

**Report to the
American Holistic Nurses Credentialing Corporation
on its
2016 Role Delineation Study: Nurse Coaches**

Presented to:
American Holistic Nurses Credentialing Corporation

November 2016



AHNCC Nurse Coach Role Delineation Survey 2016

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SURVEY BACKGROUND, PURPOSE, AND METHODOLOGY

A role delineation study was undertaken by the American Holistic Nurses Credentialing Corporation (AHNCC) with the assistance of the Professional Testing Corporation (PTC). The study was conducted by developing a survey instrument delineating the tasks involved in the profession of nurse coaching.

The survey was prepared in an electronic format and sent by way of an e-mail link to a broad base of those in the nursing profession. Respondents were asked to evaluate the frequency and importance of the task/competency statements.

The results of the survey will be used in the evaluation and possible revision of the content specifications for the Nurse Coach Board Certification Examination, which awards the AHNCC- NC-BC credential. This process enhances the validity of the examination and the quality of the credentialing program of the AHNCC.

The Role Delineation Survey

In the years 2013-2015 a review of the literature pertaining to the role of nurse coaching was used as the basis to develop the test specifications for the Nurse Coach Board Certification Examination. The literature review was conducted by Mary Elaine Southard, DNP, APHN-BC, HWNC-BC, a licensed nurse since 1978 and a nurse coach for 6 years. Her research also formed the basis for the role delineation survey.

The next step was to convene expert panels to review the competencies needed for the profession of Nurse Coach, assess appropriateness, and identify any omissions or redundancies. The experts who participated in the first panel are listed in Table 1.

TABLE 1
Expert Panel 1

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Darlene Hess	PhD, AHN-BC, PMHNP-BC, ACC	Educator, Private Practice, Albuquerque, NM	1974	6
Gail Ward	MSN, RN, PMH-BC, NC-BC	Educator, Private Practice, Elizabeth City, NC	1986	2.5
Lisa Davis	PhD, RN, HN-BC, NC-BC	Educator, Ft. Davis, TX	1985	4
Marion Long	RN, MSN, ND, AHN-BC, HWNC-BC, CHTP/I	Educator, Private Practice, Grayling, MI	1994	4
Mary Elaine Southard	DNP, RN, APHN-BC, HWNC-BC	Independent Practice, Scranton, PA	1978	6
Luz Adams	MS, BSN, NC-BC, CMC	CEO, Integrated Holistic Concepts, Orlando, FL	1982	12

A second expert panel was convened to review the work of the first panel, identify any omissions or redundancies, and provide additional comments. The members of this panel and their qualifications are shown in Table 2.

TABLE 2
Expert Panel 2

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Linda Bark	PhD, RN, NC-BC	Educator, President of WOW Institute, Alameda, CA	1963	14
Bonney Gulino Schaub	MSN, PMHN-BC, NC-BC	Co-Director of the Huntington Meditation and Imagery Center, Huntington, NY	1976	6
Kathryn Moehling	RN, AHN-BC, ND, LCPC, LMT, HWNC-BC	Private Practice, Loves Park, IL	1965	3
Susanne Cutshall	DNP, RN, APRN-CNS, APHN-BC, HWNC-BC	Educator, Private Practice, Mantorville, MN	1988	3.5
Kathleen Colloton	BSN, NC-BC	Breast Cancer Nurse Navigator, Sutter Pacific Medical Foundation, Santa Rosa, CA	1967	3

A third expert panel was then convened for a final review of the Nurse Coach tasks/competencies prior to approval of the final survey document. The members and qualifications of the third expert panel can be found in Table 3.

TABLE 3
Expert Panel 3

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Dianne Hansen	MSN, AHN-BC	Private Practice, St. Paul, MN	1978	23
Susan Luck	MA, RN, BS, HNB-BC, CCN, HWNC-BC	Co-Director of the International Nurse Coach Association, Founder and Director, Earthrose Institute, Bay Harbour Islands, FL	1978	6

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Barbara Dossey	PhD, RN, AHN-BC, HWNC-BC, FAAN	Educator, Private Practice, Santa Fe, NM	1965	6
Jen Riech	PhD, RN, AHN-BC, NC-BC	Educator, Private Practice, Phoenix, AZ	2005	3
Eileen O'Grady	PhD, RN, NP	Consultant, Educator, Private Practice, McLean, VA	1984	7
Margaret Brown	RN, AHN-BC, HWNC-BC	Flourtown, PA	1987	8

After the three panels had reviewed the tasks/competencies it was agreed that there would be 120 task/competency statements on the survey, divided according to the 16 American Nurses Association (ANA) standards. The survey also included 20 demographic questions, 1 question pertaining to the eligibility requirements for the AHNCC-NC examination, 1 question pertaining to the recertification requirements for the AHNCC-NC, and an opportunity to provide additional comments.

It was agreed that respondents would be asked both the frequency and importance of each task/competency statement. The frequency scale was set at Regularly, Frequently, Occasionally, and Never. The importance scale was set at Extremely Important, Moderately Important, Slightly Important, and Not Important. These terms were defined at the beginning of the survey. A copy of the survey instrument can be found in Appendix A.

The survey was beta tested by nurse coaches with considerable experience in the profession, in order to ensure the survey links worked properly and the survey statements were clear. Those who participated in the beta testing are listed in Table 4.

TABLE 4
Panel of Beta Testers

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Barbara Dossey	PhD, RN, AHN-BC, HWNC-BC, FAAN	Educator, Private Practice, Santa Fe, NM	1965	6
Linda Bark	PhD, RN, NC-BC	Educator, President of WOW Institute, Alameda, CA	1963	14
Bonney Gulino Schaub	MSN, PMHN-BC, NC-BC	Co-Director of the Huntington Meditation and Imagery Center, Huntington, NY	1976	6
Mary Elaine Southard	DNP, RN, APHN-BC, HWNC-BC	Independent Practice, Scranton, PA	1978	6

Name	Credentials	Current Employment and Location	Year Licensed as Nurse	Years as a Nurse Coach
Susan Luck	MA, RN, BS, HNB-BC, CCN, HWNC-BC	Co-Director of the International Nurse Coach Association, Founder and Director, Earthrose Institute, Bay Harbour Islands, FL	1978	6

The survey was developed in an electronic format. Respondents were able to click on a link in an e-mail and create a username and password, which enabled them to complete the survey in more than one sitting if necessary. A cover letter explaining the importance of the survey to the credentialing process was also drafted.

A link to the survey was posted on the websites of the American Holistic Nursing Association and the AHNCC. It was also distributed to all nurse coaches who have contacted the AHNCC since 1997, as well as to nurses who graduated from coaching programs at the Wisdom of the Whole Institute, the International Nurse Coach Association, and the Huntington Imagery and Meditation Center.

On August 10, 2016 the survey was closed with 125 completed the surveys. Because the survey respondents represented a broad range across all of the demographic variables, it was felt that the Nurse Coach profession was well represented in the results. Therefore, the survey was closed.

The results of the participants who completed the survey were tabulated and a cross tabulation of some of the data was conducted. The results of an analysis of the data are included in this report, as well as recommendations for the test content specifications.

DEMOGRAPHIC SUMMARY

Survey Respondents

The number of completed surveys totaled 125. The responses are representative with regard to age, educational background, years of practice, and place of employment. Therefore, the responses are deemed to be representative of the profession of a Nurse Coach. The responses to the Demographic questions can be found in Appendix B.

Geographic Distribution

Table 5 depicts the geographic distribution of the respondents, including the states where the respondents practice. The distribution mirrors the geographic density of the United States, with the Northeast having a somewhat higher representation and the Southwest having the lowest representation.

TABLE 5

Region	Number
Northeast – CT, MA, RI, NH, NY, PA, NJ, DE	45
Southeast – VA, TN, NC, SC, KY, CA, AR, FL	19
Midwest – OH, MI, IL, MO, MN, IA	18
West – CO, WY, WA, OR, CA	27
Southwest – AZ, NM, TX	16

Gender

The survey results revealed that the profession of nurse coaching is predominantly practiced by women. Although Gender was an optional question on the survey, 118 responded “Female” and only 1 person responded “Male.” However, Gender is probably not a factor in how an individual practices as a Nurse Coach, therefore, the data is not considered to be skewed by these results.

Age

The respondents were next asked their age; this also was an optional question. The youngest respondent was 30 and the oldest was 73. The distribution of age groups can be seen in Table 6. It is possible to draw the conclusion that most nurses don’t typically become a Nurse Coach until later in their career. This is probably because a nurse would not be qualified to serve as a coach without experience in the profession.

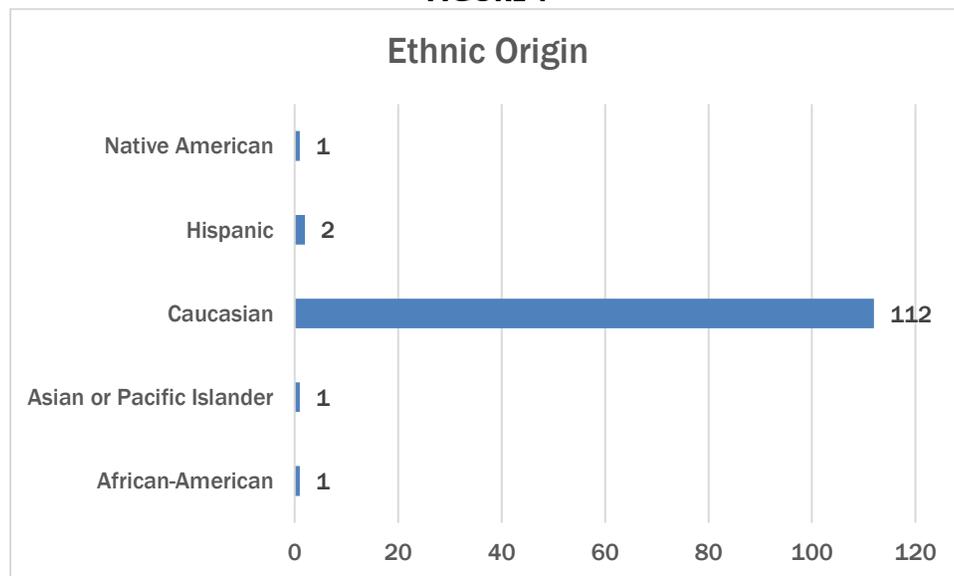
TABLE 6

Age Range	Number
30-39	7
40-49	12
50-59	43
60-69	47
70-79	7

Ethnic Origin

The next question, also optional, related to the ethnic identification of the respondents. The profession of nurse coaching is not very diversified. 112 of the respondents identified themselves as Caucasian.

