Implementation of a Professional Organization for South Florida Psychiatric Advanced Practice Nurses

"APNA South Florida Advanced Practice Council"*

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Project: DNP degree requirement,
FAU, Spring 2014

Community Chair: Dr. Ruth Milstein, DNP, PMH-NP, BC
University Chair: Dr. Ruth McCaffrey, DNP, FNP-BC, GNP-BC

*APNA: American Psychiatric Nurses Association

Outline

- How & why this idea began

- How was professional support gauged

- How our meetings progressed: time line, planning, start up, implementation, programs now included

- DNP Project data collection & results (brief overview)

- Challenges & obstacles

- Future expectations

- PPT Addendum: FYI, further information on project; theorist

Before   *After*

Problem – Need – Opportunities

- American Psychiatric Nurses Association (APNA) had state chapters, & local Councils in other areas.

    ➢ BUT – No local Council of Advanced Practice Nurses !

- S. Fl lacked professional supports or a professional forum for Psychiatric Advanced Practice Nurses (P-APNs).

- There are other professional & specialty APN & nursing organizations.

- Social group of Psychiatric APNs met quarterly for 10+ years; organized by different APNs over time.

- Chair returned to school, sought clinical project.

# Concerns a Professional Group Might Mitigate

Some P-APNs may:

- experience isolation d/t not meeting regularly with peers
- feel lack of belonging or engagement with P-APN professionals
- benefit by networking & collaboration in relation to social, ethical & collegial activities
- experience stress related job dissatisfaction & consequences
- feel disempowered due to lack of political voice or community presence
- patients may be challenging & colleague support can help
- independent practice model choice may contribute to isolation

- **Would Psychiatric APNs Support the Need for a Formal Organization?**

➢ Needs assessment survey conducted at 3 meetings of informal group between Sept 2012 & March 2013.

➢ Results reinforced desire, support & need for development of professional organization & buoyed initial excitement to begin project.
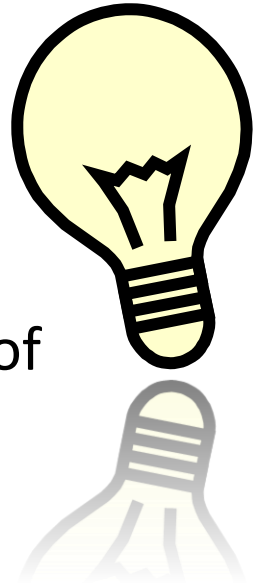
Needs Assessment (responses in red)

- 16 total responses.
1. Would you be interested & willing to continue to attend our meetings if they were affiliated with the APNA, knowing there is a yearly membership fee? **(16 'Yes' responses)**
2. If you answered 'No' to the above question, would you still be interested & willing to attend meetings if you could continue to attend as a non-voting member? **(N/A)**
3. Would you be interested in meeting monthly if the choice were available? **(13 'Yes', 2 'No', 1 'maybe' responses)**
4. Would you be available to provide assistance by telephone (answering questions as we formalize this group, calling other members, emailing information to others, etc.)? **(12 'Yes', 3 'No', 1 blank responses)**
5. Would you be interested in the option of offering/obtaining CEUs for our meetings? **(14 'Yes', 1 'No', 1 blank responses)**
6. Would you be interested in teaching a 1 CEU class to our group? **(6 'Yes', 9 'No', 1 blank responses)**
7. Any additional comments are welcome:
- Name (Optional): _____
- Professional Title (NP, RN, etc.): _____

What We Did - Timeline
Meetings of S. Fl Psychiatric APN Movers & Shakers

Before January 2014:

- Needs assessments late 2012 o early 2013

- 2/23/13 Fl APNA seminar FAU, met with Officers, supportive for Council

- Planning meetings

- Leadership Team (Council) of 6 formed, no new people after March 2013

- Full group still met Q 3 months

- 2012-2013: national/state interest shown, this is a first - no active local chapters

