In Their Own Words: Nurse Insights on Unmet Needs of Individuals March 2019
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Introduction

The United States is in the midst of the greatest decline in life expectancy since World War I. Many Americans are living shorter, sicker lives—not because of some new pathogen—but because of sharp increases in addiction, suicide, and chronic disease. These problems are often rooted in social inequities not normally addressed by the American health care system. Across the nation, public health authorities and policymakers are wondering how the system can evolve to address these new challenges.

No such change can happen without nurses. In many cases, nurses are the single best professionals to understand and address the unmet needs at the root of people’s suffering. Yet nurses’ voices are often left out of the conversation about how transformative change should occur. It’s time to include nurses’ perspectives and make them full partners in the conversation.

Today’s nursing profession is well-equipped for the challenge. No longer viewed only as surrogate nurturers or physicians’ helpmates, nursing is a profession in its own right, requiring unique skills and responsibilities, with nurses occupying a wide range of institutional and community settings. Nurses are people’s most important advocates within an ever-changing, complex health care system. They frequently take responsibility for the actual delivery of care, whether by adjusting an IV drip, ensuring the people they are caring for take their medications, or explaining how a chronic disease will reshape the routine of a family. They are often the most important translators between the formal health care system and the rest of people’s lives. Nurses have also assumed new roles in health care research, policy, and management—all in the name of addressing individuals’ unmet needs.

Generations of nurses worked hard to get here. Through education, organizing, and activism, nurse leaders built a profession to serve individuals and the health care system, but also to advance their own hopes and dreams. Today, many of those same leaders have their minds on where their profession is going next. The demands on nurses are changing along with the health care system; many of their hopes and dreams are changing too.

In many cases, nurses are the single best professionals to understand and address the unmet needs at the root of people’s suffering.
Many nurses feel conflicted about how to best meet people’s needs while also working within the system, or how to advance their careers without losing their connection to individuals at the bedside. All of them are aware that many of the nurses who built the modern profession are about to retire. As the next generation of nurses steps up, their voices must be heard.

Of course, the nursing profession is vast and diverse, including people from many different backgrounds who have chosen a staggering variety of educational and professional paths. To help the reader better understand nurses’ many voices, their opinions have been sorted into five archetypes that represent the various audiences interviewed for this report. These archetypes were chosen based on the audiences’ relationship to change within the profession and the health care system. The voices of nurse allies are also highlighted in a sixth archetype.

There were few questions in this opinion research on which all nurses expressed consensus. But one thing every group affirmed was the need to improve the health care system for the sake of patients, their families, and the communities in which they live. Most nurses are keenly aware of the unprecedented challenges our nation now faces: a chaotic policy environment, the crisis in opioid use, and uncontrollable increases in costs. They know the system needs to change; many also recognize that the health care system must begin better integrating with other community stakeholders to improve population health. Nurses are willing to help, and they are confident that they have earned a place at the table in any conversation about how changes should happen.

Nurses are open to collaboration with anyone who has good ideas to help address the unmet needs of people and communities. We just need to meet them where they are.

This document captures nurses’ voices, providing a resource to help any advocate for change in the health care system meet nurses where they are. It will help readers not only understand how nurses see themselves now, but also help them reckon with nurses’ views of their potential roles as health care evolves. Specifically, it includes the perspectives of nurses on the issues of leadership, education, culture, and driving change around the social factors at the root of this country’s most persistent health problems, as well as how nurses feel they can best help effect change in their own communities. Hundreds of nurses were consulted through one-on-one interviews and focus groups across the country. Each conversation yielded insights on who nurses will need to become to meet individuals’ unmet needs.
Executive Summary

The Robert Wood Johnson Foundation (RWJF) conducted a wide breadth of information-gathering activities in 2018 to assess the nursing profession. The objective of these activities was to provide insights about how nurses—members of America’s largest and most trusted profession—can help ensure that people’s physical, emotional, and social needs are equitably met. The insights aim to illustrate how nurses can work with health care and other systems to ensure that unmet needs are lessened and the voices of people and families are represented in all aspects of care.

This research included dialogue with nearly 500 individuals—front-line nurses (including primary and secondary care nurses, public health nurses, and others), nurse leaders, and also nurse allies—who shared their perspectives on the opportunities and challenges facing the profession over the next decade, especially pertaining to the unmet health and social needs of individuals and communities. Participants provided perspectives on how (and whether) their education and training prepared them to care for people today, whether their current employers provide them with the time and resources necessary to do so, trends shaping the field, and more.

These insights were gathered through nearly 70 in-depth, one-on-one interviews and 16 focus groups conducted in-person and virtually. Learnings from approximately 20 additional informal listening sessions also enhanced the research.

Supplementing this work was a social media audit of 25 high-profile, nursing-related Facebook and Twitter accounts that included a review of more than 950 posts. Because their collective audiences totaled more than 1.7 million nurses, this helped gauge the pulse of a much wider segment of the nursing community.

Taken together, these activities provide an illuminating, robust overview of perspectives on the field of nursing.

Five overarching themes emerged:

1. The modern nurse receives multiple messages about what he/she “should” be doing, and these messages both conflict and overwhelm.
2. Nurse leaders and front-line nurses view “leadership” very differently.
3. Nurses clearly understand the many different needs of those for whom they care, as well as the challenges affecting the health of their communities.
4. While some front-line nurses are willing to consider further education, they think it will likely take them away from patient care.
5. The nursing workforce shortage is often described as the biggest challenge facing the profession. Nurses all view this challenge as an important opportunity to rethink the profession.

More details on each theme appear in the pages that follow, along with facilitator’s insights that provide context on the tone, engagement, and passion displayed during the interviews and focus groups.
The interviewees represented an extremely diverse mix of individuals. To harness and convey their opinions effectively, the research team developed six archetypes to reflect their respective vantage points:

The Academic Nurse generally reflects a senior member of nursing faculty at an academic institution—most often a dean. These nurses have a lifelong commitment to a career in nursing and highly value nurses achieving advanced degrees, such as a doctor of nursing practice (DNP), doctor of nursing science (DNS), or doctor of philosophy (PhD). They are proud of the progress made in the last decade to raise the caliber of nursing education, and they foster an environment that strongly encourages all nurses to graduate with a bachelor of science degree in nursing (BSN). They do not frequently see or treat individuals, and they are more likely to approach nursing from a theoretical or analytical perspective.

The Community Nurse practices in diverse settings—in home health, community clinics, schools, or public health departments. These nurses care for individuals or populations of people and/or lead prevention or policy change efforts in their community. They are well versed in population health theory and usually have had more training and/or experience with the social determinants of health. Often, they self-identify as public health nurses. They are generally better equipped and empowered to address the unmet needs of individuals/communities—including needs not directly related to the acute care system.
The Rank-and-File Nurse spends the bulk of the day providing direct patient care, commonly in acute care settings, but also in private practice, schools, or other settings. These nurses often hold one or more specialty certifications, such as in medical-surgical or critical care. Many are parents to young children, and therefore articulate a strong need for work-life balance. They have seen an increased percentage of the individuals they care for obtain health insurance in recent years, but know that many of these individuals’ health needs remain unmet. At the same time, they feel the daily pressures of providing better care with fewer resources. In the last decade, many Rank-and-File Nurses have obtained BSN degrees, and many are working toward, or want to work toward, becoming nurse practitioners.

The Senior-Level Nurse is an official member of the “establishment”—the health system, hospital, or unit/floor, for example. These nurses are often the voice of nurses in the C-suite; many are chief nursing officers. They are viewed as management, often responsible for overseeing Rank-and-File Nurses, and they generally spend a limited amount of time working directly with individuals. They are typically strong advocates of advanced nursing education, with many holding advanced practice degrees.
The Go-To Colleague Nurse provides important informal mentorship and guidance to colleagues and is widely admired and respected for it. These nurses may be seasoned veterans, or particularly adept nurses with relatively few years of experience. They are resourceful and esteemed because of their commitment to their patients—and the doggedness they display in seeing issues through to resolution. They are not seen as management, instead often viewed as working to address individuals’ needs despite the system. Many have intentionally chosen not to pursue formal leadership positions because they are committed to providing direct care.

The Nurse Ally is an executive at a hospital or health system, or a health policy thought-leader, patient advocate, consumer, or member of another profession. These allies are very supportive of nurses and acknowledge the power that nurses have to change health care. They, too, are familiar with the unmet health and social needs of their communities and see nurses as a bridge to addressing those needs. At the same time, they are aware of the many demands already placed on nurses, and thus recognize that nurses cannot tackle the unmet needs of their patients and communities without additional support.
The insights that follow illuminate what nurses believe are the unmet health and social care needs that people face. They are offered to show how the nursing profession could evolve over the next decade to help meet those needs, and what others in health care (and outside it) can, and should, do to help nurses.

The insights also suggest that as nursing has become even more specialized and individualized, speaking to and for the profession will require increasingly tailored messages and incentives aligned with the specific motivations of different kinds of nurses.

In short, approaches and messages crafted only in one size will not fit all. Moreover, to create system-level changes and lead the field of nursing into the next decade, experts must meet nurses where they are by building on a keen understanding of their accomplishments over the last decade and the challenges and opportunities they face in shaping their role for the future, including how they are educated.

Taken collectively, these insights provide a framework to advance the nursing profession in new and innovative ways to fulfill unmet health and social needs in the United States.

As nursing has become even more specialized and individualized, speaking to and for the profession will require increasingly tailored messages and incentives aligned with the specific motivations of different kinds of nurses. In short, approaches and messages crafted only in one size will not fit all.
Theme I:
The modern nurse receives multiple messages about what he/she should be doing, and these messages both conflict and overwhelm.