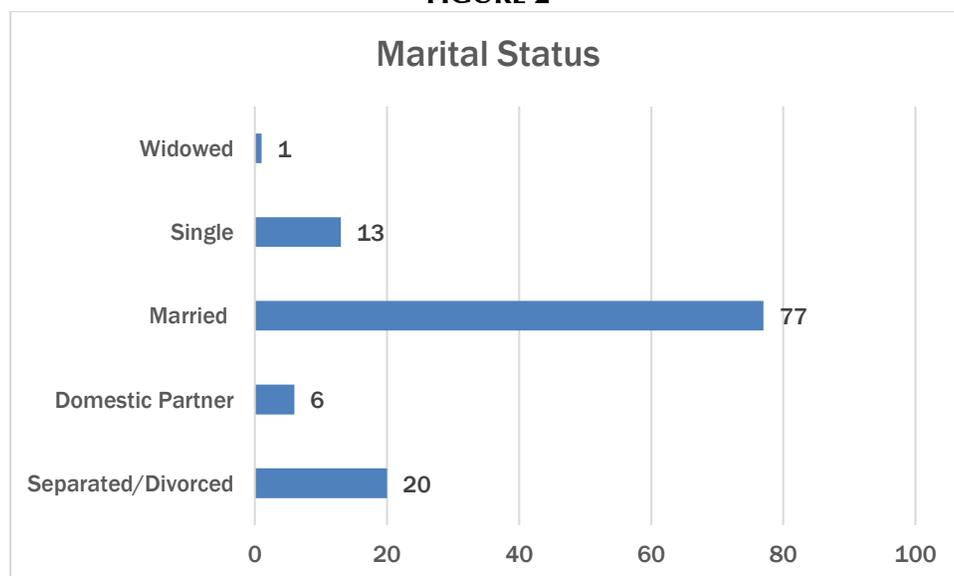
FIGURE 1



Marital Status

Of those who responded to the question on marital status, more than half of the respondents (64.7%) are married. Figure 2 shows the distribution of the marital status responses.

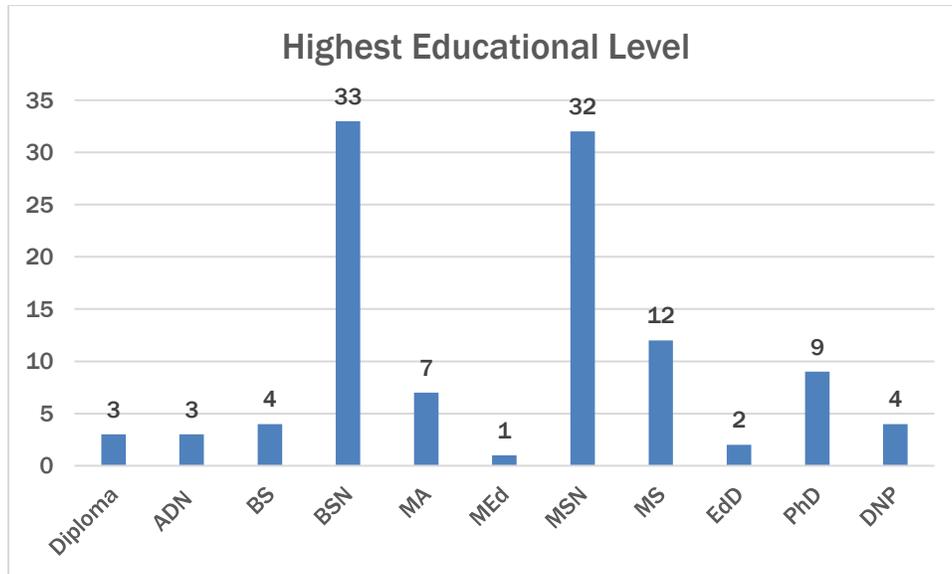
FIGURE 2



Highest Educational Level

The majority of the respondents hold a BSN or an MSN. In addition to the educational degrees which were listed on the survey, respondents were able to write in other degrees held. Frequently mentioned other degrees were AAS, BA, BSc, FNP, MPH, and MBA. The full list of optional responses can be found in Appendix B.

FIGURE 3



English as Primary Language

The vast majority of the respondents speak English as their primary language. Table 7 shows that slightly more than 90% of the respondents identified themselves as primarily English speakers.

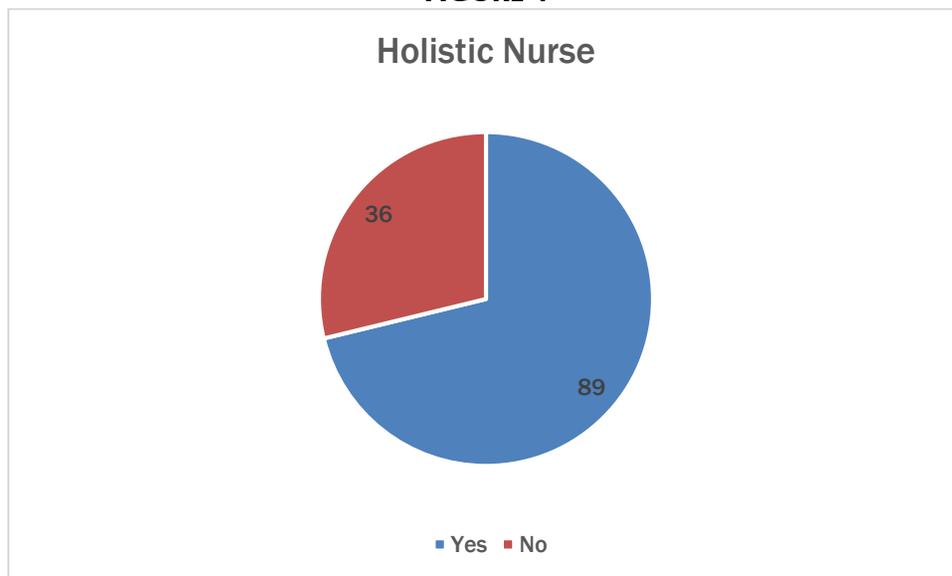
TABLE 7

English as Primary Language	Number
Yes	113
No	5

Holistic Nurse

The next demographic question asked whether the respondent is a holistic nurse. A little over 2/3 of the respondents (71.2%) practice as a holistic nurse.

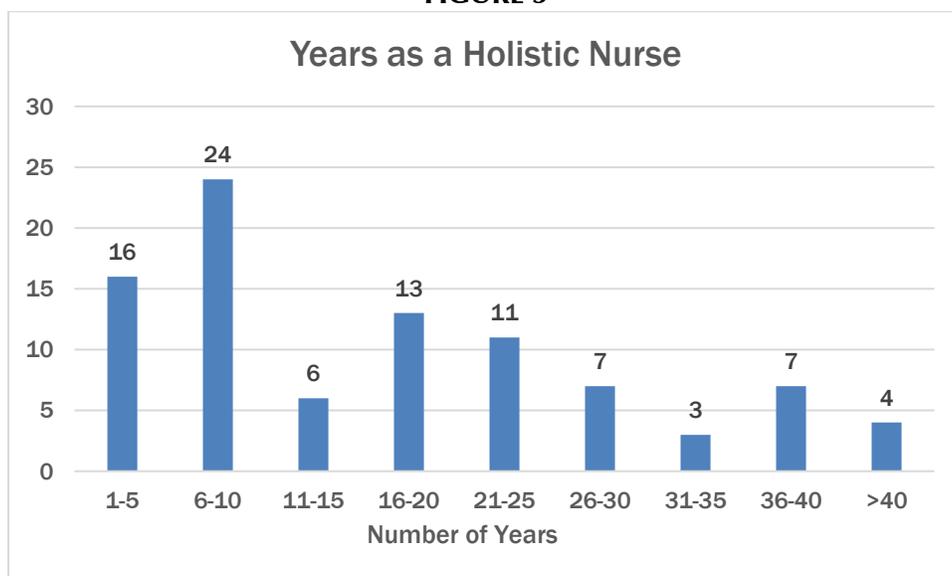
FIGURE 4



Years of Practice as Holistic Nurse

Of those who identified themselves as a holistic nurse, about half of them (50.4%) have practiced as a holistic nurse for 15 years or less. See Figure 5 for the distribution of experience in holistic nursing.

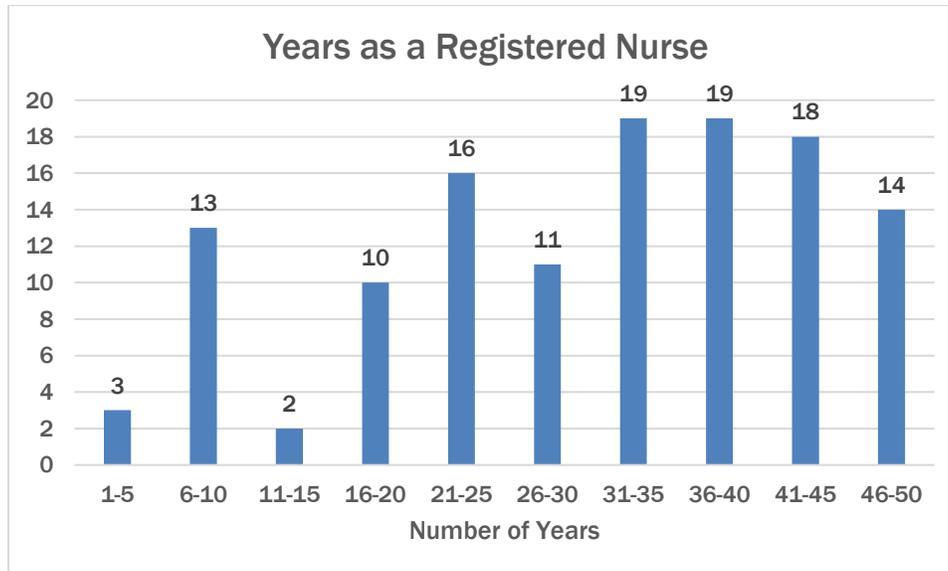
FIGURE 5



Years as a Registered Nurse

Seventy of the respondents (56%) have been practicing as a registered nurse for more than 30 years. When compared to Figure 5 this suggests that most respondents were practicing as a registered nurse for many years before they became a holistic nurse.

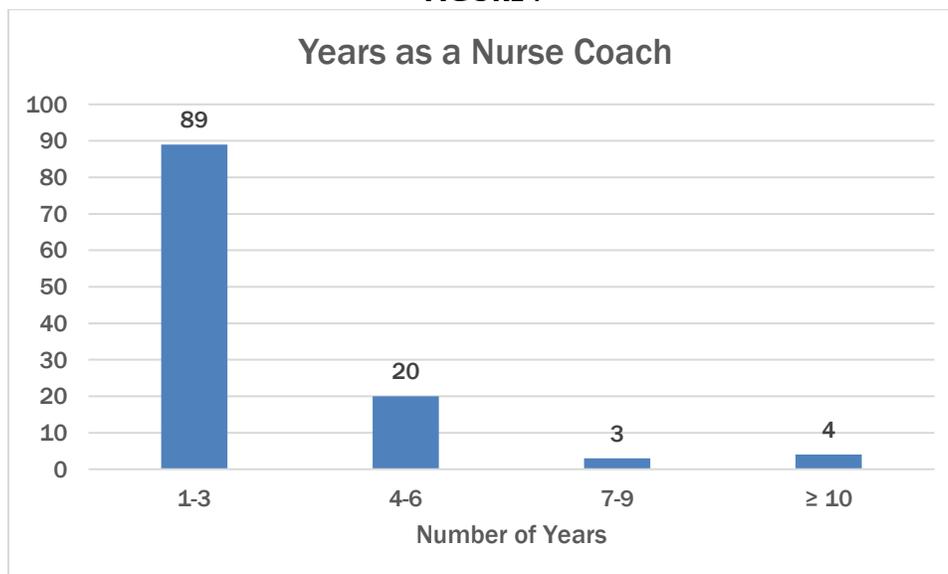
FIGURE 6



Years as a Nurse Coach

It appears as if the profession of nurse coaching is a relatively new one, as shown in Figure 7, where 89 (76% of those who said they are a Nurse Coach) have been a coach for 3 years or less.

