

**Report to the  
American Holistic Nurses' Credentialing Corporation  
on its  
2012 Role Delineation Study: Nurse Coaches**

Presented to:  
**American Holistic Nurses' Credentialing Corporation**

**December 2012**

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# Role Delineation Study 2012

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## EXECUTIVE SUMMARY

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This report summarizes the results of a role delineation study conducted by the American Holistic Nurses' Credentialing Corporation (AHNCC) with the assistance of the Professional Testing Corporation (PTC). The purpose of the study was to obtain information on the background, professional activities, and competencies of nurse coaches. The results will be used to ensure that the test specifications for the soon-to-be-published Nurse Coach examination are representative of the professional requirements to perform the job of Nurse Coach.

The first step was to do a thorough review of the literature to determine the current activities and performance behaviors of the professional nurse practicing the role of coaching. The literature review was used to define the scope of practice and related competencies. The findings were reviewed by a panel including international Nurse leaders and nurses who are expert in Nurse Coaching. Their findings were then reviewed by members of AHNCC Board to ensure that the competencies were consistent with the Standards of Nursing (ANA, 2012) and embedded in Holistic Nursing Core Values. This process was followed by a review by three additional panels of nurse-coach experts. Each panel was asked to evaluate the listing of competencies, organized by Standards of Practice, and identify errors of omission, commission, redundancy, and categorization by Core Value. Other comments and suggestions were also requested and used to tighten the listing of competencies. Upon completion of the last review, the listing was sent to PTC to create a survey to be used in the Role Delineation Study.

The next step in the study was the development of the survey instrument. The survey form contained 19 demographic questions and 116 competency statements covering 16 separate competency categories (Standards of Practice) for the Nurse Coach.

The survey was developed in a format which permitted respondents to complete it online. Individuals had the ability to create a username and password in order to log in and out of the survey so it could be completed over a period of time. The link to the survey was e-mailed to over 5,000 members of the American Holistic Nurses Association (AHNA), which included those certified and not certified by the AHNCC inviting those who practiced as a coach to participate. It was also sent to those who participated in the review of competencies and organizations that offer certificate programs in coaching.

A total of 53 nurses completed the survey. Once respondent rates began to drop after reminders were sent, the survey was closed.

The competency statements were tabulated and several cross tabulations were made using some of the demographic variables. An analysis of the data and a discussion of the fit between the proposed distribution of competencies across the core values and the test specifications can be found at the end of this report.

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## **SURVEY BACKGROUND, PURPOSE, AND METHODOLOGY**

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The Role Delineation Study was undertaken by the American Holistic Nurses' Credentialing Corporation (AHNCC) with the assistance of the Professional Testing Corporation (PTC).

The Role Delineation Survey was prepared in an online version that was sent as a link embedded in an e-mail which was distributed to over 5,000 members of the American Holistic Nurses Association (AHNA) and various other associations whose members contain holistic nurses. Respondents were asked for their evaluation of the frequency and importance of each of the competencies.

The results will be used in the development of the test content specifications for the Nurse Coach Certification Examination (NC-BC).

### **The Role Delineation Survey**

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The Role Delineation Study was initiated in 2009 when a group of six nurses contracted with AHNCC to serve as a Task Force to define the role of the Nurse Coach. At that time, two of the members initiated a lengthy review of the literature to specify the scope of practice and related competencies. Their work was followed by two additional panels of experts to ensure the competencies were clearly stated, consistent with the Standards of Practice, and categorized by Core Values. These reviews were followed by three additional panels who evaluated the competencies for editorial changes, appropriateness for level of practice, and redundancies. The panels deleted some competencies and added others in order to better reflect current practice in the profession. The participants and their specific responsibilities as part of each of these expert panels are presented in Table 1 below.

**Table 1. Phases of competency identification, review, and practice analysis**

Phase	Process	Dates	Participants
One	<p><u>Review of the literature from 2009-2011</u>, on nurse coach and nurse coaching used PubMed and Google Scholar databases. The following key word/words or phrases were used alone or in combination: nurse coach, nurse coaching, nurse coach philosophy, nurse coaching core values, nurse coaching process, nurse coach descriptions, nurse coach definitions, nurse coach scope of practice, nurse coach settings, one-to-one, group, community, competencies, nurse coach core values, tenets of nurse coaching practice, science of nurse coaching, art of nurse coaching, nurse coaching practice setting (acute care, management, chronic care, management, nurse specialties, business, and consulting), nurse coach healthy environments (internal and external), nurse coaches and nurse coaching in health and wellness, evaluation, nurse coach competence, roots of nurse coaching, nurse coach certification, nurse coach inter-professional collaboration, healthcare transformation (local and global), professional trends and issues related to nurse coaching and health care reform. Other key word/words or phrases were behavioral change theories, Trans-theoretical stages of change, Self-Efficacy, resistance to change, Motivational Interviewing, goal setting, barriers to change, resilience, coherence, complexity science, and reflective practice.</p>	March 2009-June 2011	<p>Darlene Hess PhD, AHN-BC, PMHNP--BC, ACC.</p> <p>Barbara M. Dossey, PhD, RN, AHN-BC, FAAN,</p>
Two	<p><b>Review Committee:</b> <u>Review of Core Values, Scope of Practice, and competencies</u> extrapolated from the literature.</p>	July-August 2011	<p>Phyllis Kritek, PhD, RN, FAAN, Co-Chair  Barbara L. Nichols, DHL, MS, RN, FAAN, Co-Chair  Denys Cope, BSN, RN  Liz Cunningham, MA, RN  Michelle Dart, MSN, RN, CNE  Gail Donner, PHD, RN  Lori Knutson, BSN, RN, HN-BC  Mary Jo Kreitzer PhD, RN, FAAN  Kristen Lombard, PhD, RN, PMHCNS-BC  Eileen O'Grady, PhD, RN,  Diane Pisanos, RN, MS, NNP-E, AHN-BC  Kimberly McNally, MN, RN  Darlene Trandel, PhD, FNP, RN, PCC  Pat Hinton-Walker, PhD, RN, FAAN, CMC, PCC  Mary Wheeler. RN, MEd, PCC  Linda Yoder PhD, RN, AOCN, FAAN</p>
Three	Competencies extrapolated from literature review, consolidated for RDS.	September-October 2011	<p>Helen Erickson, PhD, RN. AHN-BC, FAAN  Margaret Erickson, PhD, APRN, AHN-BC</p>

Phase	Process	Dates	Participants
Four	Expert Panel review of competencies for editorial changes, appropriateness for the Standard and level of practice, error by omission and commission, and redundancies (Basic versus Advanced).	November 16-25, 2011	Darlene Hess PhD, AHN-BC, PMHNP-BC, ACC; NM Barbara M. Dossey, PhD, RN, AHN-BC, FAAN; NM Mary Elaine Southard, MSN, RN, APHN-BC; PA Susan Luck, MA, RN, HNB-BC, CCN; FL Bonney Gulino Schaub, MS, RN, PMHCNS-BC; NY Linda Bark, PhD, RN, MCC; CA
Five	Expert Panel 2 review of listings, identify errors of omission, commission, redundancy, categorization, and leveling. Other comments and suggestions were also requested and provided.	November 29-December 15, 2011	Judith Fasone Cherry Pfau, RN, MSN, AHN-BC:NC Buddy Ann Ross, NC, MS, BSN, RN, HNB-BC; OH Paula Vetter, RN, MSN, FNP-C; CA Dianne Hansen, RN, PhD, AHN-BC, LMT; MN Lou Hipps, RN, HN-BC ; NC
Six	Expert Panel 3 review of listings, identify errors of omission, commission, redundancy, categorization, and leveling. Other comments and suggestions were also requested and provided.	January-March 2012	Diane E. Pisanoes, MS, RN, NNP-E, AHN-BC; CO Rebecca R. West, PhD, RN, FNP-BC; OH Jennifer Shearin, RN, ;NC Donna Scattergood, PhD, RN, AHN-BC, BCIM; WI Sue Cutshall, MS, RN, ACNS-BC, AHN-BC;MN
Seven	Survey development	April-June 2012	Joan Campbell, EdD; Shakil Ahmed

A total of 116 competencies for The Nurse Coach were grouped into the following categories (i.e. Standards of Practice):

- Assessment
- Diagnosis
- Outcomes Identification
- Planning
- Implementation
- Evaluation
- Ethics
- Education
- Evidence-Based Practice/Research (EBP)
- Quality of Practice
- Communication
- Leadership
- Collaboration
- Professional Practice Evaluation
- Resource Utilization
- Environmental Health

Once the competencies were agreed upon, it was determined that the scale for frequency of performance of each competency be set at Regularly, Frequently, Occasionally, and Never. The importance scale for each competency was set at Extremely Important, Moderately Important, Slightly Important, and Not Important.

It was determined that 18 demographic variables, in addition to geographic location, would provide a good snapshot of the profession and a basis upon which to determine if there was broad representation in the respondents.

A copy of the survey instrument can be found in Appendix A.

The survey was prepared as an online instrument, accessible by way of a link embedded in an e-mail. Participants were asked to create a username and password so they could log in and out of the survey if they were unable to complete it at one sitting. The survey instrument also prompted the participants as to which sections they had not yet completed.

In July 2012, the survey was ready for beta testing and a link was e-mailed to selected members of the expert panels. The experts were asked to complete the survey and to provide feedback on its ease of use and the time it took for completion. The pilot participants reported minor glitches in links that were addressed, and the survey was determined ready for national distribution. The final stages of preparation and launch are presented in Table 2 below.

**Table 2. Final Phases of the development and administration of the Nurse Coach Survey, July 2012 to September 2012.**

Survey pilot	July 18-30, 2012	Darlene Hess PhD, AHN-BC, PMHNP-BC, ACC; NM Barbara M. Dossey, PhD, RN, AHN-BC, FAAN; NM Mary Elaine Southard, MSN, RN, APHN-BC; PA Susan Luck, MA, RN, HNB-BC, CCN; FL Bonney Gulino Schaub, MS, RN, PMHCNS-BC; NY Linda Bark, PhD, RN, MCC; CA Helen Erickson, PhD, RN, AHN-BC, FAAN; Margaret Erickson, PhD, APRN, AHN-BC; Joan Mary Brekke, PhD, RN, AHN-BC Kay Sandor, PhD, RN, AHN-BC
Survey revisions	July-August 2012	Joan Campbell, EdD; Shakil Ahmed
Administration of the Survey	August-September 2012	Link posted on AHNA and AHNCC websites. Distributed to: all nurses who have contacted AHNCC expressing interest in Nurse Coaching; members of the Advisory Committee of the <i>Nurse Coach</i> document Review Committee. Authors of the <i>Nurse Coach</i> document sent it to their graduates. Sent to each of the Coaching certificate programs.

Although the survey was distributed to more than 5,000 nurses, the response was extremely limited. Aiming to increase participation, additional invitations were sent to the original potential respondents indicating that the deadline date was being extended and again inviting participation. Many responded that they were declining the invitation because they didn't feel sufficiently expert in the merging of coaching activities with holistic precepts. Others declined because of limited time and resources. Eventually 53 surveys were deemed to be complete. A review of the demographic information indicates that the respondents were concentrated in the Northeast, with just under 50% of respondents coming from seven states in that region. At that time, the survey was closed.