In gauging the nursing profession’s baseline view of its capacity, the research team identified a consistent theme: Today’s nurses, whether in acute care facilities or in the community, believe that they are being stretched to their limits, and the dam is about to break. It might bubble up in how nurses talk about their plans and hopes for the future, or in their interactions with those for whom they care. It might come through in the observations they make about the implicit or explicit signals sent by their employers about how they prioritize their time on the clock. When nurses articulate it, however, a pervasive message emerges: The expectations put upon them both conflict and overwhelm.

Many nurses indicated that they are simultaneously being encouraged to:
1. Pursue advanced degrees;
2. Serve as problem-solvers regarding the social determinants of health;
3. Fulfill important clinical care responsibilities; and
4. Be the traditional nurturing caregiver that the world expects them to be.

Since the Institute of Medicine (IOM) released its seminal report, *The Future of Nursing: Leading Change, Advancing Health*, in 2010, the nursing profession has evolved and become even more complex and demanding. Consequently, amid the pressures of unpredictable work environments—whether working in a medical practice, hospital, school, or serving in the military—today’s nurses are pulled in multiple directions.

Nurses are encouraged to pursue additional education to expand their technical skills, leadership skills, and capacity. As an example, the 2010 IOM report called for fostering nurse leaders by increasing the proportion of nurses with baccalaureate degrees to 80 percent by 2020, and doubling the number of nurses with doctoral degrees. While there’s a more common understanding among nurses today that obtaining a BSN is necessary, there’s also an increasing push by nurse leaders to surpass that goal—whether by obtaining a master’s degree, going on for a PhD, or obtaining multiple advanced degrees or certifications.

In addition, nurses are encouraged to expand their non-clinical roles to encompass the social determinants of health and address patients’ unmet needs. Health care delivery
is changing rapidly. In light of the passage of the Affordable Care Act and the move to value-based health care, many hospitals and health systems are increasingly reimbursed based on health outcomes, and required to view their role as improving the health of the community, not just the individuals for whom they care. This often implicitly or explicitly means that nurses are encouraged to work both within clinical settings and in their communities to address the social determinants of health in order to improve community health—and to help limit avoidable readmissions.

**WHAT THEY SAID**

**Rank-and-File Nurses:**

“I’m comfortable where I am. I love what I do. I don’t want to be in management. I like being a field nurse, taking care of my patients, doing my paperwork, and that’s it.”

“I think the medical profession is spread so thin—we nurses are forced to put more on our plates.”

“The more we have to do, the less I feel we are able to provide to our patients. Some of this is necessary, because of health insurance companies’ needs and safety standards. We now have to put more on our plate, and we are not getting compensated for it. I think it’s important, but I think we need more time and resources.”

“I spend so much time charting; it takes me longer to document what I do than to actually do it. We’re not always allowed to provide the care we’d like to provide because we’re too busy documenting that we did it.”

“Charting doesn’t leave enough time to actually address and speak with the patient about post-traumatic stress disorder management, emotional counseling, and substance abuse. If there’s time to make those referrals, those are really important. But, sometimes those slip under the door and don’t get addressed in addition to the medical consult. And, then you have family members to educate and incorporate.”

“I want to continue in my nursing education and although it’s not mandatory, it’s expected you reach your highest degree.”

**Today’s nurses believe that they are being stretched to their limits, and the dam is about to break.**

Nurses are also expected to fulfill important clinical responsibilities, as well as the nurturing role of nurses, who arguably have the deepest, most meaningful connections with those for whom they care. To be clear, the formal job responsibilities of today’s front-line nurses are still seen as clinical in nature. Nurses serve a vital and unmatched caregiving role, to which they cling. It’s what they say inspired them to pursue a career in nursing in the first place. Many nurses interviewed said that caring for individuals and families, whether in acute care facilities or in the community, is the reason they became nurses, and they maintain a deeply held, career-long passion for it.
“When someone thinks about nurses, I don’t want them to just be thinking about someone wearing a nursing cap and doing bedside care at the hospital. I hope the general public sees the role we’re playing in the community, and that it becomes well understood and seen.”

“We’re going to continue to have more market consolidation, which will push the continued demand for nurses outside of acute care settings.”

“We need nurses to be the professionals that Florence Nightingale envisioned. We need to come up with a group of nurse leaders who will make this a possibility.”

“I want to prepare the next Nurse Nightingales—people who look at systems of care, not just individuals. This gets to health equity issues, disparities, etc. I don’t think we have enough nurse leaders and scholars who are prepared in this area. Those who have knowledge and expertise must get out of their comfort zones and out of acute care and advocate for clean water, good schools, etc.”

“Academic Nurses:"

“Go-To Colleague Nurses:"

“Senior-Level Nurses:"

“I’m responsible for 11 different clinics. Half the clinics are great, and then half the clinics are not the greatest.”

“I work in a factory—shifting patients in and out, in and out. Fifteen minutes, take up a chair, bring in a chair, get a patient, get ‘em in, get ‘em out.”

“We need a cadre of nurses who are hired to deliver care, but deliver care plus. The business objectives override the function. I hear my nurses all the time talk about how they don’t have time to teach their patients, and they really want to teach them.”

“Everything is documentation, so some things go on the back burner, and you can’t zero in on what the patient needs and make sure that their environment is such that they can remain healthy or be healthy. Any time I have a complaint or issue, it’s about the complexity of the documentation, hardly ever the actual care.”

“The truth about health care is that it’s about how much money we can make, how productive we can be, and how many patients can you roll out in an eight-hour period.”

“It’s overwhelming, because when I have a patient who is hurt and crying, I want to be able to sit down for half an hour and say, ‘Just tell me what you are feeling.’ I went into nursing to have a human connection, to be able to give part of my heart to someone who is hurting.”

“I think we’ve seen chipping away of the responsibilities and roles of nurses to more narrow ways of working. As you break down the roles, you break down some of the knowledge and responsibilities and ship them out to other people who don’t have the same level of education, training, and knowledge that nurses do.”
IN THEIR OWN WORDS: NURSE INSIGHTS ON UNMET NEEDS OF INDIVIDUALS

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Community Nurses:

“For those of us in public health, what I find I need to do is the constant re-focusing on, ‘What are our priorities? How do we have the greatest impact? How do we partner with communities in meaningful ways?’”

“I actually get in trouble when I work bedside because they don’t like how much time I spend with patients. They would like that I spend much more time on the documentation. I would much rather spend that quality time educating my patients. I spend a lot of time educating about diet and being outside. I try to do as much as I can in the time constraints and with the funding that is available.”

“We do more good in the community when we actually go out to the community and are teaching at free clinics or health fairs.”

“So much work needs to be done or advocated for at the policy level. But there just isn’t a comfort level with that among nurses, and sometimes our hands are tied in terms of what we’re even allowed to do or say. So it’s sometimes just easier to do patient care.”

“We aren’t training nurses for what’s coming down the pike. Community health is always the least important thing, and there’s a total disconnect between hospital health care and community health care.”

Nurse Allies:

“You’ll see patients showing up in the emergency department repeatedly for exacerbation of symptoms, and the symptoms are quite frankly pretty soft. So, it’s the social connections they’re really looking for.”

“So much of health occurs outside the clinic. There’s a big role for nurses and other professionals to share health information, and in a way that’s relevant to their patients’ lives.”

“They’re sort of the glue that holds the whole thing together. I mean doctors’ orders, medication, therapy, care paths, and discharges. Nurses...that’s who does it.”

‘Oftentimes I think of nurses as schoolteachers: Teachers today are required to do much more than teach, and I question if our teachers are prepared.”

“They are multifaceted, task-oriented people—they have to be the social worker, have to know the individual...but because of the many demands of the system, they can’t do that.”

“I think too often our nurses have either abdicated that advocacy/social determinants of health role because of the volume of other stuff they are trying to get through, or they have been forced to abdicate that role.”
Aside from rare exceptions, nurses with whom we spoke did not explicitly articulate feeling pulled in multiple directions.

However, the hefty lift of juggling their different roles was inferred as nurses talked about feeling equipped, but often not empowered, by their organization to play every role they’d like to play to better assist individuals for whom they care and to help fulfill the unmet health and social needs with which they are struggling.

Their voices belied their frustration as they shared anecdotes about trying to help individuals and families find transportation to appointments, affordable medications, or ready access to fresh fruits and vegetables, and the struggle to allocate time during a shift to manage the many diverse responsibilities they have.

It was also what was often left unsaid that was revealing: Nurse after nurse described an increasing number of individual/family needs related to the social determinants of health, their increasing clinical responsibilities, the increasing number of people requiring their care each day, and the increasing amount of electronic recordkeeping and documentation for which they are responsible.

And, the idea that nurses juggle all of these pressures with no additional resources (i.e., time, funding, staff)—all while raising families and hearing that they should be pursuing advanced degrees in their spare time so that they can move to leadership positions—was understandably daunting.
Theme II:

Nurse leaders and front-line nurses view “leadership” very differently.

The starkest discrepancies between nurses interviewed surfaced in their perceptions of what it means to be a leader. Nurse leaders typically embrace leadership “with a capital L”—meaning pursuing formal leadership/management positions at their organizations, serving on boards, holding prominent civic roles, advocating for state or federal policy change, and more. They tend to see the pursuit of leadership as a way to position nurses as stronger advocates for individuals and systems change writ large. While cultivating this kind of nurse leadership has been widely embraced and successful in academia, on the front lines of nursing, “capital L” leadership does not resonate nearly as positively.

The front-line nurses interviewed—representing a range of settings, from hospitals to schools to public health—don’t simply fail to relate to the kind of leadership their more senior counterparts envision. In fact, this kind of leadership seems to turn many of them off. It conjures images of bureaucrats leading broken systems, or number-crunchers removed from direct care. These nurses tend to view leadership as a formal part of hospital or health system management, a role that is seen as mutually exclusive from the personalized care they are inspired to provide.

