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**Canadian Gerontological Nursing Association (CGNA)  
Strategic Plan 2015-2018: Designing a New Future**

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# Executive Summary

## Introduction

There is a great deal of literature on change management that focuses on how organizations can successfully transition from their current state to a preferred future state. While there are many solutions for this journey, Bryson (2011) argues organizations need to develop and sustain a sound understanding of their internal and external environment if they want to respond effectively to change (p.150). One way of doing this is for an organization to have a sound, timely and comprehensive strategic plan. While there are many definitions for a strategic plan, Bryson (2011) provides a solid offering: “a deliberative, disciplined approach to producing the fundamental decisions and actions that shape and guide what an organization is, does and why” (p.8). To provide an evidence-based means of moving forward over the next three years, this report proposes the development and implementation of a new strategic plan for the Canadian Gerontological Nursing Association (CGNA), the client for this project.

The Canadian Gerontological Nursing Association is a national non-profit organization whose vision is to promote excellence in gerontological nursing through leadership, knowledge, and scholarship. The mission for the Association is to address the health concerns of older Canadians and the nurses who participate with them in health care (CGNA, 2015a). The CGNA Strategic Plan was last formally updated in 2013 and over the course of the last year, new and evolving issues prompted the need for a formal revision of the current strategic plan. Indeed, the Canadian Gerontological Nursing Association determined it was advantageous and timely to develop a revitalized strategic plan to seek new and innovative ways of addressing current membership needs, promote the association, disseminate nursing knowledge, advocate for older adults, and enhance organizational functioning.

The primary research question for this report is: What is the most effective strategic framework for the Canadian Gerontological Nursing Association? This question prompted the researchers to identify the existing needs of the organization and its stakeholders through collaborative interactions to ensure the needs of the key users and clients are reflected in the strategic plan.

## Methodology and Methods

To gather and analyze data, this report followed a mixed methods approach. The two methods that were utilized to collect data were a comprehensive literature review and a nationwide survey of Canadian nurses. The findings were analyzed and informed the subsequent sections of this report.

## Findings and Analysis

The findings from the literature review and survey results were complementary and similar in nature. Specific to the survey, there were a total of 503 nurses from across Canada that participated in the survey and although the current total population of nurses in Canada is not known, the Canadian Nurses Association (2012) reports that in 2010, there were 287,344 nurses in Canada. Related, the Canadian Gerontological Nursing Association (2015a) reports that currently 2,498 Canadian nurses hold membership with the CGNA organization. Of the 503

respondents, 361 (71.77%) are current members of the Canadian Gerontological Nursing Association. It was revealed that the respondents worked in a variety of settings, including long-term care, acute care, community care, palliative care, public health, health administration, and academia.

According to the survey responses, there were five strategic issues identified for the Canadian Gerontological Nursing Association to focus on, in order to meet its future goals. These five strategic goals that build on previous efforts of the Association are:

- **Retain and attract members/associates:** The Canadian Gerontological Nursing Association needs to grow in numbers by both retaining current and attracting new members and associates. Networking opportunities and access to nursing information were identified as salient incentives to join a nursing association. The survey results indicated that, the main barrier to joining the association as identified by 34.48% of non-members was the lack of knowledge about the association.
- **Promote the Association:** The findings showed that it was important that the Canadian Gerontological Nursing Association become a widely recognized organization by all Canadians and especially those who work in the field. It was suggested that the use of social media and user-friendly websites were a strategic means to promote the association.
- **Promote the dissemination of nursing knowledge and expertise:** Survey respondents stated that it was important for the Canadian Gerontological Nursing Association to continue to promote the dissemination of nursing knowledge and expertise to build awareness, support, and the membership. For example, nursing journals and conferences are the mainstays for distributing research and knowledge and have the possibility to reach a large number of people (Carroll, 2010, p.179, Drury & Hart, 2013, p. 19).
- **Develop and improve political advocacy resources and skills:** One of the main findings showed support that the Canadian Gerontological Nursing Association should be recognized as a national leader in the field of gerontological nursing in relation to health care needs of the older adult.
- **Continue to support main functions of organization:** To improve the overall organizational functioning, interview findings and the literature review suggested that the volunteer and mentorship programs should be revised and expanded (Haski-Leventhal & Meijs, 2011, p. 127) to build the sense of community amongst new and potential members.

### Options to Consider and Recommendation

Options and recommendation based on the research findings from the literature review and survey were identified, developed, and reflected within the strategic plan. Drawing from the findings, the Canadian Gerontological Nursing Association should consider the following three options and recommendation before making decisions about a strategic planning framework:

- 1) **Maintain the status quo:** The Canadian Gerontological Nursing Association had a previous strategic plan that identified five key strategic areas (2013, p.1): membership; recruitment and retention of its members; promotion of the association; dissemination of knowledge and expertise; political action and advocacy; and organizational functioning.

The Canadian Gerontological Nursing Association may choose to maintain the status quo in the name of efficiency.