The results of the survey were tabulated, and cross tabulations were run of some of the data. The results of an analysis of that data are included in this report, as well as recommendations for the test content specifications.

## DEMOGRAPHIC SUMMARY

### Survey Respondents

There were a total of 53 of surveys that were deemed complete. It is not possible to calculate the percentage return rate because the method of distribution by e-mail link makes it impossible to know how many holistic nurses actually received and opened the link.

This section of the report contains a description of the survey results based on the 18 demographic questions that were asked and the respondents' geographic locations. A complete record of the responses to all the questions is in Appendix B.

### Respondents by Region

The respondents were asked the state in which they practice. Responses were received from 21 of the 50 states. Those states are indicated by their two-letter abbreviation in Table 3. The largest percentage of respondents – 24 in all or 45% – were from the Northeast, followed by approximately equal numbers from the Southwest and the West (totaling 32%). There were very few respondents from the Mid-West or from the Southeast (five and seven, respectively).

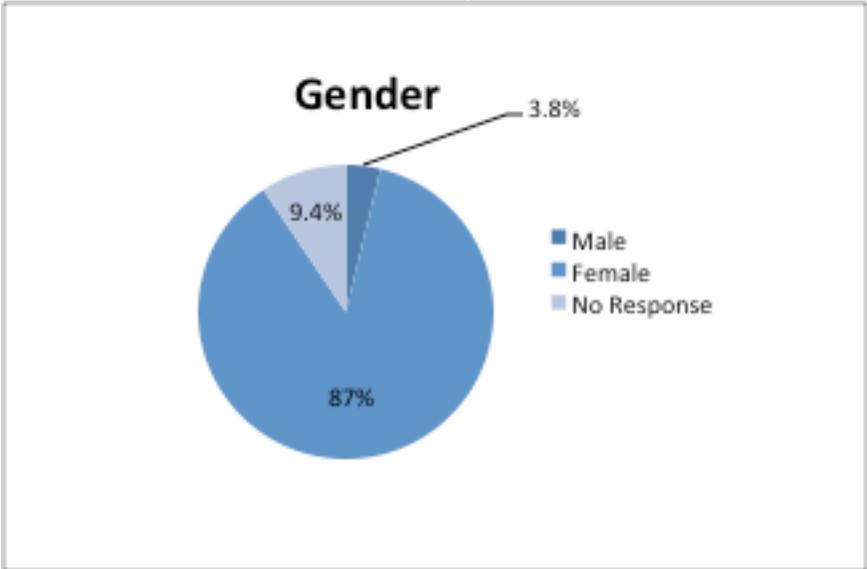
**TABLE 3**  
**Distribution by Region of the United States**

<b>Region</b>	<b>Number</b>	<b>Percent</b>
Northeast: CT, DE, MA, NJ, NY, PA, RI	24	45.3
Southeast: FL, KY, LA, NC	7	13.2
Middle West: IN, MN, WI	5	9.4
Southwest: NM, OK, TX	8	15.1
West: AK, CA, CO, WA	9	17.0

**Distribution by Gender**

Figure 1 shows the distribution of the respondents by gender. Of the 53 respondents, only two identified themselves as male, and there were five who did not respond to the question. As with the survey of Holistic Nurses, the respondents to the Nurse Coach Survey are predominantly female.

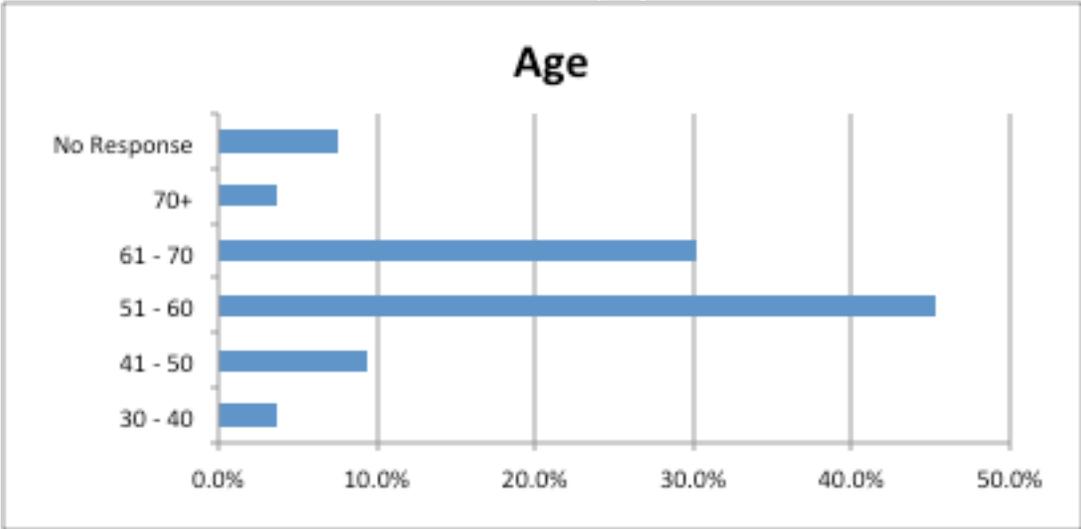
**FIGURE 1  
Distribution by Gender**



**Distribution by Age**

The youngest person to respond was 33 years old and the oldest was 76. As with the survey of Holistic Nurses, the vast majority of nurses responding to the Nurse Coach Survey (45%) are between 50 and 60 years of age, followed by those who are between 61 and 70 (see Figure 2).

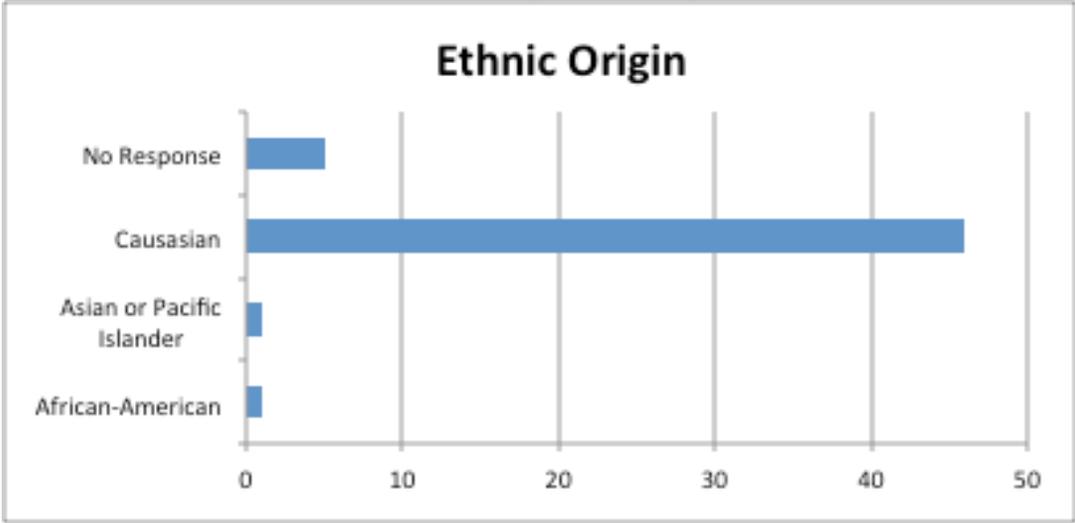
**FIGURE 2**  
**Distribution by Age**



**Distribution by Ethnicity**

There is little ethnic diversity among the sample of respondents to the Nurse Coaching Survey, as shown in Figure 3. The vast majority of respondents (46, or 86.7%) are Caucasian.

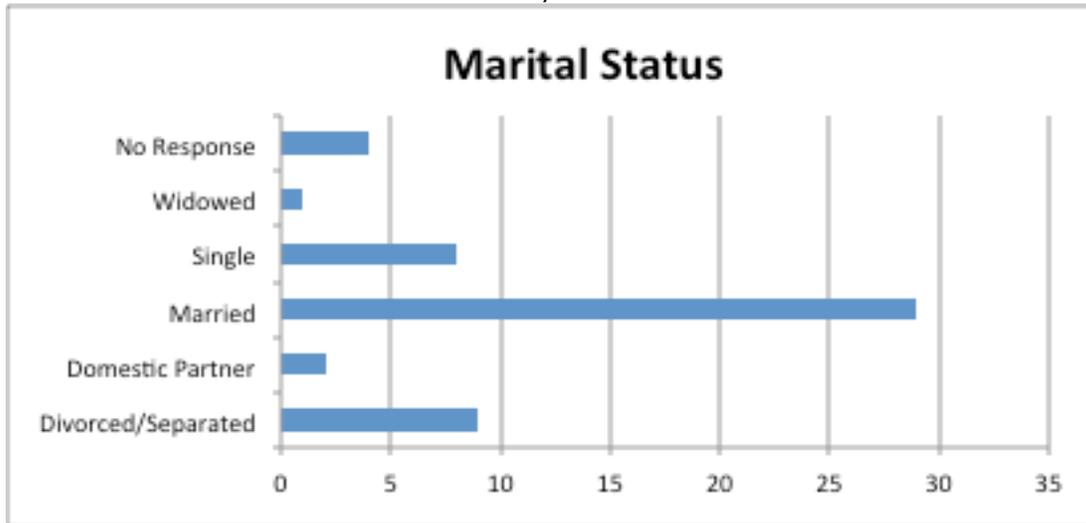
**FIGURE 3**  
**Distribution by Ethnic Origin**



### *Distribution by Marital Status*

The next demographic variable was marital status. As Figure 4 indicates, the majority of the nurses responding to the Nurse Coach Survey (29 of the 49, or 59%) are married. The next largest group included those who were either divorced/separated or single.

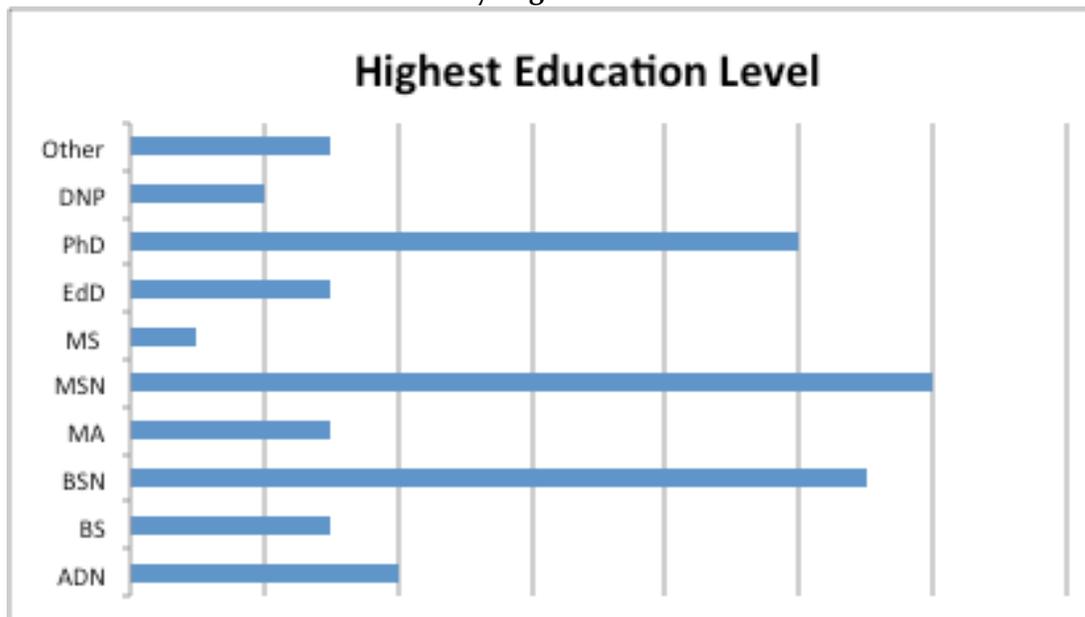
**FIGURE 4**  
**Distribution by Marital Status**



### *Distribution by Highest Level of Education*

As is clear from Figure 5, although the respondents have earned a variety of degrees, those who completed the Nurse Coach Survey were most likely to have completed either a Bachelor's, a Masters, or a Ph.D. in Nursing.