Front-line nurses do, however, tend to embrace the leadership inherent in working to help and care for individuals. Although quick to express that their work is hard, even exhausting, they commonly express pride and enthusiasm when talking about the people for whom they care, and often cite the long-held public perception of nurses as the most trustworthy profession. For these nurses, leadership comes in more informal ways—serving as the vanguard for individuals in navigating the complicated health system. That’s why they’re more likely to look for mentorship from a more experienced nurse who still spends the bulk of his/her time caring for people. Overwhelmingly, they look to and are inspired by colleagues who are leaders with a “lowercase L.”
WHAT THEY SAID

Rank-and-File Nurses:

“You lead by example because you’re very good at what you do, and you provide a very high standard. Other people will follow you, and you have a kind of leadership, but people will roll their eyes when they hear the word ‘management.’”

“I think people will follow you because you’re good at what you do and you’re responsible in your care and you communicate.”

“It’s putting forth suggestions and ways to help make things more productive. That’s the type of thing I think other people will come to without being designated as ‘in charge’ or as a ‘manager.’”

“I’ve played a role just being a staff nurse on the floor and I’ve substituted as clinical lead or charge nurse from time to time. I’ve been on the opposite side when I’ve been able to see a good team leader and how the floor will flow when there’s somebody there really in tune with other nurses.”

Nurses must be leaders. That doesn’t have to mean that everyone becomes the chief nursing officer or the senior vice president of nursing. But it does mean taking up the mantle of Florence Nightingale.”

“Organizations that employ nurses need to be put in situations where they are forced to look at how they’re hiring and using nurses in leadership roles so that they can effect some additional changes in the way they operate.”

Senior-Level Nurses:

“Several times I had to build a unit. It was about providing purpose, direction, and motivation. The typical military definition of a leader is to provide those things, and the resources. It was a lot of pumping their heads up to, ‘We’re going to be the best unit in the facility.’”

[On workplace bureaucracy:] “It’s just trying to set a time for myself to answer emails, answer all the stuff that when you’re not working a desk you don’t even think about. You’re just, ‘Man, let me just get my hands in there, get dirty and let’s go.’ Now, I don’t get dirty. I don’t feel like a nurse anymore. I feel like a paper-pusher at this point.”

Academic Nurses:

“It’s important and essential that nurses seek out, are promoted and placed in high-ranking positions within the health care system in order to make some institutional changes.”

“Nurse leaders have to distinguish between leadership and management. Many of the peers and colleagues I have in leadership positions are managing.”

“I think we’ve lost track of the idea of leaders who help us move toward our vision.”
Go-To Colleague Nurses:

“I’m comfortable where I am. I love what I do. I’m not a manager. I don’t want to be in management. I would never want to be a manager, but even the managers...I’ve been there for longer than they have, so they call me for questions. I feel like I’m a leader in a lot of different ways because of the knowledge I’ve gained.”

[On why leadership is not a goal:] “I like being a field nurse, taking care of my patients, doing my paperwork and that’s it. I wear multiple hats. I’m right at the front line. I circulate, I scrub, and I will first-assist. I will mop floors. I will do anything that has to be done.”

Community Nurses:

“Non-profit hospitals are required to do community health needs assessments and improvement plans. I was part of that work in our county. I, as a nurse leader, facilitated 27 different stakeholder groups to actually do the work. That takes the skillset of a public health nurse; you’ve got to know how to do that.”

[On nurses being community leaders who can address the unmet needs of their communities:] “Community health needs assessments shouldn’t be done without a nurse.”

Nurse Allies:

“A lot of nurses are afraid to get involved. I go to all these meetings about health and housing, and it’s all executives—heads of organizations. They’re the people who do not even know things that are going on in our state or whatever, not the day-to-day part of the patient experience. There are no nurses there. Nurses are the ones to have the really bad job of telling people like, you either can’t go home because it’s not safe to go home, or a nursing home is your only option right now. Or, just flat out letting people go, knowing that they don’t have the home support.”

“I would love for there to be a different group where nurses and others who play that intimate role on a day-to-day basis are actually the leaders or a voice in solving this.”

“I think if nurses were empowered to handle the housing and home care issue firsthand, I think they could get a lot farther than what executives are doing right now.”
FACILITATOR’S INSIGHTS

It’s important to point out that none of the focus groups or one-on-one interview questionnaires referenced the term “leadership,” but there was a noticeable gulf between what front-line nurses in all settings and nurse leaders expressed.

Front-line nurses tend to think of leadership as virtually synonymous with “management.” Among many, there can be a slight tone of disdain when they discuss leadership. It raises “us versus them” connotations. Front-line nurses often assign middle management, such as shift supervisors, into the leadership category. They view these individuals as getting to spend very little time on direct care, and because of it, many say they want no part of leadership.

Nurse leaders, on the other hand, fully embrace their leadership roles. They use aspirational language, including repeated references to Florence Nightingale, and talk about achieving specific goals. They typically speak of the pursuit of leadership as nurses’ best vehicles for improving people’s care and enhancing autonomy for nurses. They often subscribe strongly to the idea that nurses are natural leaders. There’s a palpable undercurrent in many of their remarks that suggests a belief that most nurses are able and should want to pursue a career path similar to their own.
Theme III:

Nurses indicate that they understand the unmet needs of their patients, as well as the challenges affecting the health of their communities.

Nurses with whom the research team spoke appear tuned in to those for whom they care and the needs of their communities. Indeed, in dozens of conversations, nurses’ clear understanding of people’s unmet health and social needs shone through.

Most nurses said they want to help people meet unmet needs, but that they don’t necessarily have the time or institutional buy-in to do so.

Nurses frequently spoke about challenges related to mental health, food insecurity, unemployment, and substance misuse, for example—and indicated that it is not lost on them how much of a ripple effect these issues have on their surrounding communities.

Notably, most nurses said they want to help people meet unmet needs, but that they don’t necessarily have the time or institutional buy-in to do so. Too often, they report having to find “Band-Aid” fixes to an immediate problem. Some worry about what happens after the person is discharged, expressing concerns that he or she might not have the ability to adhere to his or her care regimen or instructions. They express frustration about not being able to guarantee access to certain services, whether due to budget cuts or other factors beyond their control.

While nurses speak animatedly about helping people address the social determinants of health, they rarely use a common vocabulary to describe the nature of this work. For many, the lines between different terminologies—unmet needs, population health, community health, the social determinants of health—are blurred. This is particularly true for front-line nurses, who are often unfamiliar with the term “health equity,” and even if they have heard of it, they likely can’t define it.

They do speak knowledgeably about addressing the unmet needs of individuals, but they largely speak in terms of the immediate challenges before them—what they see and experience every day, which includes their role as health educators. Nurses express a sense of responsibility for, and in fact embrace, their role as health educators—whether it involves educating parents about how cigarette smoke in their carpet plays a role in their child’s asthma attacks or coordinating transportation for a patient to get to follow-up appointments. They also acknowledge that it is a role they play both on and off the clock—considering their volunteer work in their communities an extension of it.
WHAT THEY SAID

Rank-and-File Nurses:

“I really see patient education as a big one. I think that we have a great role in being a bridge in educating families in eliminating some of those barriers. If you educate the parent to smoke outside, you can make a little difference in helping curb asthma attacks, or educating parents about how to administer seizure medications can help avoid hospital stays or help their kids make improvements. These don’t have to be big changes. Little changes can help.”

“I would even go as far as to say we advocate a lot. We bring that nursing component, it’s almost like we’re looking at the patient from the total patient perspective, holistically.”

“A lot of times we see patients’ notes say that they’re not taking their medication either appropriately or just not taking it at all. But, you know, unless you get specific with them and you have a rapport, it doesn’t quite come out that the problem could be that they can’t afford the medication, or that they don’t have access to a pharmacy, or transportation to the pharmacy. It’s not that they’re not trying to do the right thing, it’s that they have never been asked, ‘Can you afford this medication?’”

Academic Nurses:

“I think most nurse leaders have the similar problem of most nurses where it’s hard to think about why someone is sick when you are facing the question of, ‘How do I help them get healthy from a specific illness right now?’”

“I think nurses are also kind of paralyzed by needing to meet immediate health needs and not having the time, ability, or competencies to help keep patients from re-utilizing clinical services. Some receive training, but it’s very little.”

“Unfortunately, a large number of RNs do not receive any training in community health or public health. It’s a huge hole.”

Senior-Level Nurses:

“The biggest problem is lack of patient knowledge. Patients come in and haven’t seen a doctor in 25 years.”

“There’s a lack of patient education in primary care and prevention.”

“I wear many hats. Some days, I’m advocating to the insurance companies why a patient needs inpatient care. I have to evaluate whether a patient is appropriate for care because some people need a high level of psychiatric care. So, I do a lot of looking at patients, trying to evaluate their needs, and seeing if we can meet them.”
IN THEIR OWN WORDS: NURSE INSIGHTS ON UNMET NEEDS OF INDIVIDUALS

Go-To Colleague Nurses:

“One of the biggest hurdles is housing. Safe housing, and I don’t necessarily mean safe neighborhoods. I mean the actual structure that patients are living in. The hospital I work at is starting this initiative for safer housing for patients. We’ll actually be going into the patients’ houses to fix up their houses and make it safer for them, just to make sure patients with severe asthma (for example) live in a safe environment.”

“I live in a pretty good area, and even there, people struggle with access and cost. I’m very disappointed sometimes in the entire process of navigating care, and access to health insurance is a big issue. I think the whole system is very confusing for a lot of community members. It makes people very hesitant and intimidates them, but nurses can help.”

“Where I live people have to go two hours away to get care... I live between Houston, Austin and Dallas. Good hospitals are all around, but at the end of the day, we have to travel at least two hours to get any kind of really good care for chronic disease.”