- **Rationale:** The Canadian Gerontological Nursing Association envisions a very different future that will redefine its core strategies through succession planning. The Canadian Gerontological Nursing Association is seeking new and innovative ways of addressing the association's strategic issues and goals. The Canadian Gerontological Nursing Association may choose to maintain the status quo in following the current plan due to the efficiency and ease of its implementation; however, the current plan may not lead to successful growth of the association nor in attaining the association's goals.

2) **Conduct additional research to identify barriers or challenges before adopting proposed strategic planning framework:** This plan was developed by conducting a literature review and survey. This report compares the similarities and differences between the findings of the literature review against that of the survey. This made it possible to view the results in a larger context. Additional research, such as a stakeholder analysis and an environmental scan, would likely identify additional areas of attention the association may need to address in some manner.

- **Rationale:** Additional research would likely strengthen the current findings and has the potential to identify additional strategies. On the other hand, additional research can be timing consuming, costly, and delay the implementation of the strategic plan.

3) **Adopt, revise, and implement the strategic plan:** The Canadian Gerontological Nursing Association should adopt the enclosed strategic plan and revise as deemed necessary by the Board of Directors. The strategic plan outlines the organization's strategic direction over the next three years and also identifies the Canadian Gerontological Nursing Association's priorities to be pursued in an effort to respond to public and stakeholder needs.

- **Rationale:** Byson (2011, pp.3-9) reports that organizations are encountering more diverse challenges, both domestically and internationally. In order for organizations to prosper, they must develop a means to respond to increasing demands. Strategic plans offer an intentional means to make decisions that guide what an organization is, what it does, and why it does what it does. Adopting, revising, and implementing this plan provides the Canadian Gerontological Nursing Association with an opportunity to achieve its identified goals; however, this plan is not without its challenges. The Canadian Gerontological Nursing Association requires resources such as people and funds to successfully implement this plan. Consequently, it is vital for the Canadian Gerontological Nursing Association to set its priorities in relation to this plan and to consider developing a phased approach to the implementation process recognizing the time and resources that are needed to successfully adopting the plan in its entirety.

- 4) **Conduct research and adopt, revise, and implement this strategic plan:** The Canadian Gerontological Nursing Association may consider conducting additional research to strengthen the current findings and gather data on enhancing the financial sustainability of the association, in addition to adopting, revising and implementing this plan.
- ***Rationale:*** Additional research may strengthen the existing findings and assist to identify further strategies to support the association's financial health. Adopting, revising, and implementing this plan offers the Canadian Gerontological Nursing Association the chance to attain its recognized goals. A sound, timely, comprehensive strategic plan can aid an organization to transition from their present state to a preferred future state.

### **Recommendations**

After reviewing the above options, the researchers recommend option four based on the following reasons:

**A. Option 4 -Conduct Research and adopt, revise, and implement this strategic plan:**

***Rationale*** – Additional research, especially related to the financial aspect, can strengthen and identify effective strategies to be implemented as a means to meet the association's goals. For example, the survey questions did not provide input from nurses regarding the financial sustainability of the organization. Further research conducted with the membership and the executive to fully explore the financial component of the association should be completed. The association should consider conducting a financial analysis that is fulsome and comprehensive in terms of assets, debts and strategies to increase the organization's income and to ensure the strategic plan is integrated with the financial aspect of the association.

This strategic plan represents an opportunity for the Canadian Gerontological Nursing Association to confront old and new challenges. The proposed strategic plan was designed to assist the Canadian Gerontological Nursing Association to develop a more effective and efficient three-year initiative than what has been implemented in the past and at the same time, to commit to continuously improving the process and content of the plan as new issues arise.

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## 1.0 Introduction

For many decades, gerontological nurses envisioned a national body to address the health concerns of older adults while promoting professional practice of nurses. With the creation of the Canadian Gerontological Nursing Association in 1985 (2015b), this vision was realized. To promote sustainability, there is now a need for the organization to outline how it will meet its future goals through a new strategic plan that will build on the previous plan that was updated in 2013. Building on the previous plan's strategies, the Canadian Gerontological Nursing Association needs to consider resolving ongoing factors that affect the organization's members and associates, the promotion of the association, the means to disseminate knowledge and expertise of gerontological nurses, the ability to identify and address advocacy concerns, and the need to ensure the efficient and effective functioning of the organization.

An effective approach of planning for the organization is to develop a clear mission, goals, vision, and mandate. Several key principles should guide strategic thinking (vision) and strategic planning (mission) within the organization. Willging notes that all organization activities must be organized and operate accordingly (p. 14). Once the organization has defined its vision and mission, then it can start to develop a strategy.

To provide an evidence-based means of moving forward over the next three years, this report proposes the development and implementation of a new strategic plan for the Canadian Gerontological Nursing Association (CGNA), the client for this project.

### 1.1 Problem Definition

The Canadian Gerontological Nursing Association's (CGNA) previous strategic plan was last formally updated in 2013 and therefore, the main problem is that the Association does not have an up-to-date plan that addresses current and future issues. The Canadian Gerontological Nursing Association's previous strategic plan identified five key strategic areas for the association to focus on (CGNA, 2010, p. 1):

- Membership.
- Promotion of the association.
- Dissemination of knowledge and expertise.
- Political action and advocacy.
- Organizational functioning.