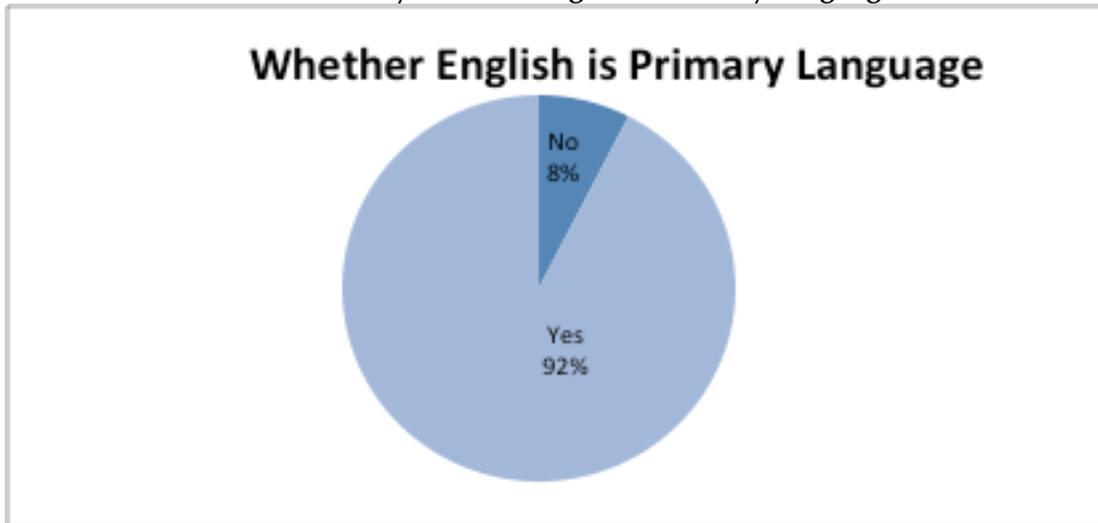
**FIGURE 5**  
**Distribution by Highest Education Level**



### ***Distribution by Whether English is Primary Language***

Although most of those who responded to the Nurse Coach survey said English is their primary language, Figure 6 shows that 8% (four respondents) did not indicate a primary language.

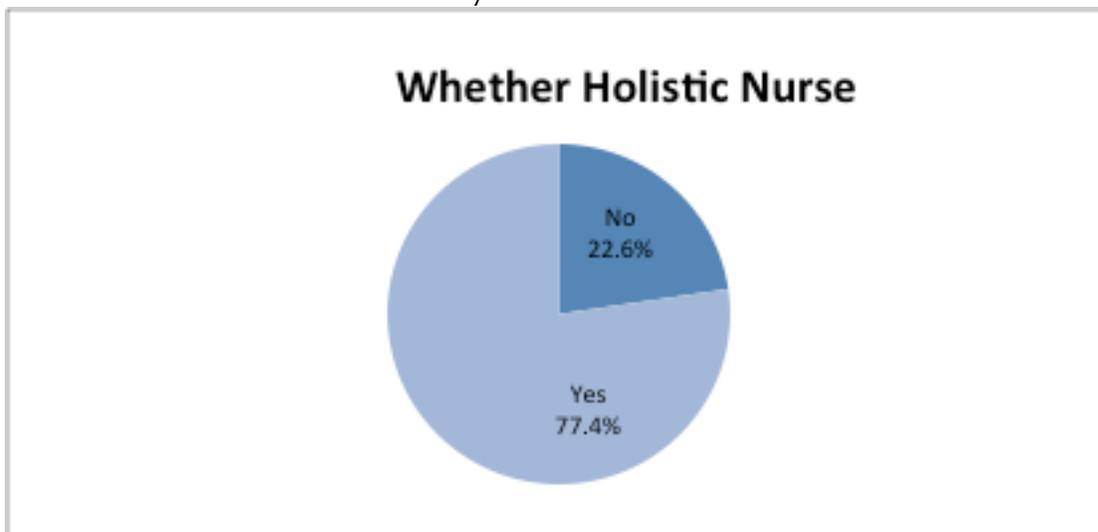
**FIGURE 6**  
**Distribution by Whether English is Primary Language**



### ***Distribution by Whether a Holistic Nurse***

Of those who completed the Nurse Coach Survey, 77.4% indicated that they are holistic nurses (see Figure 7).

**FIGURE 7**  
**Distribution by Whether a Holistic Nurse**



***Distribution by Number of Years in Holistic Nursing Practice***

Of the 53 people who responded to the Nurse Coach Survey, 43 indicated that they have been engaged in Holistic Nursing Practice, as shown in Figure 8. Of these, there was one person who responded that she has been a holistic nurse for only one year and two people who said they have been a holistic nurse for at least 50 years. Two groups of equal size (12 in each group) have been engaged in Holistic Nursing practice either between one and ten years, or between 11 and 20 years. These latter two groups account for approximately 56% of all respondents.

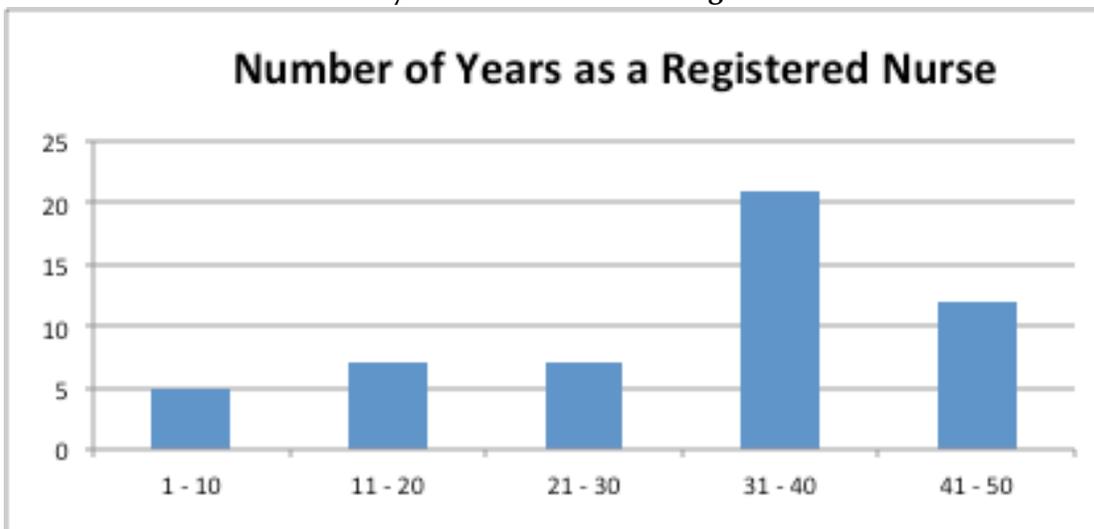
**FIGURE 8**  
**Distribution by Number of Years in Holistic Nursing Practice**



***Distribution by Number of Years as Registered Nurse***

Of the 53 nurses who responded to the Nurse Coach Survey, most (33, or 63%) have been a registered nurse for more than 30 years (see Figure 9). When viewed in combination with Figure 8, this suggests, for this sample at least, that although most have been in nursing for many years, they have spent fewer years practicing as holistic nurses.

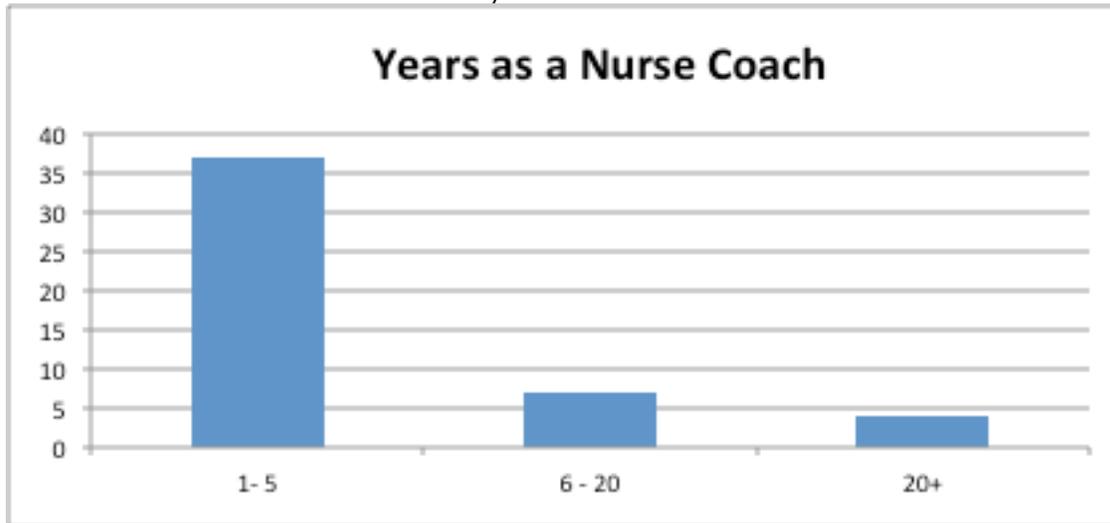
**FIGURE 9**  
**Distribution by Number of Years as Registered Nurse**



### *Distribution by Number of Years as a Nurse Coach*

As shown in Figure 10, more than half of the respondents (37 in all, or 77%) have practiced as a Nurse Coach for between one and five years. Of this latter group, 21 report that they have been practicing only one year, and 11 only two years.

**FIGURE 10**  
**Distribution by Years as a Nurse Coach**



### *Distribution by Formal Training as a Nurse Coach*

Of the total of 48 respondents who indicated that they have been practicing as a Nurse Coach, 43 (or 84%) indicated that they had some form of formal training in the role (see Figure 11).