Nurse Allies:

“In my state, we have an alarmingly high infant mortality rate. Much too high if you look at all the other measures. And it turned out that food insecurity, housing insecurity, and to a lesser degree transportation appear to be major drivers.”

“I would say having accessible and safe ways to get places is a barrier to health. For example, being able to navigate the sidewalks in your neighborhood if you are in a wheelchair; or if you’re walking with any kind of limited mobility, a walker, or a cane, communities like to put up these stamped brick paver things, and that’s horrible for anybody who has any kind of mobility issues.”

“My patients are low-income. They have poor housing; it could be rodent- or pest-infested. They could be homeless. They lack adequate food.”

“It’s frustrating sometimes, because there’s a patient who can’t buy medications, or oncology patients who are willing to have chemotherapy, but then don’t have access to transportation. And, then when you thought that you had the resources to help that patient, but you call case management or you call the social worker, and then they come and say, ‘That has been cut off. We can’t provide transportation to patients anymore.’ So, you’re left with nothing.”

“It feels a bit like Robin Hood. I have patients who come to me, who on paper look like they probably couldn’t have a transplant because they couldn’t handle all the medications, all the visits, all the labs, etc. But, I work with them closely and package them up—they get financial assistance, we enroll them in SNAP.”

Community Nurses:

“Where I live people have to go two hours away to get care... I live between Houston, Austin and Dallas. Good hospitals are all around, but at the end of the day, we have to travel at least two hours to get any kind of really good care for chronic disease.”

“We have a pretty much entirely elderly population nearby and so really issues of loneliness and connectivity with social interactions are a big issue for us.”
Whether in focus groups or one-on-one interviews, nurses—particularly front-line nurses, who see people struggle on a daily basis—seemed to have a fervent passion for talking about the social determinants of health. Front-line nurses also spent more time talking about this topic than any other group interviewed.

Nurses relayed anecdotes about individuals struggling to afford both the electric bill and prescription medications, the community’s failing education system, how the opioid crisis has overwhelmed their neighborhood, the impact that untreated mental health issues are having on people’s physical health, how people living in urban food deserts cannot access healthy foods or be left alone while their caregivers drive to a grocery store, and more.

Nurses see individuals face these hurdles daily, and it’s clear these nurses’ skills and expertise, combined with their innate nurturing qualities, drive them to want to help, to want to overcome them. Yet, their voices convey how frustrated they are that they do not have the time, resources, or organizational support to do so.
Theme IV:

While some front-line nurses are willing to consider further education, they think it will likely take them away from direct care of individuals.

To better understand the educational aspirations of the nurses interviewed, the research team asked them whether they are currently pursuing further education or plan to do so in the future. Of the nurses asked about further education, 14 percent reported that they are currently pursuing further education, 35 percent reported that they have plans to do so in the future, and 51 percent reported that they are not pursuing further education, nor do they plan to.

In the ensuing conversations, a key theme emerged. Front-line nurses interviewed acknowledge the value of additional education. They seem to accept that obtaining a BSN degree is a given—especially if they are to maintain employment and remain competitive in today’s labor market. And when asked about education beyond a BSN, they indicate they are willing to consider it.

However, the research team clearly observed that these nurses equate more advanced education with a shift away from direct care. Indeed, many indicated that seeking more education is likely to take them away from the care of individuals altogether. The cost of education was frequently cited as a barrier—both because they said they could not afford the expense at this time, and also because they indicated that they don’t believe the degree would result in enough additional salary to offset costs.

Nurses were also asked about formal training they have received for addressing social determinants of health, population health, or health equity. Most indicated that their preparation was very limited. Many spoke about taking just one or two classes, and reported getting no current continuing education on these issues. Several said that the nursing program at their alma mater has not added more educational content on this topic, despite the perceived need. Others noted that the education they received doesn’t always sync up with the “real life” unmet health and social needs of the people for whom they care.

Front-line nurses equate more advanced education with a shift away from direct patient care.
WHAT THEY SAID

Rank-and-File Nurses:

“I’m torn right now. What a nurse practitioner makes is not that much different than what I make now, and I’d be putting myself in a lot of debt that I’d then have to pay off. It’s another step just to further my own knowledge. I just don’t know if I would want to take on all that.”

“I would say it opens up a lot more opportunities for you. Let’s say we all start out at the bedside and you don’t want to do bedside nursing anymore, you can go and be an educator, a nurse specialist. You can be a nurse practitioner. You can change your hours. It’s just more flexibility.”

“Although you may need to advance your degree, you’re not financially helping yourself any more by going past the BSN degree. I have been thinking about it recently. I practice at the top of the scope of a licensed vocational nurse (LVN), and I think that there is more I could do if I continued my education and got my RN. But, it takes time and money.”

“I think that materials and research on health equity or population health must make [their] way into nursing education, so that those are just as robust as other parts of our education. Unless someone is pursuing a master’s in public health, I think that access to those materials is compromised.”

Academic Nurses:

“A big challenge is preparing enough PhDs who are going to become the educators and scholars of the future. I’m very worried that we’ve seen a decline in the number of applicants for these positions. If this continues, nurses are going to have a diminished leadership role.”

“I’ve been in nursing education a long time. Nursing programs prepare nurses, value population health, etc. But when nurses get into their work setting, they’re still slotted into very traditional roles of working in this unit, or working 7:00-3:00, and they’re not empowered to the full extent of what they were taught.”

“I think the need to lean into [more of a curriculum focus on] evidence-based practice, it is a huge leadership challenge right now. [Nurses] are getting more and more information available to us from research, but being able to evaluate if it’s valid, if it’s good, or when we can put it into practice is missing. Nurses should be able to evaluate, and do it in a thoughtful manner, and a lot are [currently] not prepared to understand those kinds of intricacies of research and publications.”
IN THEIR OWN WORDS: NURSE INSIGHTS ON UNMET NEEDS OF INDIVIDUALS

Senior-Level Nurses:

“I have everything I need right now, I’m a director-level nurse. I’m all for keeping going, because if we want to be taken seriously as a profession, we have to have the most educated people. However, you’re going to lose people like me, because a nurse practitioner or a master’s degree nurse, they do not stay at the bedside ever, ever, ever, ever.”

[On why a nurse might not want to pursue an advanced degree:] “A big selling feature of nursing is the hours. You go into bedside nursing and you work three 12-hour shifts, so you get four days off a week. It’s hard work, but if you’re older you’re not going to say, ‘Let me get a new career now.’”

“I’ve always wanted to go back to school, but I do not want to incur more debt. I am still paying off my undergrad.”

Go-To Colleague Nurses:

“I really like my current job. I like taking care of babies. I don’t know that I would want to leave that to be a family nurse practitioner or a neonatal nurse practitioner.”

“Any jobs that I have ever done, they have never said, ‘I need to see your bachelor’s degree,’ or ‘I need to see your associate’s degree.’ It’s never mattered. Just that I have credentials behind my name is enough.”

“I have never had to say ‘I’ve only got a bachelor’s,’ or ‘I’ve only got an associate’s degree,’ or something like that ever, and I’ve been a nurse for 27 years.”

Community Nurses:

“It’s a big financial commitment. I have three children in college right now. The cost of nursing school has just skyrocketed. It’s just out of control.”

“I actually enjoy the bedside world, so I don’t see myself going back and getting another degree at this time, or ever.”

“Go-To Colleague Nurses: It’s a big financial commitment. I have three children in college right now. The cost of nursing school has just skyrocketed. It’s just out of control.”

“I actually enjoy the bedside world, so I don’t see myself going back and getting another degree at this time, or ever.”

Community Nurses:

“I’m thinking of a master’s in public health. I’m really passionate about public health and really meeting my clients where they are, so I want to pursue more of a public health path so that I can do more policy work.”

“I consider myself to have continuing education, but it’s not recognized. Public health nursing doesn’t have a career ladder or specialization. There is no degree or certification in public health nursing, but that’s what I do.”

Nurse Allies:

“Nurses who get training at public health hospitals or community clinics get that exposure or training in the social determinants of health, but it’s not across the board.”
Theme V:

The nursing workforce shortage is often described as the biggest challenge facing the profession. Nurses also view this challenge as an important opportunity to rethink the profession.

No matter where they reside or work in the United States—either geographically or by setting—nurses interviewed expressed awareness that the nursing pipeline is drying up. Within this human capital crisis, nurses spoke out about a variety of additional challenges. They mentioned burnout and the large number of nurses who will soon retire, just as the baby boomers are aging and need more care. They also mentioned time management issues, the need for nurse navigators, and safety risks to individuals.

On the opportunity side, nurses interviewed by and large indicated that they see the opportunities available for nurse practitioners, in particular. They seem to understand the intrinsic benefits of becoming a nurse practitioner, including increased earning potential and perhaps an expanded scope of practice, depending upon where they live. They also see the expanded role of advanced practice nurses and certified nurse assistants as opportunities.

Amid all of this, they wonder: What will a nurse’s role be in the future?

No matter where they reside or work in the United States—either geographically or by setting—nurses interviewed expressed awareness that the nursing pipeline is drying up.
What They Said

**Rank-and-File Nurses:**

“The biggest challenge I encounter on a daily basis is **time management and adequate staffing.** There’s a huge shortage of nurses currently, and having a lack of people to address patient care needs makes it hard to care for the whole patient when you are focused on simple tasks.”

“I think we are struggling with this one entry into practice. As we recognize the value of more education and getting BSN prepared, our profession has not really actualized that despite the evidence.”

“The economic drivers for hiring well-prepared nurses are so immense that we cannot get the most qualified nurses in the places where we need them most. That’s a huge challenge of health care systems saying that they cannot afford the better-prepared nurse. They would never say that about a physician. But the perception is, ‘A nurse is a nurse, is a nurse,’ so they usually go for the cheapest one.”

