Methodology Appropriateness**

An electronic survey format was used in this project. The electronic survey method was appropriate for the study because the population consisted of nurse practitioners who are located throughout the state of Florida and are active members of the Florida Nurse Practitioner Network (FNPN). The current electronic membership list of the FNPN was used to solicit participants. An invitation to participate in the survey was sent by email with an introductory letter and a link to the Survey Monkey instrument. A total of 142 subjects were included in this study.

A needs assessment survey design was selected for this study. This design was chosen because the project involved asking participants to respond to a questionnaire that explored their readiness to step into the health coaching role, pursuant to the new preventative care and health promotion initiatives of the PPACA. Nurse practitioners must be prepared to comply with unprecedented national standards for health promotion and prevention due to the new health care reform laws. If nurse practitioners were not ready to provide such services, the development of a plan would be required, in order to address the gaps and barriers between the present level of nurse practitioner knowledge and abilities and the new skills that will be needed to achieve the preventative care standards mandated by the PPACA.

Based upon the findings of a needs assessment survey, learning activities can be developed to fulfill the identified needs of a group. Criteria for success are based on desired conditions, with a focus on determining whether gaps have been filled with a subsequent change in the learners' knowledge, skills, and practice. Several studies have shown links between continuing nursing education and improved patient care outcomes. For instance, DuHamel et al

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(2011) demonstrated that continuing education activities and teaching strategies can engage registered nurse learners in knowledge and skill acquisition that enhances the transfer of knowledge to practice. This study documented participants' reported increased professional growth and career satisfaction, as well as improved patient outcomes. Specific continuing education programs could be recommended for nurse practitioners who report being currently unprepared to provide health promotion and preventative care services due to identified educational gaps and barriers.

### **Data Analysis**

The Stata Version 11.0 statistical software and Microsoft Excel 2013 were used in the analysis of the data. Descriptive statistics were used to analyze the collected data. The data were organized according to relevant descriptive metrics such as means and percentages.

Demographic data, such as participants' age, gender, level of education, specialty area of practice, and geographical location within the state of Florida, were examined to look for significant trends.

Additionally, a SWOT analysis was performed to analyze the perspectives of nurse practitioners concerning health coaching. The strategic priorities of contemporary health care, as directed by the PPACA, reflect clinical practice issues that will challenge nurses as they strive to meet the needs of patients in accordance with the new health care reform laws. The SWOT analysis, a 2 x 2 factorial design, includes internal factors such as strengths and weaknesses and external factors such as opportunities and threats. Most importantly, this model facilitated the identification of respondents' training needs related to readiness to engage in health coaching.

### **Summary**

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This project was a needs assessment survey of the relative preparedness of Florida nurse practitioners to meet new standards for the provision of health promotion and preventative care services to patients through the use of the health coaching model. This study needed to be conducted, because the PPACA provides unprecedented funding and commitment to promotion of health and directs the creation of national prevention and health promotion strategies to improve the health status of Americans and reduce the incidence of preventable illness and disability in the United States.

It was important to conduct a needs assessment of Florida nurse practitioners in order to identify any gaps or barriers in their skills and knowledge that would interfere with implementation of the new preventative care and wellness initiatives of the PPACA. Health coaching is an expected nurse practitioner competency that fits well with the holistic, collaborative approach to patient care that nurse practitioners value (Hayes & Kalmakis, 2007). The nursing profession has a rich history of concern for primary care with a strong emphasis on prevention of illness, health promotion, and identification of factors that impact health status. Healthy lifestyles, self-care, risk reduction, and maximizing the quality of life are key concepts for nursing (AACN, 1996). Health coaching provides an opportunity to shift traditional thinking about relationships between patients and providers and directly address how to motivate individuals toward behavioral change.

Failure to fully implement the new measures would result in continued suboptimal attempts to help patients maintain good health, prevent chronic diseases and disabilities, and avoid costly hospitalizations. Health promotion and prevention can help set the stage for nurses who are prepared to expand their role to include health coaching to be at the forefront and center



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of this new direction, and be increasingly valuable in the workplace as health care reform is fully implemented.

## **Chapter 4**

### **Findings**

#### **Purpose of the Project**

This project employed a needs assessment survey to determine the preparedness of select Florida nurse practitioners to engage in health coaching with patient populations. Studies have shown that health coaching can be an effective model for providing preventative care and health promotion in a variety of patient populations. The PPACA has created a national prevention and health promotion strategy to improve the overall health status of Americans, reduce the incidence of preventable illness and disability, and curb skyrocketing health care costs. This study also assessed how often select Florida nurse practitioners currently use preventative care services in their practices, their perceptions of the importance of health promotion and wellness interventions, their beliefs about the use of health coaching model, and their ideas about whether new opportunities could be created to expand the nurse practitioner role to carry out the wellness and preventative care initiatives of the PPACA.

#### **Discussion of Demographics**

The participants in this project were Florida nurse practitioners who are current members of the FNP. The survey was disseminated electronically to the total current membership email list of the FNP. The 33-item self-report survey questionnaire was developed by the researcher, based on a review of the literature. There were a total of 153 respondents within a seven day data collection period. Eleven surveys were excluded from data analysis because of incomplete responses. A total of 142 data sets were included in the data analysis. Data collection was accomplished through the use of the online Survey Monkey program. Data were gathered from a convenience sample of respondents who sent completed surveys to the researcher by return email

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within a specified data collection time frame of seven days. Subjects who participated in this project were not randomly selected, as the population that was invited to take part in the survey was limited to Florida nurse practitioners who are currently on the FNPN email membership list.

Socio-demographic data were collected and examined for trends. Data such as age, gender, number of years of experience, education, area of specialization, and geographic location by county were compiled. More than half of Florida's counties, or a total of thirty-six out of sixty-seven counties, were represented as shown by frequency in Diagram 2 below. The entire length of the state was represented, from Escambia County (Pensacola) in the northwestern region to Monroe County (Key West) at the southern tip. The most frequently represented counties were some of the larger urban areas of the state, such as Dade, Pinellas, Palm Beach, Orange, and Broward counties. These counties include the cities of Miami, Clearwater, West Palm Beach, Orlando, and Fort Lauderdale, respectively. Alachua County, which is smaller and less densely populated, was also highly represented in this study. Alachua County (Gainesville) is home to the University of Florida, the state's largest educational institution.