These remain key strategic areas in the development of a new strategic plan; however, the Canadian Gerontological Nursing Association envisions a very different future, based on new leadership and ongoing and new internal and external issues. Despite the need to address the current and expected future scenario for the association, much of the proposed plan will redefine and build on the previous core strategies given the core issues remain the same. Therefore, the Canadian Gerontological Nursing Association is seeking new and innovative ways of addressing current membership needs, promoting the association, disseminating knowledge, resolving advocacy issues and enhancing organizational functioning (D. Buchanan, personal communication, November 28, 2014).

## 1.2 Client for the Project

The Canadian Gerontological Nursing Association (CGNA, 2015b) is a national organization that was formed to promote excellence in gerontological nursing through leadership, knowledge, and scholarship. The CGNA represents nurses who have a professional interest in care of older adults and upholds gerontological nursing practices across national and international boundaries. The Canadian Gerontological Nursing Association aspires to endorse high standards of gerontological nursing practice and educational programs. Finally, the Canadian Gerontological Nursing Association promotes practices to enhance the health of older adults (CGNA, 2015b).

The Canadian Gerontological Nursing Association is a coalition of conjoint and non-conjoint provincial gerontological nursing associations. Nurses holding membership in a conjoint association belong to both the provincial association and the Canadian Gerontological Nursing Association. Non-conjoint members hold membership in the Canadian Gerontological Nursing Association only, as there is no provincial gerontological nursing association in those provinces. The provinces with conjoint members are British Columbia, Alberta, Manitoba, Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador, and Ontario. Non-conjoint memberships are in Saskatchewan, Quebec, Northwest Territories, Nunavut and Yukon. These provinces do not have a provincial gerontological nursing association (CGNA, 2015b).

## 1.3 Research Questions

The research question for this project is:

What is the most effective strategic framework for the Canadian Gerontological Nursing Association?

The plan's development was supported by ongoing collaboration with the Association's stakeholders. Sub-questions that were addressed to support the primary research question are:

- What are the Canadian Gerontological Nursing Association priorities and strategic areas that need to be addressed in the strategic plan?
- What information needs to be gathered before the strategic plan is developed?
- What are the most effective ways to recruit and retain membership?
- How can Canadian Gerontological Nursing Association increase the volunteer base of the agency?
- To support the organization's objectives, how can the Canadian Gerontological Nursing Association improve the dissemination of knowledge and expertise on gerontological nursing?

## 1.4 Rationale for Topic

Bryson (2011) asserts that organizations are encountering more diverse challenges, both

domestically and internationally. In order for organizations to prosper, they need to develop a means to respond to increasing demands. Strategic plans offer an intentional means to make decisions that guide what an organization is, what it does, and why.

This procedure is used to support the organization's mission, mandate, and create public value. Strategies are created to reach goals and objectives, and to address recognized issues (pp.3-9). Promoting sustainability of the Canadian Gerontological Nursing Association is important for the future of the organization, nurses working with the older adult population, older adults, the Canadian health care system, and all Canadians. Data obtained from a survey (distributed to all nurses practicing in Canada) assisted in guiding the development of a dynamic, effective strategic plan for the organization. This plan serves to improve the Canadian Gerontological Nursing Association's decision-making, clarifies and addresses organizational issues, and ultimately creates public value.

### **1.5 Background and Context**

In Victoria, British Columbia, the first gerontological nursing conference was held in 1983. It was during this conference that plans for the creation for a national gerontological nursing association were born. These plans progressed in 1984, when an Executive was elected to develop a constitution and bylaws. The Canadian Gerontological Nursing Association was formally constituted the following year in Hamilton, Ontario. The Canadian Gerontological Nursing Association hosted an annual scientific conference until 1987 when it switched to hosting an AGM in the even numbered years alternating with a biennial scientific and educational conference the following year (CGNA, 2015b).

Today, the Canadian Gerontological Nursing Association represents gerontological nurses and promotes an evidence-based gerontological nursing practice across national and international borders. The Executive was elected to develop a Constitution and By-laws to which the Association abides. The Canadian Gerontological Nursing Association envisions excellence in gerontological nursing through leadership, knowledge, and scholarship. The Canadian Gerontological Nursing Association has incorporated several objectives within its mission and vision to achieve excellence in nursing practice. The Canadian Gerontological Nursing Association promotes high standards of gerontological nursing practice through various means. For example, it promotes educational programs in gerontological nursing and participates in affairs that promote the health of older adults. Moreover, it promotes networking opportunities for nurses. The association works to effectively disseminate gerontological nursing research and knowledge. Finally, the organization aims to become recognized as a national leader in the field of Gerontological nursing in relation to the health care needs of the older adult (CGNA, 2015b).