“Because of the increasing population of the elderly, there will be a lot of growth in the field and room for advancement. **There will be opportunities for nurses to make more money and to do different things.**”

**Academic Nurses:**

“The aging of the nurse population and stemming the tide of retirements...”
[in response to the greatest challenge facing the profession].

**Senior-Level Nurses:**

“The biggest challenge is also going to be around education. **We need to be very diligent about helping the new direction of education remain nurse-centric versus assimilating into the medical establishment.** If we are not careful, and if we don’t socialize or professionalize nurses, we risk them not appreciating the difference between nursing and medicine. And if that were to happen, I could see us losing a very strong, influential aspect in terms of the roles nurses can traditionally play in front-line patient care.”

“I feel that health care is shifting more and more to a business-oriented mindset, and I foresee it hindering patient care. Instead of viewing it as dealing with a patient’s life, or a loved one’s life, it’s, ‘How much can we do with fewer nurses or staff?’ It’s number crunching rather than quality.”

[On the need to ensure the next generation of nurses has important clinical skills:] “Nurses are being spit out of programs but don’t have a lot of clinical experience. **In my BSN I learned a lot about writing a research paper, but I didn’t know how to put in an IV.**”

“There’s growth in nursing practice. You see it on the advanced practice side. **There’s room for growth for nurses to specialize and explore interests.**”
Go-To Colleague Nurses:

“The nursing shortage is definitely a huge factor, as is the population shift that is happening. The older generation is starting to retire and the younger generation is not as big, so caring for those people will be a challenge.”

“The baby boomers still have unhealthy behaviors...they will be sicker, and we won’t have the nursing workforce to care for them.”

“We are going to have an experience gap. No one seems to be staying at the bedside, and we’re getting away from patient care.”

“There’s a lot of us retiring, aging out of the field. I think a lot of people will enter the nursing field for job security. I think that creates opportunity, because we’ll have nurses representing a lot of diversity.”

Nurse Allies:

“There’s an opportunity for hospitals to be really good community citizens—to share the wealth of people who work for them with agencies in communities who are focusing on upstream factors. Making a place for hospitals to pick up and combining nurses with staff leaders.”

[On harnessing the opportunity to cultivate a new generation of nurses tuned in to the unmet needs of their communities:]

“The opportunity here is to have more nurses serve as leaders in the community.”

Community Nurses:

“We need to get the funding and the buy-in to support community-based health, to pay the nurses but also to provide more training and provide way more staff in order to work with the population that needs help.”

“I think there will be a huge shift to primary care, and preventing disease, and to recognizing community health as evidence-based.”
Nearly every nurse we spoke with cited the looming workforce shortage as the greatest challenge facing the nursing profession.

Yet the tone with which they describe this challenge indicates that they do not see it as all “gloom and doom.” Instead, many of them say with optimism that the shortage could very well provide the profession’s greatest opportunity.

There’s recognition that with the proliferation of nurse practitioners, physician assistants, and nurse aides, the practice scope for the typical BSN may be changing.

Whether they are nurse leaders or front-line nurses, they view this as a time of opportunity both for themselves and for the nursing profession. They cite opportunities to further specialize and increasingly advocate on behalf of individuals. They talk about shifting their focus from care and treatment to prevention. Some speak of placing greater emphasis on community health. The challenge undoubtedly lies in channeling this enthusiasm through pragmatic solutions that will meet the needs of individuals who, and communities that, struggle with a host of health challenges.
Nine Potential Implications to Consider

The following are potential implications for further exploration:

1. *Expectations of nurses to concurrently a) pursue advanced degrees, b) serve as patient educators and problem-solvers regarding issues related to the social determinants of health, c) fulfill important clinical care responsibilities, and d) be nurturing caregivers—may seem unrealistic.* A host of factors appear to be at play, including the fragmented health care system, economic drivers, and some hesitancy among nurses themselves to meet these multiple demands.

2. *Future expectations of the nursing profession should speak to the unique needs and preferences of different health care markets and individual nurses.* What works for nurses supporting people living in a bustling urban center will not necessarily work for those staffing a remote health care clinic, just as incentives designed to motivate the Senior-Level Nurses may not motivate the Go-To Colleague Nurses or Rank-and-File Nurses.

3. *Presenting a vision for the “Future of Nursing” may require careful segmentation and tailoring to address the wide diversity among nurses and the interests that they pursue (based on market, geography, education, clinical setting, etc.)* As with any major systems or organizational change effort, the success of leveraging nurses to address the unmet needs of individuals and their communities and improve the delivery of health care necessarily depends upon effective audience targeting and segmentation.

4. *Communications should “meet nurses where they are” and reflect both what nurses want from the profession, and the myriad pressures they feel.* The archetypes offered in this report were created to offer additional insights in evaluating and exploring potential calls to action, and how Rank-and-File, Senior-Level and Academic Nurses archetypes, for example, will likely respond very differently to them.
5. **Messages about continuing education should articulate the return on investment for nurses when advancing their education.** Based on the prevailing perceptions of front-line nurses, these messages should be crafted to acknowledge both the perceived shift away from direct care and the considerable financial costs associated with further education, especially if they are to appeal to Rank-and-File Nurses.

6. **Nursing education (both undergraduate and continuing) should more fully explore the social determinants of health.** There is clear consensus that nurses have a desire for greater exposure to the following topics while in their undergraduate program or as they continue education: a) a greater focus on the social determinants of health-related needs of individuals, b) greater exposure to people who are struggling with the social determinants of health (i.e., via more clinical time spent in free or low-cost clinics), and c) more ongoing educational opportunities, whether it be through continuing education and/or informal training and seminars via their employer to ensure they’re well-prepared to address “real-life” situations.

7. **Caring for people with complex health and social needs is time-intensive for nurses, which may or may not present opportunities for technology and innovation to aid and expedite processes.** Considering, however, that a small number of nurses interviewed indicated that technology and innovation might be an impediment, the general question of if and how technology and innovation can expedite processes seems ripe for further exploration.

8. **In order to communicate more effectively with nurses, experts must use a common vocabulary.** Terms such as “social determinants of health,” “culture of health,” “health equity,” “complex care,” “population health,” etc., are largely unknown or seen as confusing and/or synonymous. Just as the “Future of Nursing” depends upon careful audience segmentation and tailoring, calls to action to these target audiences must use consistent and clear language in order to optimize impact. It would likely behoove the field of nursing to settle on agreed-upon language and use it consistently.

9. **Nurses’ self-acknowledged role of trusted advisors and educators—whether on the job or as community and family members—presents untapped opportunities to disseminate information.** This role, which nurses appear to embrace fully, would seem to provide an opportunity for those interested in truly “meeting nurses where they are” in offering calls to action to meet the unmet health and social needs of people in the United States today.
# Nursing Methodology Table and Discussion Guides

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Nurse Leaders One-on-One Interview Guide

INTRODUCTION

My name is _____________________, and I work for a firm specializing in health-related communications. We’ve been engaged by the Robert Wood Johnson Foundation to assist with communications for various nursing programs that the Foundation supports.

We are speaking with nurses like you to discuss the state of nursing and the future of the field. We want to know about your experience as a nurse and trends you see.

I want to stress that this interview is strictly confidential. I will not connect your name or any affiliations you may have to the answers you provide. Your responses will only be reviewed by me and my colleagues as we prepare a summary report of our conversations.

We will not be offended by your reactions, so please be candid.

I know your time is valuable, so we’ll keep this discussion to 30 minutes, at most.

Do you have any questions before we begin?

Ok. Let’s get started. Remember, your candor is key to our success.

Interview Questions:

BACKGROUND

1. To begin, which of the following best describes the setting where you work?
   a. Academia
   b. Association
   c. Foundation
   d. Corporation
   e. Public health department
   f. Health system/hospital
   g. Other: _____________________

2. How long have you been a nurse?
   a. Fewer than 5 years
   b. 5-10 years
   c. 11-20 years
   d. 21-30 years
   e. More than 30 years
3. Which of the following represents the highest level of education or degree that you hold?
   a. Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) Certification
   b. Associate's Degree in Nursing (ADN)
   c. Registered Nurse (RN)
   d. Bachelor's Degree in Nursing – Bachelor of Science in Nursing (BSN)
   e. Master of Science in Nursing (MSN)
   f. Advanced Practice Nurse (APN or APRN)
   g. Nurse Practitioner (NP)
   h. Certified Registered Nurse (CRN)
   i. Doctor of Nursing Practice (DNP)
   j. Doctor of Nursing Science (DSN or DNS)
   k. Other: _________________________

4. Do you have a specialty certification, such as pediatrics, oncology, critical care, med-surg, etc.?
   a. Yes
      Which one(s)?
   b. No

5. Are you currently pursuing further education, or if not, do you see yourself going back to school in the future?
   a. Yes—currently
      Why?
   b. Yes—in the future
      Why?
   c. No
      Why not?

6. Do you see patients?
   a. Yes
   a. No

**PATIENT HEALTH NEEDS**

Now, I want to ask a few questions about the patients nurses today serve, and any unmet needs that may impact their health.

7. What are some persistent behavioral or social issues patients face today? (open ended)

8. Do you think nurses today are equipped to address these issues?
   a. Yes
      Can you tell me more?
   b. No
      What would nurses need to be able to do so?

9. Thinking about the issues we’ve just discussed, what do nurse leaders need to help today’s nurses become equipped to address these issues? (open ended)
COMMUNITY HEALTH NEEDS

Now, I’d like to talk for a minute about the people in the community you live in.