### **Diagram 2**

*Respondents by County of Practice*

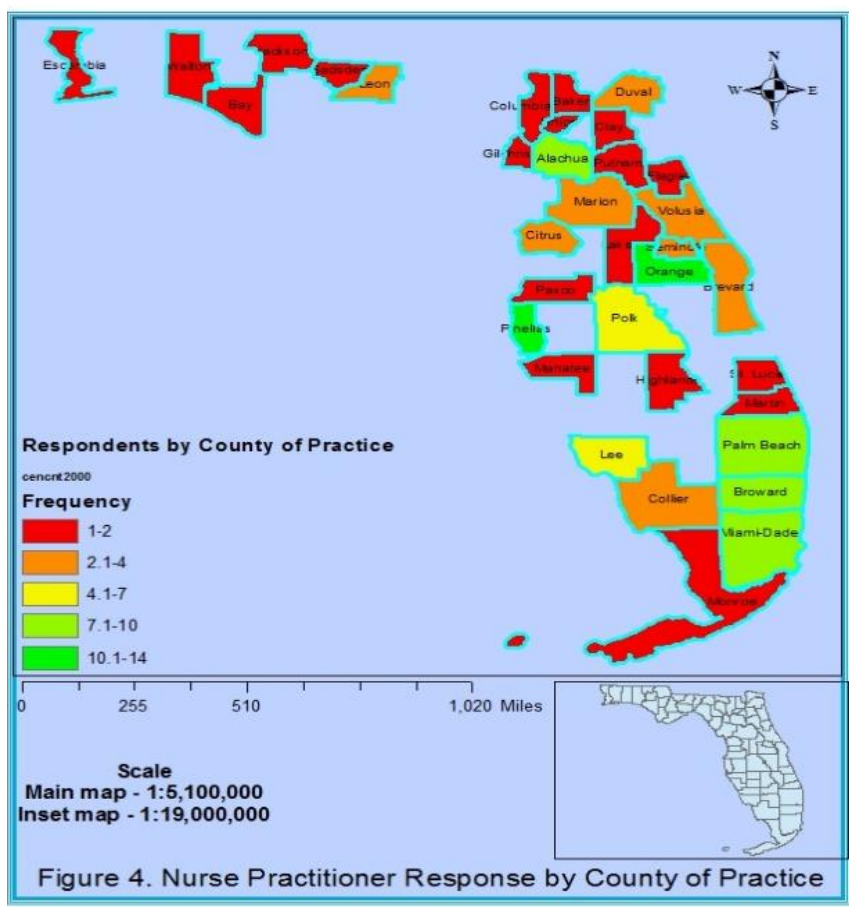


Figure 4. Nurse Practitioner Response by County of Practice

Ninety percent of the respondents, a total of 128, were female. Ten percent, or a total of 14 participants, were male, as shown in Table 1.

**Table 1**

*Respondents by Gender*

Gender	n	Percentage
Female	128	90%
Male	14	10%

The age range of the respondents spanned five decades. As shown in Table 2, two respondents were age 30 or under, and six were older than age 65. A total of 98 respondents, or

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seventy percent, were between the ages of 41 and 60. The mean age of the participants was 50.6 years, with a standard deviation of 9.27.

**Table 2***Respondents by Age*

<b>Age Range Years</b>	<b>n</b>	<b>Percentage</b>	<b>Mean</b>	<b>Standard deviation</b>
26 - 30	2	1%	50.6	9.27
31 - 35	5	3%		
36 - 40	16	11%		
41 - 45	18	13%		
46 - 50	22	16%		
51 - 55	28	20%		
56 - 60	30	21%		
61 - 65	15	11%		
> 65	6	4%		

Eight participants, or six percent, had five or less years of registered nursing experience. Twenty two respondents, or sixteen percent, had greater than 35 years of experience as registered nurses. Fifty seven participants, or just over forty percent, had between sixteen and thirty years of registered nursing experience, as demonstrated in Table 3 below. The mean number of total years of registered nursing experience was 21.7 years, with a standard deviation of 10.58.

**Table 3***Respondents by Years of Registered Nursing Experience*

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Total Years of Registered Nursing Experience	n	Percentage	Mean	Standard deviation
0 - 5	8	6%	21.7	10.58
6 - 10	17	12%		
11 - 15	20	14%		
16 - 20	22	16%		
21 - 25	15	11%		
26 - 30	20	14%		
31 - 35	18	13%		
> 35	22	16%		

Eighteen percent, or a total of twenty six respondents, reported having five or less years of advanced practice nursing experience. Approximately half of the participants, or forty-seven percent, had between eleven and twenty years of advanced practice nursing experience. Fourteen respondents or ten percent had between twenty-one and twenty-five years. Eight percent, or a total of twelve individuals, reported greater than twenty-five years of advanced practice experience. These data are shown in Table 4 below. The mean number of total years of advanced practice nursing experience was 13.6 years, with a standard deviation of 8.28.

**Table 4**

*Respondents by Years of Advanced Practice Nursing Experience*

Years of Advanced Practice Nursing Experience	n	Percentage	Mean	Standard deviation
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0 - 5	26	18%	13.6	8.28
6 - 10	24	17%		
11 - 15	32	23%		
16 - 20	34	24%		
21 - 25	14	10%		
26 - 30	6	4%		
31 - 35	4	3%		
> 35	2	1%		

Sixty-eight percent of the participants, or a total of 97 individuals, reported that their highest level of nursing education was a Masters degree, as demonstrated in Table 5. A total of 28 respondents, or twenty percent, reported having nursing doctoral degrees. Twenty-five individuals, or eighteen percent, had a Doctor of Nursing Practice (DNP) degree and three respondents, or two percent, reported having a Doctor of Philosophy (PhD) degree in nursing. Ten percent, or fifteen respondents, reported that their highest earned nursing degree was a baccalaureate degree, an associate's degree, or a post-graduate certificate. Only one individual reported being a diploma graduate.

**Table 5**

*Respondents by Highest Earned Nursing Degree*

Highest Earned Nursing Degree	n	Percentage
ADN	2	1%
BSN	3	2%
Certificate	10	7%
DNP	25	18%
Diploma	1	<1%
MSN	97	68%
PhD	3	2%
Other	1	<1%

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Forty-two percent of respondents stated that their highest level of non-nursing college education was an associate's degree, as seen in Table 6. Twenty-two percent reported earning a non-nursing baccalaureate. Thirty-one percent indicated that they hold a non-nursing masters degree, and five percent held a non-nursing doctorate

**Table 6**

*Respondents by Highest Earned Non-Nursing Degree*

Highest Earned Non-Nursing Degree	n	Percentage
Associate	59	42%
Bachelors	32	22%
Masters	44	31%
Doctorate	7	5%

Sixty-two of the participants, or approximately one-third, reported that they specialize in family practice, as seen in Table 7 below. Thirty-three respondents, or 17 percent, stated that they practice in an adult health setting. Other represented specialties include pediatrics, geriatrics and long-term care, women's health, urgent care, mental health, and critical care. Twenty-four participants reported that they work in other unspecified types of settings.

**Table 7**

*Respondents by Specialty Area*

Number and Percentage of Nurse Practitioners by Specialty		
Nurse Practitioner Specialty	n	Percentage
Adult Health	33	17%
Mental Health	11	6%
Women's Health	9	5%
Urgent Care	5	3%
Geriatrics	19	10%
Family Practice	62	32%
Critical Care	7	4%
Pediatrics	11	6%
Long-term Care	10	5%
Other	24	13%



**Data Analysis**

All collected data were analyzed using Stata Version 11.0 statistical software and Microsoft Excel, 2013. Descriptive statistics were used to summarize the survey responses, in order to understand the needs of nurse practitioners in terms of their preparedness to fulfill the requirements for preventative care and health promotion set forth by the PPACA. According to Mann (2012), descriptive statistics is the discipline of quantitatively describing the main features of a collection of data. The aim is to summarize a sample rather than use the data to learn about the population that the data sets represent. Descriptive statistics were appropriate for this study, because the responses to the survey were uniformly positive. Because of the construction of the questionnaire and ensuing responses, there was no ability to analyze specific differences between participants.

Tables and diagrams were developed to visually display the characteristics and perceptions of the respondents. Since the data were uniformly positive, limited emphasis was placed on the analysis of socio-demographic data or the particular types of preventative care and health promotion interventions being provided by subjects in their clinical practice settings.

**Research Question 1: Are Florida Nurse Practitioners Ready to Engage in Health Coaching?**

Are Florida nurse practitioners ready to engage in health coaching, pursuant to the expanded health promotion and preventative care services required by full implementation of the PPACA? All respondents reported that they provide preventative care and health promotion interventions in their practices, at least part of the time, as appropriate for their area of

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specialization. These data are presented in Table 8. There were no respondents who stated that they do not perform any health promotion and prevention services.

Questions 1 through 15 of the survey questionnaire polled the subjects' current use of preventative care and health promotion interventions, according to a four-point Likert-type scale. The four categories included frequently, occasionally, sometimes, and never. The most frequently performed interventions included blood pressure and blood glucose checks, tobacco use screening, obesity screening, and cholesterol testing for adults. Approximately half of all participants, or forty-seven percent, reported that they always provide all of these particular interventions. Other frequently prescribed health promotion services included dietary counseling, immunizations, colorectal cancer screening for adults over the age of 50, and mammography for women over 40 years of age. Pap smears for adult females, substance abuse screening, and HIV testing were often done. Screenings for psychosocial issues such as depression, life stress, and domestic abuse were sometimes provided by approximately half of the participants as relevant to their clinical practice.

