

# NATIONAL STUDENT NURSES ASSOCIATION

## Strategic Plan 2007-2010

### INTRODUCTION:

The dramatic changes in nursing and health care and their impact on the environment in which NSNA and its members operate; and the expiration of NSNA's strategic plan encouraged the NSNA Board of Directors to initiate a strategic plan update session.

### ASSUMPTIONS:

Because most planning errors are made by basing decisions on shaky assumptions, considerable time is devoted to establishing the assumptions which would guide NSNA's planning. Assumptions are 'best guess' estimates of probable developments which cannot be predicted with accuracy, and over which the organization has little significant control. Among the key assumptions developed were:

About the future of nursing and health care:

1. consumers will
  - be more educated and aware consumers of healthcare
  - have more complex needs, resulting in increased healthcare costs
2. the healthcare workforce will continue to be dynamic, thus
  - different educational preparation will be required for jobs
  - residency and/or internship programs will continue to be developed and promoted for nurses and will be in a variety of facilities
  - nursing scope of practice will need to be safeguarded
  - a nursing shortage has developed and is projected to increase in severity
  - advancement opportunities will become increasingly competitive due to lack of resources
3. there will be an expanded definition of nursing roles, thus
  - some hospitals, due to the current nursing shortage, may continue their current relationship or initiate new relationships with diploma programs
  - differentiated practice will be encouraged for different levels of care
  - greater accountability by the nurse for outcomes of practice
  - one national exam for licensure and multi-state licensure
  - more practice focus on prevention as well as cure/rehabilitation
  - nursing role is expanding toward focus on evidence based practice

- increase in community-based nursing services and programs
4. there will be fluctuating nursing school enrollments, thus
    - competition among nursing students for enrollment in nursing school
    - quality of education may decline as a result of faculty shortage
    - more financial assistance will be needed to go to school
    - more financial assistance will be available related to increased involvement from organizations and government
    - more students mean more NSNA/state and chapter members
    - growing shortage of nursing faculty
    - more educational options leading to professional nursing at all levels
  5. care will be provided through a variety of practice settings, thus
    - more job opportunities will be available for experienced nurses
    - higher educational requirements will be needed
    - greater need for education about managed care systems
    - need to define nurses role(s) in all practice settings
  6. due to economic and demographic changes, there will be a shortage of RNs in the workforce, thus
    - demand for RNs will exceed supply
    - schools enrollments will increase
    - job opportunities for new graduates will increase
    - job opportunities for seasoned nurses and new graduates in specialty areas will increase
  7. there will be an increase in nontraditional job opportunities, thus
    - nursing education at all levels will need to be expanded to include information on other disciplines, e.g. business
    - education and experience will be considered more valuable
    - dual degrees may be preferred
    - there will be a negative impact in the traditional areas of practice, e.g. medical-surgical nursing
  8. in order to provide culturally competent care
    - curriculum will need to reflect multi cultural sensitivity and cultural competency
    - increased funding for financial assistance and mentorship opportunities directed toward populations underrepresented in nursing
    - increased need for culturally competent, relevant, sensitive, appropriate care

- increased interest in learning about other cultures, immigration, nurse migration, and international nursing student issues
- 9. unlicensed assistive personnel will continue to be utilized in multiple healthcare settings
  - nursing will direct unlicensed assistive personnel through certification and control of practice
  - nurses will be involved in legislative and regulatory activities related to the utilization of unlicensed assistive personnel
  - nurses will be held accountable for the practice of the unlicensed assistive personnel they supervise
- 10. third party reimbursement for nurses will be a reality, thus
  - specific credentials ( e.g. certification ) may be needed by the nurse
  - third-party payers may decide on credentials needed
  - nurses will need to be knowledgeable of professional liability issues
- 11. there will be a greater number of roles played by nurses, thus
  - a greater need for masters degree preparation and continuing education
  - a greater need to educate the public regarding the role of nurses
- 12. there will be greater use of technology in medicine and nursing, thus nurses will have to
  - be computer literate and promote use of computer technology and the internet in the clinical and classroom setting
  - be vigilant to the greater legal implications for practice e.g. privacy issues
- 13. there will be an increasing requirement for interdisciplinary teams to care for patients
- 14. economics of health care will affect education, continuing education requirements, practice sites, and health care access and delivery
- 15. support from faculty and deans is of critical importance to student participation in NSNA
- 16. nurses will face staffing shortages and more acutely ill patients and thus continue to be concerned with workplace and quality of care issues
- 17. employers will be unable to retain qualified nurses unless workplace issues are addressed
- 18. increased interest in magnet hospitals and their promotion
- 19. to succeed in their field, nurses must be internally motivated to engage in life-long learning
- 20. society will continue to debate ethics in all aspects of life.