- Leadership Council develops process, meet Q 2-4 weeks

- Mission Statement-Goals completed

In 2014:

o Monthly group meetings began

o Continued Leadership meetings

o Satisfaction Survey January & March

o CEU sponsorship Memorial Health, programs done: May & November

o Programs: Feb "Cost of Caring" (M. Stone, DNP); May Antipsychotics: Psychosis & Schizophrenia; Nov "Psychiatric Pharmacogenomics"

o Changed meeting night

o March 7, 2014: Fl APNA poster

For New Organization: Developed Mission Statement & Goals

Mission Statement…

- …foster, unify, advocate for Psychiatric APNs on issues: practice, professional development, mentoring, student preceptorships, collegiality, clinical resources, disseminating and promoting evidence-based practice, establishing community presence.

Goals…

- raise awareness of…legislation, research, practice and community
- Collaborate with mental health professionals, foster relationships.
- Collaborate with APNA Boards, Councils, Leaders, Members.
- Provide opportunity to share information, best practices and mentor/precept.
- Provide educational opportunities.
- opportunity for APNs to network, collaborate with organizations, to impact legislative and practice issues, advocate for Psych APNs.
- Foster community presence.
- Advocate for mental health.

Leadership Council Offices: What we Projected

- <u>Chair</u> – (1st cycle Paulette Perlowin)
- <u>Chair Elect</u> – (1st cycle Ruth Milstein)
- <u>Secretary</u> – (1st cycle Carole Kain) (changed to Laurel Ela)
- <u>Meeting Coordinator</u> – (1st cycle Valerie Kolbert)
- <u>Education Coordinator</u> – (1st cycle Barbara Barrett)
- <u>Membership Coordinator</u> – Council. (1st cycle Vanessa Long)
- <u>Immediate Past Chair</u> – none yet.

- **Leadership Council Elected Positions:**
- 6 Leadership Council positions will be **every 2 years** terms except for the first initial terms of office while establishing the organizational infrastructure. Then in any given year, is structured so that half the positions will be voted on & elected.
- Initial officers: Chair, Chair Elect, Secretary, Meeting Coordinator, Education Coordinator, Membership Coordinator, Immediate Past Chair.
- **Initial Elections**
- First 2 years half officers elected. From then on, 1 year will see election of Chair Elect, Membership Coordinator, & Education Coordinator; next year see election of Chair Elect, Secretary, Meeting Coordinator. Chair will always serve a 1 year term then become Immediate Past Chair. Every year will see election of a Chair Elect.
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2014	2015	2016	2017
for 2015 slate:	for 2016 slate:	for 2017 slate:	for 2018 slate:
Chair Elect	Chair Elect	Chair Elect	Chair Elect
Membership Chair	Secretary	Membership	Secretary
Education Chair	Meeting Coordinator	Education	Meeting

- # But what happened with elections was a little different…

What We Did: 2014 to 2015
Ideas we Implemented

- 'Network & Nosh', now 'Social Hour' before dinner presentation and meeting

    Don't always get the 'nosh'

    Allows socialization, limits chatter during lecture & meeting

- 'Round the Room'

    Allows everyone 1 to 2 minutes to introduce self, where

    practice or attend school, express a need

    Encourages sense of belonging & engagement with group

    Encourages professional connections, e.g. students, jobs

- Practice Perils & Pearls

    Discussion (anonymous if desired) on issues related

    practice problems, ethics, finances, guidelines, etc.

- APNASFAPC@groups.facebook.com

- Holiday 'SOX'

My Survey Methodology

➢ **Study Population**: adult men & women, professional or graduate student Psychiatric APNs, who attended meetings in January & March 2014

➢ **Method**: A survey tool was developed & used to collect data, in a non-experimental, descriptive research methodology.

➢ **A trend study** was done, focused on the same population of meeting attendees but not exactly the same people.

✓ Satisfaction Survey given to all attendees at the beginning of meeting at restaurants, & collected after dinner.

Number of People who Attended:

- January: Leadership = 4   General P-APNs* = 14   Students = 4   Total = 22
- March: Leadership = 4 General P-APNs* = 11   Students = 4 Total = 19

Number of Surveys Completed (N):

- January: 14
- March: 18

*Psychiatric APNs

Satisfaction Survey Developed

➢ Study Population was adult men & women, professional or graduate student Psychiatric APNs.