The Executive of the Canadian Gerontological Nursing Association (2015c) consists of a President, President-Elect, Secretary, Treasurer, and Past President. The President of the Canadian Gerontological Nursing Association is the accountable officer of Canadian Gerontological Nursing Association. This person holds numerous responsibilities including, but not limited to, maintaining communication with the Executive and Board of Directors, monitoring of office staff, monitoring and reviewing the budget, and arranging Executive and Board meetings. The President-Elect assumes any duties delegated by the President. This

individual is responsible to manage the scholarship program and conference grant committee, updates the operations manual, participates in the organization’s financial planning process, and sits on various committees including the political advocacy committee, the Conference Planning Committee, and the Research Committee. The Secretary has several administrative functions. This individual attends all meetings, prepares and distributes the minutes, updates bylaws, and maintains official files. The Treasurer, reviews all receipts, provides a balance sheet report, reviews and approves all bills of Canadian Gerontological Nursing Association, works closely with the accountant, and submits financial statements at the Annual General Meeting. The Past-President acts in a coaching and mentoring role, and is a resource to the Executive, sitting on several committees as designated by the President (CGNA, 2015c).

The future direction of Canadian Gerontological Nursing Association is reflected in the organization’s vision and mission. Bryson (2011) notes that a vision statement describes what the organization will look like in the future when strategies have been implemented, goals achieved, and public value created. The organization’s vision of success guides the execution of strategies (p.271). The Canadian Gerontological Nursing Association’s vision is to promote excellence in gerontological nursing through leadership, knowledge, and scholarship (CGNA, 2015b). This vision of success is beneficial as it describes what success looks like and how it would be realized (Bryson, 2011, p. 272).

Bryson (2011) notes that mission statements articulate the organization’s purpose and that effective communication of the mission promotes commitment from stakeholders (pp. 127-128). Addressing the health of older Canadians and the nurses who participate with them in health care is the mission of the Canadian Gerontological Nursing Association (CGNA, 2010).

### 1.6 Researchers’ Backgrounds and Division of Work

The researchers are registered nurses working in the field of gerontology. They both hold membership with the Prince Edward Island Gerontological Nursing Association (PEIGNA). As a result of holding membership with the PEIGNA, both researchers are conjoint members of the Canadian Gerontological Nursing Association. Furthermore, Susan Clory, one of the researchers, is the President-Elect of the provincial association. The researchers are therefore familiar with the organization’s leaders, stakeholders, and activities.

It is important to note how each of the researchers contributed to the project, both individually and collaboratively. The work was completed as follows in *Table 1*:

**Table 1 - Contributions of Researchers**

<b>Pauline completed:</b>	<b>Susan completed:</b>	<b>Both group members completed:</b>
<ul style="list-style-type: none"> <li>• Master’s Project Title and Supervisor Form</li> <li>• Conceptual/ Analytical Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Developed the contact list for Provincial and Territorial Associations (Appendix 1)</li> <li>• Developed the Letter to Nursing Associations (Appendix 2)</li> </ul>	<ul style="list-style-type: none"> <li>• Research Proposal</li> <li>• Survey questions (Appendix 4)</li> <li>• Ethics Application</li> <li>• Teleconferences with CGNA and Client</li> </ul>

<ul style="list-style-type: none"> <li>• Stakeholder's Analysis</li> <li>• Conclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Created the Letter of Invitation to Participate and Implied Consent (Appendix 3)</li> <li>• Methodology, Methods and Data Analysis</li> <li>• Findings</li> <li>• Discussion and Analysis including the similarities/differences, limitations, and situational analysis (SWOT)</li> <li>• Recommendations</li> <li>• Appendices</li> <li>• Editing of report and references</li> <li>• Maintained ongoing contact with Client and the Canadian Gerontological Nursing Association Board of Directors and Executive in regards to the progression of the project.</li> <li>• Developed a PowerPoint Presentation for the Board of Directors for the May Conference.</li> </ul>	<ul style="list-style-type: none"> <li>• Project Introduction</li> <li>• Executive Summary</li> <li>• Project Literature Review</li> <li>• Development of the action plan</li> </ul>
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## 1.7 Deliverables and Organization of Report

As discussed with the client and the supervisor at the outset of the project, the following are the outcomes of this research project:

- Literature review
- Preplanning research:
  - Survey
  - Strengths, weaknesses, opportunities and threats (SWOT) analysis
- Strategic plan framework
- Implementation strategy for strategic plan

This report is divided into seven chapters. As demonstrated, the introduction identifies the problem being addressed and provides some background information related to the client. Chapter 2 provides a comprehensive literature review of the current research on the topics of nurses' memberships in professional organizations, promoting nursing organizations, disseminating knowledge, advocacy, and maintaining organizational functioning. This chapter also sets out the conceptual framework for the project.

Chapter 3 describes the methodology utilized in the research project. Chapter 4 outlines the findings and strategic situation including a SWOT and stakeholder analysis. Chapter 5 illustrates the discussion and analysis comprised of the strategic plan. Chapter 6 identifies options for the association and proposes recommendations. Finally, chapter 7 summarizes the main ideas and findings in the conclusion.