Due to the overall collective enthusiasm of participants towards health coaching, it was assumed that when a particular intervention was categorized as never performed, it probably indicated that the intervention was not relevant to the respondent's area of specialization. For instance, twenty-four percent, or thirty-five respondents, reported that they never ordered mammograms. Twenty percent, or thirty-seven participants, reported mental health, pediatrics, and long-term care as the focus of their clinical practice. Mammography screening would seldom be a relevant intervention for these specialty areas.

**Table 8**

*Respondents by Preventative Care and Health Promotion Interventions*

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Preventative/Health Promotion Intervention	Response Categories							
	Always		Frequently		Occasionally		Never	
	n	%	n	%	n	%	n	%
Blood Pressure Screening	116	78%	19	13%	9	6%	5	3%
Tobacco Use Screening	96	65%	40	27%	7	5%	5	3%
Blood Sugar Screening	82	57%	40	28%	15	10%	7	5%
Obesity Screening	80	54%	54	37%	8	5%	6	4%
Cholesterol Screening for Adults	70	47%	42	28%	16	11%	20	14%
Colorectal Cancer Screening for Adults over 50	65	43%	34	23%	18	12%	31	21%
Dietary Counseling	63	43%	60	41%	22	15%	3	2%
Mammogram for Adult females over 40	60	41%	31	21%	22	15%	35	24%
Immunizations	57	39%	48	33%	21	14%	20	14%
Pap Smear for Adult females	56	38%	31	21%	19	13%	41	28%
Depression Screening	48	32%	56	38%	39	26%	6	4%
Substance Abuse Screening	47	32%	62	42%	31	21%	9	6%
Life Stress Screening	44	30%	54	36%	38	26%	13	9%
Domestic Abuse Screening	38	26%	40	27%	52	25%	19	13%
HIV Screening	15	10%	37	25%	65	44%	30	20%

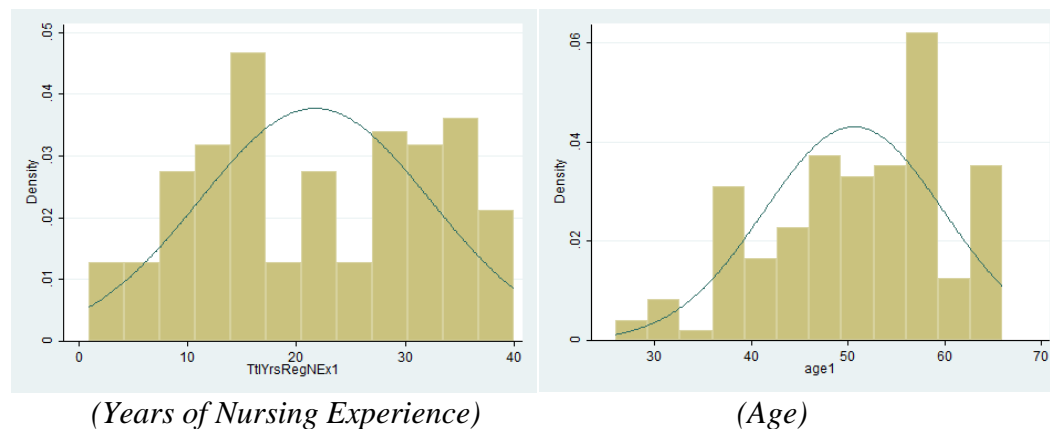
**Research Question 2: Will nurse practitioners' actions related to screening predict their intent to engage in health coaching as an expanded role component of nurse practitioner functioning?**

Each category of demographic data was examined for any significant correlations with the intent to engage in health coaching. The demographic data were inspected and tested for normality using stem-and-leaf plot, a scatter plot, and histograms. Diagrams 3 and 4 below reveal the normality distributions of respondents' total years of nursing practice experience and age.

**Diagram 3**

**Diagram 4**

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There was a strong positive correlation between years of advanced practice nursing experience and willingness to engage with patients using a health coaching model (correlation coefficient = 0.8641). In other words, nurse practitioners with more years of advanced practice nursing experience are more likely to engage with patients using a health coaching model. A strong positive correlation (correlation coefficient = 0.8211) was also seen between years of advanced practice nursing experience and intention to adopt a health and wellness coaching strategy as a tool for launching and implementing a new approach to health care that focuses on preventative measures. This was measured statistically by testing the correlation between years of advanced nursing experience and response to the question, “Do you believe that nurse health and wellness coaches can be helpful in launching and implementing a new approach to health care that focuses on preventative measures?”

In order to analyze the relationship between areas of advanced nursing practice and the question: “Do you believe that nurse health and wellness coaches can be helpful in launching and implementing a new approach to health care that focuses on preventative measures?” a logistic regression model was fitted between the two variables. The results of logistic regression indicated no statistically significant difference between area of specialization and intention to engage with patients using a health coaching model ( $p = 0.234$ ), as seen in Table 9 below.

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Although nurse practitioners with a specialization in family practice were 1.6 times more likely to engage with patients using a health coaching model, this difference was not statistically significant ( $p = 0.301$ ).

**Table 9**

*Logistic regression output for the relationship between specialty area and the question: “Do you believe that nurse health and wellness coaches can be helpful in launching and implementing a new approach to health care that focuses on preventative measures?”*

	Predictive value	p-value
Adult health	0.97	0.212
Mental health	1.01	0.092
Women’s health	0.88	0.265
Urgent care	0.76	0.090
Geriatrics	1.00	0.544
Family practice	1.62	0.301
Critical care	0.56	0.920
Pediatrics	0.78	0.088
Long-term care	0.67	0.211
Other	0.87	0.145

In order to assess the relationship between preventative care/health promotion interventions and willingness to take on the health coaching role, the interventions were bundled into three categories, from which three new variables were generated as shown in Table 10 below. The categories include screening, diagnostic, and mental health interventions.

**Table 10**

*Grouped Preventative/Health Promotion Interventions*

Group variable	Comprising items
Screening	Blood pressure, blood sugar, tobacco, obesity, immunizations, and dietary counseling
Diagnostic	Mammogram, pap smear, colorectal cancer, and cholesterol
Mental health	Depression, substance abuse, life stress, domestic abuse and HIV

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The comprising individual items were regrouped into three response categories to permit ease of statistical analysis. All “occasionally” and “never” responses were dropped from the individual comprising items. All “always” and “frequently” responses were then merged to represent one response item. Finally, each of the response items was re-coded to represent a unit response in the group variable. Rather than representing individual items, the individual responses became categorical responses under a single group variable, as shown in Table 10. The three variables in Table 10 were used in a logistic regression model to predict willingness to function as a health coach.

When fitted as single variables into the regression model, there was no statistically significant differences between variable items and willingness to function as a health coach (model p-values: screening p-value = 0.07; diagnostic p-value = 0.22; mental health p-value = 0.09). However, when all three variables were fitted into a single model, and after adjusting for the presence of the other variables in the model, statistically significant results for respondents were seen only for the screening variable. From the model result, it was concluded that compared to nurse practitioners who engaged in diagnostic and mental health interventions, nurse practitioners who engaged in screening are 1.8 times more willing to function as health coaches, and this difference was marginally statistically significant ( $p = 0.05$ ). The model also produced an adjusted  $R^2$  of 0.56, which means that after adjusting for the presence of other variables in the model, a fifty-six percent variance in nurse practitioner willingness to engage in healthy coaching can be explained using this model. No other statistically significant findings were seen.

More than ninety percent of participants in this study believed that an increased need will exist for nurse practitioners to provide health promotion and prevention services with the full rollout of the PPACA, and that nurses can be helpful in launching new approaches to care that

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focus on health promotion and preventive care, as shown in Table 11. Over ninety percent responded that they are aware of the effectiveness of health coaching in preventing the onset or progression of chronic illnesses, and that they were willing to use the health coaching model in their practice.