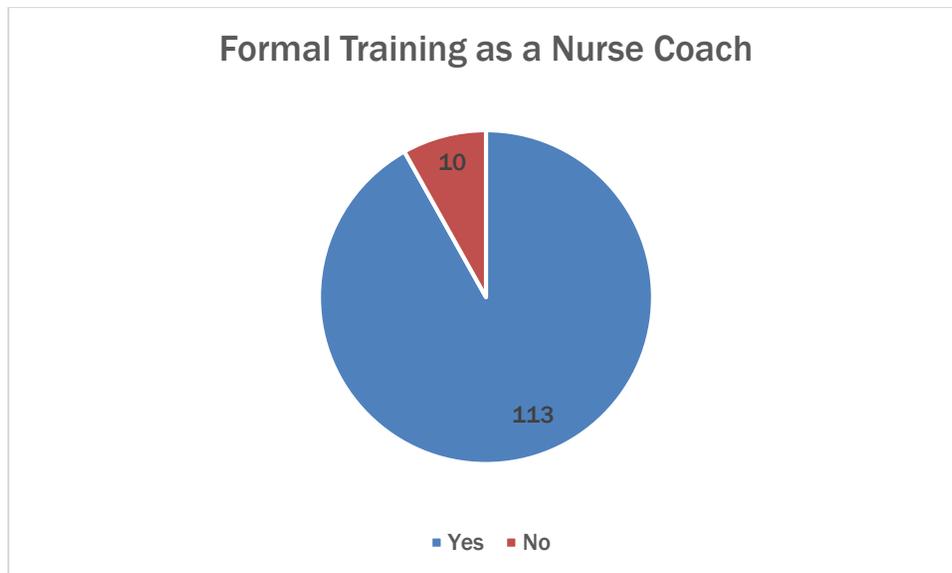
FIGURE 7



Formal Training as a Nurse Coach

An overwhelming majority (90.4%) of the respondents have had formal training as a Nurse Coach, as shown in Figure 8. Bark Coaching Academy, INCA, the Integrative Nurse Coaching Association, and Wisdom of the Whole Coaching Institute were where the majority of the respondents indicated they received their training.

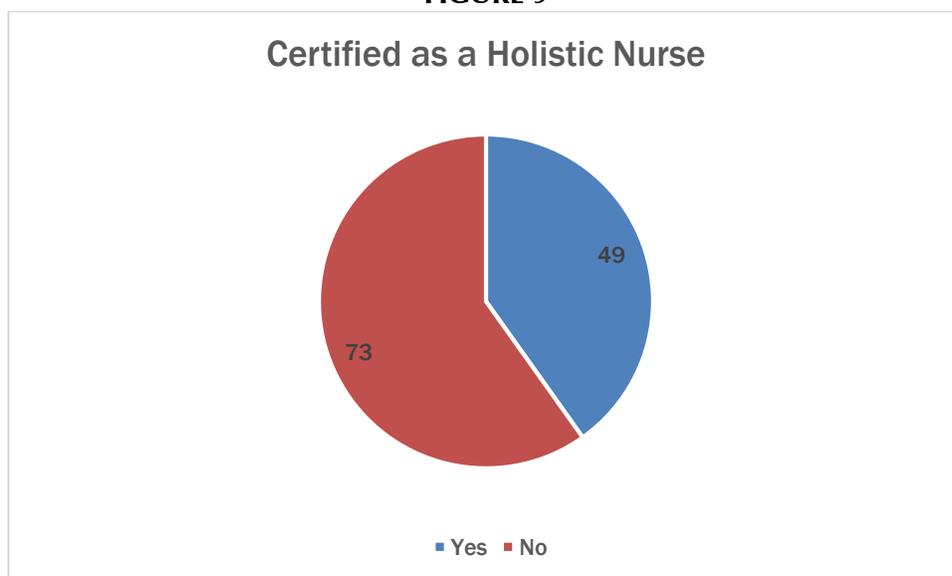
FIGURE 8



Certified as a Holistic Nurse

Over half (58.4%) of the respondents are not certified as a holistic nurse. Figure 9 shows the responses for this demographic variable.

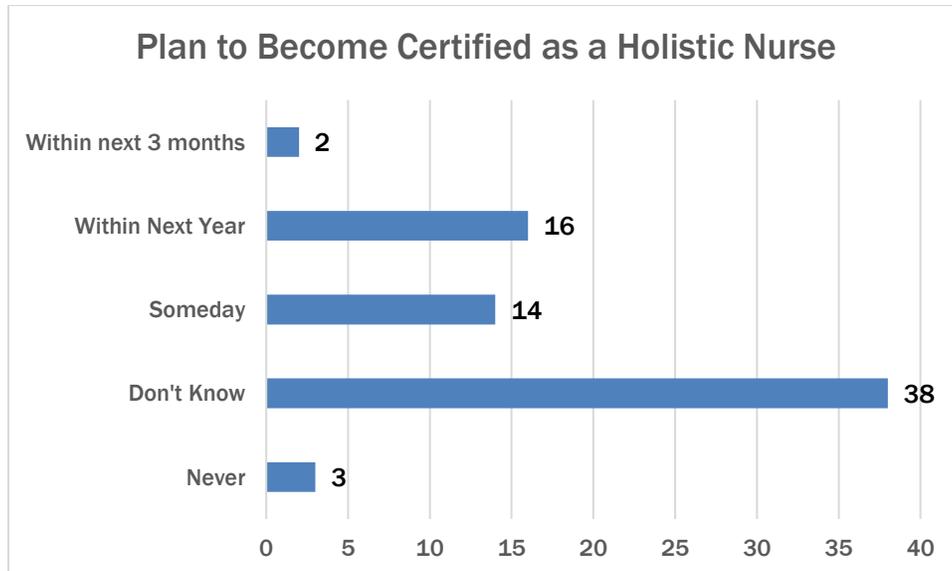
FIGURE 9



Plan to Become Certified as a Holistic Nurse

Those who are not certified as a Holistic Nurse were asked if they plan to become certified. Only 18 people plan to become certified sometime within the next year; this represents a challenge that the AHNCC may want to address.

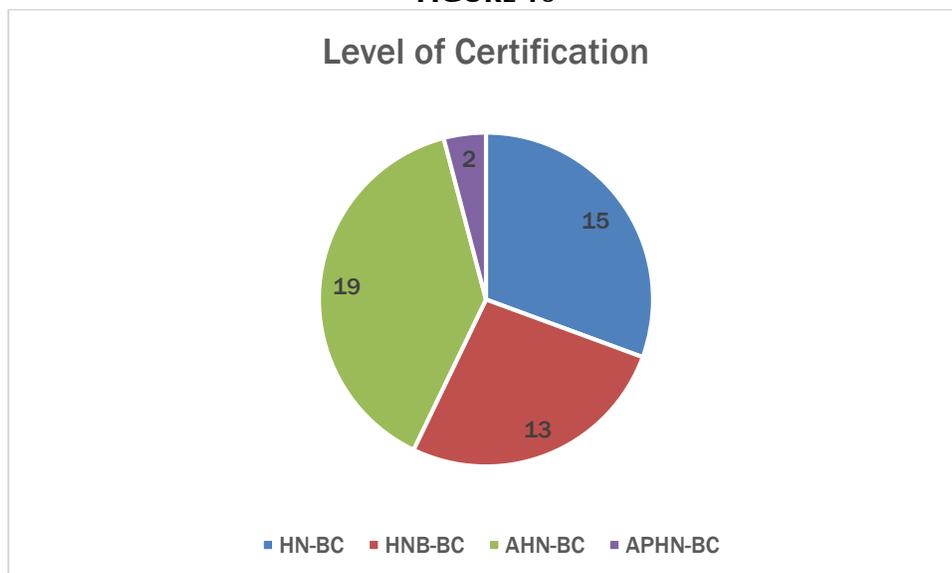
FIGURE 9



Level of Certification

Those who are certified as a holistic nurse were asked the level of certification they hold. The 47 people who responded to this demographic variable are represented in Figure 10. There was a fairly even distribution among the credentials, except for the APHN-BC.

FIGURE 10



Certified as a Nurse Coach

The vast majority of those who responded to the survey are certified as a Nurse Coach, as can be seen in Figure 11.

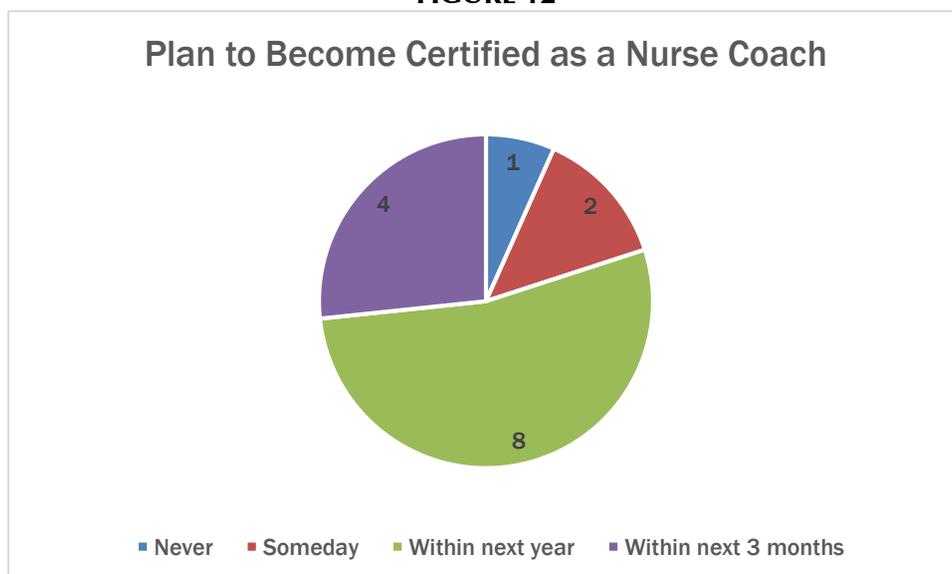
FIGURE 11



Plan to Become Certified as a Nurse Coach

Although 16 people responded that they are not presently certified as a Nurse Coach, only 15 people responded to the next question, which asked if they plan to become certified as a nurse coach. It appears as if most have an interest in becoming certified soon.

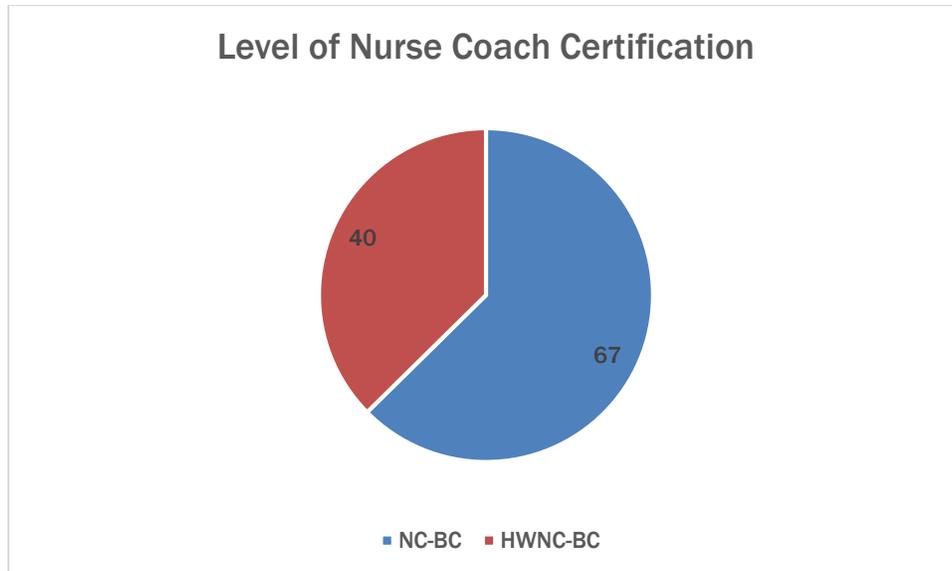
FIGURE 12



Level of Nurse Coach Certification

Of the 108 people who responded that they are certified as a Nurse Coach, 107 answered the demographic question pertaining to their level of certification. About 2/3 of them hold the NC-BC credential, as shown in Figure 13.