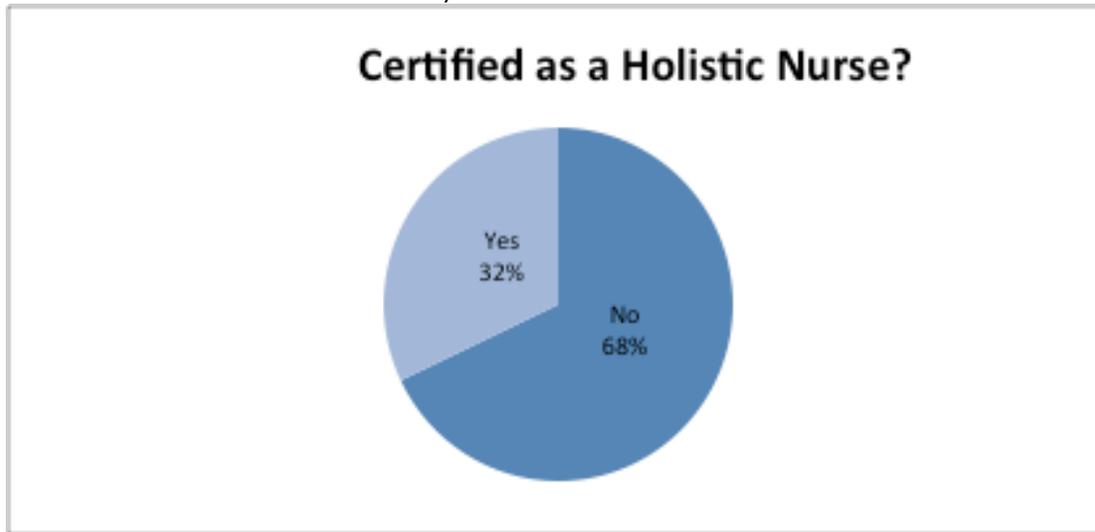
**FIGURE 11**  
**Distribution by Formal Training as a Nurse Coach**



### *Distribution by Whether Certified as a Nurse Coach*

While nearly all of the survey participants report spending some number of years as a Nurse Coach, and a majority say they have had formal training as a Nurse Coach, only 32 percent of the sample are certified as Holistic Nurses (see Figure 12).

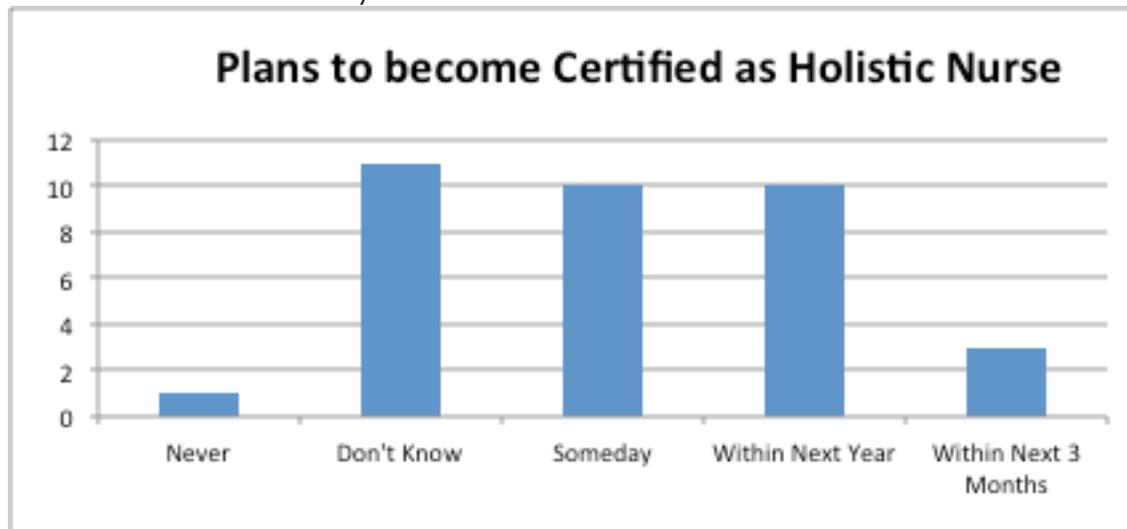
**FIGURE 12**  
**Distribution by Certification as Holistic Nurse**



### *Distribution by Plans to Seek Certification as a Holistic Nurse*

Of the 36 nurses who are not currently certified as Holistic Nurses, 13 plan to become certified within a set timeframe, as shown in Figure 13. Eleven say they do not know, one reports she will not seek certification, and ten report that they will seek it "someday."

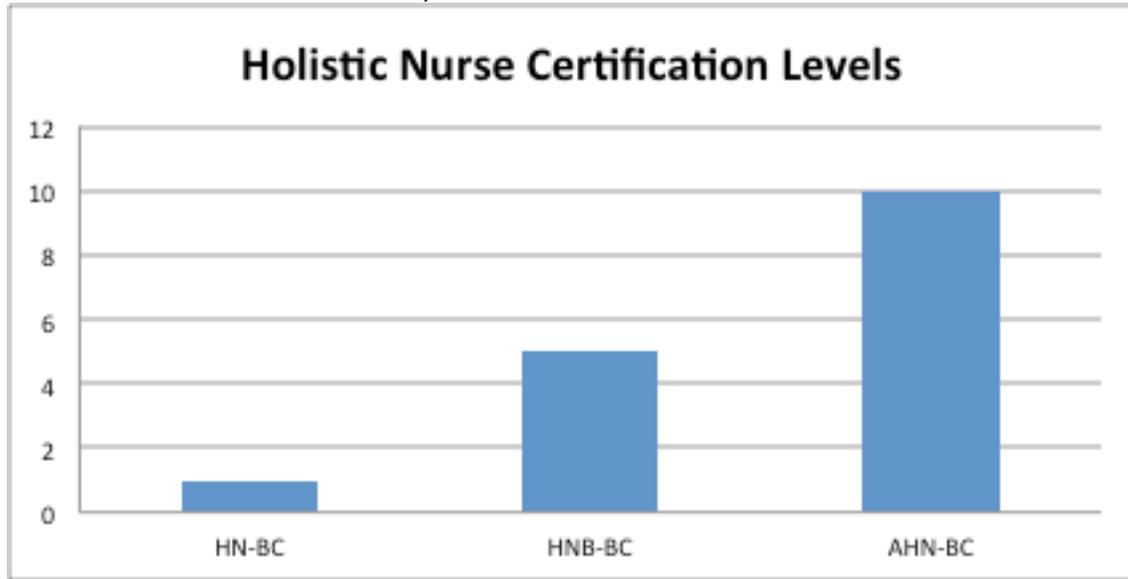
**FIGURE 13**  
**Distribution by Plans to Seek Certification as a Holistic Nurse**



**Distribution by Certifications Held**

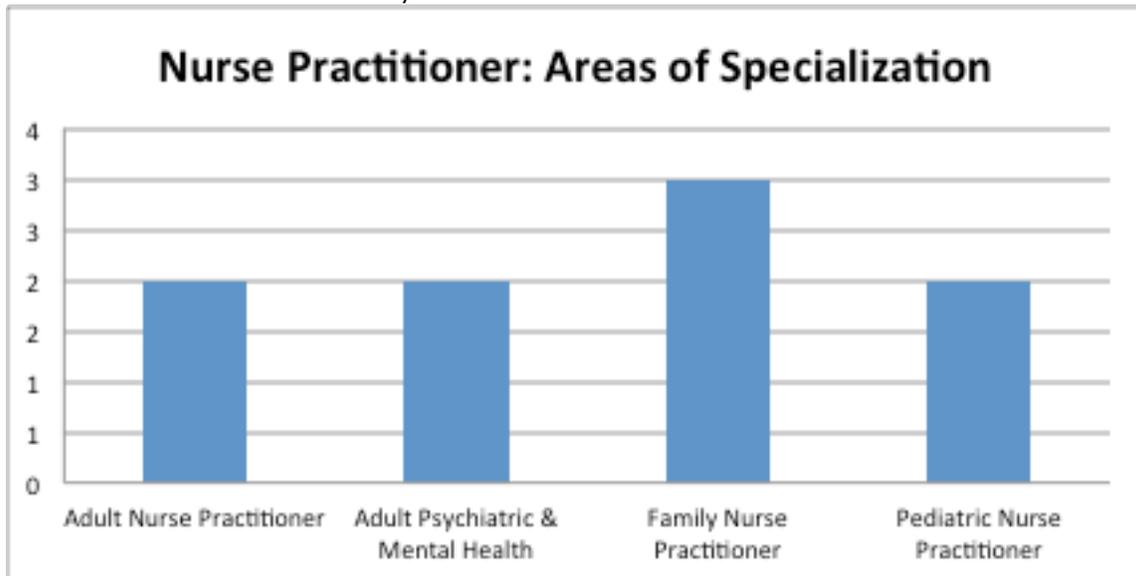
Of the 17 respondents who reported being certified as Holistic Nurses, the distribution by level of certification is presented in Figure 14. Most are certified at the highest level, AHN-BC, followed by HNB-BC.

**FIGURE 14**  
**Distribution by Certifications Held – Holistic Nurse**

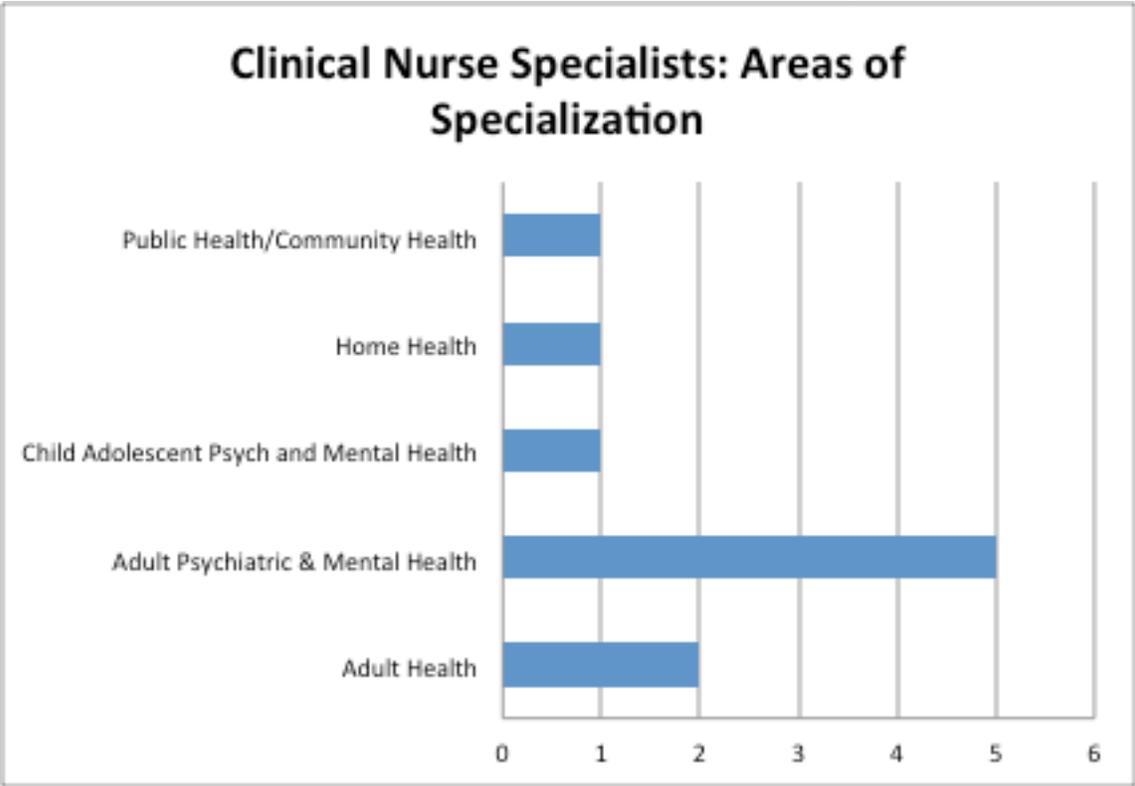


Of 48 respondents answering the question about other certifications, 17 indicated they hold a certification in an area other than Holistic Nursing, and 31 indicated they did not. These certifications were distributed within the three main nursing areas: Nurse Practitioner, Clinical Nurse Specialists, and Specialties. Figures 15, 16, and 17 show the distributions within those areas. From these figures it is clear that some nurses have certifications in multiple areas.