## 2.0 Literature Review

In general, a literature review provides a summary and evaluation of current research that highlights consistencies and contradictions in the literature (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 117). There is a great deal of literature on change management that focuses on how organizations can successfully transition from their current state to a preferred future state. While there are many solutions for this journey, Bryson argues organizations need to develop an understanding of their internal and external environments if they want to respond effectively to change (2011, p.150). One way of doing this is for an organization to have a sound, timely and comprehensive strategic plan.

This strategic plan is the direction and scope of the CGNA over the long-term in order to achieve its goals and objectives to survive and sustain the organization into the future. Bryson (2011, pp.7-11) reminds us that a strategic plan guides what an organization is, its goals, and the means by which these goals will be achieved. The strategic planning process is an orderly, deliberative, and participative procedure. The process leads to actions, outcomes, assessment, and knowledge (p.81).

The CGNA's strategic plan is intended to guide the decision making and activity of the association of the next three years. This plan will be the key document describing the overall strategic direction for the CGNA and provide a means for deciding what things to do, how to do them, and why they are being done. Furthermore, the strategic plan will guide the development of a detailed operational plan for the association. The *Canadian Gerontological Nursing Association's Strategic Plan 2015-2018: Designing a New Future* provides the framework for the CGNA to achieve the future direction for the health care of the older adult and to seek out new and innovative ways of addressing the membership needs, promote the association, disseminate nursing knowledge, advocate for older adults, and enhance organizational functioning.

A literature review of scholarly literature was conducted to identify salient research that was used to examine nurses' membership in professional associations, promotion of the association, sharing knowledge and research, advocacy, and organizational functioning. These are the areas that the CGNA have identified as salient themes for their strategic plan. Data was collected from various sources, including the University of Victoria library, CINAHL, Google Scholar, EBSCO, ProQuest, JSTOR, and Wiley Interscience. Search terms and phrases used included: nurses, nurses membership in associations, professional memberships, knowledge, dissemination of knowledge, technology, website usage, patient advocacy, nurses advocates, volunteers, mentoring, non-profit associations, and financial sustainability of non-profit agencies. This plan was guided by information obtained from the literature review and builds on the salient goals identified by the CGNA in a previous strategic plan.

## 2.1 Retain and Attract Members and Associates

The Canadian Gerontological Nursing Association has identified that the retention and recruitment of health care professionals is vital to the organization. Gruen, Summers, and Acito (2000) identify three types of membership commitment that exist. Firstly, there is a continuance commitment; this is based on a self-interest stake in a relationship and the degree to which the membership is psychologically bonded to the organization on the basis of perceived costs associated with leaving the organization. The second type is normative commitment. This is derived from a person's sense of moral obligation toward the organization; these individuals have a perceived moral obligation to maintain the relationship with the organization. Finally, the last type of commitment identified is affective commitment. This type is focused on positive emotional attachment: membership is psychologically bonded to the organization on the basis of favourability toward the organization (p.37). Therefore, people who are committed to an organization are willing to give "part of themselves" to promote the organization's well-being.

Lamb-Mechanick and Block (1984, p. 398) assert that nurses must perceive that the benefits of membership outweigh the cost of membership. Survey results from a south eastern state nurses' association (SNA) reported that two-thirds of nurses join organizations because it was an expectation that a professional registered nurse would hold membership with a professional association. Additional reasons for joining included networking opportunities, access to nursing information and encouragement from their employer. Barriers that prevent nurses from joining associations were identified as high participation costs, lack of information about the association, and lack of perceived benefits (p. 399). These findings should be viewed cautiously: only 4.4% of the state nurses held membership with the SNA; therefore, the small sample size may not be an accurate reflection of the population. Secondly, convenience sampling was used in the study; as a result, participants may be atypical, resulting in bias findings (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 209).

Esmaeili, Dehghan-Nayeri, and Negarandeh (2013, pp.266-267) conducted semi-structured interviews of 14 registered nurses by using purposive sampling. The recorded interviews were transcribed verbatim and reviewed several times. Findings confirmed that nurses' rights, professional obligations, and organizational power were key factors leading to membership. Lack of motivation, hopelessness, and lack of interest were cited as reasons for non-membership (p. 269). Purposive sampling enables the researchers to choose respondents that may be typical of the population being studied (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 211). Semi-structured interviews allow the researchers to guide the topic while encouraging the respondents to talk openly about the focus area. The use of three researchers to gather, analyze and interpret the data, investigator triangulation, enhances the credibility of this study (2011, pp. 234-267).

Membership in nursing associations may be prompted by a feeling of professional obligation or benefits associated with membership. Barriers that inhibited membership to nursing associations included the cost of membership, lack of information about the association, lack of perceived benefits (Lamb-Mechanick & Block, 1984, p.398), and lack of interest (Esmaeili, Dehghan-Nayeri, & Negarandeh, 2013, p. 269).