➢ Method:

✓ Satisfaction survey given at beginning of meeting at restaurants, & collected after dinner.

✓ First meeting, 7 not returned & third meeting 2 not counted (physician & resident).

❖ **SURVEY:**

- INITIALS: _____ DATE of BIRTH: _____

- Evaluation of Program Satisfaction

- Please indicate your agreement with the following statements:

- **Strongly Disagree/Disagree/Neutral/Agree/Strongly Agree**

- The location of meetings is acceptable to me, or I am willing to drive to attend once monthly meetings

- The time and date (first Thursday of the month for dinner) of meetings is acceptable to me

- The day of the week (Thursday) for the meetings is acceptable to me.

- I would prefer a different day of the week: Provide day(s):

- I am a member of APNA or am willing to join APNA

- The meetings encourage positive collegial networking connections with my peers.

- The meetings encourage feelings of belonging with my peers.

- I feel like I fit in with and am valued by my peers in this organization.

- The program(s) are effective in meeting my needs.

- The program(s) met my overall expectations.

- I visited the Facebook Social Media portal YES/NO (circle) and it met my needs.

- I am satisfied with the group and my membership.

- I plan to continue to attend meetings.

- Please add any comments you have about the group, about past or future topics,

- or other thoughts in the space below:

Objective Findings:

% Favorable Improvement or Decline: 'Strongly Agree' Selection

Survey Questions:	After Program:
Willing to join/joined APNA	• 13% less
Meetings lead to collegial networking	• 17% more
Encourage feelings of belonging	• 31 % more
Fit in and valued by peers	• 39 % more
Met my needs	• 25 % more
Satisfied with the group and membership	• 20 % more

Overall improvement noted.

Goals Met: So Now What!?

- Monthly meetings …………………………………………………………………………………………………Met

- General Meeting Attendance/APNs & Students…………………………………………………………Met

- CEUs per Memorial Healthcare (5/8/14: Antipsychotics: Psychosis & Schizophrenia)…..Met
  (and 11/13/14: Psychiatric Pharmacogenomics)

- Social Media Facebook page developed APNASFAPC@groups.facebook.Com …………Met

- Job Opportunities & Professional Development links on Web……………………………………Met

❑ **Future Ideas**:

❑ local yearly seminar

❑ joint meetings or seminars with other local organizations

❑ invite politicians to a dinner to speak

❑ end of year certificates of achievement & thanks

Observations , Challenges,

- **<u>Observations :</u>**
- Overall satisfaction with the group achieved & successful
- Attendance includes local instructors, professional P-APNs, graduate P-APN students, & interdisciplinary colleagues
- Consistently higher attendance, & evaluating <u>potential need for limiting</u> attendance
- Participation in Social Networking Hour before presentation, 'Round the Room introductions, & Practice Perils & Pearls keep members engaged, interested, & sense of belonging maintained

- **<u>Challenges:</u>**
- When Leadership Council members have/had issues occur &/or can't perform duties, DNP graduate/Chair usually performs or assists with tasks
- Great to share responsibility, but hard to share it: now consensus needed
- To be full voting members, must join & pay dues; some just will not (cost, etc.)
- Need (more) motivated members
- Each member should feel they 'belong' – harder with larger group
- Locations of dinners may prevent some APNs from attending
- Only 3 South Fl counties invited to participate as members.

Future Recommendations & Applications to Other Settings:

Should Project be Continued or Expanded? **Yes!**

- Continue Council; benefits community & members

- Encourage attendance; continue motivating & re-motivating

- Identify what makes members 'tick'

- Encourage member proactivity; elect half the officers each November

- Expand educational offerings; anticipate possible attendance spikes

- Expand Psychiatric APN Councils in other areas of Fl/US

- When expansion occurs, offer assistance to other Councils and locales

Implications for Advanced Practice Nursing

❖ Legacy for current & future

❖ Influence current/future professional/student practice

❖ Relevant for: direct client care; community issues; political engagement/interest