Greater than eighty percent of the respondents reported that they believed nurse practitioners should consider health care reform to be an opportunity to create new models of advanced practice nursing that support wellness and health promotion initiatives, as seen in Table 9. Approximately eighty percent believed that they could provide culturally competent health coaching for members of minority groups that will be newly enrolled in health plans pursuant to the PPACA, and about eighty percent also believed that their graduate nursing education did not adequately prepare them to engage in health coaching with patients. Slightly more than eighty percent reported that they would be more likely to engage in health coaching if they were eligible to receive third party payments for this service.

**Table 11**

*Respondents by Perspectives on Health Coaching*

<b>Nursing Practitioner Perspectives on Health Coaching</b>	<b>Yes</b>		<b>No</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Do you believe that nurse practitioners should consider health care reform to be an opportunity to create new models of advanced practice nursing that support health and wellness initiatives?	119	84%	23	16%
Do you believe that there will be an increased need for nurse practitioners to provide health and wellness coaching as a result of full implementation of the PPACA in January, 2014?	129	91%	13	9%
Would you as a nurse practitioner be willing to engage with patients using a health coaching model?	134	94%	8	6%
Do you believe that health coaching can be effective in preventing the onset or progression of illnesses such as diabetes, heart failure, and COPD?	133	94%	9	6%

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Do you believe that nurse practitioners can provide culturally competent health coaching for members of minority groups that will be newly enrolled in health plans pursuant to the PPACA in January, 2014?	120	84%	22	16%
Do you believe that nurse practitioners have the necessary skills to engage in health coaching?	133	94%	9	6%
Do you believe that your nurse practitioner graduate education has prepared you to engage in health coaching with patients?	115	81%	27	19%
Do you believe that nurse health and wellness coaches can be helpful in launching and implementing a new approach to health care that focuses on preventative measures?	129	91%	13	9%
Would you be more likely to engage in health coaching if you could receive third party payment for this service?	120	84%	22	16%

**SWOT Analysis**

According to Schaffner (2009), a SWOT analysis is a structured strategic planning method that is often used to evaluate the strengths, weaknesses, opportunities, and threats involved in the development of business ventures and other enterprises. It involves specifying the objectives of a business venture or project and identifying the internal and external factors that are favorable and unfavorable to achieving the objectives. This allows achievable goals to be set within an organization or group.

In this study, a SWOT analysis was conducted to evaluate the perspectives of nurse practitioners concerning health coaching. The strategic priorities of contemporary health care, as directed by the PPACA, reflect clinical practice issues that will challenge nurses as they strive to meet the needs of patients in accordance with the new health care reform laws. The findings of the SWOT analysis are summarized in Table 12 below.



**Table 12***SWOT Analysis*

<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Awareness of the increased need for health promotion and prevention as a result of the PPACA</li> <li>• Awareness of the effectiveness of health coaching in the management of chronic diseases</li> <li>• Willing to use health coaching model with patients</li> </ul>	<p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Graduate nursing education did not provide adequate preparation for health coaching</li> <li>• Need training in health coaching skills</li> <li>• Need training in culturally competent care</li> </ul>
<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Increased opportunities for health promotion and preventative care due to the PPACA</li> <li>• Role expansion and development of innovative nursing practice models as a result of health care reform</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Limited opportunities to be reimbursed for services</li> <li>• Lack of autonomy to independently initiate new practice models, due to the Florida requirement for physician supervision of nurse practitioners</li> </ul>

**Validity**

To test the internal consistency of items, Cronbach's alpha values were calculated on the ordinal level items since they were normally distributed. Tavakol & Dennick (2011) state that alpha is an important concept in the evaluation of assessments and questionnaires. Alpha was developed by Lee Cronbach in 1951 to provide a measure of the internal consistency of a test or score. It is expressed as a number between 0 and 1. Internal consistency represents the extent to which all the items in a test measure the same concept or construct.

Scale reliability was confirmed using Cronbach's alpha as a measure of internal consistency and average correlation of scale items. A Cronbach's alpha value of 0.72 was obtained for nine items in the survey questionnaire, questions number 17 through 25, that were

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used to measure nurse practitioner perspectives on health coaching, such as “Would you as a nurse practitioner be willing to engage with patients using a health coaching model?” In keeping with Nunnally’s (1978) recommendations, which suggested that an alpha of 0.6 or greater is necessary before a scale is considered acceptable, the use of this scale to measure respondents’ perspectives on health coaching was justified.

### **Conclusion**

The findings indicate a strong positive correlation between participants’ years of advanced practice nursing experience and willingness to engage with patients through the use of a health coaching model. Nurse practitioners with more years of experience are more willing to provide health coaching. A strong positive correlation was also seen between respondents’ years of advanced practice nursing experience and intention to adopt health coaching as a tool for launching and implementing a new approach to health care that focuses on prevention and health promotion.

No statistical significance was seen between area of specialization and willingness to use the health coaching model. Although nurse practitioners who reported specializing in family practice were 1.6 times more likely to engage with patients in the role of health coach than those practicing in other specialty areas, this difference was not statistically significant.

When compared to nurse practitioners who reported providing diagnostic and mental health prevention and health promotion interventions, those who provide screening interventions are slightly more likely to be willing to engage in health coaching. The screening interventions include blood pressure and blood sugar checks, tobacco use, obesity, dietary counseling, and immunizations.

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The majority of participants in this project uniformly believe that Florida nurse practitioners should consider the PPACA legislation to be an opportunity to create new role-expanding models of advanced practice nursing that support health and wellness initiatives. All participants are currently providing some preventative care and health promotions services in their practices. Most respondents also believe that there will be an increased need and for nurse practitioners to provide health and wellness coaching with the full rollout of the PPACA. Furthermore, subjects collectively reported that they are willing to engage with health care consumers using a health coaching model. The findings suggest that training needs exist in the areas of health coaching skills and culturally competent care, in order to better prepare Florida nurse practitioners to bolster the primary care workforce by providing health promotion and preventative care services throughout the state.

More than half of Florida's 67 counties were represented in this survey. There were respondents from a total of thirty-six counties. Ninety percent of the 142 subjects in the study were female. The mean age of participants was 53 years. Approximately two thirds of all respondents reported that a masters degree was their highest level of nursing education, while eighteen percent held a Doctor of Nursing Practice (DNP) degree and three individuals held a Doctor of Philosophy (PhD) in nursing. Several specialty areas of clinical practice were represented, although approximately half, or a total of forty-nine percent, of all subjects reported family practice and adult health as their areas of expertise. Other clinical specializations such as women's health, long term care, and urgent care were represented in the study as well.

Nurse practitioners, whose scope of practice is highly restrictive in Florida, are an underutilized resource for health care reform. The goals of health care reform can be better

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accomplished through expansion of the nurse practitioner role and range of services to include health promotion and prevention, through the use of the health coaching model.

## **Chapter 5**

### **Discussion of Findings**

#### **Introduction**

In this project, a needs assessment was conducted to examine readiness of Florida nurse practitioners to provide health promotion and preventative care services with patients through the use of the health coaching model. The new focus on prevention, wellness, and health promotion is a central part of the new health care reform laws. Because of their clinical expertise and graduate level education, nurse practitioners can play an important role in the delivery of these services to health care consumers. Nurses who can implement health-promoting and evidence-based strategies with patients are ideal practitioners to take the lead in the health coaching model of health care delivery (Luck, 2013). Health coaches are needed to facilitate the transition from a disease-based model to a wellness model of health care, breaking new ground and fulfilling the mandates of the PPACA.

#### **Interpretation of the Findings**

The findings of this project indicate that the surveyed Florida nurse practitioners are aware of the increased need for preventative care and health promotion services. All participants reported that they include these types of interventions in patient encounters within their current practice settings, across a wide variety of specialty areas. They reported awareness of the increased opportunities for preventative care and health promotion that have been created by the PPACA. Most were willing to engage with patients using a health coaching model, across a variety of clinical practice areas.