10. What do you see as the three biggest obstacles to health in your community?

11. Do you think today’s nurses have a role in, or ability to, improve those issues?
   a. Yes
      Can you elaborate?
   b. No

CULTURE OF HEALTH

I’m now going to read you a passage, then I’d like to ask you about it:

“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

12. Do you agree or disagree with this statement?
   a. Agree
   b. Disagree

13. With this statement in mind, do you think nurses today have a role in advancing health equity?
   a. Yes
      Tell me how.
   b. No
      Can you elaborate on that?

I’m now going to ask you about improving the health of a group of people—so working to improve the health of a whole school, a whole town, or the whole country, for example.

14. Do you think nurses today have a responsibility to do this?
   a. Yes
      Tell me how.
   b. No
      Can you elaborate on that?

15. Do you think nurses today are equipped or qualified to do this?
   a. Yes
      Tell me how.
   b. No
      Can you elaborate on that?
EDUCATION AND TRAINING

Shifting gears slightly, I’d like to ask you about nursing education and how it relates to the areas we’ve just discussed.

16. Do nurses today receive formal training or education in these areas?
   a. Yes
   a. No
   Should they?

17. Next, I am going to read you a few statements. I will read them through twice and then I’d like you to tell me which statement best reflects your perspective.
   a. Addressing the issues we’ve discussed today is important, but addressing them is not the responsibility of nurses.
   b. Addressing the issues we’ve discussed today is important, but to do that nurses’ time would need to be allocated differently.
   c. Addressing the issues we’ve discussed today is important, but to do that nurses would need training or formal education.
   d. Addressing the issues we’ve discussed today is important, but to do that nurses would need both more time and more training or formal education.
   e. Other—(ask for elaboration)

CHALLENGES FOR THE FIELD

18. We are about to wrap up, but thinking broadly I’d like to know:
   a. What do you think is the biggest challenge facing the nursing field in the next 5-10 years?
   b. What do you think is the biggest opportunity facing the nursing field in the next 5-10 years?

You’ve been very helpful. Is there anything else that you think I need to know, or any final point so important that you’d like to reiterate it before we conclude?

Thank you very much for your time.
Front-Line Nurses One-on-One Interview Guide

INTRODUCTION

My name is _____________________, and I work for a firm specializing in health-related communications. We’ve been engaged by the Robert Wood Johnson Foundation to assist with communications for various nursing programs that the Foundation supports.

We are speaking with nurses like you to discuss the state of nursing and the future of the field. We want to know about your experience as a nurse and trends you see.

I want to stress that this interview is strictly confidential. I will not connect your name or any affiliations you may have to the answers you provide. Your responses will only be reviewed by me and my colleagues as we prepare a summary report of our conversations.

We will not be offended by your reactions, so please be candid.

I know your time is valuable, so we’ll keep this discussion to 30 minutes, at most.

Do you have any questions before we begin?

Ok. Let’s get started. Remember, your candor is key to our success.

Interview Questions:

BACKGROUND

1. To begin, which of the following best describes the setting where you work?
   a. Physician’s office
   b. Hospital
   c. School
   d. Health clinic
   e. Public health department
   f. Community health organization
   g. Home care
   h. Assisted living, nursing home or rehabilitation center
   i. Other: _____________________

2. How long have you been a nurse?
   a. Fewer than 5 years
   b. 5-10 years
   c. 11-20 years
   d. 21-30 years
   e. More than 30 years
3. Which of the following represents the highest level of education or degree that you hold?
   a. Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) Certification
   b. Associate’s Degree in Nursing (ADN)
   c. Registered Nurse (RN)
   d. Bachelor’s Degree in Nursing – Bachelor of Science in Nursing (BSN)
   e. Master of Science in Nursing (MSN)
   f. Advanced Practice Nurse (APN or APRN)
   g. Nurse Practitioner (NP)
   h. Certified Registered Nurse (CRN)
   i. Doctor of Nursing Practice (DNP)
   j. Doctor of Nursing Science (DSN or DNS)
   k. Other: _________________________

4. Do you have a specialty certification, such as pediatrics, oncology, critical care, med-surg, etc.?
   a. Yes
      Which one(s)?
   b. No

5. Are you currently pursuing further education, or if not, do you see yourself going back to school in the future?
   a. Yes—currently
      Why?
   b. Yes—in the future
      Why?
   c. No
      Why not?

6. Do you see patients?
   a. Yes—go to Patient Health Needs
   b. No—go to Community Health Needs

PATIENT HEALTH NEEDS

Now, I want to ask a few questions about the patients you serve and any unmet needs they may have.

7. What are the unmet needs your patients face that impact their health? (open ended)

8. Do you feel equipped or qualified to help your patients get these needs met?
   a. Yes
      Can you tell me more? (probe for information on specific actions they do)
   b. No
      What would you need to be able to do so?
COMMUNITY HEALTH NEEDS
Now, I’d like to talk for a minute about the people in the community you live in, beyond just the patients you see.

9. What do you see as the biggest obstacles to health in your community?

10. Do you think nurses have a role in, or ability to, help the community overcome those obstacles?
    a. Yes
       Can you elaborate?
    b. No

11. Do you feel individually equipped or qualified to help the community overcome those obstacles?
    a. Yes
       Can you elaborate?
    b. No

CULTURE OF HEALTH
I’m now going to read you a passage, then I’d like to ask you about it:

“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

12. Do you agree or disagree with this statement?
    a. Agree
    b. Disagree

13. With this statement in mind, do you think nurses have a role in advancing health equity?
    a. Yes
       Tell me how.
    b. No
       Can you elaborate on that?

14. Are you currently doing this, and/or do you personally feel equipped or qualified to do this in your current job?
    a. Yes
       Tell me how.
    b. No

I’m now going to ask you about improving the health of a group of people – so working to improve the health of a whole school, a whole town, or the whole country, for example. This is often referred to as population health.
15. Do you think nurses have a responsibility to do this?
   a. Yes
      Tell me how.
   b. No
      Can you elaborate on that?

16. Are you currently doing this, and/or do you personally feel equipped or qualified to do this in your current job?
   a. Yes
      Tell me how.
   b. No
      Can you elaborate on that?

EDUCATION AND TRAINING
Shifting gears slightly, I’d like to ask you about nursing education and how it relates to the areas we’ve just discussed.

17. As far as you know, do nurses today receive formal training or education in these areas?
   a. Yes
   b. No

18. Have you had formal training or education that has helped or equipped you to address any of the issues or problems we’ve discussed today?
   a. Yes
      Can you tell me how?
   b. No

19. Next, I am going to read you a few statements. I will read them through twice and then I’d like you to tell me which statement best reflects your perspective.
   a. Addressing the issues we’ve discussed today is important, but addressing them is not the responsibility of nurses.
   b. Addressing the issues we’ve discussed today is important and I’m interested, but to do that my time would need to be allocated differently.
   c. Addressing the issues we’ve discussed today is important and I’m interested, but to do that I would need training or formal education.
   d. Addressing the issues we’ve discussed today is important and I’m interested, but to do that I would need both more time and more training or formal education.
   e. Other—(ask for elaboration)

CHALLENGES FOR THE FIELD
20. We are about to wrap up, but thinking broadly I’d like to know:
   a. What do you think is the biggest challenge facing the nursing field in the next 5-10 years?
   b. What do you think is the biggest opportunity facing the nursing field in the next 5-10 years?

You’ve been very helpful. Is there anything else that you think I need to know, or any final point so important that you’d like to reiterate it before we conclude?

Thank you very much for your time.
Nurse Leaders/Academics Focus Group Discussion Guide
TIME: 75 MINUTES

WELCOME (5 MINUTES)
Welcome everyone. My name is ___________, and I’d like to thank each of you for joining me today. We’re here today to talk about the nursing profession.

I am facilitating this discussion on behalf of the Robert Wood Johnson Foundation. We are interested in hearing from nurses like you about how the nursing profession should evolve to help meet the unmet social and health care needs of today’s patients.

Before we jump to introductions, I want to go over how we’ll spend the next 75 minutes. I have a series of questions that I’ll pose to the group. There are no wrong answers. We don’t have enough time for every person to answer every question, but I hope you all fully participate and give everyone else around the table a chance to speak as well. And if you haven’t spoken up in a little while, I may call on you.

(If applicable:) A colleague of mine, ___________, has joined me to observe and take notes. Don’t let them distract you from participating fully. They might pass me a note during our discussion; if that happens, it’s because they want me to explore something a little more so they can understand your point of view.

(If applicable:) We’re also recording today’s discussion—just to make note-taking easier. Your names will not be used. After today’s session, when we go to write up a summary that discusses the findings from our conversation, we will not refer to anyone by name.

Last, but not least, I’m going to put a timer here on the table. We want to respect your time, and if necessary, I may need to move the discussion along so that we can be done on time.

INTRODUCTIONS (10 MINUTES)

1. Let’s start with introductions, and let’s go around the room. I’d like everyone to state:
   a. Your name
   b. How many years you have been a nurse
   c. The setting where you work

   Call upon someone to start.

2. Again, I’d like to go around the table, and now I’d like everyone to share:
   a. The highest level of nursing education or degree that you hold (RN, MSN, DNP, etc.)
   b. Whether you have any specialty certification, such as pediatrics, oncology, critical care, med-surg, etc.

   Call upon someone to start.

3. Now, by show of hands, I’d like you to raise your hand if you are currently pursuing further education? (Y/N)
   a. Of those who said “yes”:
      b. What degree or degrees you are pursuing?
      c. Please share why you decided to pursue further education.
PATIENT HEALTH NEEDS (15 MINUTES)
Now, I’d like to ask a few questions about the patients that nurses today serve, and any unmet needs they have that may impact their health.

4. What are some persistent unmet needs that impact the health of the individuals you care for? Encourage someone to jump in and start.