## **2.2 Promotion of the Association**

The Canadian Gerontological Nursing Association's goal is to become a widely recognized organization by all Canadians. One way of getting health care professionals and nurses to become knowledgeable and cognizant of the Canadian Gerontological Nursing Association is through the use of web pages and technology. A user friendly website enables the association to develop a means of increasing its self-image and optimizing its potential of being recognized by Canadian nurses. van der Heijden (2003) argues that website traffic is one of the most important indicators for performance. Traffic not only reflects popularity it also increases sales for some organizations; however, research has shown that obtaining and retaining visitors to a website continues to be one of the most elusive problems facing organizations (p.541). Attitudes toward social networking, attractiveness of the website, usefulness, perceived enjoyment, and perceived ease-of-use impact the success of the website (pp.542-543). Wirtz, Piehler, and Ullrich (2013) findings support this research in that user-added value is the most important factor influencing the attractiveness of social media. Social media may include several instruments such as, blogs, wikis, twitter, Facebook, and emails. Success of the websites depends upon various design factors and the individual traits of the users (p.26). The concept of website attractiveness affords relevant insights in regards of social media success in regards to two reasons. Firstly, it constitutes a potential theoretical extension for determining technological aspects and user acceptance. Secondly, it can be used by social media managers as alternate success measures in order to compliment online service quality analyses (Wirtz, Piehler, & Ullrich, 2013, p.12). van der Heijden acknowledges that empirical evidence indicates that enjoyment is a huge driver for the use of the World Wide Web (p.543).

Certainly as van der Heijden (2003) has shown, the easier a website is to learn, use, or navigate, the more useful it would be. The attractiveness of a website also creates more favourable attitudes towards using or purchasing a website (p.544). Therefore, the association must take these considerations into account, in order to ensure that its website design and means of promoting themselves and becoming a recognizable association among its peers. Understanding why individuals return or fail to return to a website should be of significance to the association.

## **2.3 Dissemination of Nursing Knowledge and Expertise of Gerontology**

Lowenstein (2004) articulates that the field of gerontology has matured considerably over the past several decades, as evidenced by its accumulating knowledge base and an increasing number of academic programs (p.129). The discipline of gerontology consists of fundamental body of knowledge, with a distinctive philosophical perspective (p.130). Gerontological knowledge has amassed in recent decades, as evidenced by the vast array of educational programs and evidence-based research. While the researcher used scholarly sources, it is important to note that this report is based on secondary sources – the studies were conducted by someone other than the researcher. This may call into question the trustworthiness of the research.

Riekse, Holstege, and Faber (2000) acknowledge that as the number of older people continues to rise, healthcare providers increasingly require information related to gerontological research to cope with issues brought about by the aging process (p.751). Nursing journals and conferences are the mainstays of research dissemination, and these methods can reach a large

audience; however, these mechanisms do not reach all health care professionals (Carroll, 2010, p.179; Drury & Hart, 2013, p. 19). Posters and newsletters have been identified as an effective means to disseminate knowledge, as health care workers feel that these are easy to read (2013, pp, 21-22). Folan et al (2012, p.43) further corroborate that nursing knowledge should be shared through newsletters, journal articles, seminars, and conferences.

#### **2.4 Advocacy Resources and Skills**

The Canadian Nurses Association (CNA, 2008) emphasizes that nurses have an ethical responsibility to advocate for their clients, groups, communities, and the population at large. Nursing advocates are committed to seeing a change happen. Nurses must have an increased understanding regarding vital issues, and share that knowledge in the public arena (Hearrell, 2011, pp. 73-74).

Nursing advocacy keeps patients safe, enhances quality of life, improves the status quo, and leads to policy advancements. When nurses fail to address concerns, they miss a critical opportunity to serve as a patient advocate (Beyea, 2005, p. 1047). Unfortunately, some nurses may believe that it is not within their role or scope of practice to challenge the current health care system. Des Jardin (2001, p. 614) corroborates that this political dilemma may be associated with an archaic view of nursing, repression, fear of power, and lack of knowledge.

Cole, Wellard, and Mummery (2014) argue that while nurses are well positioned to recognize salient issues, the role of the nurse as an advocate is not clearly understood. Humans are social in nature, and their lived experiences and relationships greatly influence their healthcare decisions. It is vital for citizens to be involved in the decision-making process and assist in the identification of salient advocacy issues. If people are not given the opportunity to weigh in on issues, nursing advocacy runs the risk of being paternalistic (pp.576-581).

#### **2.5 Support Organizational Functioning**

The Canadian Gerontological Nursing Association is interested in remaining a viable association by enhancing its organizational functioning. Organizational functioning can be increased through volunteerism and mentorship programs. Haski-Leventhal and Meijs (2011) contend that in order for an organization to recruit suitable volunteers, it is important to gain an understanding as to what the organization's position is and the type of volunteering required (p.127).

There have been significant differences identified between high and low-contribution volunteers; this allows organizations to design marketing strategies which effectively target particular types of individuals. The reasons why people volunteer can be multifaceted. For example, some people volunteer due to a genuine desire to help others and seek to have a rewarding experience. This minimizes the costs of advertisement, recruitment, and training which is associated with acquiring new volunteers (Randle & Dolnicar, 2009, p.280).