**FIGURE 15**  
**Distribution by Certifications Held – Nurse Practitioner**



**FIGURE 16**  
**Distribution by Certifications Held – Clinical Nurse Specialists**



As shown in Figure 17, nurses reporting having other than Holistic Nurse certification report having certifications in 15 specialties. Psychiatry/Mental Health was the highest, held by 12 respondents, followed by Pain Management (7), Home Health Nursing (5), and Ambulatory Care (4).

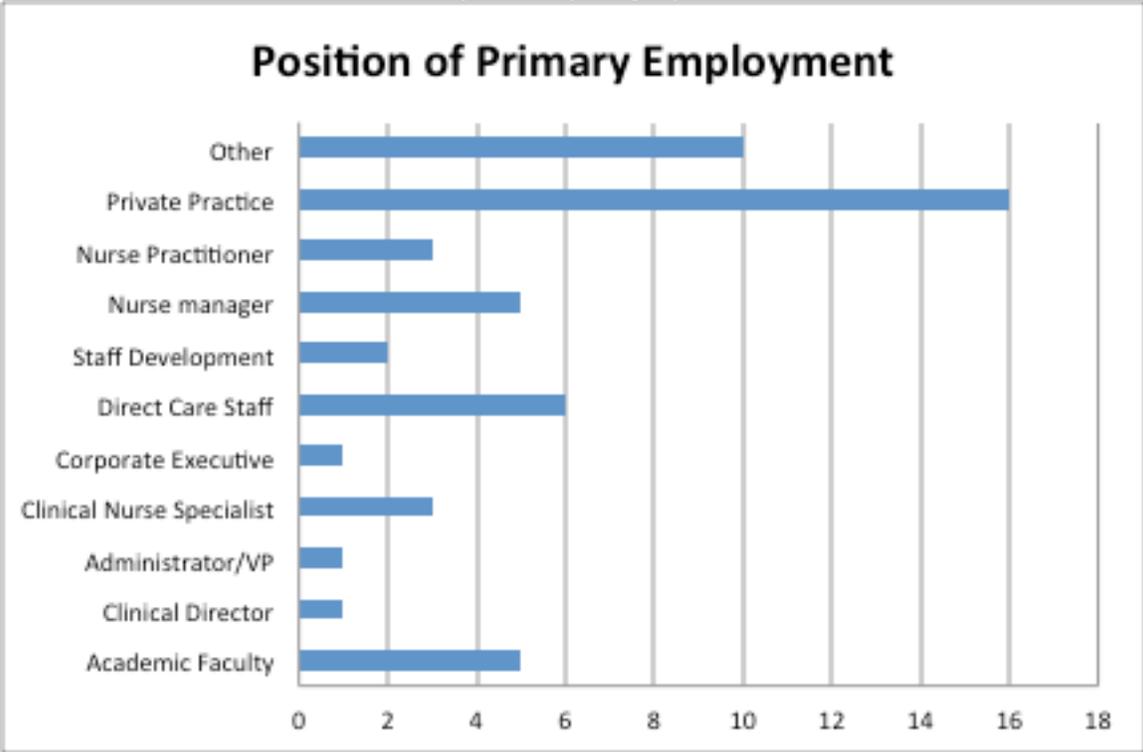
**FIGURE 17**  
**Distribution by Certifications Held – Specialties**



**Distribution by Primary Employment Position**

Figure 18 shows the distribution by position of primary employment. Of the sample, the largest number of respondents (16) is in Private Practice. Apart from "Other," which is the second most frequent category, most positions were in Direct Care, Academic Faculty, and Nurse Manager.

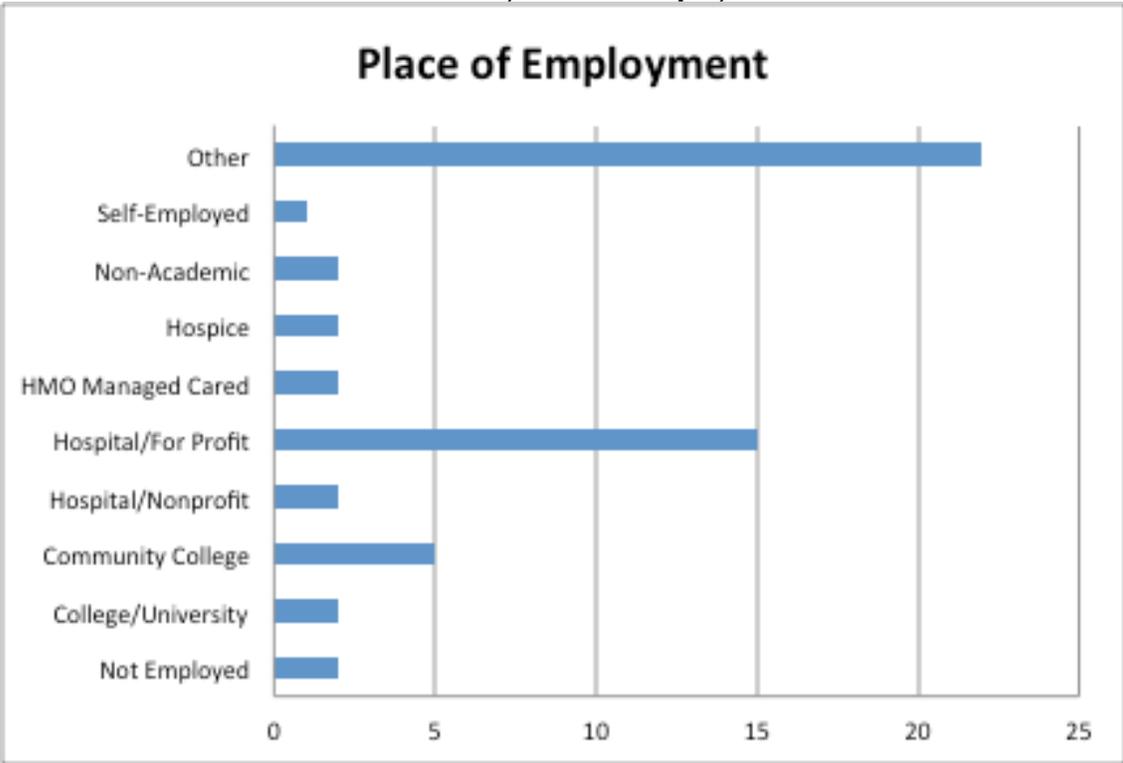
**FIGURE 18**  
**Distribution by Primary Employment Position**



**Distribution by Place of Employment**

Figure 19 shows that the majority of the respondents who chose a setting from the provided list work in a Hospital/For Profit setting. However, 22 responded that they work in a setting other than one of those listed.

**FIGURE 19**  
**Distribution by Place of Employment**



**Distribution by Employment Status**

The majority of the respondents are working part-time or actively seeking employment, as shown in Figure 20. Seven did not respond to the question.

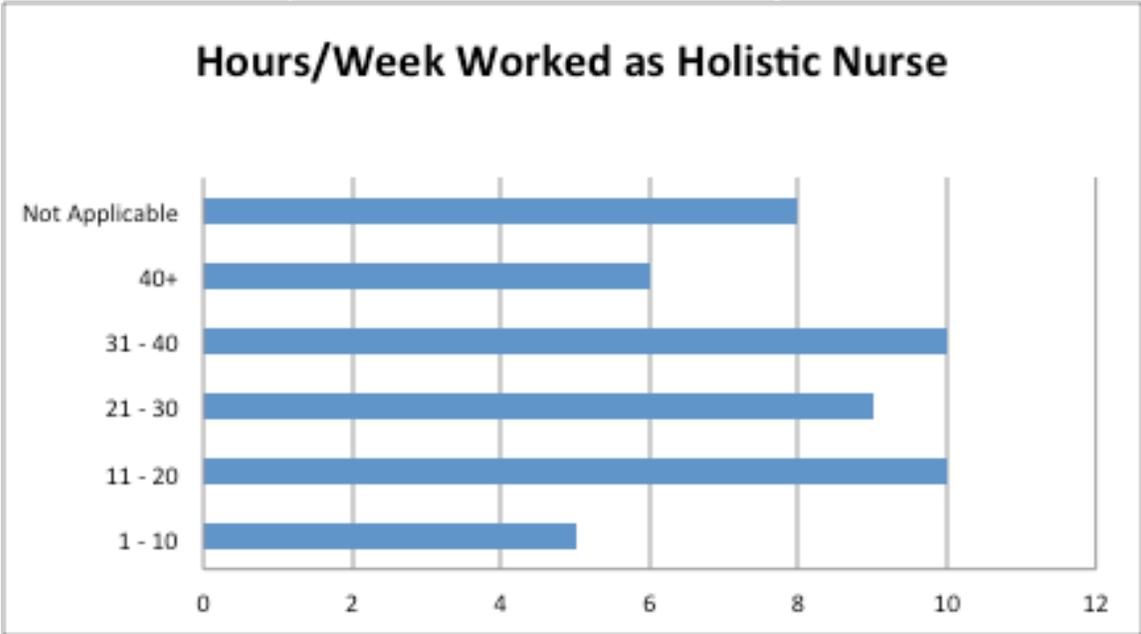
**FIGURE 20**  
**Distribution by Employment Status**



**Distribution by Number of Hours per Week Working as a Holistic Nurse**

While the results displayed in Figure 20 show no respondents working full-time, Figure 21 shows that six respondents indicated working 40 or more hours per week. However, Figure 21 also confirms that most of the respondents to the survey are working 1-40 hours per week.