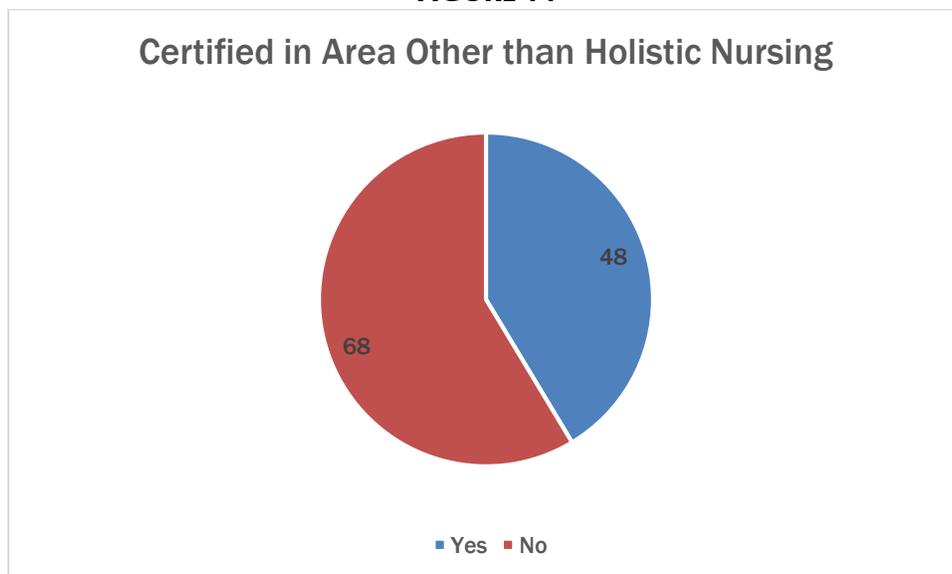
FIGURE 13



Certified in Area Other than Holistic Nursing

Only about 1/3 of the respondents stated that they are certified in an area other than Holistic Nursing. Figure 14 depicts the numbers for this question.

FIGURE 14



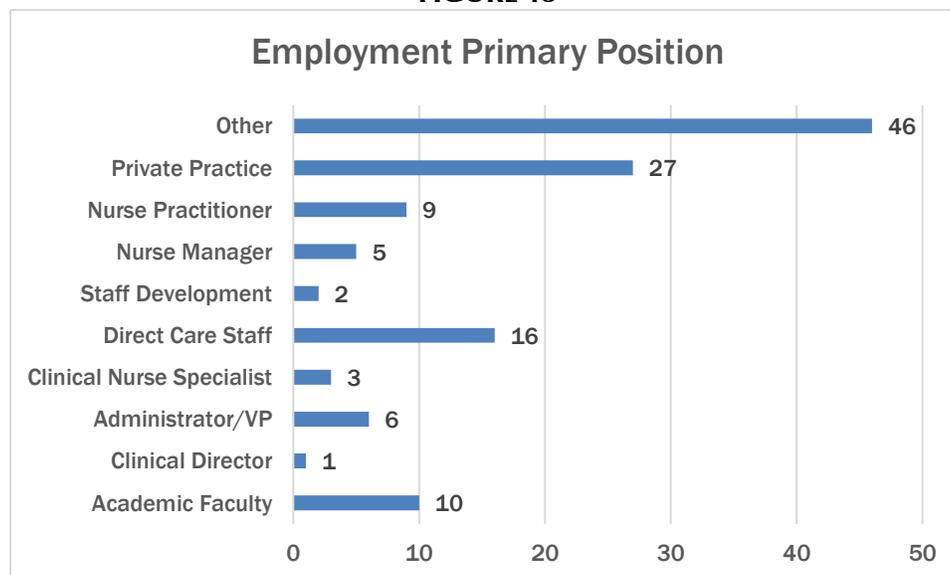
Areas in Which Certified Other than Holistic Nursing

Those who responded that they are certified in an area other than holistic nursing were asked to indicate the specialty in which they are certified. Although the respondents were provided with three major areas – Nurse Practitioner, Clinical Nurse Specialist, and Specialties – they were given the opportunity to write in the specialty areas where they are certified. Because this was an open ended question it is not possible to depict the responses in a table format. See Appendix B for the sub-specialties which were included in the responses.

Employment Primary Position

The next demographic variable asked the primary position held in their employment. The responses can be seen in Figure 15. Although Private Practice and Direct Care Staff were selected the most, 46 respondents responded that their position was not on the list. Ten people wrote in their primary position; their responses can be found in Appendix B.

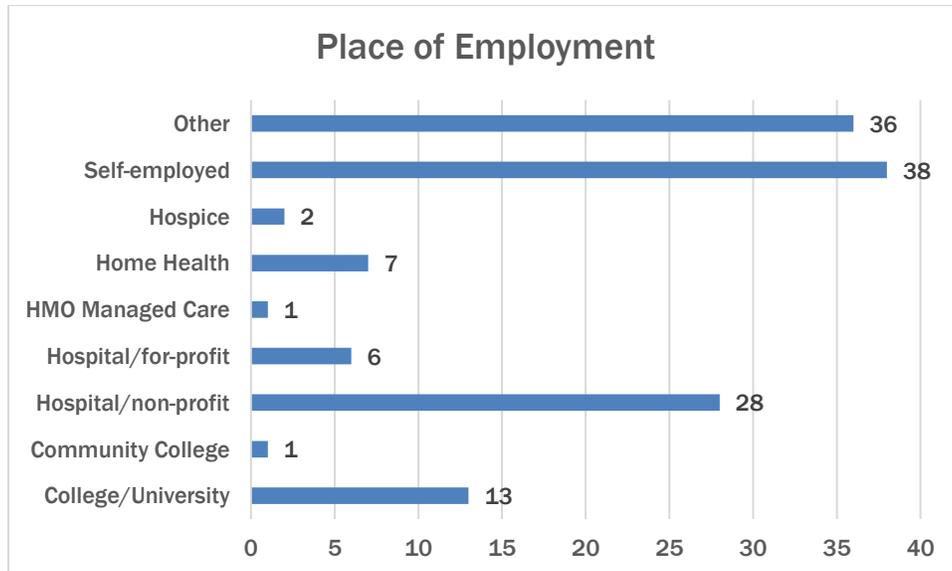
FIGURE 15



Place of Employment

The majority of respondents are either self-employed or work at a hospital/non-profit. But 36 respondents chose “Other” for their place of employment. Their responses for place of employment can be found in Appendix B.

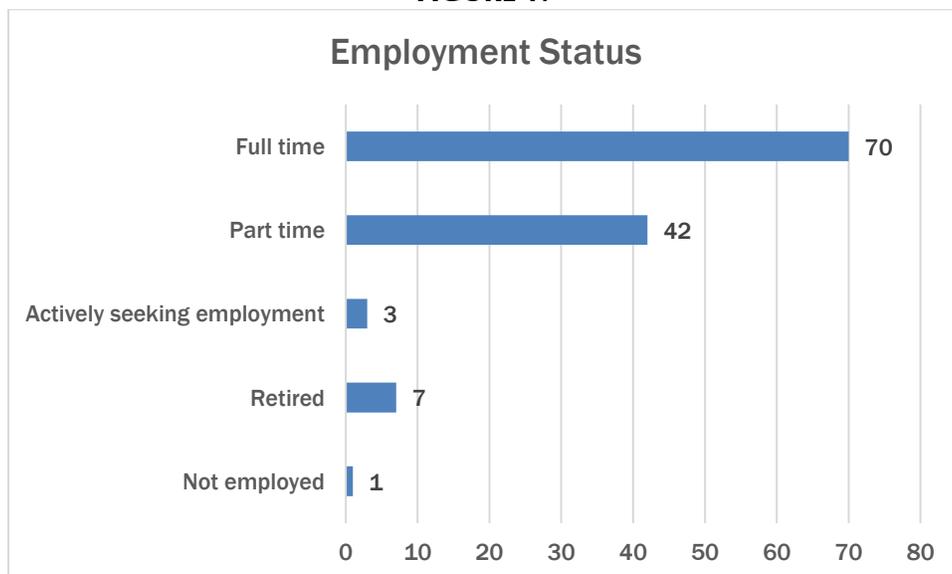
FIGURE 16



Employment Status

Although the majority of the respondents are working full-time, a fairly large number (42) responded that they are working part-time. See Figure 17 for the results from this demographic variable.

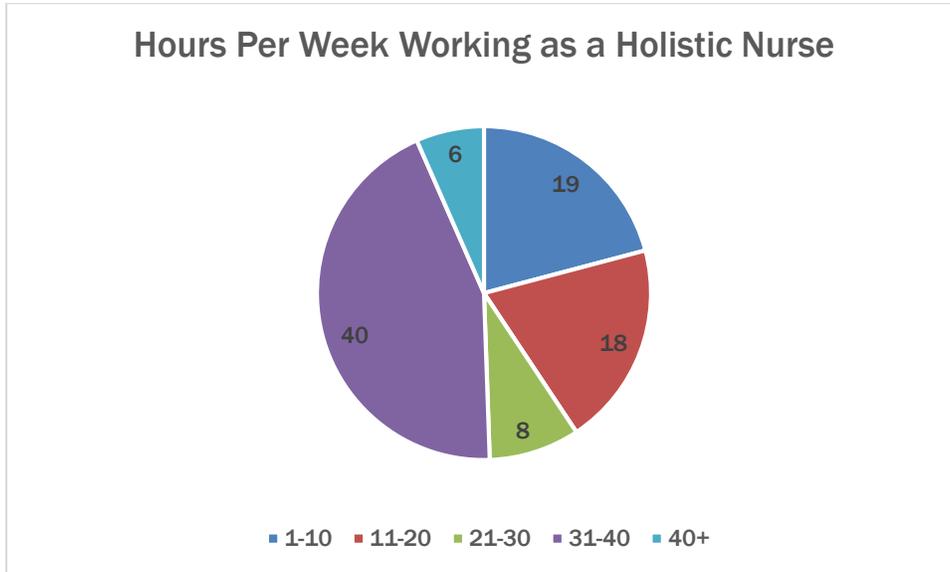
FIGURE 17



Hours Per Week Working as a Holistic Nurse

Those who identified themselves as a holistic nurse were asked how many hours per week they work in the specialty. Figure 18 shows that most of them work 36-40 hours per week as a holistic nurse, which would be considered full time.