Another means of increasing organizational functioning is through mentorship programs. Johnson (2002) defines mentoring as a personal relationship in which a more experienced person or professional acts as a guide, role model, teacher, or sponsor to a less experienced person or professional (p.88). Camplin (2009) suggests that successful leaders must learn to use their influence to motivate volunteers or people (p. 36).

Organizational functioning may be further supported by preserving the financial health of the organization. Weerawardena, McDonald, and Sullivan Mort (2010) emphasize that non-profit organizations serve the public by adding social value; however, these organizations are operating in increasingly competitive environments. The ability to balance the organization's mission and money is becoming a growing issue. Organizations should become proactive in seeking out financial opportunities and consider hosting special events, pursuing donor programs, and negotiating licensing agreements to generate revenue (pp. 346-350). Bowman (2011) proposes that non-profit organization should consider using a business model framework to set financial goals in order to facilitate financial sustainability (p. 38).

The Canadian Gerontological Nursing Association General Operations Budget for 2012-2013 (2013, p.1) indicates that the organization is running a deficit; this is a salient concern for the association. Membership fees are the main source of revenues, but other sources of revenue include journal advertising, educational income, and interest income. Management fees are the organization's chief expense. Additional expenses include telecommunications, audit fees, and Executive expenses for accommodations and travel.

## **2.6 Conceptual/Analytical Framework**

The chapter describes the primary focus of the research, the research question, and its purpose; while discussing the related literature. The research question is focused on the existing needs of the organization: *What is the most effective strategic framework for the Canadian Gerontological Nursing Association?* Polit, Beck, Loiselle, and Profetto-McGrath (2011) define a conceptual framework as a system of interrelated concepts, assumptions, beliefs, and theories that supports research. The framework explains the main themes to be studied and the presumed relationships among the themes. It also helps researchers to make sense of the question, the problem, and (eventually) the answer (p.129).

The conceptual framework (Figure 2) that was used to develop the survey questions were descriptive and quantitative in nature. Trochim and Donnelly assert that a research study that strives to describe opinions are descriptive in nature (p.5). Conversely, Polit, Beck, Loiselle, & Profetto-McGrath (2011) add that quantitative analysis identifies the variables of interest, develops operational definitions and collects numerical data from its participants through statistical processes for the purpose of assessing the magnitude and reliability (p.31). For this plan, surveys were distributed to all provincial nursing associations. These surveys were circulated to each association's membership through Fluid Surveys. The goal was to gather data on the activities, preferences, and beliefs of Canadian nurses related to the Canadian Gerontological Nursing Association and care of the older adult.

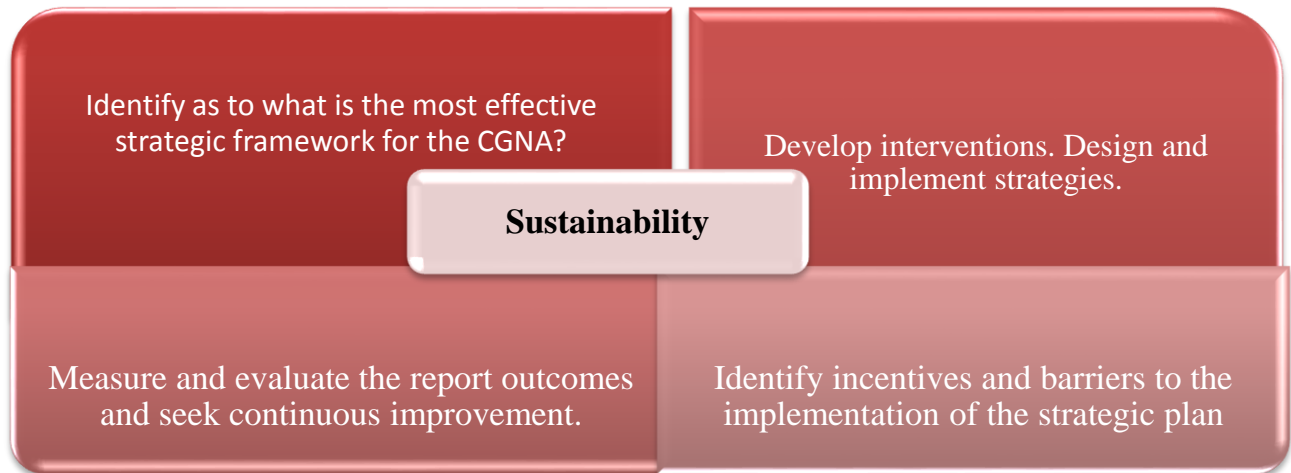
As a supporter of improved gerontological nursing knowledge, the association is keenly aware that it must pay attention to the opinions and attitudes present in nurses who support evidence-based practice. According to the Canadian Nurses Association (2002) "evidenced-based nursing practice refers to the incorporation of evidence from research, clinical expertise, client preferences and other available resources to make decisions about patients. Decision-making in nursing practice is influenced by evidence and by individual values, client choice, theories, clinical judgment, ethics, legislation and practice environments" (p. 1).