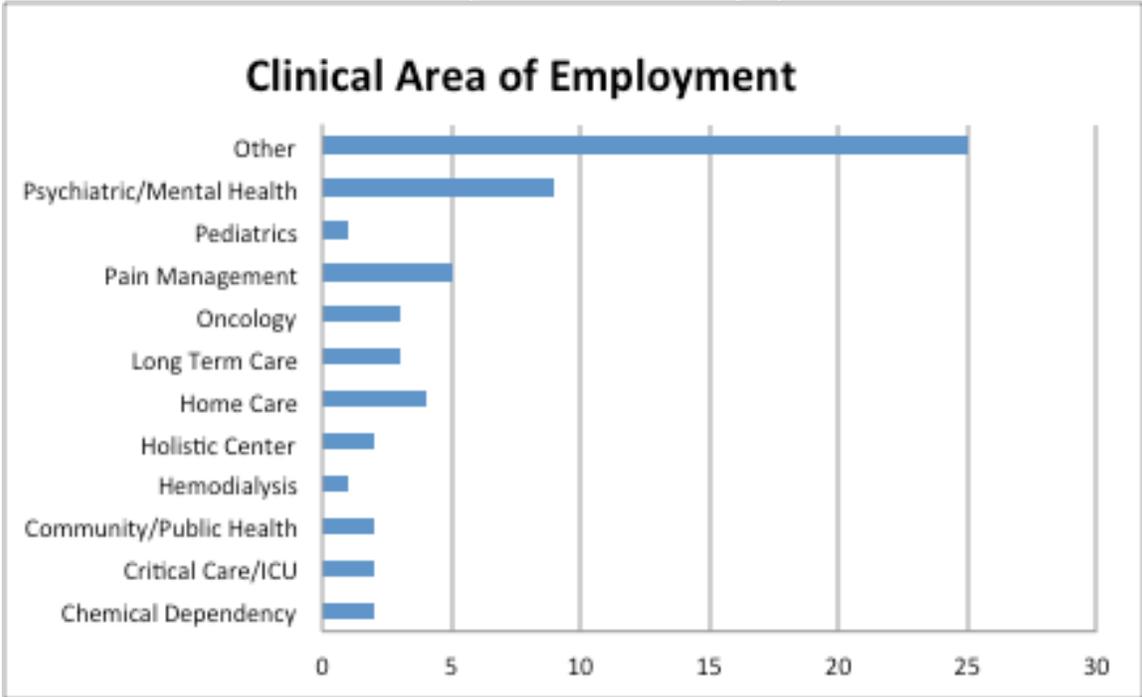
**FIGURE 21**  
**Distribution by Number of Hours Per Week Working as a Holistic Nurse**



**Distribution by Clinical Area of Employment**

Although the survey included an extensive list of clinical areas in which a Holistic Nurse could work, 25 of the respondents indicated they work in an area other than the ones listed (see Figure 22). A list of the clinical areas in which those respondents work is shown in Appendix C. Of the provided alternatives, Psychiatric/Mental Health was most often chosen.

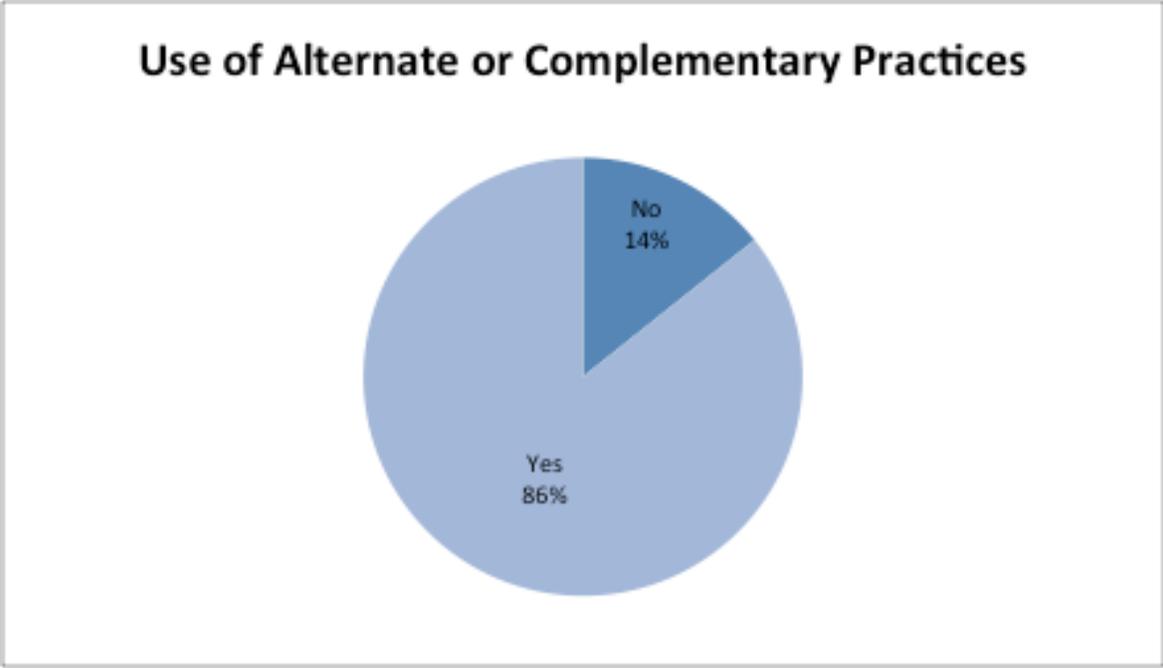
**FIGURE 22**  
**Distribution by Clinical Area of Employment**



***Distribution by Use of Alternative or Complementary Practice***

As shown in Figure 23, most respondents indicated that they use alternative or complementary practices.

**Figure 23**  
**Distribution by Whether They Use Alternative or Complementary Practices**



## COMPETENCY RATINGS

The survey included a total of 116 competency statements distributed across the following 16 sub-sections:

1. Assessment
2. Diagnosis
3. Outcomes Identification
4. Planning
5. Implementation
6. Evaluation
7. Ethics
8. Education
9. Evidence-Based Practice/Research (EBP)
10. Quality of Practice
11. Communication
12. Leadership
13. Collaboration
14. Professional Practice Evaluation
15. Resource Utilization
16. Environmental Health

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

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

## The Nurse Coach Statements

The means of the frequency and importance ratings for each of the 16 sub-sections of the Nurse Coach Survey are summarized in Table 4. It is worth noting that there are no mean importance ratings below 3 on a 4-point scale and only one competency – Evidence-Based Practice/Research – with an average below 3 on the frequency scale.

**TABLE 4**  
**Average Rating of Nurse Coach Statements by Sub-Section**

Section	Frequency	Importance
Assessment	3.8	3.9
Diagnosis	3.7	3.9
Outcomes Identification	3.7	3.8
Planning	3.5	3.7
Implementation	3.8	3.9
Evaluation of Implemented Care	3.8	3.9
Ethics	3.8	3.9
Education	3.7	3.9
Evidence-Based Practice/Research (EBP)	2.9	3.5
Quality of Practice	3.3	3.7
Communication	3.7	3.9
Leadership	3.7	3.8
Collaboration	3.4	3.7
Professional Practice	3.6	3.9
Resource Utilization	3.5	3.7
Environmental Health	3.9	3.9

### **Most Frequently Performed Competencies ( $\geq 3.8$ )**

Of the 116 competencies that were rated as to how frequently they are performed, only four received average ratings below 3. The remaining 112 were rated at 3 or above on the scale, where a 3 indicates a task that is performed “frequently” as part of the job. Those rated the highest (3.8 and above) were found across all sections of the survey. Those tasks with average frequency ratings  $\geq 3.8$  are listed below.

#### Ratings of 3.8

- Explores the client’s reason for seeking a nurse-coach relationship at this time
- Partners with the client to facilitate expression of the specific purpose of the coaching process
- Partners with the client to facilitate expression of client’s strengths and resources related to purpose of coaching
- Partners with the client to assess readiness for change
- Assesses client’s needs and coping abilities using focused interviewing skills
- Assesses the match between the client’s needs and expectations, and the coach’s knowledge and skills
- Partners with clients to clarify their statements used to express their needs, concerns, strengths, and/or opportunities for change

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- Confirms and validates clients' needs, concerns, opportunities for change, and related strengths
  - Facilitates clients to clarify and specify client-centered goals
  - Facilitates clients' self-discovery, clarification, and validation of linkages among their needs, the diagnoses, goals, and client's expected outcomes
  - Partners with the client to identify and plan for strategies needed to achieve the coaching goals, and effect expected outcomes
  - Centers and grounds self at the beginning of each coaching interaction
  - Aligns own intention with the client's goals
  - Uses intentionality, aligned with client's goals, throughout the coaching process
  - Uses multiple ways of knowing throughout the coaching process, including unknowing, reflective, and integrative knowing
  - Accesses and trusts one's own personal knowing (e.g. intuition and hunches/gut feelings)
  - Demonstrates respect and acceptance of client's learning style and culture (e.g. beliefs, values and customs)
  - Chooses among a variety of coaching strategies or techniques that is expected to be most effective given the situation at the time
  - Partners with the client to facilitate and reinforce learning important to goal attainment
  - Uses relevant strategies and/or modalities that facilitate mind-body-spirit-emotion-environment integration
  - Identifies and reviews client's current status, planned goals, and expected outcomes
  - Partners with the client to review progress made during and between coaching interaction(s)
  - Assists the client to evaluate goal attainment in respect to planned expected outcomes
  - Supports the client's determination of progress and success
  - Partners with client to use findings from the evaluation process to reassess client's needs, preferred strategies, goals, and expected outcomes
  - 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 client's goal attainment; and assisting client's evaluation of goal attainment
  - Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice
  - Acknowledges that the Nurse Coaching process is a dynamic, systematic, and skilled process
  - Facilitates client's expression of new ideas, behaviors, and actions that may involve risk-taking and fear of failure
  - Facilitates integration of body-mind-emotion-spirit-environment in the Nurse Coach Process
  - Uses routine, self-reflective practices to assess own strengths and opportunities for improvement
  - Uses creativity and innovation in Nurse Coaching practice to improve client outcomes
  - Develops emotional and spiritual intelligence to enhance leadership skills
  - Promotes the success of others by utilizing effective Nurse Coaching interventions
  - Demonstrates energy, excitement, and a passion for quality Nurse Coaching
  - 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
  - Considers the internal and external environmental resources of self and client regarding contribution to client goal achievement

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Ratings of 3.9 to 4.0

- 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 (3.9)
- Remains fully present, centered, and grounded throughout the coaching process (3.9)
- Maintains a curious, open, and reflective approach to the client's verbal and nonverbal cues (3.9)
- Uses techniques and strategies to create and maintain a safe, supportive environment that fosters intimacy and trust (3.9)
- Demonstrates authenticity (honesty, sincerity, personal integrity) (3.9)
- Demonstrates respect for client's subjective experiences expressed as stories and perceptions (3.9)
- Uses sophisticated and holistic, verbal and non-verbal communication skills, including (but not limited to) active listening, relevant use of language, and focused questioning (3.9)
- Empowers the client's goal attainment (3.9)
- Partners with the client to determine the time of the next coaching interaction (3.9)
- Acknowledges that the Nurse Coaching process is based on a trusting, intimate nurse-client relationship (3.9)
- Partners with clients to individualize the Nurse Coach Process (3.9)
- Supports the client's inner wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach Process (3.9)
- Implements the Nurse Coach Process in a manner that promotes the client's autonomy, dignity, rights, values, beliefs, and strengths (3.9)
- Maintains an effective coaching relationship that is congruent with the coaching agreement and within the boundaries of professional nursing practice (3.9)
- Performs the Nurse Coach Process by integrating knowledge, skills, intuition, and judgment (3.9)
- Values all life experiences as opportunities to find personal meaning and cultivate self-awareness, self-reflection, and growth (3.9)
- Maintains client confidentiality within legal and regulatory parameters (3.9)
- Develops and utilizes a broad knowledge base related to holistic/integral nursing, integrative health, health systems, coaching, counseling, health education, and nursing issues (3.9)
- Uses sophisticated communication skills to enhance all aspects of the Coaching Process (3.9)
- Demonstrates the ability to define a clear vision, associated goals, a plan to implement and assess progress toward expected outcomes (3.9)
- Provides Nurse Coaching services in a manner that is age-appropriate and sensitive to culture and ethnicity (3.9)
- Recognizes that the Professional Nurse Coaching Practice is enhanced by ongoing self-development to promote physical, mental, emotional, social, and spiritual well-being (3.9)
- Acknowledges that healthy environments encompass both the internal and the external environment (3.9)
- Recognizes that cultural, psychological, social, and historical factors influence the internal and external environment (3.9)
- Understands that skillful, sophisticated communication is a fundamental and essential component of the Professional Nurse Coach relationship (4.0)

### ***Least Frequently Performed Competencies (<3.0)***

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There were only four competencies which were rated lower than 3.0 for frequency of performance. One was in Assessment, two in Evidence-Based Practice/Research (EBP), one in Implementation, and one in Quality of Practice.