5. Think about the answers you just provided. Give a broad recap of the answers that the group offered. Keeping these issues in mind, my next question is, do you think nurses today are equipped or qualified to address these unmet needs? (Y/N)
   a. Of those who said “yes”:
      Please elaborate. Why do you feel this way?
   b. Of those who said “no”:
      What would nurses need to be able to do so?

6. Again, think about the issues we’ve just discussed. What do nurse leaders need to help today’s nurses become better equipped to address these unmet needs? Encourage someone to jump in and start.

COMMUNITY/POPULATION HEALTH NEEDS (10 MINUTES)
Now, I’d like to talk more broadly about community health needs. As I ask this next set of questions, I want you to be thinking about what impacts the health of a group of people – the health of a whole school, a whole community, or the whole state, for example.

7. Think about the community in which you live. What are the biggest obstacles to health in your community? Encourage someone to jump in and start.

8. Now, think about the answers you just provided. Give a broad recap of the obstacles to community health that were just offered. By show of hands, do you think nurses have a role in, or a unique ability to, help communities overcome any of those obstacles? (Y/N)
   a. Of those that said “yes”:
      Why do you feel this way?
   b. Of those that said “no”:
      Please elaborate.

CULTURE OF HEALTH (5 MINUTES)
I’m now going to read you a passage, then I’d like to ask you about it:

“A culture of health means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to those things that affect the health and well-being of people: the social determinants. They can include poverty, discrimination, and their consequences; including powerlessness and lack of access to good jobs with fair pay, quality education, housing, safe environments, and health care.”

9. By show of hands, how many agree with this statement? (Agree/Disagree)
10. With this statement in mind, by show of hands, how many of you think nurses have a role to play keeping people healthy and well by addressing the social determinants? (Y/N)
   a. Now a question for those who said "yes": What is that role as you see it?

11. Again, by show of hands, how many of you think nurses today feel equipped or qualified to address those social determinants that keep people healthy and well? (Y/N)
   a. Of those that said "yes": Tell me why you feel this way.
   b. Of those that said "no": Please elaborate.

EDUCATION AND TRAINING (15 MINUTES)

Shifting gears slightly, I’d now like to get your thoughts on nursing education, training, and technology.

12. Think back on all of the issues we’ve discussed so far—the unmet health and well-being needs of individuals today, obstacles to health in your community, addressing the social determinants, etc. By a show of hands, does anyone here think that technology and innovation can help today’s nurses address or solve any of these challenges? (Y/N)
   a. For those of you who said "yes": Are there specific technologies or innovations that you are thinking of? Probe for examples.
   a. For those of you who said "no": Can you elaborate?

13. Do you believe nurses are involved in creating or promoting innovations and technology? (Y/N)
   a. For those of you who said "yes": Why do you feel this way?
   b. For those of you who said "no": Why do you feel this way?
      What do you think is holding nurses back from doing this? What more can be done?

14. As the population continues to grow more and more diverse, let’s talk about the training or preparation you think nurses need to care for that changing population.
   a. First, what do you think are the most urgent issues we need to address today, related to an increasingly diverse patient population in the U.S.? Ask someone to jump in and start.
   b. Thinking about those issues you’ve just mentioned restate them, what is it that you think nurses need to be better able to address these issues? Ask someone to jump in and start.

15. Now, think about any of the areas we’ve discussed today—promoting health and well-being and ensuring all have equitable care, caring for a wide diversity of people, or creating or using specific innovations and technologies (such as telehealth, robotics, artificial intelligence, etc.) Do today’s nurses receive formal training or education in any of these areas? (Y/N)
   a. For those of you who said "yes": Can you elaborate?
16. Now, by show of hands, who here has personally received any formal or informal training in any of the areas we’ve discussed today—whether that’s promoting health and well-being with a greater understanding of the social determinants, promoting equity, caring for a wide diversity of people, or creating or using specific innovations or technologies? (Y/N)
   a. For those who answered “yes”:
      What kind of training?
      Does that training help you today? If so, how?

WHAT NURSES NEED (5 MINUTES)

17. Next, I am going to read you a few statements. I will read them through twice and then I’d like you to raise your hand for which statement best reflects your own perspective.

The statements are:
   a. Addressing the issues we’ve discussed today is important, but addressing them is not the responsibility of nurses.
   b. Addressing the issues we’ve discussed today is important, but to do that nurses’ time would need to be allocated differently.
   c. Addressing the issues we’ve discussed today is important, but to do that nurses would need training or formal education.
   d. Addressing the issues we’ve discussed today is important, but to do that nurses would need both more time and more training or formal education.
   e. None of the above—(ask for elaboration).

Read each statement once more. Then ask the following:
   a. By show of hands, who thinks A best reflects your perspective?
   b. Who thinks B?
   c. Who thinks C?
   d. Who thinks D?
   e. Who thinks “none of the above” best reflects your perspective? Can you elaborate?

CHALLENGES/OPPORTUNITIES FOR THE FIELD (10 MINUTES)

18. We’re nearing our end time. Before we wrap up, let’s do a quick round robin.
   a. First, what do you think is the biggest challenge facing the nursing field in the next 5-10 years?
   b. Finally, what do you think is the biggest opportunity facing the nursing field in the next 5-10 years?

Thank you all for your time. We appreciate you joining us.
IN THEIR OWN WORDS: NURSE INSIGHTS ON UNMET NEEDS OF INDIVIDUALS

Nurse/Non-Nurse Thought Leaders Focus Group Discussion Guide

TIME: 75 MINUTES

WELCOME (5 MINUTES)

Welcome everyone. My name is ___________, and I’d like to thank each of you for joining me today. We’re here today to talk about the nursing profession, and your perceptions and impressions.

I am facilitating this discussion on behalf of the Robert Wood Johnson Foundation. We are interested in hearing from both nurses and thought leaders outside of the profession on how nursing should evolve to help meet the unmet social and health care needs of today’s patients.

Before we jump to introductions, I want to go over how we’ll spend the next 75 minutes. I have a series of questions that I’ll pose to the group. There are no wrong answers. We don’t have enough time for every person to answer every question, but I hope you all fully participate and give everyone else around the table a chance to speak as well. And if you haven’t spoken up in a little while, I may call on you.

(If applicable:) A colleague of mine, ___________, has joined me to observe and take notes. Don’t let them distract you from participating fully. They might pass me a note during our discussion; if that happens, it’s because they want me to explore something a little more so they can understand your point of view.

(If applicable:) We’re also recording today’s discussion—just to make note-taking easier. Your names will not be used. After today’s session, when we go to write up a summary that discusses the findings from our conversation, we will not refer to anyone by name.

Last, but not least, I’m going to put a timer here on the table. We want to respect your time, and if necessary, I may need to move the discussion along so that we can be done on time.

INTRODUCTIONS (10 MINUTES)

1. Let’s start with introductions, and let’s go around the room.
   a. First, for those of you who are nurses, I’d like you to state:
      Your name
      How many years you have been a nurse
      The setting where you work
   b. And for those of you in the room who are not nurses, when we come around to you I’d like you to state:
      Your name
      Your title and organization
      Just a brief sentence or two on the perspective that you bring to this discussion.
      Call upon someone to start.
2. Now, one more question just for the nurses in the room. I’d like to go around the table, and have all the nurses share:
   a. The highest level of education or degree that you hold (RN, MSN, DNP, etc.)
   b. Whether you have any specialty certification, such as pediatrics, oncology, critical care, med-surg, etc.
   c. Whether you are currently pursuing, or plan to pursue, further education, and if you are, why.

**PATIENT HEALTH NEEDS (15 MINUTES)**

Now, I’d like to ask a few questions to everyone here about the patients that nurses today serve, and any unmet needs they have that may impact their health.

3. What do you think are the most critical unmet needs that impact the health of the individuals nurses care for today—in other words, those issues that you feel are most urgent and important for us to address as a nation? *Encourage someone to jump in and start.*

4. Think about the answers you just provided. *Give a broad recap of the answers that the group offered.* Keeping these issues in mind, my next question is, do you think nurses today are equipped or qualified to address these unmet needs? (Y/N)
   a. Of those who said “yes”:
      Please elaborate. Why do you feel this way?
   b. Of those who said “no”:
      What would nurses need to be able to do so?

**COMMUNITY/POPULATION HEALTH NEEDS (10 MINUTES)**

Now, let’s talk about community health needs. As I ask this next set of questions I want you to be thinking about what impacts the health of a *group* of people—as opposed to individuals.

5. First, think about the community in which you live. What are the biggest obstacles to health in your community? *Encourage someone to jump in and start.*

6. Now, think about the answers you just provided. *Give a broad recap of the obstacles to community health that were just offered.* By show of hands, do you think nurses have a unique role or responsibility to play in helping communities overcome any of those issues? (Y/N)
   a. Of those who said “yes”:
      Which issue(s), and what is that role as you see it?
   a. Of those who said “no”:
      Please elaborate.

**CULTURE OF HEALTH (5 MINUTES)**

I’m now going to read you a passage, then I’d like to ask you about it:

“A culture of health means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to those things that affect the health and well-being of people: the social determinants. They can include poverty, discrimination, and their consequences; including powerlessness and lack of access to good jobs with fair pay, quality education, housing, safe environments, and health care.”
7. By show of hands, how many agree with this statement? (Agree/Disagree)

8. With this statement in mind, by show of hands, how many of you think nurses have a unique role to play in keeping people healthy and well by addressing the social determinants? (Y/N)
   a. Now a question for those who said "yes":
      What is that role as you see it?

9. What do you think it would take to help nurses feel better equipped to address the social determinants? If prompting is needed:
   a. Where does the responsibility lie?
   a. Who needs to be involved?
   a. What specifically needs to happen?

   Encourage someone to jump in and start.

**EDUCATION AND TRAINING (15 MINUTES)**

Shifting gears slightly, I’d now like to get your thoughts on nursing education, training, and technology.