## **STEEP ANALYSIS:**

### Social

General: immigration, aging, diverse population, public perception of nursing, gender, changing work ethics, moral and ethical standards, generational challenges.

Healthcare related: nurses are burning out; increase in diversity of population and nurses including non-traditional students; nurse migration; image of nursing, ambiguity of roles (differentiation of practice).

### Technology

General: distance diagnosis and treatment; medical record computerization; online education; distance learning, tech savvy public; public self-diagnosing; online medical and drug information; background checks; privacy of data; Telehealth/telemedicine.

Healthcare Related: computer charting; lack of user-friendly technology for healthcare workers; free and increased access to information (impersonal); communication dependent on technological devices; electronic Rx ordering and tracking; distance education, need for education about technology.

### Economic

General: immigration; energy costs (impacts everything); Medicare and Medicaid budgets; student financial aid; redirect tax spending; natural disasters; outsourcing.

Healthcare Related: Decreased funding for healthcare (Medicare and Medicaid); student loans; uninsured; cost of insurance and healthcare; cost of prescriptions; lack of education about insurance; nurse migration; workplace culture/environment; "retail" clinics; declining recruitment budgets; cost of nursing education; student access to healthcare; and need for workplace advocacy.

### Environmental

General: disasters; increasing pollution; emergent diseases; workplace environmental hazards.

Healthcare Related: allergies; communicable diseases; disaster/emergency preparedness; education about safety and environmental factors in workplace and school environment.

### Political

General: immigration, HIPPA, Sarbanes-Oxley legislation (fiduciary role of Board of Directors), privacy, nurse/patient ratios and overtime, war.

Healthcare Related: defense spending and care of veterans; immigration impact on healthcare providers; impact of global migration on communicable disease; need for legislation education; need for organizational involvement by nurses;

need for education about fiduciary role and impact on chapters; advocacy for patient safety; nursing student political involvement.

### **Impact on NSNA**

Internal: Response to social needs through resolutions; provide educational resources to chapters; respond to needs and requests for policies; educate membership; accessibility to health policy development skills and opportunities to practice these skills; implementation of resolutions intent and spirit; need to increase communication with assigned state chapters.

External: Respond to external crisis such as natural disasters; networking with nursing and non-nursing organizations; sensitize membership to image of nursing; encourage joining professional organizations; explore global trends affecting NSNA.

### **IMPLICATIONS AND OPPORTUNITIES:**

Based on the assumptions and the STEEP Analysis, the implications and opportunities for NSNA include:

#### **Programs and services:**

**Breakthrough to Nursing, Legislation/Education, Community Health, Image of Nursing, Chapter Connection Program, Disaster Relief Task Force, NSNA Leadership University can be expanded through:**

1. Educational programs at Midyear and Convention will need to be relevant to a variety of practice settings
2. Program opportunities highlighting
  - diverse viewpoints reflecting all populations
  - issues surrounding delegation to unlicensed assistive personnel
  - technology in nursing education and practice
  - economics of healthcare
  - self-care and prevention of illness
  - case studies re: interdisciplinary teams; collaboration and cooperation between medicine and nursing
  - service learning and shared governance for both students and faculty
  - ethics: NSNA Code of Professional Conduct; Code of Academic and Clinical Conduct; ANA Code of Ethics
3. Collaboration with other organizations to help foster preparation for work on interdisciplinary health care teams
4. NSNA Web site

5. Educational opportunities such as continuing education credit hours will attract faculty and encourage deans and directors to support their attendance at NSNA programs
6. Development of white papers on positions taken by NSNA (evidence-based mini documents, short and to-the-point including history of topic, why this position is in place, why important, where to get more information and resources.
7. Continue to develop the NSNA online Career center with internship and residency programs available for nursing students and new graduates