❖ Link professionals with evidence based research

❖ Collegiality: preceptors, mentoring, jobs, networking

❖ Education via CEUs at select meetings, & pharma dinners

❖ Peer professional & social support, including ethical issues

❖ Sense of belonging: profession, contemporaries & community

❖ Personal growth: Personal, professional, political areas
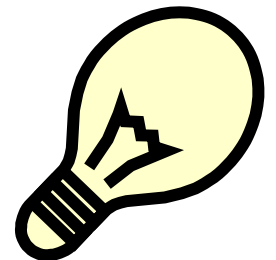
A VERYPUBLIC THANK YOU TO:

❖APNA South Florida Advanced Practice Council Leadership Council

❖This Project would have failed without the help, guidance, mentoring and dedication of these colleagues I also call friends:

✓ Ruth Milstein (also my Community Chair)

✓ Valerie Kolbert

✓ Vanessa Long

✓ Carole Kain

✓ Barbara Barrett

GOOD JOB!

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Supplemental Information

- The following slides are included for individuals interested in further information regarding data collection, goals, and theory for the Clinical Project.

FYI: Clinical Question & Literature Review

- Question:

How will the implementation of a professional organization for Psychiatric Advanced Practice Nurses (APN) engage this group to attend and participate in a professional association? The benefits to the group may be increased engagement or belonging, providing continuing education, job placement, empowerment, and create a venue for student involvement.

- ## Literature Review (edited):

➤ Braun et al, 2012: Mission statements.

➤ G. Spreitzer's research (1995 on): Psychological Empowerment.

➤ Thackeray, Neiger, & Roe (2005): Health Ed Specialists' professional organization membership.

➤ UK research by Holmes & Slater (2012): Patterns of participation in organizations.

➤ Rotolo & Wilson (2003): Work histories do affect memberships.

➤ Castle & Fogel (2002): If nursing home administrators belong to professional associations, quality of care higher.

More Goals Met and Not Met – (Some Results)

- Main goal met: full group monthly meetings as of January 2014; time good for Capstone Project.
  - ✓ Formal organization infrastructure in place, & monthly meetings began.
  - ✓ As of March 2014 meetings were changed from first to second Thursday of the month.
- Goal met: Mission Statement and Goals developed.
- Goal **not** met: regular meeting location; still seek, prefer near major road so meetings accessible.
- All members encouraged (not required) to join APNA. (no voting privileges if not a member)
- Goal met: Organization will offer Continuing Education through local hospital sponsor.
  - ➢ Communication established with Memorial Regional Healthcare Education Department.
  - ➢ Approved our group for CEUs; goal is quarterly program offering. (goal not met)
  - ➢ Antipsychotics: Psychosis & Schizophrenia scheduled for May 8, 2014.
- Goal **not** met: Regular sponsor for monthly dinners was pursued.
  - ▪ Not possible & we will continue with Pharmaceutical Company sponsors.
  - ▪ Unable yet to obtain Unrestricted Educational Grant for funding dinners.
  - ▪ Group has guidelines for pharmaceutical speakers, now 30 minute time limit.
- Goal met: One non-pharmaceutical presentation planned for 2014, 'The Cost of Caring' by Mary Stone, DNP, presented on February 6, 2014; was not a CEU event.
- Goal **not** met: Evaluation of outcomes January through April 2014. Data only through March 2014.
- Goal met: Project data completion by April 2014. Organization to continue.

Unexpected Results, Limitations

- **Unexpected Results:**
- Surprisingly % of responses indicated dissatisfaction (strongly disagree or disagree), total for January was 11%; total for March was 13% of total responses.
- 7 January surveys not returned.
- Suspected 1 January survey with unexpected result all "Strongly Disagree" column checked, was error in understanding selections.
- 1 out of the 18 March Surveys was left blank.
- March meeting 1 Physician & 1 Resident in attendance completed surveys, led to unexpected results of answers all 'strongly disagree.'
- "Strongly Agree" almost doubled, more than doubled, or improved in all non-cost items; improvement ranged from 57.9% to 75%.
- Number of "Agree" selections decreased as "Strongly Agree" selections increased.
- DNP graduate being sought as an 'expert'
- Our model is the first, will be replicated; no other APN local Councils

- **Limitations:**
- Survey given only to attendees, not all Psychiatric APNs who have attended or could attend
- Was not the exact same attendees from survey to survey
- N was 14 and 18, small sample population
- Organization is dependent on pharmaceutical sponsorship for dinners – good & bad.