The respondents who work in family practice were 1.6 times more likely than subjects in other practice settings to engage with patients using the health coach role. The participants who use routine primary care screening interventions in their practice settings, such as blood pressure

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and blood glucose checks, tobacco use, weight and dietary screening, and immunizations, were slightly more likely to be willing to engage in health coaching than other participants. These findings may indicate that these nurse practitioners already see their work as an opportunity to provide health promotion and prevention in patient encounters. The nature of the ongoing relationship between patients and nurse practitioners may also set the occasion for those providers to be willing to engage in health coaching. This could help patients identify obstacles and barriers to the health they seek, as well as attempt forms of health behavior that they did not feel confident to use in the past because they had no one to encourage them in their efforts.

The availability of electronic medical record systems, which are quickly becoming widely used in clinical settings, gives clinicians the tools they need to provide such services, as most electronic charting software contains health screening templates. This aids providers in carrying out the health promotion and preventative care mandates of the PPACA.

Some participants reported that their graduate nursing education did not afford them the necessary skills and knowledge to use the health coaching model. Some respondents reported that nurse practitioners are not adequately prepared to provide culturally competent health coaching for members of minority groups. Training needs, therefore, were identified in the areas of coaching skills and culturally competent care.

The challenges facing the United States health care system, which is one of the most expensive health systems in the world, brought the nation to a place of both crisis and opportunity. In this project, the Florida nurse practitioners who responded to the survey understand that symptoms associated with diseases such as heart disease, COPD, and diabetes can be prevented or reduced through health coaching. According to the UnitedHealth Group, Inc. (2010), by the year 2020 more than half of all Americans will have diabetes or be pre-diabetic. If

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left unchecked, this trend could ultimately cost the United States' health care system trillions of dollars. This is an example of a looming health care crisis in which nurse practitioners can be effective in providing preventative care, early detection, and avoidance of progression, all of which contributes to the health of the American people and significant cost savings to the health care system.

**SWOT Analysis.** A SWOT analysis was conducted in order to evaluate the perspectives of nurse practitioners concerning health coaching. The strategic priorities of contemporary health care, as directed by the PPACA, reflect clinical practice issues that will challenge nurses as they strive to meet the needs of patients in accordance with the new health care reform laws. The findings of the SWOT analysis are discussed in the paragraphs below.

**Strengths.** One of the strengths of the group of nurse practitioners who were surveyed in this study was their collective awareness of the increased need for health promotion and prevention as a result of health care reform. They are aware of the provisions of the PPACA. They are also aware of the effectiveness of health coaching in the management of chronic diseases. Another strength of the group was an overall willingness to use the health coaching model with patients as a means of providing health promotion and prevention services, although respondents with more years of advanced practice nursing experience and those who specialize in family practice reported being more likely to use the health coaching role. Seasoned primary care nurse practitioners are highly-skilled in monitoring medications, interpreting diagnostic test results, and performing physical assessments. Experienced primary care clinicians can use the health coaching model to draw upon their wisdom in influencing patients to keep up with preventative care and improve their lifestyle choices.

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**Weaknesses.** The identified weaknesses of the respondents included educational needs for training in providing culturally competent care for patients who are members of racial and ethnic minority groups, as well as training in the area of health coaching skills. Some respondents reported that their graduate nursing education did not adequately prepare them to provide health coaching services. In order to facilitate role expansion, nurse practitioners should be encouraged to seek certification in these areas, either through academic credits or continuing education courses. Additionally, professional organizations such as the Florida Nurse Practitioner Network (FNPN), as a part of their mission and formal agenda, could be encouraged to provide health coaching continuing education programs that meet the expanding professional development needs of nurse practitioners.

**Opportunities.** The opportunities for nurse practitioners were identified as the favorable conditions that currently exist for role expansion and development of innovative practice models through the use of health coaching. Health coaches are needed to facilitate the transition from a disease-based model to a wellness model of health care, breaking new ground and fulfilling the mandates of the PPACA. Nurses are strategically positioned and equipped to support health care consumers in making behavioral and lifestyle changes, enhancing personal growth, and supporting wellness and healing.

Nurse practitioner graduate clinical education programs, which are currently grounded in training students to diagnose and manage chronic illnesses, should expand their focus from a disease-based model to include a health promotion model that integrates preventative care into the core curriculum. Pender's (2010) Health Promotion Model (HPM) could be used as a guiding framework for teaching prevention, early detection, and preservation of overall health status and



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functioning for patients who are living with chronic conditions such as heart disease, arthritis, and diabetes.

**Threats.** The threats to achieving the goal of nurse practitioner use of health coaching include possible limited opportunities for reimbursement for such services. There is also a lack of autonomy to independently initiate new practice models, due to Florida's requirements for physician supervision of nurse practitioners. Although the PPACA provides support and funding for an array of nursing services, including nurse-managed health centers, it is not yet clear exactly how the PPACA may be instrumental in removing specific barriers that prevent nurse practitioners from practicing to the full extent of their skills and training.

Political action and effective lobbying on the part of nurse practitioners may help the state of Florida modernize one of the nation's most restrictive nurse practice acts and grant nurse practitioners the full authority to practice under their own license and to their full scope of education and training. Restrictive limitations on advanced practice nursing stifle the implementation of innovative nurse practitioner solutions to health care problems and prevent nurse practitioners from receiving direct reimbursement for their services. Testimony before policy makers and legislators is needed concerning the quality and cost of health care for Floridians, access to care, and the need to relax or eliminate statutory requirements for supervisory protocols that limit the nurse practitioner scope of practice.

### **Inferences about the Important Findings**

**Theoretical Framework.** Health promotion programs that lack a theoretical foundation and are not based on a conceptual model may have difficulty conforming to accepted standards for practice. Without a theoretical basis, it could be difficult for nurse practitioners to move forward with full implementation of the PPACA mandates, or even ensure that the health

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promotion components of clinical practice are clearly recognizable. Pender's Health Promotion Model (HPM) (Pender et al, 2010) can help nurses understand the major determinants of health behaviors as a basis for behavioral counseling to promote healthy lifestyles. Additionally, the findings of this project inform and operationalize the HPM.

According to the HPM, individuals continually interact with their environment. Health care providers are considered a part of the interpersonal environment that influences people throughout their lifespan. Reconfiguration of interactive patterns between a patient and their environment is essential in order for behavioral change to take place. The nurse practitioners in this study reported that they are aware of the increased need for health promotion and preventative care resulting from the PPACA. They are willing to interact with patients through the use of health coaching techniques, and they believe that health promotion can be effective in preventing the onset or progression of chronic illnesses.

The use of the HPM and behavioral counseling may have comprehensive health benefits for patients. If health coaching can help people overcome or cope effectively with life stressors, their ability to engage in self-care may also improve, enabling them to make overall health gains. For instance, Morris and White (2007) used client-centered coaching with individuals suffering from chronic leg ulcers as a means of addressing behavioral change and as well as treatment compliance. They reported success with this intervention and recommended its use with chronic conditions, in order to empower patients and enhance the delivery of clinical services.

Butterworth et al (2006) found that health coaching, which has roots in motivational interviewing, has gained popularity as a behavioral intervention in public health because of its ability to address multiple behaviors, self-management of illnesses, and health risks. This study involved 276 employees at a medical center who self-selected to participate in either a three-

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month health coaching program or a control group. The treatment group reported significant improvement in both their physical and mental health status when compared to controls. Because of concerns about selection bias, a matched case-control analysis was also performed, which elicited similar results. These findings suggest that health coaching can be effective in improving clients' perceptions of their overall physical and mental health status.