10. Think back on all of the issues we’ve discussed so far—the unmet health and well-being needs of individuals today, obstacles to health in your own community, addressing the social determinants of health, etc. By a show of hands, does anyone here think that technology and innovation can help today’s nurses address or solve any of these challenges? (Y/N)
   a. For those of you who said "yes":
      Are there specific technologies or innovations that you are thinking of? **Probe for examples.**
   b. For those of you who said "no":
      Can you elaborate?

11. Do you believe nurses are involved in creating or promoting innovations and technology? (Y/N)
   a. For those of you who said "yes":
      Why do you feel this way?
   b. For those of you who said "no":
      Why do you feel this way?
      What do you think is holding nurses back from doing this?
      What more can be done?

12. As the population continues to grow more and more diverse, let’s talk about the training or preparation you think nurses need to care for that changing population.
   a. First, what do you think are the most urgent issues we need to address today, related to an increasingly diverse patient population in the U.S.? **Ask someone to jump in and start.**
   b. Thinking about those issues you’ve just mentioned **restate them**, what is it that you think nurses need to be better able to address these issues? **Ask someone to jump in and start.**

13. Now, think about any of the areas we’ve discussed today—promoting health and well-being and ensuring all have equitable care, caring for a wide diversity of people, or creating or using specific innovations and technologies. As far as you know, do today’s nurses receive formal training or education in any of these areas? (Y/N)
   a. For those of you who said "yes":
      Can you elaborate?
WHAT NURSES NEED (5 MINUTES)

14. Next, I am going to read you a few statements. I will read them through twice and then I’d like you to raise your hand for which statement best reflects your own perspective.

The statements are:

a. Addressing the issues we’ve discussed today is important, but addressing them is not the responsibility of nurses.

b. Addressing the issues we’ve discussed today is important, but to do that nurses’ time would need to be allocated differently.

c. Addressing the issues we’ve discussed today is important, but to do that nurses would need training or formal education.

d. Addressing the issues we’ve discussed today is important, but to do that nurses would need both more time and more training or formal education.

e. None of the above—(ask for elaboration).

*Read each statement once more. Then ask the following:* 

a. By show of hands, who thinks A best reflects your perspective?

b. Who thinks B?

c. Who thinks C?

d. Who thinks D?

e. Who thinks “none of the above” best reflects your perspective? Can you elaborate?

CHALLENGES/OPPORTUNITIES FOR THE FIELD (10 MINUTES)

15. We’re nearing our end time. Before we wrap up, let’s do a quick round robin.

a. First, what do you think is the biggest challenge facing the nursing field in the next 5-10 years?

b. Finally, what do you think is the biggest opportunity facing the nursing field in the next 5-10 years?

Thank you all for your time. We appreciate you joining us.
Front-Line Nurse Focus Group Discussion Guide
TIME: 75 MINUTES

WELCOME (5 MINUTES)
Welcome everyone. My name is ___________, and I’d like to thank each of you for joining me today. We’re here today to talk about the profession of nursing.

I am facilitating this discussion on behalf of the Robert Wood Johnson Foundation. We are interested in hearing from nurses like you about how the nursing profession should evolve to help meet the unmet social and health care needs of today’s patients.

Before we jump to introductions, I want to go over how we’ll spend the next 75 minutes. I have a series of questions that I’ll pose to the group. There are no wrong answers. We don’t have enough time for every person to answer every question, but I hope you all fully participate and give everyone else around the table a chance to speak as well. And if you haven’t spoken up in a little while, I may call on you. (If applicable:) A colleague of mine, ___________, has joined me to observe and take notes. Don’t let them distract you from participating fully. They might pass me a note during our discussion; if that happens, it’s because they want me to explore something a little more so they can understand your point of view.

(If applicable:) We’re also recording today’s discussion—just to make note-taking easier. Your names will not be used. After today’s session, when we go to write up a summary that discusses the findings from our conversation, we will not refer to anyone by name.

Last, but not least, I’m going to put a timer here on the table. We want to respect your time, and if necessary, I may need to move the discussion along so that we can be done on time.

INTRODUCTIONS (10 MINUTES)
1. Let’s start with introductions, and let’s go around the room. I’d like everyone to state:
   a. Your name
   b. How many years you have been a nurse
   c. The setting where you work
   d. If you see patients (Y/N)

   Call upon someone to start.

2. Again, I’d like to go around the table, and now I’d like everyone to share:
   a. The highest level of education or degree that you hold (BSN, RN, etc.)
   b. Whether you have any specialty certification, such as pediatrics, oncology, critical care, med-surg, etc.

   Call upon someone to start.
3. Now, by show of hands, I’d like you to raise your hand if you are currently pursuing further education? (Y/N)
   a. Of those who said “yes”:
      What degree or degrees you are pursuing?
      Please share why you decided to pursue further education.
   b. Of those who said “no”:
      Do you see yourself going back to school in the future? Why or why not?

PATIENT HEALTH NEEDS (15 MINUTES)

Now, I’d like to ask some questions among those of you who currently see patients. These questions relate to the individuals you serve and any unmet needs that impact their health.

4. What are some persistent unmet needs that impact the health of the individuals you care for? Encourage someone to jump in and start.

5. Think about the answers you just provided. Give a broad recap of the answers that the group offered. Keeping these issues in mind, my next question is, do you as a nurse feel equipped or qualified to address or help meet these unmet needs? (Y/N)
   a. Of those who said “yes”:
      Please elaborate. Why do you feel this way?
   a. Of those who said “no”:
      What would you need to be able to feel equipped or qualified to address these issues?

COMMUNITY/POPULATION HEALTH NEEDS (10 MINUTES)

Now, I’d like to talk more broadly about community health needs—for those who see patients, this includes those beyond just the patients you see. As I ask this next set of questions I want you to be thinking about what impacts the health of a group of people—the health of a whole school, a whole community, or the whole state, for example.

6. What are the biggest obstacles to health in the community in which you live? Encourage someone to jump in and start.

7. Think about the answers you just provided. Give a broad recap of the obstacles to community health that were just offered. By show of hands, do you think nurses have a role in, or ability to, help the community overcome any of those obstacles? (Y/N)
   a. Of those who said “yes”:
      Why do you feel this way?
   a. Of those who said “no”:
      Please elaborate.

8. Now, by show of hands, how many of you are currently helping address any of these obstacles to health, and/or personally feel equipped or qualified to do so? (Y/N)
   a. Of those who said “yes”:
      Tell me how you are doing so.
   a. Of those who said “no”:
      Please elaborate.
CULTURE OF HEALTH (5 MINUTES)

I’m now going to read you a passage, then I’d like to ask you about it:

“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

9. By show of hands, how many agree with this statement? (Agree/Disagree)

10. With this statement in mind, by show of hands, how many of you think nurses have a role to play in advancing health equity? (Y/N)
   a. Now a question for those who said “yes”:
      Tell me why you feel this way.

11. Again, by show of hands, how many of you are currently advancing health equity, and/or personally feel equipped or qualified to do so, in your current job or in your community? (Y/N)
   a. Of those who said “yes”:
      Tell me how you are doing so.
   a. Of those who said “no”:
      Please elaborate.

EDUCATION AND TRAINING (15 MINUTES)

Shifting gears slightly, I’d now like to get your thoughts on nursing education, training, and technology.

12. Think back on all of the issues we’ve discussed so far—the unmet health and well-being needs of individuals today, obstacles to health in your community, advancing health equity, etc. By a show of hands, does anyone here think that technology or innovation could help you address or solve any of these challenges? (Y/N)
   a. For those of you who said “yes”:
      Are there specific technologies or innovations that you are thinking of? Probe for real-life anecdotes.
   a. For those of you who said “no”:
      Can you elaborate?

13. As the nursing workforce and the population diversifies, I’d like to ask about the training or preparation you think nurses need. What do you think today’s nurses need to be better able to respond to the needs of that changing population? Ask someone to jump in and start.

14. As far as you know, do nurses receive formal training or education in any of the areas we’ve discussed today—whether that’s promoting health equity, caring for a wide range of patients, or using specific technologies (such as telehealth, robotics, artificial intelligence, etc.)? (Y/N)
   a. For those of you who said “yes”:
      Can you elaborate?
15. Now, by show of hands, who here has personally received any formal or informal training in any of the areas we’ve discussed today – whether that’s promoting health equity, caring for a wide range of patients, or using specific technologies or innovations? (Y/N)
   a. For those who said “yes”:
      What kind of training?
      Does that training help you today? If so, how?

WHAT NURSES NEED (5 MINUTES)
16. Next, I am going to read you a few statements. I will read them through twice and then I’d like you to raise your hand for which statement best reflects your own perspective.

The statements are:
   a. Addressing the issues we’ve discussed today is important and I’m interested, but addressing them is not the responsibility of nurses.
   b. Addressing the issues we’ve discussed today is important and I’m interested, but to do that my time would need to be allocated differently.
   c. Addressing the issues we’ve discussed today is important and I’m interested, but to do that I would need training or formal education.
   d. Addressing the issues we’ve discussed today is important and I’m interested, but to do that I would need both more time and more training or formal education.
   e. None of the above—(ask for elaboration).

Read each statement once more. Then ask the following:
   a. By show of hands, who thinks A best reflects your perspective?
   b. Who thinks B?
   c. Who thinks C?
   d. Who thinks D?
   e. Who thinks "none of the above" best reflects your perspective? Can you elaborate?

CHALLENGES/OPPORTUNITIES FOR THE FIELD (10 MINUTES)
17. We’re nearing our end time. Before we wrap up, let’s do a quick round robin.
   a. First, what do you think is the biggest challenge facing the nursing field in the next 5-10 years?
   b. What do you think is the biggest opportunity facing the nursing field in the next 5-10 years?

Thank you all for your time. We appreciate you joining us.