**Policy:**

1. expand liaisons with other organizations and associations such as the American Association of Colleges of Nursing or the Department of Education in an effort to influence curricula
2. expand liaisons with organizations and associations in order to promote the image of nursing, increase nursing recruitment and promote the nursing profession
3. expand liaisons with other organizations and associations to promote public awareness of healthcare issues
4. ongoing examination of NSNA's policies

**NSNA membership:**

1. numbers will increase and decrease as school enrollments fluctuate
2. with the proliferation of nursing organizations open to student membership, there will be competition for student leaders and members
3. as enrollments fluctuate, there will be fewer faculty mentors available to use as information resources and for continuing of the organization

**Fiscal resources:**

1. non dues revenue will fluctuate
2. change in enrollments will impact membership potential for NSNA and thus, affect dues revenue
3. identify new sources of revenue

**MISSION**

**The mission of the NSNA is to:**

- *Bring together and mentor students preparing for initial licensure as registered nurses, as well as those enrolled in baccalaureate completion programs;*
- *Convey the standards and ethics of the nursing profession;*
- *Promote development of the skills that students will need as responsible and accountable members of the nursing profession;*

- *Advocate for high quality, evidence-based, affordable and accessible health care;*
- *Advocate for and contribute to advances in nursing education;*
- *Develop nursing students who are prepared to lead the profession in the future.*

The mission positions NSNA to:

- Focus its efforts on serving the needs of its members and the profession the members will enter
- Better address issues which affect student nurses
- Enhance NSNA's ability to accomplish its purposes more effectively and efficiently

## NSNA GOALS

To carry out its mission, NSNA sets specific goals. The following broad goals and action strategies were established for the plan.

### **Programs and Services Goal:**

#### **1. To help student nurses prepare for professional careers, NSNA will:**

- 1.1 Offer access to information on career development and critical thinking skills
- 1.2 Strengthen collaboration and interaction with professional organizations, educators, and governmental and regulatory bodies
- 1.3 Develop advocacy skills of members
- 1.4 Develop NSNA positions through resolutions, main motions, or board actions
- 1.5 Help members prepare for changing workplace
- 1.6 Provide recognition for faculty

### **Education Goal**

#### **1. Promote awareness of how to facilitate change in curricula through:** resolutions, publication themes, and Focus session themes and topics

#### **2. Increase awareness of nursing as a career and recruit students into the profession (refer to Breakthrough to Nursing Goal)**

### **Membership Goal:**

#### **1. To increase value of NSNA membership for all student nurses, the association will increase student and sustaining membership by 3% annually by:**

- 1.1 Expanded benefits for members
- 1.2 Assessing member and potential member needs on an ongoing basis

- 1.3 Cultivating relationships with deans and faculty to promote NSNA membership by providing membership benefits that include certificates and plaques for display at schools and promoting sustaining membership
- 1.4 Promoting a "package of memberships" for agency members, e.g. Total School Membership Program
- 1.5 Providing a membership recruitment video free to all Project InTouch Recruiters
- 1.6 Have a chapter in every state and territory
- 1.7 Implement protocol which provides non-constituent schools with information and guidance toward chapter development
- 1.8 Assess state needs and address issues including motivating students to be active at the state level
- 1.9 Work with states to identify chapter needs and help states to respond to them
- 1.10 Continue to utilize a formal method to follow-up start-a-chapter inquiries
- 1.11 Provide academic and career oriented opportunities
- 1.12 Provide programs geared toward the transition from student to professional, to include writing and the interview process, and include image and media training focus
- 1.13 Incorporate sessions at MidYear Conference on topics of critical thinking and study skills, managed care, networking
- 1.14 Continue NCLEX Mini Review Course at the MidYear Conference and Annual Convention
- 1.15 Explore partnerships with SNAs and specialty organizations to increase the value of NSNA membership by offering transitional membership, mentor programs and professional development
- 1.16 Explore opportunities and methods to develop NSNA chapters in distance learning programs.