### **Implications of Analysis for Leaders**

With the current shortage of primary care physicians and millions of Americans becoming eligible for health care coverage, full implementation of the PPACA may make it more difficult for some patients to receive care. Primary care physicians typically spend their days treating common colds, managing diabetes, hypertension, and other chronic illnesses, and referring patients to specialists. Nurse practitioners have the necessary skills and education for this type of work (Vestal, 2013). There have been no studies showing that nurse practitioner care is unsafe, regardless of whether it is independent or under a collaborative agreement with a physician. Nearly twenty states now allow nurse practitioners to work without physician supervision. In Florida, however, nurse practitioners are still required to work under the general supervision of a physician (Florida Statutes, 2013). Legislative attempts to expand the nurse practitioner scope of practice have been unsuccessful in Florida, although scope of practice issues have been contemplated by and policymakers and other stakeholders for almost twenty years. There are no studies that support or defend the overly-restrictive regulatory scheme under which nurse practitioners work in Florida (Call, 2014).

According to O'Grady (2013), health and wellness coaching expenses can be paid for using pre-tax dollars for patients with health savings accounts or flex spending accounts. This would create a mechanism for Florida nurse practitioners to be paid directly for health coaching

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services. However, since Florida law requires physician supervision, nurse practitioners do not have the autonomy to provide such services independently without physician involvement. The growing shortage of primary care physicians may create an even larger barrier to patients receiving the newly-mandated health promotion and preventative care services.

According to the Florida Association of Nurse Practitioners (FLANP) (2014), by the year 2030, Florida will need over 4000 more primary care physicians. Florida currently has approximately 12,000 primary care physicians. There are presently 12,500 nurse practitioners licensed in Florida. Many nurse practitioners enter primary care upon graduation. If Florida statutes were changed to permit nurse practitioners to function independently and harness their full potential, this could eliminate the anticipated primary care shortage.

The PPACA was motivated in part by an imperative to reduce the relentless increases in health care spending. The purpose of health care reform is to accomplish the overarching goal of keeping people healthier by providing high quality, cost effective care that everyone can access. One way to achieve the goals of health care reform may be to allow nurse practitioners greater autonomy to provide their wide range of services directly to patients in a variety of clinical settings. The Florida nurse practitioners who took part in this study reported that they are ready to step in and take on new models of care delivery, such as health coaching, that target health promotion, disease prevention, early screening, and management of chronic conditions. This could allow more Americans to benefit from the new health care reform laws.

The goals of health care reform can be accomplished by allowing nurse practitioners to expand their role and range of services to include health promotion and prevention. Nurse practitioners are an underutilized resource for health reform. The health care system is becoming increasingly linked to state laws that govern health care. Florida law continues to uphold barriers

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to expanding the scope of advanced practice nursing, although this issue may resolve when the demands are placed on physicians and the health care system to meet the needs of an increasing volume of patients. If nurse practitioners become equal partners in collaborative teams and lead or participate in innovative care delivery models such as health coaching, this would help to reduce health care expenses by increasing early recognition of illnesses and lowering the incidence of costly complications that result from lack of care (Luck, 2013).

According to Fineberg (2013), nurses must be empowered to practice more freely so that they can expand access to care. Nurses should be better educated to ensure that they can provide consistently high quality, evidence-based care. Research should be done to collect richer data about the nursing workforce. The diversity of the nursing workforce should better reflect the population it serves, and should prepare nurse leaders to have a larger voice at decision-making tables with policy makers, legislators, and other stakeholders. Multidisciplinary education and practice should be promoted to enable nurses, physicians, and other health professionals to practice collaboratively as members of well-functioning health care teams.

### **Recommendations**

Although it is recognized that the sample in this project may not represent the views of all Florida nurse practitioners, the findings of this project indicate that there is significant interest among a fairly large group of select Florida nurse practitioners in prevention and health promotion, as well as role expansion through the use of the health coaching model. Health and wellness coaching provides the nursing profession with an innovative opportunity to become leaders in transforming health care in the United States. According to Luck (2013), nurses should take advantage of this opportunity to promote the value of this new model. Nurse health coaches can be instrumental in helping the health care system evolve from a sickness model to a

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wellness model by expanding the preventative care and health promotion infrastructure of the system pursuant to the provisions of the PPACA.

Nurse health coaches, who bring a unique combination of education and skills to the field of health coaching, are tailor-made for the health coaching role. Nurse practitioners can monitor and interpret laboratory and other diagnostic test results, assess the effects of medications and other treatments, and use health assessment tools to assist patients in making improved lifestyle choices. This model draws upon the knowledge base of sports and health coaching, business coaching, and life coaching. Health and wellness education has historically been an integral element of nursing practice (Luck, 2013), making nurses a natural fit for the role of professional health coaching. According to Dossey and Hess (2013), employment opportunities not yet imagined will be developing for nurses who can incorporate coaching into their professional practices across the entire spectrum of health and wellness. Because of the shortage of primary care physicians, Americans who are newly-insured under the PPACA may not be able to reap the benefit of their health plans, especially if they face barriers resulting from travelling far for care. Nurse health coaches are strategically positioned and equipped to support patients in making behavioral and lifestyle changes, enhancing personal growth, and supporting wellness in primary care as well as specialty areas.

The long-term effects of the PPACA on the health care system are not yet known. The language of the legislation has stimulated sufficient interest in health coaching such that several universities and proprietary organizations have developed programs that emphasize health coaching, the nursing role, and patient-centered care. The findings of this study included the identification of knowledge-based and skills-based training needs in the areas of health coaching and culturally competent care. In order to facilitate expansion of their professional role, nurse

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practitioners should be encouraged to seek certification in these areas, either through academic credits or continuing education courses. Certification advances the nursing profession by recognizing achievement, and can also be useful in meeting the needs of employers and the public by identifying individuals who have certain knowledge and skills. It assures consumers that professionals have met certain standards of practice. (American Nurses Credentialing Center (ANCC), 2010).

The Duke University Integrative Medicine program offers certification and professional training in health coaching. The program, which aims to transform the way in which health care is delivered in the United States, integrates Western medicine principles with proven complementary therapies to address health in a comprehensive, personalized model of care that includes health coaching, clinical services, workshops, and other training. Students learn an integrative health coaching framework that focuses on the science of behavior change, personalized health planning, and incorporation of these elements into coaching practices that motivate clients to adopt the behaviors that are needed to achieve optimal health and wellness. The associate director of Duke Integrative Medicine (2013), Annie Nedrow, MD, MBA, believes that assisting clients towards healthier lifestyles is the central approach in improving quality of life, whether related to chronic illness or general health. Dr. Nedrow also works to develop clinical initiatives that support cost effectiveness and economic sustainability within the changing landscape of health care resulting from reform legislation.

The International Nurse Coach Association in Miami, Florida, offers a health coaching certification program that supports national prevention strategies and wellness initiatives. Their philosophy focuses on principles and modalities that integrate the body, mind, emotions, and environment. Their approach recognizes the individual's beliefs and culture as essential

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components of health and well-being. Susan Luck, RN, MA, (2013), who co-directs the organization with Barbara Dossey, RN, PhD, believes that preventative care, nutrition, community, environment, and health promotion are cornerstones of nurse health coaching training and practice.

The International Nurse Coach Association partners with the Institute for Functional Medicine (2014), located near Seattle, Washington, in developing training programs that assist health care professionals to meet the health care needs of patients more effectively, in accordance with the provisions of the PPACA. In functional medicine, the focus is shifted from the traditional disease-centered model to a patient-centered approach that addresses the whole person rather than merely an isolated set of symptoms. Cardiologist Mimi Guarneri, MD, a member of the faculty, teaches lifestyle change programs to aggressively diagnose, prevent, and manage cardiovascular disease. Faculty member Deanna Minich, RD, PhD, who is a medical nutritionist, focuses on teaching clinicians to help patients use healthy food choices and appropriate dietary supplements in making therapeutic lifestyle changes that can sometimes prevent or reduce the need for medications and other treatments.