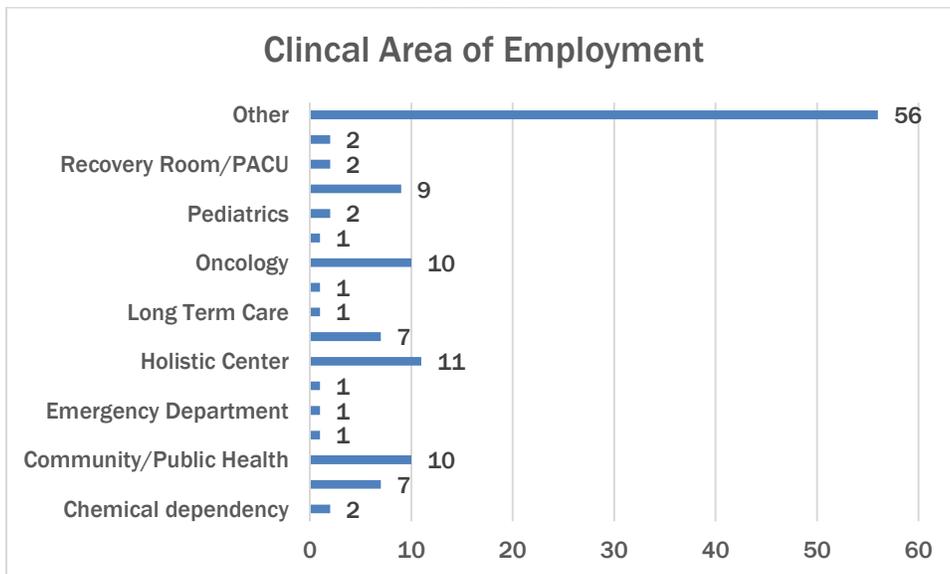
FIGURE 18



Clinical Area of Employment

Although 16 clinical areas were listed, 56 of the respondents selected “Other” and wrote in their response. The list of responses can be found in Appendix B.

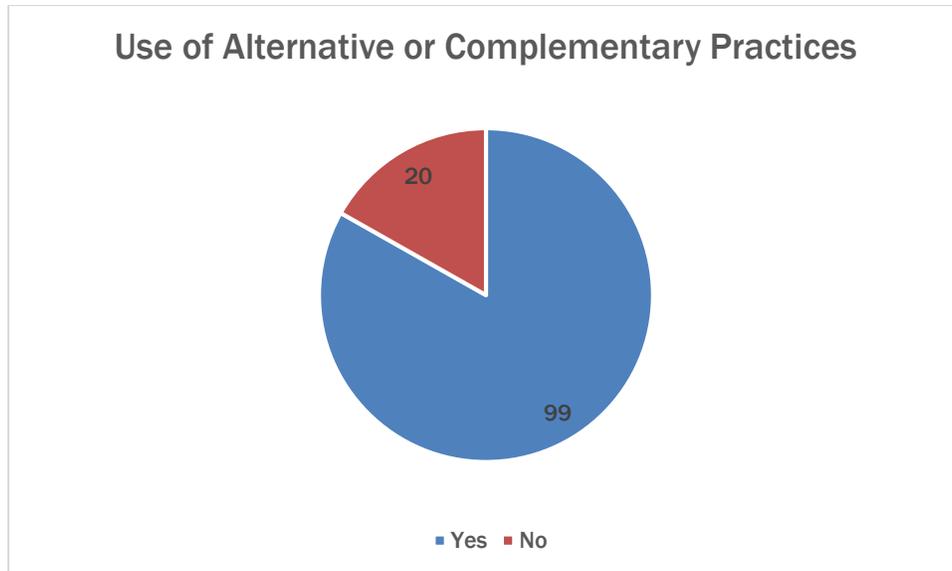
FIGURE 19



Use of Alternative or Complementary Practices

The survey respondents were asked if they use alternative or complementary practices. The vast majority (99) said they do, as shown in Figure 20. Appendix B contains a list of the responses from those who said “Yes,” citing the methods they use.

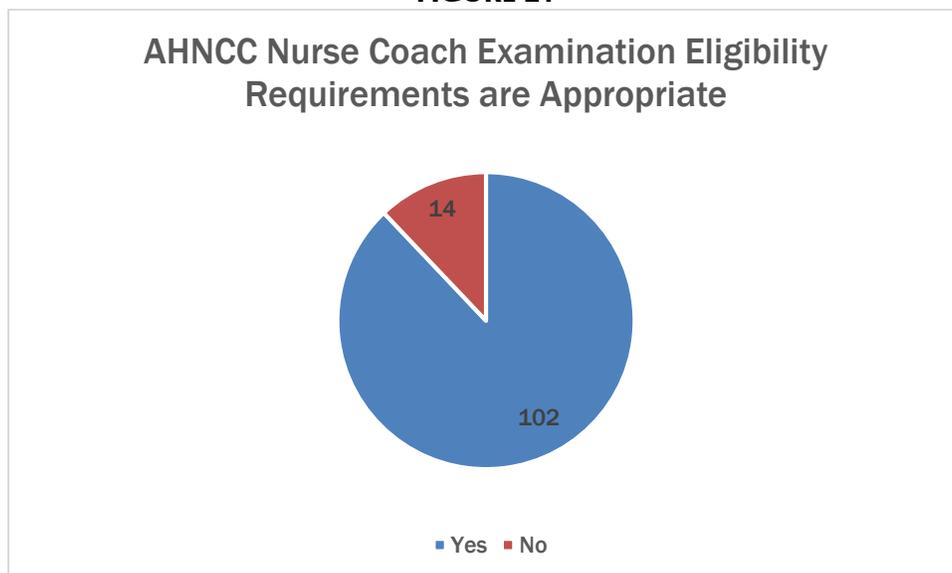
FIGURE 20



Eligibility Requirements

The eligibility requirements for the AHNCC Nurse Coach Certification examination were cited and the respondents were asked if they agreed with the eligibility requirements. Most did agree with the eligibility requirements. Those who responded “No” were asked their reason; the responses can be found in Appendix B.

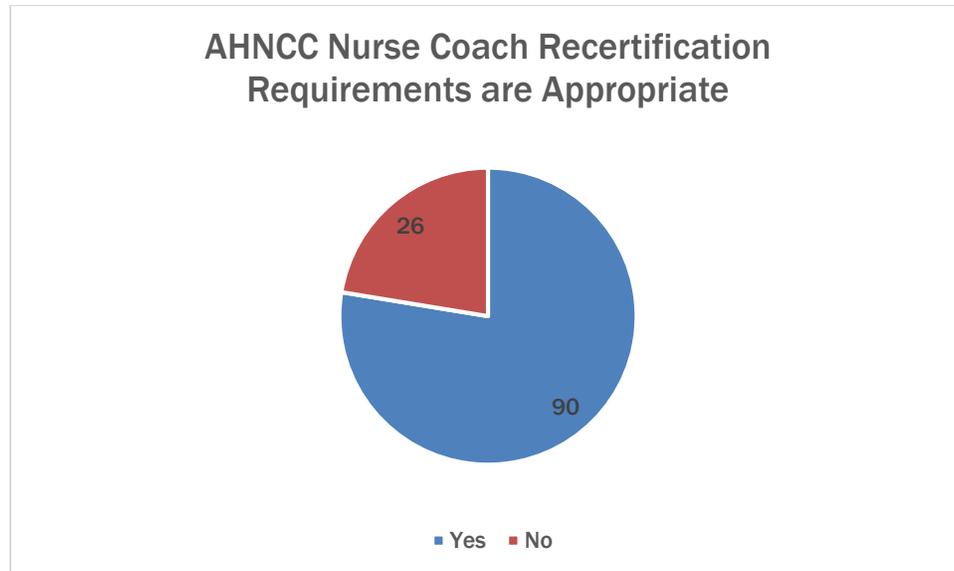
FIGURE 21



Recertification Requirements

The recertification requirements for the AHNCC-NC were also listed and the respondents were asked if the requirements are appropriate. The majority said “Yes.” Those who selected “No” were asked to state why. Their responses can be found in Appendix B.

FIGURE 22



TASK STATEMENT RATINGS

The survey included 120 task/competency statements divided into 16 areas according to standards promulgated by the American Nurses Association (ANA). The number of tasks/competency statements on the survey for each standard were as follows:

ANA Standard	Number of Tasks/Competencies
1. Assessment	14
2. Diagnosis	4
3. Outcomes Identification	8
4. Planning	4
5. Implementation	28
6. Evaluation	4
7. Ethics	17
8. Education	6
9. Evidence-Based Practice and Research	3
10. Quality of Practice	7
11. Communication	5
12. Leadership	5
13. Collaboration	3
14. Professional Practice Evaluation	7
15. Resource Utilization	2
16. Environmental Health	3

For each of the 16 standards the survey defined the role of Professional Nurse Coach within the standard, followed by the identified task/competency statements pertinent to the standard.

All statements were rated as to frequency of performance of the task/competency and the importance of the task/competency for competent performance in the profession. The rating scales were as follows:

Frequency Ratings	Importance Ratings
<p>How often is this task performed as part of the job?</p> <p>4 = Regularly 3 = Frequently 2 = Occasionally 1 = Never</p>	<p>How important is this task for competent performance?</p> <p>4 = Extremely Important 3 = Moderately Important 2 = Slightly Important 1 = Not Important</p>

Average Ratings

Appendix C contains the total task/competency statement results from the survey, broken down by the 16 ANA standards, as they were applied to the profession of nurse coach. The mean of responses to each of the 16 sections are summarized in Table 8. In all cases the average importance rating of the tasks/competencies was higher than the average frequency with which they are performed.

TABLE 8
Task/Competency Statement Ratings by ANA Standard

ANA Standard	Average Frequency	Average Importance
The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation	3.7	3.8
The registered nurse analyzes the assessment data to determine the diagnoses or the issues	3.6	3.8
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation	3.7	3.8
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes	3.3	3.6
The registered nurse implements the identified plan	3.7	3.8
The registered nurse evaluates progress toward attainment of outcomes	3.6	3.8
The registered nurse practices ethically	3.7	3.9
The registered nurse attains knowledge and competence that reflects current nursing practice	3.5	3.8
The registered nurse integrates evidence and research findings into practice	2.5	3.4
The registered nurse contributes to quality nursing practice	3.3	3.7
The registered nurse communicates effectively in a variety of formats in all areas of practice	3.5	3.8
The registered nurse demonstrates leadership in the professional practice setting and the profession	3.6	3.8
The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice	3.2	3.7
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, and regulations	3.5	3.8
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible	3.4	3.7
The registered nurse practices in an environmentally safe and healthy manner	3.8	3.9

The average frequency multiplied by the average importance helps in weighting the standards. Table 9 shows that calculation, which suggests that the tasks/competencies pertaining to the standard “The registered nurse practices in an environmentally safe and healthy manner” are the highest rated and should be given a high priority on the test specifications. The tasks/competencies in the standard “The registered nurse practices ethically” are also important. Conversely, the tasks/competencies in the standard “The registered nurse integrates evidence and research findings into practice” may not need to be emphasized to such a degree on the test specifications.