January 2014 / March 2014

INITIAL of Last Name: _____ BIRTH Month: _____ I am a (circle one): Professional or Student

Evaluation of Program Satisfaction and Support

Please indicate your agreement with the following statements by marking the best selection:

	Strongly Disagree S.D.	Disagree D.	Neutral N.	Agree A.	Strongly Agree S.A.	LEFT BLANK	% Improvements S.A.
I am a member of APNA or am willing to join APNA	2	1	3 / 3	3 / 2	8 / 8	2 / 2	0
The meetings encourage positive collegial networking connections with my peers.	1 / 2	1		5 / 2	7 / 12	1	63.2
The meetings encourage feelings of belonging with my peers.	1 / 2			8 / 2	5 / 12	1	70.6
I feel like I fit in with & am valued by my peers in this organization.	1 / 2		2	7 / 2	4 / 12	1	75
The program(s) are effective in meeting my needs.	1 / 2			8 / 3	5 / 11	1	68.8
The program(s) met my overall expectations.	1 / 2			6 / 3	6 / 11	1	64.7
I visited the Facebook Social Media portal (circle: yes/no) and it met my needs. NO = 6/5	2 / 2	1	2 / 1	4	2 / 6	1	75
I am satisfied with the group and my membership.	1 / 2			1	6 / 3	5 / 10 / 1	66.7
I plan to continue to attend meetings.	1 / 1			4 / 3	8 / 11	2	57.9

Researcher Bonnie Hagerty (1993): Theory of Human Relatedness

- **4 states of relatedness:**

- Connectedness: **person involved** with a referent (a person, place, or thing), **promotes sense of comfort, well-being,** less anxiety.

- Disconnectedness: person not actively involved with a referent; results in discomfort, anxiety, reduced well-being.

- Parallelism: person's lack of involvement with a referent leads to comfort & well-being. Lack of involvement is isolative, lonely, detrimental. (May also be adaptive in psychological renewal, creativity.)

- Enmeshment: involvement with a referent leads to discomfort, anxiety, lack of well-being; shows fusion/lack of differentiation.

- Social Competencies Allow 'Travel' between dynamic States of Relatedness, & lead to comfort/well being or lack of it, & lead to involvement or lack of it:

- ✓ **Sense of Belonging**

- ✓ Reciprocity
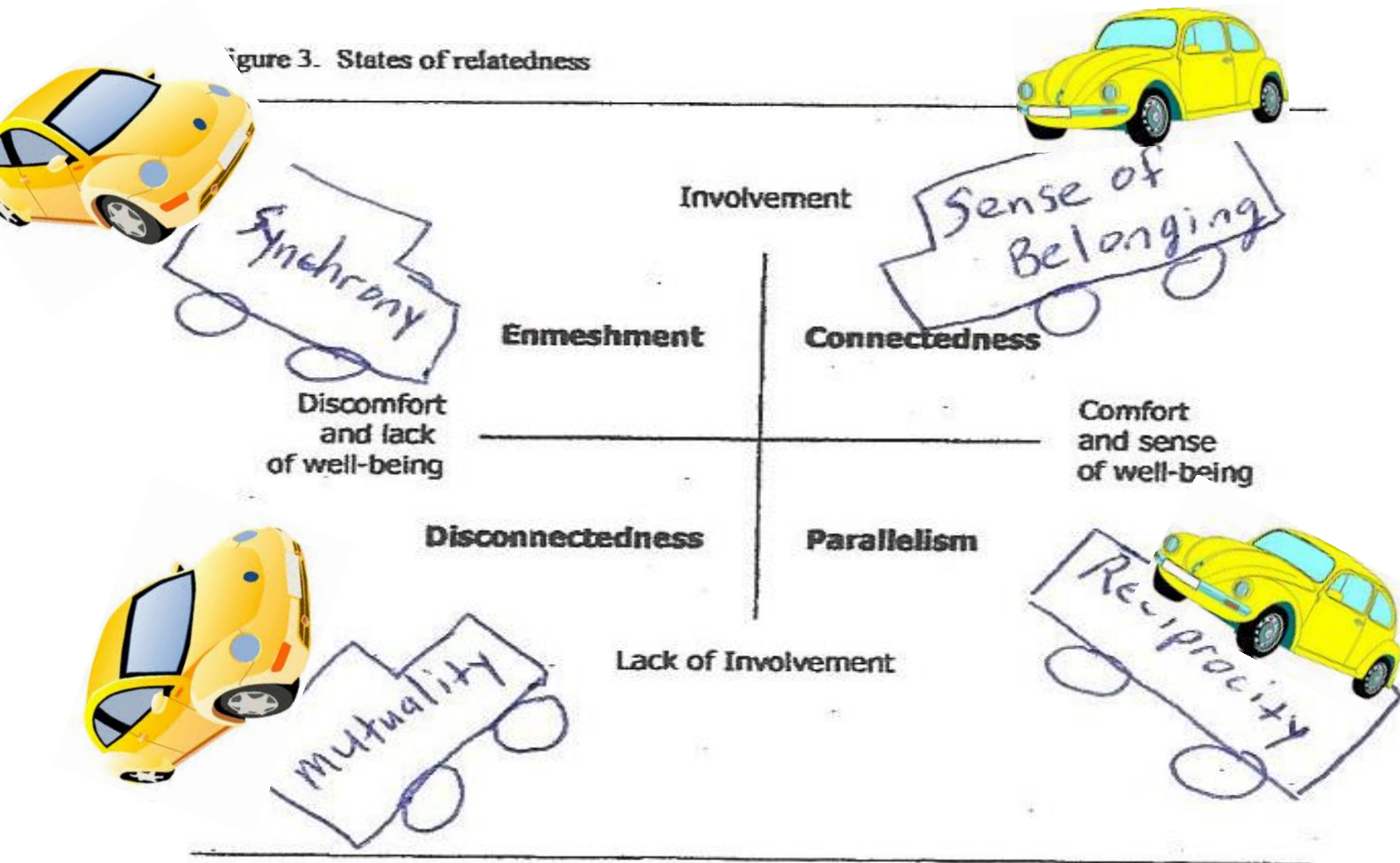
- ✓ Synchrony

- ✓ Mutuality

Nurse researcher Bonnie Hagerty (1993) Theory of Human Relatedness (THR).

Theory proposed a relationship existed between individual's competencies and his state of relatedness toward a specific referent, such that higher levels of sense of belonging, reciprocity, mutuality, & synchrony result in a greater sense of connectedness with the referent; lower levels of relatedness competencies result in a sense of disconnectedness with that referent.

➢ Select Assumptions of THR by Strobbe, Dissertation (2009), edited here for brevity:

- Growth and development occur within the context of relatedness.

- We ascribe meaning to experiences, influenced by sense of self.

- We can be pro-active in changing relatedness experiences.

- Relatedness is universal phenomenon but its expression, processes & patterns vary according to dynamics as gender, race, culture, & life-span development.

- We experience internal & external rhythmic patterns which are interactive.

- We are capable of exercising both choice and responsibility in relatedness experiences.

- We experience sensitive periods when interventions can influence nature of relatedness experiences.

Theory of Human Relatedness

Figure 3. States of relatedness

Involvement

Synchrony

Sense of Belonging

Enmeshment   Connectedness

Discomfort and lack of well-being

Comfort and sense of well-being

Disconnectedness   Parallelism

Mutuality

Lack of Involvement

Reciprocity

From Hagerty, B. M. K., Lynch-Sauer, J., Patusky, K. L., & Bouwsema, M. (1993). An emerging theory of human relatedness. *IMAGE: Journal of Nursing Scholarship,* 25, 291–296.