- Participates in research activities related to the Professional Nurse Coaching Practice (2.4)
- Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice (2.7)
- Partners with client to terminate or reschedule coaching session when distractions interfere with effective coaching interactions (2.9)
- Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice (2.9)

### ***Most Important Competencies (≥3.8)***

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Of the 116 competencies, only 21 were rated below 3.8 in importance for competent performance on The Nurse Coach Survey and no tasks were rated below 3.0. The 95 competencies with ratings of  $\geq 3.8$  are listed below in rank order from low to high.

#### Ratings of 3.8

- Contributes to the education of nurses, healthcare providers, and others concerning the Professional Nurse Coach Role
- Advocates for the role of the Nurse Coach at work and in professional organizations
- 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
- Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice
- Seeks and develops competencies required for national certification as a Professional Nurse Coach
- Documents Nurse Coaching interactions in a responsible, accountable, and ethical manner to facilitate quality review and promotion of effective Nurse Coaching practice
- Partners with client and seeks permission to explore areas of client vulnerability
- 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
- Identifies with the client the next specific action steps and a timeline that will lead to achievement of desired goals
- Assists the client to assume control over own progress by reviewing negotiated roles and responsibilities, including stated actions, results, and related timeframes
- Understands and effectively discusses with the client the ethical guidelines and specific parameters of the Nurse Coaching relationship (e.g., logistics, fees, scheduling)
- Assists the client, as appropriate, in identifying and securing appropriate and available services to facilitate achievement of client goals
- Assesses environment for distractions that might interfere with establishing a safe, trusting, and intimate relationship

- Partners with the client to assess the individual's internal environment for distracters that might interfere with the coaching process
- 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
- Documents the patterns detected in the analysis and synthesis of information in a safe and retrievable manner
- Acknowledges that new goals will emerge as the client unfolds over time
- Supports the client's discovery of new goals as growth occurs
- Facilitates clients to specify expected outcomes that are clear, action-oriented, realistic, and time-lined
- Effectively records, organizes, and reviews information, including past and current actions, with the client in a manner that facilitates the client in goal achievement
- Documents communications with client in a clear, concise, safe and easily retrievable manner
- Documents evaluation of progress and attainment of coaching goals
- Uses Holistic Nursing Principles to guide nurse-client interactions throughout the coaching process
- Partners with the client to facilitate expression of the specific purpose of the coaching process
- Facilitates clients' self-discovery, clarification, and validation of linkages among their needs, the diagnoses, goals, and client's expected outcomes
- Aligns own intention with the client's goals
- Assists the client to evaluate goal attainment in respect to planned expected outcomes
- Acknowledges that the Nurse Coach Process is a dynamic, systematic, and skilled process
- Facilitates client's expression of new ideas, behaviors, and actions that may involve risk-taking and fear of failure
- Uses creativity and innovation in Nurse Coaching Practice to improve client outcomes
- Develops emotional and spiritual intelligence to enhance leadership skills
- Promotes the success of others by utilizing effective Nurse Coaching interventions
- Demonstrates energy, excitement, and a passion for quality Nurse Coaching
- Uses multiple types of knowing, including intuition, when facilitating client's expression of needs
- Partners with the client to determine the time of the next coaching interaction

#### Ratings of 3.9

- Refers client to other professionals and services as needed
- Obtains evaluative feedback regarding one's own coaching from clients, peers, and professional colleagues and takes appropriate action based upon the feedback
- Acknowledges client resistance as an opportunity for self-awareness and growth
- Seeks and participates in ongoing educational activities to enhance own knowledge and skills needed to practice in the Nurse Coaching role
- Documents and maintains evidence of Nurse Coaching competency
- Reflects on one's own reactions to client
- Seeks self-development opportunities specific to identified areas for improvement
- 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
- Explores the client's reason for seeking a nurse-coach relationship at this time
- Partners with the client to facilitate expression of client's strengths and resources related to purpose of coaching
- Partners with the client to assess readiness for change
- Assesses client's needs and coping abilities using focused interviewing skills

- Assesses the match between the client's needs and expectations, and the coach's knowledge and skills
- Partners with the client to identify and plan for strategies needed to achieve the coaching goals, and effect expected outcomes
- Uses intentionality, aligned with client's goals, throughout the coaching process
- Uses multiple ways of knowing throughout the coaching process, including unknowing, reflective, and integrative knowing
- Accesses and trusts one's own personal knowing (e.g. intuition and hunches/gut feelings)
- Chooses among a variety of coaching strategies or techniques that is expected to be most effective given the situation at the time
- Partners with the client to facilitate and reinforce learning important to goal attainment
- Uses relevant strategies and/or modalities that facilitate mind-body-spirit-emotion-environment integration
- Identifies and reviews client's current status, planned goals, and expected outcomes
- Partners with the client to review progress made during and between coaching interaction(s)
- Partners with client to use findings from the evaluation process to reassess client's needs, preferred strategies, goals, and expected outcomes
- Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice
- Facilitates integration of body-mind-emotion-spirit-environment in the Nurse Coach Process
- 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
- Considers the internal and external environmental resources of self and client regarding contribution to client goal achievement
- Uses sophisticated and holistic, verbal and non-verbal communication skills, including (but not limited to) active listening, relevant use of language, and focused questioning
- Empowers the client's goal attainment
- Supports the client's inner wisdom, intuition, and innate ability for knowing what is best for self throughout the Nurse Coach Process
- Implements the Nurse Coach Process in a manner that promotes the client's autonomy, dignity, rights, values, beliefs, and strengths
- Performs the Nurse Coach Process by integrating knowledge, skills, intuition, and judgment
- Values all life experiences as opportunities to find personal meaning and cultivate self-awareness, self-reflection, and growth
- Develops and utilizes a broad knowledge base related to holistic/integral nursing, integrative health, health systems, coaching, counseling, health education, and nursing issues
- Uses sophisticated communication skills to enhance all aspects of the Coaching Process
- Demonstrates the ability to define a clear vision, associated goals, a plan to implement and assess progress toward expected outcomes
- Provides Nurse Coaching services in a manner that is age-appropriate and sensitive to culture and ethnicity
- Acknowledges that healthy environments encompass both the internal and the external environment
- Recognizes that cultural, psychological, social, and historical factors influence the internal and external environment

#### Ratings of 4.0

- Partners with clients to clarify their statements used to express their needs, concerns, strengths, and/or opportunities for change
- Confirms and validates clients' needs, concerns, opportunities for change, and related strengths

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- Facilitates clients to clarify and specify client-centered goals
  - Centers and grounds self at the beginning of each coaching interaction
  - Demonstrates respect and acceptance of client's learning style and culture (e.g. beliefs, values and customs)
  - Supports the client's determination of progress and success
  - 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; and assisting clients' evaluation of goal attainment
  - Uses routine, self-reflective practices to assess own strengths and opportunities for improvement
  - 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
  - Maintains a curious, open, and reflective approach to the client's verbal and nonverbal cues
  - 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
  - Acknowledges that the Nurse Coach Process is based on a trusting, intimate nurse-client relationship
  - Partners with clients to individualize the Nurse Coach Process
  - Maintains an effective coaching relationship that is congruent with the coaching agreement and within the boundaries of professional nursing practice
  - Maintains client confidentiality within legal and regulatory parameters
  - Recognizes that the Professional Nurse Coaching Practice is enhanced by ongoing self-development to promote physical, mental, emotional, social, and spiritual wellbeing
  - Understands that skillful, sophisticated communication is a fundamental and essential component of the Professional Nurse Coach relationship

### ***“Least” Important Competencies (from 3.3 to 3.7)***

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All of the competencies rated higher than 3.0 for importance to competent performance, with the lowest importance rating being 3.3. There were 21 competencies that fell in the range from 3.3 to 3.7, with the majority of them (14) receiving average ratings of 3.7. Competencies falling in this somewhat narrow range are listed below.

Ratings from 3.3 to 3.6

- Participates in research activities related to the Professional Nurse Coaching Practice (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)
- Partners with the client to explore resources, laws, rules, and regulations related to the goals, strategies, and expected outcomes (3.4)
- Partners with the client to explore alternative strategies that will produce expected outcomes, considering resources available, professional laws, rules and regulations (3.5)
- Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice (3.6)

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- Partners with others to promote nurse coaching as a way to enhance client outcomes (3.6)
  - Uses appropriate evidenced-informed, whole person assessments techniques and instruments to identify and clarify the client's needs (3.6)

#### Ratings of 3.7

- Partners with client to terminate or reschedule coaching session when distractions interfere with effective coaching interactions
- Utilizes the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies (2012) to evaluate quality of practice
- Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role
- 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
- Pursues Nurse Coach Certification as a way to demonstrate competency and to promote the Nurse Coaching role to employers, clients, and the public
- Partners with client to evaluate and minimize the potential effect of external distractions
- Clearly communicates and clarifies distinctions among coaching, consulting, counseling, and teaching to clients and others as indicated
- Utilizes the best available evidence, including theories and research findings to guide and enhance the Professional Nurse Coaching Practice
- 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
- Acknowledges that emergence of new goals will require revision of expected outcomes
- Facilitates clients' exploration and discovery of alternative goals and expected outcomes
- Uses relevant principles, models, and theories to facilitate learning and growth
- Applies coaching skills with individuals and groups to identify and achieve individual, group, and organizational goals
- Validates own intuitive knowing with the client when appropriate

## CROSS TABULATIONS

Three of the demographic variables were analyzed further, in order to see if there are any notable differences in frequency and importance ratings by the selected demographic variables. These were possession of Holistic Nurse Certification, Number of years Practicing as a Nurse Coach, and Highest Educational Level. See Appendix D for the cross tabulated data.

### *Cross Tabulation by Holistic Nurse Certification*

The first variable that was analyzed was the differences among those who reported being certified as Holistic Nurses (N = 17) versus those who are not (N = 36). Table 5 shows the competencies in the section of the survey on The Nurse Coach that had a difference of at least 0.4 for these two groups. The highest frequency of performance is shown in red and italics. For all but these six competencies (110 in all), the difference in frequency rating was less than 0.4 units on a 4-point scale, with those who reported having Holistic Nurse Certification having slightly higher average ratings across all competencies.