TABLE 9
Multiplication of Frequency by Importance Rating

ANA Standard	Frequency X Importance
The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or the situation	14.06
The registered nurse analyzes the assessment data to determine the diagnoses or the issues.	13.68
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation	14.06
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes	11.88
The registered nurse implements the identified plan	14.06
The registered nurse evaluates progress toward attainment of outcomes	13.68
The registered nurse practices ethically	14.43
The registered nurse attains knowledge and competence that reflects current nursing practice	13.30
The registered nurse integrates evidence and research findings into practice	8.50
The registered nurse contributes to quality nursing practice	12.21
The registered nurse communicates effectively in a variety of formats in all areas of practice	13.30
The registered nurse demonstrates leadership in the professional practice setting and the profession	13.68
The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice	11.84
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, and regulations	13.30
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible	12.58
The registered nurse practices in an environmentally safe and healthy manner	14.82

Most Frequently Performance Tasks/Competencies

Almost all of the tasks/competencies on the survey are performed with great frequency; all but 5 of them were rated 3.0 or higher. In fact, only 30 of the 120 tasks rated less than 3.5 out of 4.0. The highest rated tasks/competencies primarily pertained to the relationship between the Nurse Coach and the client, with particular emphasis on recognizing the needs of the client. The most frequently performed tasks/competencies, with a rating of 3.8 or higher are as follows:

- Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing (3.9)
- Partners with the client to co-create a relationship that promotes trust, intimacy, and self-discovery (3.9)
- Uses multiple types of knowing, including intuition, when facilitating client's expression of needs (3.8)
- Partners with clients to clarify their statements used to express their needs, concerns, strengths, and/or opportunities for change (3.8)
- Confirms and validates clients' needs, concerns, opportunities for change, and related strengths (3.8)
- Remains fully present, centered, and grounded throughout the coaching process (3.8)
- Uses intentionality, aligned with client's goals, throughout the coaching process (3.8)
- Maintains a curious, open, and reflective approach to the client's verbal and non-verbal cues (3.8)
- Uses techniques and strengths to create and maintain a safe, supportive environment that fosters intimacy and trust (3.8)
- Demonstrates authenticity (honesty, sincerity, personal integrity) (3.9)
- Demonstrates respect for client's subjective experiences expressed as stories and perceptions (3.9)
- Demonstrates respect and acceptance of client's learning style and culture (e.g. beliefs, values and customs) (3.8)
- Uses sophisticated and holistic, verbal and non-verbal communication skills, including (but not limited to) active listening, relevant use of language, and focused questioning (3.8)
- Empowers the client's goal attainment (3.8)
- Partners with the client to determine the time of the next coaching interaction (3.8)
- Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice (3.8)
- Acknowledges that the nurse coaching process is based on a trusting, intimate nurse-client relationship (3.8)
- Supports the client's inner wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach process (3.8)
- Implements the Nurse Coach process in a manner that promotes the client's autonomy, dignity, rights, values, beliefs, and strength (3.8)
- Maintains an effective coaching relationship that is congruent with the coaching agreement and within the boundaries of professional nursing practice (3.8)
- Performs the nurse coaching process by integrating knowledge, skills, intuition, and judgment (3.8)
- Values all life experiences as opportunities to find personal meaning and cultivate self-awareness, self-reflection, and growth (3.8)
- Maintains client confidentiality within legal and regulatory parameters (3.9)
- Understands that skillful, sophisticated communication is a fundamental and essential component of the Professional Nurse Coach relationship (3.8)
- Develops emotional and spiritual intelligence to enhance leadership skills (3.8)
- Recognizes that the Professional Nurse Coaching Practice is enhanced by ongoing self-development to promote physical, mental, emotional, social, and spiritual well-being (3.8)
- Acknowledges that healthy environments encompass both the internal and external environment (3.8)
- Recognizes that cultural, psychological, social, and historical factors influence the internal and external environment (3.8)

Least Frequently Performed Tasks/Competencies

There were 6 task/competency statements which were rated less than 3.0. Most pertained to non-client activities such as research and organizational tasks.

- Partners with client to terminate or reschedule coaching session when distractors interfere with effective coaching interactions (2.7)
- Able to distinguish between telephone and internet technology based health coaching, and telehealth (tele-education) (2.7)
- Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice (2.2)
- Participates in research activities related to the Professional Nurse Coaching Practice (2.0)
- Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice (2.5)
- Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role (2.6)

Most Important Tasks/Competencies for Competent Performance

The respondents were also asked how important a task/competency was to competent performance as a Nurse Coach, regardless of how often the task is performed. 113 of the 120 tasks/competencies were rated higher for importance to competent performance than they were rated for frequency. The remaining 3 tasks/competencies were rated the same for frequency and importance. The following are the tasks/competencies which were rated as 4.0 (the highest possible score) for importance to competent performance as a Nurse Coach. With the exception of the task/competency “Provides Nurse Coaching Services in a manner that is age-appropriate and sensitive to culture and ethnicity” all of these tasks/competencies were also on the list of tasks/competencies performed most frequently.

- Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing
- Partners with the client to co-create a relationship that promotes trust, intimacy, and self-discovery
- Remains fully present, centered, and grounded throughout the coaching process
- Uses techniques and strategies to create and maintain a safe, supportive environment that fosters intimacy and trust
- Demonstrates authenticity (honesty, sincerity, personal integrity)
- Demonstrates respect for client’s subjective experiences expressed as stories and perceptions
- Demonstrates respect and acceptance of client’s learning style and culture (e.g. beliefs, values and customs)
- Supports the client’s inner wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach Process
- Maintains client confidentiality within legal and regulatory parameters
- Provides Nurse Coaching services in a manner that is age-appropriate and sensitive to culture and ethnicity

Least Important Tasks/Competencies for Competent Performance

Only 5 tasks/competencies were rated less than 3.5 for importance to competent performance as a Nurse Coach, however, none was rated less than 3.3. The following were the tasks/competencies which were rated less than 3.5 for importance to competent performance.

- Partners with the client to explore resources, laws, rules, and regulations related to the goals, strategies, and expected outcomes (3.3)
- Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice (3.4)
- Participates in research activities related to the Professional Nurse Coaching Practice (3.3)

- Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role (3.4)
- Able to distinguish between telephone and internet technology based health coaching and telehealth (tele-education) (3.1)

CROSS TABULATIONS

Whether a Holistic Nurse

Two cross tabulations were run to see if there are any differences among the responses to two demographic variables: Whether a Holistic Nurse and Whether Certified as a Holistic Nurse. The cross tabulation data can be found in Appendix D.

Holistic Nurse

Table 10 shows the difference in responses between those who are a holistic nurse and those who are not. The highest frequency is indicated in red in order to readily observe the difference. Only two Nurse Coach task/competency statements were performed more frequently by those who are a holistic nurse, but the difference was only 0.1, which is insignificant. Four statements were rated the same. Otherwise, it is important to note that the remaining 116 nurse coach tasks/competencies are performed more frequently by those who are a holistic nurse.

TABLE 10
Holistic Nurse

Task/Competency	No	Yes
Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing	3.8	3.9
Explores the client's reason for seeking a nurse-coach relationship at this time	3.7	3.7
Assess environment for distractions that might interfere with establishing a safe, trusting, and intimate relationship	3.4	3.8
Partners with the client to co-create a relationship that promotes trust, intimacy, and self-discovery	3.8	3.9
Partners with the client to facilitate expression of the specific purpose of the coaching process	3.5	3.7
Partners with the client to facilitate expression of client's strengths and resources related to purpose of coaching	3.5	3.8
Partners with the client to assess readiness for change	3.5	3.8
Partners with the client to assess the individual's internal environment for distracters that might interfere with the coaching process	3.3	3.5
Partners with client and seeks permission to explore areas of client vulnerability	3.3	3.6
Uses multiple types of knowing, including intuition, when facilitating client's expression of needs	3.6	3.8
Validates own intuitive knowing with the client when appropriate	3.2	3.7
Assesses client's needs and coping abilities using focused interviewing skills	3.6	3.8
Uses appropriate evidence-informed, whole person assessments, techniques, and instruments to identify and clarify the client's needs	3.3	3.5
Assesses the match between the client's needs and expectations, and the coach's knowledge and skills	3.4	3.6

Task/Competency	No	Yes
Partners with clients to clarify their statements used to express their needs, concerns, strengths, and/or opportunities for change	3.7	3.8
Confirms and validates clients' needs, concerns, opportunities for change, and related strengths	3.7	3.8
Interprets, analyzes, and synthesizes multiple sources of information acquired through the assessment process to identify patterns among client's needs, concerns, and/or opportunities for change	3.5	3.6
Documents the patterns detected in the analysis and synthesis of information in a safe and retrievable manner	3.5	3.4
Acknowledges that new goals will emerge as the client unfolds over time	3.4	3.6
Facilitates clients to clarify and specify client-centered goals	3.6	3.8
Supports the client's discovery of new goals as growth occurs	3.5	3.7
Facilitates clients to specify expected outcomes that are clear, action-oriented, realistic, and time-lined	3.7	3.6
Acknowledges that emergence of new goals will require revision of expected outcomes	3.3	3.4
Facilitates clients' exploration and discover of alternative goals and expected outcomes	3.4	3.5
Facilitates clients' self-discovery, clarification, and validation of linkages among their needs, the diagnoses, goals, and client's expected outcomes	3.5	3.8
Partners with the client to co-create an agreement that identifies the specific parameters of the relationship, including the roles and responsibilities of the Nurse Coach and the client	3.3	3.5
Partners with the client to identify and plan for strategies needed to achieve the coaching goals, and effect expected outcomes	3.5	3.7
Partners with the client to explore resources, laws, rules, and regulations related to the goals, strategies, and expected outcomes	2.9	3.0
Partners with the client to explore alternative strategies that will produce expected outcomes, considering resources available, professional laws, rules and regulations	3.0	3.2
Centers and grounds self at the beginning of each coaching interaction	3.5	3.8
Aligns own intention with the client's goals	3.5	3.8
Partners with client to evaluate and minimize the potential effect of external distractions	3.2	3.6
Partners with client to terminate or reschedule coaching session when distractions interfere with effective coaching interactions	2.5	2.8
Remains fully present, centered, and grounded throughout the coaching practice	3.7	3.8
Uses intentionality, aligned with client's goals, throughout the coaching process	3.6	3.8
Maintains a curious, open, and reflective approach to the client's verbal and nonverbal cues	3.6	3.9
Reflects on one's own reactions to client	3.5	3.7
Uses multiple ways of knowing throughout the coaching process, including unknowing, reflective, and integrative knowing	3.6	3.7
Accesses and trusts one's own personal knowing (e.g. intuition and hunches/gut feelings)	3.5	3.8
Uses techniques and strategies to create and maintain a safe, supportive environment that fosters intimacy and trust	3.7	3.9
Demonstrates authenticity (honesty, sincerity, personal integrity)	3.8	3.9

Task/Competency	No	Yes
Demonstrates respect for client's subjective experiences expressed as stories and perceptions	3.8	3.9
Demonstrates respect and acceptance of client's learning style and culture (e.g. beliefs, values, and customs)	3.7	3.9
Acknowledges client resistance as an opportunity for self-awareness and growth	3.4	3.6
Chooses among a variety of coaching strategies or techniques that is expected to be most effective given the situation at the time	3.5	3.7
Uses sophisticated and holistic, verbal and non-verbal communication skills, including (but not limited to) active listening, relevant use of language, and focused questioning	3.7	3.8
Partners with the client to facilitate and reinforce learning important to goal attainment	3.4	3.7
Uses relevant principles, models, and theories to facilitate learning and growth	3.3	3.4
Uses relevant strategies and/or modalities that facilitate mind-body-spirit-emotion-environment integration	3.4	3.7
Empowers the client's goal attainment	3.6	3.8
Effectively records, organizes, and reviews information, including past and current actions, with the client in a manner that facilitates the client in goal achievement	3.5	3.6
Identifies and reviews client's current status, planned goals, and expected outcomes	3.6	3.7
Identifies with the client the next specific action steps and a timeline that will lead to achievement of desired goals	3.6	3.7
Assists the client to assume control over own progress by reviewing negotiated roles and responsibilities, including stated actions, results, and related time frame	3.3	3.6
Partners with the client to review progress made during and between coaching interaction(s)	3.4	3.8
Partners with the client to determine the time of the next coaching interaction	3.6	3.8
Documents communications with client in a clear, concise, safe and easily retrievable manner	3.6	3.7
Assists the client to evaluate goal attainment in respect to planned expected outcomes	3.3	3.7
Supports the client's determination of progress and success	3.5	3.8
Partners with client to use findings from the evaluation process to reassess client's needs, preferred strategies, goals, and expected outcomes	3.4	3.7
Documents evaluation of progress and attainment of coaching goals	3.4	3.6
Uses the Code of Ethics for Nurses with Interpretive Statements (ANA, 2008), the Position Statement on Holistic Nursing Ethics (AHNA, 2007) to guide practice and articulate the foundation of the Professional Nurse Coach Practice	3.2	3.5
Demonstrates expertise in the six components of the Nurse Coach Process: Establishing a relationship and assessing readiness for change, identifying opportunities, issues, and concerns, establishing client-centered goals, and expected outcomes, creating the structure of the Coaching Interaction, empowering and motivating clients' goal attainment, assisting client's evaluation of goal attainment	3.6	3.8
Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice	3.6	3.9
Acknowledge that the nurse coaching process is based on a trusting, intimate nurse-client relationship	3.8	3.9