The Transcultural Nursing Society (2014), based in Omaha, Nebraska, offers certification programs in transcultural nursing. Transcultural nursing is an area of expertise that focuses on the inclusion of international and transcultural content in nursing education. It includes teaching cultural differences, international health issues, and information about international health organizations. The goals of transcultural nursing are to provide culturally-sensitive nursing care and meaningful, culture-specific practices for the health and well-being of individuals and families from a variety of ethnic and racial groups.



### **Recommendations for Future Research**

The population in this study may have been biased in favor of Florida nurse practitioners who were members of the FNP and who have an interest in health coaching. The needs assessment survey questionnaire was sent to all members of the FNP email membership list. Members who received the survey but did not find the topic interesting, relevant, or important may have elected not to respond. Because the survey was disseminated electronically, the sample was biased in favor of nurse practitioners who use email and had access to a computer during the data collection period. Members of the FNP who do not use email did not receive the survey. Florida nurse practitioners who are not members of the FNP were not invited to participate, and this may have created sample bias. Future studies could be done in which paper copies of the survey instrument are sent by the United States Postal Service to all Florida nurse practitioners licensed by the Board of Nursing.

Despite the overwhelmingly positive attitudes of the participants in this study towards health coaching, the sample size was small and there were several potentially confounding factors that may have created barriers to drawing definitive conclusions. Further research with a larger sample is needed to determine whether the findings of this project are representative of all Florida nurse practitioners, as well as those in the other 49 states. Future studies could broaden the characteristics of the sample by including more males and a proportionate number of subjects for each age group, educational level, and specialty area of practice, as well as representatives from all sixty-seven Florida counties.

The confounding factors were related to the questionnaire and its construction. The questions were constructed to receive yes/no responses, which makes higher level statistical analyses difficult if not meaningless. A questionnaire designed with Likert-scaled numerical

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responses would provide more robust data. Additionally, seeking expert opinions for content validity on the questions, as well as expert help in questionnaire construction would enhance efforts too.

**Nursing Workforce.** The respondents in this study who had more years of advanced practice nursing experience were more willing to engage with patients in the health coach role than those with fewer years of advanced practice nursing experience. Although the ages of the participants was not the primary focus of this study, further research could be done to explore the relative readiness of a sample of younger and less-experienced nurse practitioners to use the health coaching model. The underrepresentation of younger subjects in this study may have created bias. However, the willingness of respondents in this survey to provide health coaching services may have some correlation with the subjects' ages, because health coaching offers an alternative to hands-on patient care such as performing procedures, making hospital rounds, or providing bedside care. As the nursing population ages, more alternatives to the physical and stressful demands of health care will be needed, to continue to tap into the expertise of professional nurses who are no longer able to deal with the physical demands of providing hospital based care for seriously ill patients.

Buerhaus, Staiger, and Auerbach (2000) studied trends in the nursing workforce. They reported that the average age of working registered nurses increased by 4.5 years between 1983 and 1998. The number of full-time equivalent registered nurse cohorts that were observed at the time of the study was approximately 35 percent lower than that observed at similar ages for cohorts entering the labor market 20 years earlier. According to the authors, over the next two decades, this trend will lead to a further aging of the nursing workforce, because the largest cohorts of registered nurses will be between 50 and 69 years of age.

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Buerhaus et al (2000) reported that within the next 10 years, the average age of registered nurses was forecasted to be 45.4 years, which is an increase of 3.5 years over the current age, with more than 40 percent of the registered nurse workforce expected to be older than 50 years. The total number of full-time equivalent nurses per capita was predicted to peak around the year 2007 and decline steadily thereafter as the largest cohorts of registered nurses retire. By the year 2020, the nursing workforce is forecast to be roughly the same size as it is today, declining nearly 20 percent below projected workforce requirements. Unless this trend is reversed, the nursing workforce will continue to age and eventually shrink, and will not be able to meet projected health care workforce requirements.

The mean age of respondents in this study was 50.6 years. Although the overall population of nurses is aging, according to the American Nurses Association (2013) the average age of registered nurses in the United States is currently 46 years. This is slightly younger than the mean age of the population of Florida nurse practitioners who responded to the survey. Further research could be done that focuses on younger nurse practitioners who are not nearing retirement age, as they have more years left in the workforce and may have different perspectives on role expansion, training needs, and the development of innovative practice models.

Although the PPACA authorizes new financial investments in training primary care health professionals such as physicians and nurses, the current looming possibility of future nursing shortages supports the need for nurse practitioners to expand their role into the area of health promotion. Several large research studies have suggested that health coaching can be effective in helping patients manage chronic illnesses, halt progression, and avoid hospitalization and disability. Nagle and Yetman (2009) wrote that efforts should be made to transform nursing practice, moving towards a culture of nurses as knowledge workers and evolving beyond the

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current form and function of nursing practice. This could set the stage for nurses who are prepared to take on the role of health promotion and prevention to be at the forefront of a new direction, and become increasingly valuable in the workforce as health care reform takes hold.

Full implementation of the PPACA will fundamentally alter the landscape in which public health is practiced in the United States. The nursing role is dynamic and continually evolving in response to the shifting needs, demands, and resources of society. The nursing profession has the capacity to provide health promotion and wellness coaching throughout the health care system, and take on a leading role in health care reform (Luck, 2013).

Most of the participants in this study believe that the PPACA provides opportunities for role expansion and the development of innovative nursing practice models. Future studies could investigate innovative ways in which nurse health coaches might be able to design and implement new approaches to health care that focus on health promotion and preventative measures, such as entrepreneurship with cash payments or direct reimbursement. Increased opportunities for reimbursement could strengthen nursing's role in transforming the United States health system and the overall health of the nation. This study's responses demonstrated that Florida nurse practitioners would be more likely to engage in health coaching with patients if they could be reimbursed for this service.

More research needs to be done to assess nurse practitioner perceptions of the need for health promotion and preventative care in a variety of specialty areas, as well as the outcomes of health coaching in various settings and disease processes. For example, more studies could be done to evaluate the effectiveness of health coaching in improving compliance with prenatal care in teen pregnancy, the cost savings involved in weight loss coaching for middle-aged patients with metabolic syndrome, and the efficacy of nurse coaching programs for management of

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chronic pain conditions in the elderly. The impact of nurse health coaching could be studied in areas such as oncology, primary care, pediatrics, cardiology, hospice centers, and long-term care facilities.

Further research could be done to explore relationships between nurse practitioner educational levels and attitudes concerning health coaching. According to Wood (2013), eighty-five percent of nurse practitioners are masters-prepared, and only 4.6 percent currently hold a doctoral degree. In this study, sixty-eight percent of respondents held master's degrees in nursing and twenty percent held either a DNP or PhD in nursing, as shown in Table 5. Additionally, seven participants, or five percent, held a non-nursing doctoral degree, as shown in Table 6. It is possible that the overrepresentation of doctorally prepared nurse practitioners created response bias in this study, since a total of twenty-five percent of the respondents held doctoral degrees.

Additional research is needed to validate the findings of this study, refine the conclusions, and expand on any other areas that may benefit from additional clarification. Following the data collection period in this study, the body of literature concerning professional health coaching was reviewed again and no new published studies were found. Although the health coaching field is relatively new and there is a paucity of data, studies have shown that health coaches can offer patients supportive tools and strategies for improving and maintaining long term health.

### **Summary**

The PPACA is a watershed in United States public health policy. It establishes basic legal protections that until now have been absent, including a near-universal guarantee of access to affordable care health insurance coverage. When fully implemented, the PPACA should significantly reduce the number of uninsured Americans (Rosenbaum, 2011). The PPACA also

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focuses on strategic investments in the public's health through health promotion and preventative care.