**Table 5**  
**Frequency of Competencies by Holistic Nurse Certification, Difference > .40**

Competency	Certified		Diff
	No N = 36	Yes N = 17	
Assesses environment for distractions that might interfere with establishing a safe, trusting, and intimate relationship	3.56	<i>4.00</i>	0.44
Uses relevant strategies and/or modalities that facilitate mind-body-spirit-emotion-environment integration	3.53	<i>4.00</i>	0.47
Contributes to the education of nurses, healthcare providers, and others concerning the Professional Nurse Coach Role	3.06	<i>3.53</i>	0.47
Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice	3.14	<i>3.76</i>	0.63
Advocates for the role of the Nurse Coach at work and in professional organizations	3.14	<i>3.76</i>	0.63
Utilizes the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies (2012) to evaluate quality of practice	2.94	<i>3.47</i>	0.53

### *Cross Tabulation by Years Practicing as Nurse Coach*

Table 6 presents the differences in frequency of performance of the competencies by years practicing as a Nurse Coach. The rating difference between those with the most, those with the least, and those with an intermediate number of years, are presented in the last two columns of the table. In most cases, these differences are quite small, ranging from a high of .73 to a low of -0.25 (on a 4-point scale). The highest average ratings per task are indicated in red and italics. For all but two tasks, these are from those respondents who report practicing as a nurse coach for from 21 to 42 years.

**Table 6**  
**Frequency of Competencies by Years Practicing as Nurse Coach**

Competency	A: 1 to 5 Years	B: 6 to 20 Years	C: 21 to 42 Years	Diff C - B	Diff C - A
Partners with client and seeks permission to explore areas of client vulnerability	3.57	3.86	<i>4.00</i>	0.14	0.43
Uses appropriate evidenced-informed, whole person assessments techniques and instruments to identify and clarify the client's needs	3.49	3.57	<i>4.00</i>	0.43	0.51
Partners with the client to explore alternative strategies that will produce expected outcomes, considering resources available, professional laws, rules and regulations	3.27	<i>4.00</i>	3.75	-0.25	0.48
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	3.38	3.86	<i>4.00</i>	0.14	0.62
Documents and maintains evidence of Nurse Coaching competency	3.46	3.71	<i>4.00</i>	0.29	0.54
Utilizes the best available evidence, including theories and research findings to guide and enhance the Professional Nurse Coaching Practice	3.51	3.86	<i>4.00</i>	0.14	0.49
Participates in research activities related to the Professional Nurse Coaching Practice	2.30	<i>2.86</i>	2.75	-0.11	0.45
Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice	3.30	3.71	<i>3.75</i>	0.04	0.45
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	3.14	3.43	<i>3.75</i>	0.32	0.61
Advocates for the role of the Nurse Coach at work and in professional organizations	3.27	3.43	<i>4.00</i>	0.57	0.73

### ***Cross Tabulation by Highest Educational Level – The Holistic Nurse – Nurse Coach***

The next category to be cross tabulated was the highest educational level achieved, presented in Table 7. Because there were very few respondents in several of the categories, only three are included in the table: BSN, MSN, PhD. Responses for all levels of education can be found in Appendix D.

For the education levels in the table, the ratings with the highest frequency are in red and italics and the lowest in blue and bold. There were 40 competencies that had a difference between the highest and

the lowest rating greater than 0.50. As Table 6 reveals those with a BSN and PhD as their highest level of education tended to perform these competencies with greater frequency, the lowest average ratings were consistently from those with an MSN.

**Table 7**  
**Frequency of Competencies by Highest Education Level**

<b>Competency</b>	<b>BSN</b>	<b>MSN</b>	<b>Ph.D.</b>
Assesses environment for distractions that might interfere with establishing a safe, trusting, and intimate relationship	3.91	3.08	3.90
Partners with the client to assess the individual's internal environment for distracters that might interfere with the coaching process	3.64	3.25	4.00
Partners with client and seeks permission to explore areas of client vulnerability	3.64	3.17	4.00
Validates own intuitive knowing with the client when appropriate	3.91	3.33	3.90
Uses appropriate evidenced-informed, whole person assessments techniques and instruments to identify and clarify the client's needs	3.55	3.08	3.70
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	3.64	3.42	4.00
Supports the client's discovery of new goals as growth occurs	3.82	3.33	3.90
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	3.73	3.25	3.80
Partners with the client to explore resources, laws, rules, and regulations related to the goals, strategies, and expected outcomes.	3.55	2.50	3.40
Partners with the client to explore alternative strategies that will produce expected outcomes, considering resources available, professional laws, rules and regulations	3.64	3.17	3.70
Centers and grounds self at the beginning of each coaching interaction	3.91	3.42	4.00
Partners with client to evaluate and minimize the potential effect of external distractions	3.91	2.83	3.30
Partners with client to terminate or reschedule coaching session when distractions interfere with effective coaching interactions	2.82	2.00	3.10
Uses multiple ways of knowing throughout the coaching process, including unknowing, reflective, and integrative knowing	4.00	3.42	3.90
Acknowledges client resistance as an opportunity for self-awareness and growth	3.73	3.17	3.70
Chooses among a variety of coaching strategies or techniques that is expected to be most effective given the situation at the time	4.00	3.17	3.90
Uses relevant principles, models, and theories to facilitate learning and growth	3.82	3.33	4.00
Assists the client to assume control over own progress by reviewing negotiated roles and responsibilities, including stated actions, results, and related time frames	3.73	3.00	3.50
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	3.64	3.00	3.70
Acknowledges that principles of holistic, human caring are central to the Nurse Coach's practice	3.91	3.42	4.00

<b>Competency</b>	<b>BSN</b>	<b>MSN</b>	<b>Ph.D.</b>
Acknowledges that the Nurse Coach Process is a dynamic, systematic, and skilled process	3.82	<b>3.42</b>	<b>4.00</b>
Uses Holistic Nursing Principles to guide nurse-client interactions throughout the coaching process	<b>4.00</b>	<b>3.33</b>	3.90
Facilitates client's expression of new ideas, behaviors, and actions that may involve risk-taking and fear of failure	<b>4.00</b>	<b>3.33</b>	3.80
Participates with others to establish research priorities and to identify research questions or areas for inquiry related to the Professional Nurse Coaching Practice	<b>3.00</b>	<b>2.25</b>	2.90
Participates in research activities related to the Professional Nurse Coaching Practice	2.45	<b>2.00</b>	<b>2.70</b>
Participates in quality improvement activities to enhance the Professional Nurse Coaching Practice	2.73	<b>2.50</b>	<b>3.20</b>
Contributes to the education of nurses, healthcare providers, and others concerning the Professional Nurse Coach Role	3.18	<b>2.92</b>	<b>3.70</b>
Documents Nurse Coaching interactions in a responsible, accountable, and ethical manner to facilitate quality review and promotion of effective Nurse Coaching practice	<b>3.82</b>	<b>3.00</b>	3.40
Uses creativity and innovation in Nurse Coaching practice to improve client outcomes	3.91	<b>3.42</b>	<b>4.00</b>
Analyzes organizational systems for barriers to effective implementation of the Professional Nurse Coach Role	<b>3.64</b>	<b>2.75</b>	3.60
Advocates for the use of the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies to evaluate quality of practice	<b>3.64</b>	<b>2.92</b>	3.30
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	3.09	<b>2.83</b>	<b>3.40</b>
Advocates for the role of the Nurse Coach at work and in professional organizations	3.55	<b>2.92</b>	<b>3.70</b>
Partners with others to promote nurse coaching as a way to enhance client outcomes	3.36	<b>2.67</b>	<b>3.60</b>
Applies coaching skills with individuals and groups to identify and achieve individual, group, and organizational goals	3.73	<b>3.08</b>	<b>3.90</b>
Refers client to other professionals and services as needed	<b>3.64</b>	<b>3.33</b>	3.10
Utilizes the Professional Nurse Coach Role: Defining the Scope of Practice and Competencies (2012) to evaluate quality of practice	<b>3.36</b>	<b>2.83</b>	3.20
Pursues Nurse Coach Certification as a way to demonstrate competency and to promote the Nurse Coaching role to employers, clients, and the public	<b>3.91</b>	<b>3.42</b>	2.90
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	<b>3.91</b>	<b>3.00</b>	3.50
Assists the client, as appropriate, in identifying and securing appropriate and available services to facilitate achievement of client goals	<b>4.00</b>	<b>3.17</b>	3.40

## CONCLUSIONS AND RECOMMENDATIONS

### Average Frequency Rating By Credential and Section – The Nurse Coach

Table 8 reproduces a portion of Table 4 for the purpose of summarizing what was found regarding the frequencies with which activities were performed within each of the key sections of the survey.

**TABLE 8**  
**The Nurse Coach Statements, Average Rating by Sub-Section**

<b>Section</b>	<b>Frequency</b>
Assessment	3.8
Diagnosis	3.7
Outcomes Identification	3.7
Planning	3.5
Implementation	3.8
Evaluation of Implemented Care	3.8
Ethics	3.8
Education	3.7
Evidence-Based Practice/Research (EBP)	2.9
Quality of Practice	3.3
Communication	3.7
Leadership	3.7
Collaboration	3.4
Professional Practice	3.6
Resource Utilization	3.5
Environmental Health	3.9

In all of the sub-sections in the survey for Nurse Coach, there is very little variation in the rated frequency with which activities are performed. The area with the lowest rating is Evidence-Based Practice/Research. Exclusive of that area, the difference in average rated frequency across the sections is only 0.5 (3.9 for Environmental Health, and 3.4 for Collaboration). In general the average ratings are equal to or greater than 3.5.

## Conclusions

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The competencies were placed in a grid comparing them to the core values, thus indicating how many competencies are in each of the core values. The distributions of competencies and of examination questions across the core values are presented below. A map of the relationship between tasks and core values can be found in Appendix E.

### Distribution of Competencies across Core Values

#### HN-NC

- |  |       |
|--|-------|
| 1. Nurse Coach Philosophy, Theory, Ethics.....     | 25%   |
| 2. Nurse Coaching Process.....                     | 42.2% |
| 3. Nurse Coach Communication and Environment ..... | 18.1% |
| 4. Education, Research and Leadership .....        | 10.3% |
| 5. Self Reflection, Assessment and Care.....       | 4.3%  |

### Distribution of Examination Questions across Core Values

#### HN-NC

- |  |       |
|--|-------|
| 1. Nurse Coach Philosophy, Theory, Ethics.....     | 34.4% |
| 2. Nurse Coaching Process.....                     | 39.2% |
| 3. Nurse Coach Communication and Environment ..... | 11.2% |
| 4. Education, Research and Leadership .....        | 11.2% |
| 5. Self Reflection, Assessment and Care.....       | 4%    |

While the distributions are not identical – on the examination slightly greater weight was given to Nurse Coach Philosophy, Theory, and Ethics and slightly less weight to Nurse Coach Communication and Environment – overall, the distributions are very similar and the preliminary item distribution appears to be acceptable to AHNCC.