Task/Competency	No	Yes
Acknowledges that the nurse coaching process is a dynamic, systematic, and skilled process	3.6	3.8
Uses Holistic Nursing Principles to guide nurse-client interactions throughout the coaching process	3.4	3.8
Understands and effectively discusses with the client the ethical guidelines and specific parameters of the Nurse Coaching relationship (e.g. logistics, fees, scheduling)	3.2	3.5
Facilitates client's expression of new ideas, behaviors, and actions that may involve risk-taking and fear of failure	3.3	3.8
Clearly communicates and clarifies distinctions among coaching, consulting, counseling, and teach to clients and others as indicated	3.2	3.3
Partners with clients to individualize the Nurse Coach Process	3.4	3.8
Facilitates integration of body-mind-emotion-spirit-environment in the Nurse Coach Process	3.4	3.8
Supports the client's inner-wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach Process	3.7	3.9
Implements the Nurse Coach Process in a manner that promotes the client's autonomy, dignity, rights, values, beliefs, and strengths	3.8	3.9
Maintains an effective coaching relationship that is congruent with the coaching agreement and within the boundaries of professional nursing practice	3.7	3.8
Performs the nurse coaching process by integrating knowledge, skills, intuition, and judgment	3.7	3.9
Values all life experiences as opportunities to find personal meaning and cultivate self-awareness, self-reflection, and growth	3.6	3.8
Maintains client confidentiality within legal and regulatory parameters	3.8	3.9
Seeks and participates in ongoing educational activities to enhance own knowledge and skills needed to practice in the Nurse Coaching role	3.2	3.5
Uses routine, self-reflective practices to assess own strengths and opportunities for improvement	3.6	3.8
Seeks self-development opportunities specific to identified areas for improvement	3.5	3.6
Documents and maintains evidence of Nurse Coaching competency	3.3	3.3
Develops and utilizes a broad knowledge base related to holistic/integral nursing, integrative health, health systems, coaching, counseling, health education, and nursing issues	3.6	3.8
Seeks and develops competencies required for national certification as a Professional Nurse Coach	3.1	3.5
Utilizes the best available evidence, including theories and research findings, to guide and enhance the Professional Nurse Coaching Practice.	3.2	3.4
Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice	1.9	2.3
Participates in research activities related to the Professional Nurse Coaching Practice	1.8	2.1
Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice	2.1	2.7
Contributes to the education of nurses, healthcare providers, and others concerning the Professional Nurse Coach Role	2.6	3.2

Task/Competency	No	Yes
Documents Nurse Coaching interactions in a responsible, accountable, and ethical manner to facilitate quality review and promotion of effective Nurse Coaching Practice	3.1	3.4
Uses creativity and innovation in Nurse Coaching practice to improve client outcomes	3.4	3.6
Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role	2.4	2.7
Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice	2.7	3.2
Understands that skillful, sophisticated communication is a fundamental and essential component of the Professional Nurse Coach relationship	3.8	3.9
Uses sophisticated communication skills to enhance all aspects of the Coaching Process	3.5	3.7
Communicates with family, significant others, caregivers, health care providers, and others to assist and enhance the client's achievement of coaching goals, when requested by client	2.9	3.1
Advocates for the role of the Nurse Coach at work and in professional organizations	3.0	3.2
Develops emotional and spiritual intelligence to enhance leadership skills	3.7	3.8
Promotes the success of others by utilizing effective Nurse Coaching interventions	3.3	3.7
Demonstrates energy, excitement, and a passion for quality Nurse Coaching	3.6	3.7
Demonstrates the ability to define a clear vision, associated goals, a plan to implement and assess progress toward expected outcomes	3.5	3.6
Partners with others to promote nurse coaching as a way to enhance client outcomes	2.9	3.1
Applies coaching skills with individuals and groups to identify and achieve individual, group, and organizational goals	3.2	3.3
Refers client to other professionals and services as needed	3.2	3.2
Utilizes the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies (2012) to evaluate quality of practice	2.7	3.1
Considers the effect of one's personal values, culture, spiritual beliefs, experiences, biases, and education on the Nurse Coach services provided to individuals, groups, and organizations	3.5	3.8
Provides Nurse Coaching services in a manner that is age-appropriate and sensitive to culture and ethnicity	3.6	3.8
Engages in self-evaluation of coaching practice on a regular basis, identifying areas of strength as well as areas in which additional development would be beneficial	3.5	3.6
Obtains evaluative feedback regarding one's own coaching from clients, peers, and professional colleagues and takes appropriate action based upon the feedback	3.1	3.2
Pursues Nurse Coach certification as a way to demonstrate competency and to promote the Nurse Coaching role to employers, clients, and the public	3.3	3.6
Recognizes that the Professional Nurse Coaching Practice is enhanced by ongoing self-development to promote physical, mental, emotional, social, and spiritual well-being	3.6	3.9
Evaluates factors such as safety, effectiveness, availability, cost and benefits, efficiencies, and impact on Nurse Coaching practice when suggesting options for the client that would result in the same expected outcome	3.1	3.3

Task/Competency	No	Yes
Assists the client, as appropriate, in identifying and securing appropriate and available services to facilitate achievement of client goals	3.3	3.5
Acknowledges that healthy environments encompass both the internal and the external environment	3.6	3.9
Recognizes that cultural, psychological, social, and historical factors influence the internal and external environment	3.6	3.9
Considers the internal and external environmental resources of self and client regarding contribution to client and goal achievement	3.4	3.8
Raises awareness in the client using one of the coaching techniques	3.6	3.7
Identifies and uses best practice guidelines for in-person coaching interventions	3.5	3.5
Identifies and uses best practice guidelines for telephone health coaching interventions	3.5	3.6
Able to distinguish between telephone and internet-technology based health coaching and telehealth (tele-education)	3.0	3.1

Certified as a Holistic Nurse

The next cross tabulated demographic variable was of those respondents who identified themselves as a certified holistic nurse. As Table 10 showed, those who identify as a holistic nurse perform the tasks/competencies associated with nurse coaching more frequently than those who don't consider themselves a practicing holistic nurse. Table 11 shows that those who are certified as a holistic nurse perform the nurse coaching tasks/competencies even more frequently than those holistic nurses who are not certified. The numbers are closer, however. There were only three tasks/competencies which are performed more frequently by those who are not certified as a holistic nurse. However, there were 20 tasks/competencies which were tied for frequency of performance.

TABLE 11
Certified as a Holistic Nurse

Task/Competency	No	Yes
Acknowledges, respects and affirms the client as the authority on his/her own health and wellbeing	3.9	4.0
Explores the client's reason for seeking a nurse-coach relationship at this time	3.7	3.7
Assess environment for distractions that might interfere with establishing a safe, trusting, and intimate relationship	3.6	3.8
Partners with the client to co-create a relationship that promotes trust, intimacy, and self-discovery	3.8	3.9
Partners with the client to facilitate expression of the specific purpose of the coaching process	3.6	3.8
Partners with the client to facilitate expression of client's strengths and resources related to purpose of coaching	3.6	3.8
Partners with the client to assess readiness for change	3.6	3.8
Partners with the client to assess the individual's internal environment for distracters that might interfere with the coaching process	3.4	3.5
Partners with client and seeks permission to explore areas of client vulnerability	3.4	3.6
Uses multiple types of knowing, including intuition, when facilitating client's expression of needs	3.7	3.9
Validates own intuitive knowing with the client when appropriate	3.5	3.7
Assesses client's needs and coping abilities using focused interviewing skills	3.7	3.8
Uses appropriate evidence-informed, whole person assessments, techniques, and instruments to identify and clarify the client's needs	3.4	3.4
Assesses the match between the client's needs and expectations, and the coach's knowledge and skills	3.5	3.6
Partners with clients to clarify their statements used to express their needs, concerns, strengths, and/or opportunities for change	3.7	3.8
Confirms and validates clients' needs, concerns, opportunities for change, and related strengths	3.7	3.8
Interprets, analyzes, and synthesizes multiple sources of information acquired through the assessment process to identify patterns among client's needs, concerns, and/or opportunities for change	3.5	3.7
Documents the patterns detected in the analysis and synthesis of information in a safe and retrievable manner	3.4	3.5
Acknowledges that new goals will emerge as the client unfolds over time	3.5	3.6
Facilitates clients to clarify and specify client-centered goals	3.5	3.8
Supports the client's discovery of new goals as growth occurs	3.6	3.7
Facilitates clients to specify expected outcomes that are clear, action-oriented, realistic, and time-lined	3.6	3.6

Task/Competency	No	Yes
Acknowledges that emergence of new goals will require revision of expected outcomes	3.3	3.4
Facilitates clients' exploration and discover of alternative goals and expected outcomes	3.5	3.5
Facilitates clients' self-discovery, clarification, and validation of linkages among their needs, the diagnoses, goals, and client's expected outcomes	3.6	3.8
Partners with the client to co-create an agreement that identifies the specific parameters of the relationship, including the roles and responsibilities of the Nurse Coach and the client	3.5	3.5
Partners with the client to identify and plan for strategies needed to achieve the coaching goals, and effect expected outcomes	3.6	3.7
Partners with the client to explore resources, laws, rules, and regulations related to the goals, strategies, and expected outcomes	3.0	2.8
Partners with the client to explore alternative strategies that will produce expected outcomes, considering resources available, professional laws, rules and regulations	3.2	3.1
Centers and grounds self at the beginning of each coaching interaction	3.7	3.8
Aligns own intention with the client's goals	3.7	3.8
Partners with client to evaluate and minimize the potential effect of external distractions	3.4	3.5
Partners with client to terminate or reschedule coaching session when distractions interfere with effective coaching interactions	2.6	2.9
Remains fully present, centered, and grounded throughout the coaching practice	3.7	3.8
Uses intentionality, aligned with client's goals, throughout the coaching process	3.7	3.8
Maintains a curious, open, and reflective approach to the client's verbal and nonverbal cues	3.7	3.9
Reflects on one's own reactions to client	3.6	3.6
Uses multiple ways of knowing throughout the coaching process, including unknowing, reflective, and integrative knowing	3.6	3.8
Accesses and trusts one's own personal knowing (e.g. intuition and hunches/gut feelings)	3.6	3.8
Uses techniques and strategies to create and maintain a safe, supportive environment that fosters intimacy and trust	3.8	3.9
Demonstrates authenticity (honesty, sincerity, personal integrity)	3.8	3.9
Demonstrates respect for client's subjective experiences expressed as stories and perceptions	3.8	3.9
Demonstrates respect and acceptance of client's learning style and culture (e.g. beliefs, values, and customs)	3.8	3.9
Acknowledges client resistance as an opportunity for self-awareness and growth	3.5	3.5
Chooses among a variety of coaching strategies or techniques that is expected to be most effective given the situation at the time	3.6	3.7
Uses sophisticated and holistic, verbal and non-verbal communication skills, including (but not limited to) active listening, relevant use of language, and focused questioning	3.8	3.8
Partners with the client to facilitate and reinforce learning important to goal attainment	3.6	3.7
Uses relevant principles, models, and theories to facilitate learning and growth	3.3	3.6
Uses relevant strategies and/or modalities that facilitate mind-body-spirit-emotion-environment integration	3.6	3.7