**Image Goal:**

**1. To promote the positive image of nursing students, NSNA will:**

- 1.1 Increase use of media to promote NSNA accomplishments and positions.
- 1.2 Promote professionalism through:
  - 1.2.1 programs
  - 1.2.2 brochures
  - 1.2.3 role modeling
  - 1.2.4 mentoring
  - 1.2.5 BTN projects
  - 1.2.6 Image of Nursing project awards
  - 1.2.7 utilization of the Guidelines for Planning Image of Nursing activities to differentiate between negative and positive image of nursing.
- 1.3 Encourage NSNA constituents to adopt and implement the nursing student code of ethics (Code of Professional Conduct adopted by 1999 House of

Delegates; Code of Academic and Clinical Conduct was adopted in 2001) and review annually

### **Fiscal Goal:**

#### **1. To assure fiscal stability for NSNA, it will:**

- 1.1 Exercise due diligence to maintain reserves at 50% of budget
- 1.2 Review existing funding sources
- 1.3 Seek new funding sources
  - 1.3.1 Explore collaborative product development and sales with vendors, and other businesses
- 1.4 Explore NSNA product pricing, e.g. meetings and conferences.
- 1.5 Develop investment strategies to increase return on investments with maintaining principal
- 1.6 Ongoing update and revision of treasurers tool box for state and school chapters

### **Structure and Governance Goal:**

#### **1. To assure effective and efficient structure and governance for NSNA, it will:**

- 1.1 Utilize the MidYear Conference, Annual Convention and NSNA Leadership University to educate members and faculty about NSNA's shared governance and service-learning models.
- 1.2 Continue to provide liaison between Council of State Presidents (COSP) and Board of Directors via COSP Planning Committee Chair.
- 1.3 Promote the utilization of *Roberts Rules of Order* and other governance resources by NSNA chapters
- 1.4 Publish articles in *Imprint* on shared governance and service learning models
- 1.5 Encourage members and faculty to share the shared governance and service learning models that they have developed and implemented with NSNA to use as a resource for chapters
- 1.6 Create shared governance and service learning teaching/learning tools (such as but not limited to publications, videos, model curriculum, bibliographies)
- 1.7 Develop policies and procedures to ensure that the honorable character and reputation of the NSNA be safeguarded by:
  - 1.7.1 Ongoing examination of NSNA's bylaws and policies
  - 1.7.2 Develop mechanisms to ensure adherence to rules and regulations for NSNA's shared governance (i.e. House of Delegates, Board of Directors, nominating and elections committee; resolutions committee)
  - 1.7.3 Educate membership about methods of implementation and enforcement of the NSNA Code of Professional Conduct, NSNA policies and bylaws
- 1.8 Provide mechanisms for mentoring new Board and COSP members

1.9 Continue to strengthen relationship with the National League for Nursing and the American Nurses Association and other nursing organizations while maintaining NSNA's independence.

1.10 Ongoing update and revision of Chapter Took Kit for web site.

### **Breakthrough to Nursing Goal**

**1. To increase recruitment and retention of minority groups within the nursing profession NSNA will:**

1.1 Promote utilization and distribution of BTN resources on the school, state, and national level.

1.2 Increase awareness of the BTN project to student leadership at local and state level.

1.3 Maintain communication with BTN Directors at local and state level and assist with development of BTN project at local and state nursing institutions

1.4 Assist with development of student-to-student mentoring and peer support systems at the local and state level

1.5 Provide information to elementary schools, middle, jr. high, and high school students and counselors about diverse opportunities available in nursing

1.6 Increase awareness of faculty within nursing education system concerning the need for cultural sensitivity and responsiveness to the needs of minority students

1.7 Continue involvement in the International Council of Nursing and the Student Assembly and seek opportunities to network with students from other cultures.

1.8 Develop career mobility resources.

### **Foundation of the National Student Nurses' Association**

**1. Continue to support the mission of the Foundation of the NSNA by:**

1.1 Ongoing fund-raising for the Disaster Relief Fund and scholarship program

1.2 Grow the building fund

1.3 Increase the Presidential Scholarship endowment

1.4 Contribute to the Board Directed Fund as needed

1.5 Consider ways to further grow the Marilyn Bagwell Leadership Development Grant Endowment

1.6 Consider requests from the Trustees for support

Approved by the 2006-07 NSNA Board of Directors at the Pre-Convention Board of Director's Meeting, in Anaheim, California on April 9, 2007. Document is to be reviewed and revised by NSNA Board of Directors annually.