Health coaching has become a rapidly growing role in both many areas of the health care marketplace. The Florida nurse practitioners who participated in this study demonstrated strong support for the use of this innovative model. Nurse health coaches will have ample opportunities to promote the value of new models for health, resiliency, and well-being. The goals of wellness and lifestyle coaching are to improve health outcomes and reduce health costs for individuals, employers, third party payers, and the nation. This development provides nurses with exciting opportunities to reclaim, reaffirm, and expand their roles in health promotion, health education, patient support, and advocacy by adding coaching expertise to their professional practice skills. Nurse coaching, especially with reimbursement opportunities, has the potential to strengthen the role of the nursing profession in the transformation of the health care system and the health of the country.

The PPACA is transformational, and significant implementation challenges lie ahead. Moving prevention toward the mainstream of the health care system may be one of the most important legacies of the PPACA. The nurse practitioner role can be expanded, permitting this group of highly skilled and educated professionals to meet the health care needs of their communities. Collectively, nurse practitioners have the foresight and vision to be an active resource in solving the health care crisis. The future is bright for nurse practitioners in the area of health promotion and preventative care.

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## **Appendix A**

### **Introduction Letter**

Dear Florida Nurse Practitioner Colleagues:

My name is Shelby Havens, ARNP, MSN, MS. I am a DNP candidate at American Sentinel University in Aurora, Colorado. I live and work in Gainesville, Florida. I would like to invite you to participate in a survey about health and wellness coaching.

The survey is part of my doctoral Capstone project. The title of my project is Assessment of Florida Nurse Practitioner Readiness to Engage in Health Coaching. This project is being conducted because the Patient Protection and Affordable Care Act (PPACA) of 2010 placed a bright spotlight on preventative care. A major shift is taking place in the United States to move from a disease-based model of health care to a health and wellness promotion model. As the PPACA indicates, it is time for new national preventive strategies to be developed and implemented.

Many nursing leaders believe that the nursing profession should consider the recent health care reform legislation to be an opportunity to create new and innovative models of care that support health and wellness initiatives. Such legislative and regulatory initiatives may expand opportunities for advanced practice nursing, including nurse health coaching. In the process of implementing the new rules and regulations, incentives are being proposed to keep people healthy, manage chronic illnesses effectively, and avoid hospital admissions. This can help set the stage for nurse health coaches to be at the forefront of this new direction and be increasingly valuable as health care reform unfolds.

A growing emphasis on health and wellness coaching is timely with the focus on health care reform. Some nursing leaders believe that nurse health coaches may become an essential element in addressing the reform being implemented to improve our nation's health. Certificate programs for nurses in health coaching are beginning to emerge, at colleges such as the University of Minnesota and Duke University.

Health coaching is a process that facilitates healthy and sustainable behavior change by challenging a patient to identify values, attend to inner wisdom, and transform goals into action. Health coaching draws upon the principles of positive psychology and the practices of motivating and goal setting. Nurse health coaches work with health care consumers to create a vision of optimal health, remove obstacles, and evaluate the effectiveness of the patient's actions.

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Health coaching has been described as a new paradigm of care that defines success as improved patient engagement and outcomes, rather than more tests and procedures. The coaching process empowers health care consumers to make lasting behavior changes that are the building blocks of lifelong wellbeing, and bridges the gaps between medical recommendations and clients' abilities to successfully implement those recommendations within the complexities of their daily lives.

There are no known risks to participating in this study. There are no costs or compensation involved. Participation is voluntary and consent is implied by completing and submitting the survey. You should not feel that there is any pressure to participate in this project. You are free to fill out the survey or withdraw at any time without consequences. All data will be kept confidential. As a participant in this project, all information you provide is anonymous. Your internet protocol (IP) address will not be collected or stored in Survey Monkey, nor will it appear on the survey results. The questionnaire is estimated to take about twenty minutes to complete.

Your participation is greatly appreciated. Your participation will contribute to research in the area of nurse practitioner health coaching.

If you have any questions related to this project, please contact me by telephone at 352-316-2035 or via email at [shelbyhavens@hotmail.com](mailto:shelbyhavens@hotmail.com).

Sincerely,

Shelby Havens

## Appendix B

### Survey Instrument

For each preventative care and health promotion intervention below, please check the response that best describes the frequency with which you currently implement the intervention in your practice:

- a. Frequently      b. occasionally      c. sometimes      d. never

1. Blood pressure screening
2. Substance abuse screening
3. Cholesterol screening for adults
4. Colorectal cancer screening for adults over age 50
5. Depression screening
6. Dietary counseling
7. HIV screening
8. Immunizations
9. Tobacco use screening
10. Obesity screening
11. Life stress screening
12. Domestic abuse screening
13. Blood sugar screening
14. Mammogram for adult females over 40
15. Pap Smear for adult females
  
16. How important are preventative care and health promotion interventions in your current practice?
  - a. Critically Important
  - b. Important
  - c. Somewhat Important
  - d. Not Important



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17. Do you believe that nurse practitioners should consider the recent health care reform legislation (PPACA) to be an opportunity to create new models of advanced practice nursing that support health and wellness initiatives?
1. Yes
  2. No
18. Do you believe that there will be an increased need for nurse practitioners to provide health and wellness coaching as a result of full implementation of the PPACA in January, 2014?
1. Yes
  2. No
19. Would you as a nurse practitioner be willing to engage with patients using a health coaching model?
- a. Yes
  - b. No
20. Do you believe that health coaching can be effective in preventing the onset or progression of illnesses such as diabetes, heart failure, and COPD?
- a. Yes
  - b. No
21. Do you believe that nurse practitioners can provide culturally competent health coaching for members of minority groups that will be newly enrolled in health plans pursuant to the PPACA in January, 2014?
- a. Yes
  - b. No
22. Do you believe that nurse practitioners have the necessary skills to engage in health coaching?
- a. Yes
  - b. No
23. Do you believe that your nurse practitioner graduate education has prepared you to engage in health coaching with patients?
- a. Yes

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- b. No
24. Do you believe that nurse health and wellness coaches can be helpful in launching and implementing a new approach to health care that focuses on preventative measures?
- a. Yes  
b. No
25. Would you be more likely to engage in health coaching if you could receive third party payment for this service?
- a. Yes  
b. No
26. What is your age?
- |            |            |            |
|------------|------------|------------|
| a. 20 – 25 | e. 41 – 45 | i. 61 – 65 |
| b. 26 – 30 | f. 46 – 50 | j. > 65    |
| c. 31 - 35 | g. 51 - 55 |            |
| d. 36 – 40 | h. 56 - 60 |            |
27. What is your gender?
- a. Male  
b. Female
28. What is your area of ARNP specialization (check all that apply)?
- |                   |                       |               |
|-------------------|-----------------------|---------------|
| a. Adult          | e. Mental Health      | i. Geriatrics |
| b. Family         | f. Emergency Medicine | j. Other      |
| c. Women’s Health | g. Critical Care      |               |
| d. Urgent Care    | h. Pediatrics         |               |
29. What is your highest earned nursing degree?
- |            |                |
|------------|----------------|
| a. Diploma | e. DNP         |
| b. ADN     | f. PhD         |
| c. BSN     | g. Certificate |
| d. MSN     | h. Other       |
30. What is your highest earned non-nursing degree:
- a. Associates  
b. Bachelors  
c. Masters

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d. Doctorate

31. How many total years of registered nursing experience do you have?

- |            |            |
|------------|------------|
| a. 0 – 5   | e. 21 – 25 |
| b. 6 – 10  | f. 26 - 30 |
| c. 11 – 15 | g. 31 - 35 |
| d. 16 – 20 | h. > 35    |

32. How many years of advanced practice nursing experience (ARNP) do you have?

- |            |            |
|------------|------------|
| a. 0 – 5   | e. 21 – 25 |
| b. 6 – 10  | f. 26 - 30 |
| c. 11 – 15 | g. 31 - 35 |
| d. 16 – 20 | h. > 35    |

33. In which county in Florida do you practice?

- a. \_\_\_\_\_

Thank you for your participation in this survey!