Task/Competency	No	Yes
Empowers the client's goal attainment	3.7	3.8
Effectively records, organizes, and reviews information, including past and current actions, with the client in a manner that facilitates the client in goal achievement	3.5	3.6
Identifies and reviews client's current status, planned goals, and expected outcomes	3.7	3.7
Identifies with the client the next specific action steps and a timeline that will lead to achievement of desired goals	3.6	3.7
Assists the client to assume control over own progress by reviewing negotiated roles and responsibilities, including stated actions, results, and related time frame	3.5	3.5
Partners with the client to review progress made during and between coaching interaction(s)	3.6	3.7
Partners with the client to determine the time of the next coaching interaction	3.7	3.8
Documents communications with client in a clear, concise, safe and easily retrievable manner	3.6	3.8
Assists the client to evaluate goal attainment in respect to planned expected outcomes	3.5	3.7
Supports the client's determination of progress and success	3.6	3.8
Partners with client to use findings from the evaluation process to reassess client's needs, preferred strategies, goals, and expected outcomes	3.5	3.7
Documents evaluation of progress and attainment of coaching goals	3.5	3.6
Uses the Code of Ethics for Nurses with Interpretive Statements (ANA, 2008), the Position Statement on Holistic Nursing Ethics (AHNA, 2007) to guide practice and articulate the foundation of the Professional Nurse Coach Practice	3.3	3.4
Demonstrates expertise in the six components of the Nurse Coach Process: Establishing a relationship and assessing readiness for change, identifying opportunities, issues, and concerns, establishing client-centered goals, and expected outcomes, creating the structure of the Coaching Interaction, empowering and motivating clients' goal attainment, assisting client's evaluation of goal attainment	3.7	3.8
Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice	3.8	3.9
Acknowledge that the nurse coaching process is based on a trusting, intimate nurse-client relationship	3.8	3.9
Acknowledges that the nurse coaching process is a dynamic, systematic, and skilled process	3.7	3.8
Uses Holistic Nursing Principles to guide nurse-client interactions throughout the coaching process	3.7	3.8
Understands and effectively discusses with the client the ethical guidelines and specific parameters of the Nurse Coaching relationship (e.g. logistics, fees, scheduling)	3.3	3.6
Facilitates client's expression of new ideas, behaviors, and actions that may involve risk-taking and fear of failure	3.5	3.8
Clearly communicates and clarifies distinctions among coaching, consulting, counseling, and teach to clients and others as indicated	3.3	3.3
Partners with clients to individualize the Nurse Coach Process	3.6	3.8
Facilitates integration of body-mind-emotion-spirit-environment in the Nurse Coach Process	3.6	3.8

Task/Competency	No	Yes
Supports the client's inner-wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach Process	3.8	3.9
Implements the Nurse Coach Process in a manner that promotes the client's autonomy, dignity, rights, values, beliefs, and strengths	3.8	3.9
Maintains an effective coaching relationship that is congruent with the coaching agreement and within the boundaries of professional nursing practice	3.8	3.8
Performs the nurse coaching process by integrating knowledge, skills, intuition, and judgment	3.8	3.9
Values all life experiences as opportunities to find personal meaning and cultivate self-awareness, self-reflection, and growth	3.7	3.8
Maintains client confidentiality within legal and regulatory parameters	3.8	3.9
Seeks and participates in ongoing educational activities to enhance own knowledge and skills needed to practice in the Nurse Coaching role	3.4	3.4
Uses routine, self-reflective practices to assess own strengths and opportunities for improvement	3.7	3.7
Seeks self-development opportunities specific to identified areas for improvement	3.6	3.7
Documents and maintains evidence of Nurse Coaching competency	3.2	3.5
Develops and utilizes a broad knowledge base related to holistic/integral nursing, integrative health, health systems, coaching, counseling, health education, and nursing issues	3.7	3.7
Seeks and develops competencies required for national certification as a Professional Nurse Coach	3.3	3.6
Utilizes the best available evidence, including theories and research findings, to guide and enhance the Professional Nurse Coaching Practice.	3.3	3.4
Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice	2.1	2.3
Participates in research activities related to the Professional Nurse Coaching Practice	2.0	2.1
Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice	2.3	2.8
Contributes to the education of nurses, healthcare providers, and others concerning the Professional Nurse Coach Role	2.8	3.2
Documents Nurse Coaching interactions in a responsible, accountable, and ethical manner to facilitate quality review and promotion of effective Nurse Coaching Practice	3.2	3.6
Uses creativity and innovation in Nurse Coaching practice to improve client outcomes	3.5	3.7
Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role	2.6	2.6
Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice	3.0	3.3
Understands that skillful, sophisticated communication is a fundamental and essential component of the Professional Nurse Coach relationship	3.8	3.9
Uses sophisticated communication skills to enhance all aspects of the Coaching Process	3.6	3.7
Communicates with family, significant others, caregivers, health care providers, and others to assist and enhance the client's achievement of coaching goals, when requested by client	3.0	3.1

Task/Competency	No	Yes
Advocates for the role of the Nurse Coach at work and in professional organizations	3.0	3.3
Develops emotional and spiritual intelligence to enhance leadership skills	3.8	3.8
Promotes the success of others by utilizing effective Nurse Coaching interventions	3.5	3.8
Demonstrates energy, excitement, and a passion for quality Nurse Coaching	3.6	3.7
Demonstrates the ability to define a clear vision, associated goals, a plan to implement and assess progress toward expected outcomes	3.5	3.6
Partners with others to promote nurse coaching as a way to enhance client outcomes	3.0	3.2
Applies coaching skills with individuals and groups to identify and achieve individual, group, and organizational goals	3.2	3.4
Refers client to other professionals and services as needed	3.1	3.3
Utilizes the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies (2012) to evaluate quality of practice	2.8	3.2
Considers the effect of one's personal values, culture, spiritual beliefs, experiences, biases, and education on the Nurse Coach services provided to individuals, groups, and organizations	3.7	3.8
Provides Nurse Coaching services in a manner that is age-appropriate and sensitive to culture and ethnicity	3.7	3.8
Engages in self-evaluation of coaching practice on a regular basis, identifying areas of strength as well as areas in which additional development would be beneficial	3.5	3.5
Obtains evaluative feedback regarding one's own coaching from clients, peers, and professional colleagues and takes appropriate action based upon the feedback	3.1	3.3
Pursues Nurse Coach certification as a way to demonstrate competency and to promote the Nurse Coaching role to employers, clients, and the public	3.4	3.7
Recognizes that the Professional Nurse Coaching Practice is enhanced by ongoing self-development to promote physical, mental, emotional, social, and spiritual well-being	3.8	3.8
Evaluates factors such as safety, effectiveness, availability, cost and benefits, efficiencies, and impact on Nurse Coaching practice when suggesting options for the client that would result in the same expected outcome	3.2	3.3
Assists the client, as appropriate, in identifying and securing appropriate and available services to facilitate achievement of client goals	3.4	3.4
Acknowledges that healthy environments encompass both the internal and the external environment	3.7	3.9
Recognizes that cultural, psychological, social, and historical factors influence the internal and external environment	3.7	3.9
Considers the internal and external environmental resources of self and client regarding contribution to client and goal achievement	3.6	3.8
Raises awareness in the client using one of the coaching techniques	3.6	3.8
Identifies and uses best practice guidelines for in-person coaching interventions	3.5	3.4
Identifies and uses best practice guidelines for telephone health coaching interventions	2.9	3.0
Able to distinguish between telephone and internet-technology based health coaching and telehealth (tele-education)	2.7	2.9

ADDITIONAL COMMENTS

Respondents were given an opportunity, in addition to the open-ended questions, to provide any comments that they felt were pertinent to the survey. There were 43 comments. Many either added a comment to something they had stated previously or clarified how they responded to a specific task/competency. Some gave suggestions for improvements to the survey if it is to be given again. A few mentioned that they thought the survey was good and comprehensive.

All of the comments can be found in Appendix E.

CONCLUSIONS AND RECOMMENDATIONS

The role delineation survey data supported that nurse coaches practice the competencies and that performance of these tasks is important in establishing/identifying competence in the role of NC. All but 6 of the 116 competencies rated 3.5 or higher on a scale of 4 indicating that the respondents used these competencies frequently or regularly. The content of the six competencies rated between 2.-2.7 were reviewed by two panels of subject matter experts to determine if they were dispersed across the five domains used for specification of the current examination (Table 9 and as shown below).

I. Nurse Coach Philosophy, Theories, and Ethics	24%
II. Nurse Coaching Process	41%
III. Nurse Coach Communication and Coaching Environment.....	19%
IV. Education, Research, and Leadership.....	11%
V. Self-Reflection, Self-Assessment, and Self-Care	5%

The subject-matter experts concluded that the lower ratings for the six items might be explained by 1) a small sample size, 2) the sample consisted of two distinct educational levels between those prepared at the baccalaureate level and those prepared at the graduate level, and 3) nurse coaches practice in many different settings and with different populations which can affect the competencies/tasks they practice or undertake.

Upon investigation it was noted that the six items with rating scores of 2-2.7 addressed competencies related to Domain IV Education, Research, and Leadership. At the same time, many of the 110 items with scores of 3.5 or higher addressed competencies related to Domains II and III, the Nurse Coaching Process and Nurse Coach Communication and the Coaching Environment respectively. Furthermore, the items assessing competencies in the practice of Domain V, Self-reflection, Self-Assessment, and Self-Care were rated very high in frequency of use. As a result, the panel of subject-matter experts supported a slight weighting modification for the test specifications.

REVISED TEST SPECIFICATIONS

Both the RDS and BOD panels of subject matter experts carefully reviewed the data and the report to finalize the test specifications. They considered previous test specifications, practical needs of test development, and the unique role of nurse coaching in that it is grounded in a philosophy of holism, practiced in many settings, in many roles, and with many populations. Taking into consideration the findings of the RDS survey and the above-mentioned factors, they derived the final test specifications for the examination.

Based on the importance of the exam's philosophical foundation and with the consideration of the reality of the implementation and enactment of the NC role, weightings were changed minimally. A 1% increase in Philosophy, Theory, Ethics; Communication and Environment; and Self-Reflection & Assessment domains were made, and a 3% decrease in the domain of Education, Research, and Leadership was recommended by the SME's in the RDS committee. The BOD supported the changes recommended by the RDS committee and the revised test specifications (blueprint) will be used in the next NC examination.

Table 12 presents the final test specifications for the NC-BC examination.

TABLE 12
NC-BC Examination Revised Test Specifications

Domain		Percent	#of Test Questions
I.	Nurse Coach Philosophy, Theories, and Ethics	25%	35
II.	Nurse Coaching Process	41%	57
III.	Nurse Coach Communication and Coaching Environment	20%	28
IV.	Education, Research, and Leadership	8%	12
V.	Self-Reflection, Self-Assessment, and Self-Care	6%	8