The Canadian Nurses Association (2002) further contends that professional associations, regulatory bodies, schools of nursing, organizations employing nurses, accreditation councils, governments, health information agencies and nurse researchers share the responsibility of facilitating evidence-based decision-making and practice (p.2). The Canadian Gerontological Nursing Association aspires to endorse high standards of gerontological nursing practice and educational programs (CGNA, 2015b).

For the purpose of the research study, a survey which consisted of both open and close-ended questions was conducted to gather data on the activities, preferences, and beliefs of all nurses across Canada. Trochim and Donnelly (2008) assert that surveys should be designed based on the guidance of the researchers (p.99-102). Therefore the survey design was based on Canadian Gerontological Nursing Association objectives and information obtained through the literature review.

Following the collection of the research data, the material was organized and analyzed and the researchers established a relationship between the scores and the external criterion (Polit, Beck, Loiselle, & Profetto-McGrath, p. 264). An analysis of the research data was the foundation in critiquing and improving association's strategies'. The association envisions a sustainable future with the development and implementation of a three-year strategic plan. The association needs to address factors which impact the organization's members and associates, promotion of the association, the dissemination of knowledge, advocacy issues, and organizational functioning.

**Figure 1 - Conceptual Framework**



### **3.0 Methodology and Methods**

This chapter discusses the approach, the data collection tools, the way the data was analyzed and the overall project limitations and delimitations. Trochim and Donnelly (2008) report that the methodology focuses on the approaches or the specific ways used to understand the research question. The methods describe the techniques employed to carry out the research (pp.18-19).

#### **3.1 Methodology**

The primary approach used in the project was a mixed method research strategy consisting of Bryson's strategic planning approach that analyzed the internal and external factors affecting the plan (SWOT analysis) and the factors that are important to include from a stakeholder perspective (a stakeholder analysis). Combining descriptive and quantitative data is intended to enhance and substantiate the analysis and findings of the study. In addition, using a mixed method design circumvents the limitations of a single approach design (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 197).

##### ***Strategic Planning Approach:***

Bryson (2011) reports that the Strategy Change Cycle while orderly in its approach is also fluid and dynamic. The ten-step process is a blueprint, designed to meet the specific needs of an organization while breaking down the complex process of strategic planning into manageable phases. This process leads to action, outcomes, assessments, and knowledge. The first step in creating a plan is to set a direction by obtaining an agreement of the overall strategic plan. It is vital to include the key internal decision-makers. This will lead to the overall success of the plan and assist in the process running more smoothly (pp. 41-66). To support this stage the researchers joined in teleconferences with the Canadian Gerontological Nursing Association Board of Directors during the onset of the plan development, midway through the process and as the plan came to completion. This laid the foundation for the plan. Through use of teleconferences the opinions and agreement of these key decision-makers were obtained. The researchers were able to gather information related to the association's goals, mission, and vision. Past strategic plans were also shared with the researchers. These interactions gave the researcher's insight into the level of skills, resources, and commitment available. This information is critical to measure the successful of implementation of a strategic plan.

The process allows an organization to successfully address issues and challenges facing them. The CGNA's strategic plan outlines the organization's direction over the next three years (2015-18). The plan was guided by information from many sources and builds on the achievements from the previous strategic plan. The purpose of the plan is to read like a roadmap to outline the CGNA's mission, vision, and to translate its goals and strategies into action plans that will help the organization to gain a competitive advantage.

##### ***Stakeholder Analysis***

Bryson (2011) defines a stakeholder analysis as a valuable prelude to a mission statement, a SWOT analysis, and effective strategies. It will assist an organization in assessing its mandate as perceived by its stakeholders (p.132). Bryson contends that a stakeholder analysis is critical to an organization because the key to success in public, non-profit,

and private sector is the satisfaction of its stakeholders. Stakeholders are key to the organization because if an organization does not know who its stakeholders are, what criteria is used to judge the organization, or how the organization is performing against those criteria, there is little likelihood that the organization will know what to do to satisfy its key stakeholders (p. 132). The major purpose of a stakeholder analysis is to get a more precise picture of the players in the arena (p.134). The primary stakeholder, the Canadian Gerontological Nursing Association, provided their input by responding to the survey.

Secondly, the researchers participated in several teleconferences with the Canadian Gerontological Nursing Association Board of Directors. Feedback and input was also obtained from Canadian Nurses by their participation on the survey. Direction from stakeholder groups was sought on priority areas, as well as key strategic elements – such as the mission, vision, and goals.

### ***SWOC analysis:***

To complement the survey approach and stakeholder analysis in this project, Bryson (2011) argues that exploring the internal and external environment assists to identify strengths, weaknesses, opportunities, and challenges. Analyzing these factors will assist an organization to size up the competitive landscape and gain a clear idea of where they are strong and weak as well as seeing the possibilities for growth (pp. 53-151). This approach will prove to be useful in developing a SWOT analysis and identifying potential actions to support and achieve the Canadian Gerontological Nursing Association's strategic goals. Adams (2005) describes the components of the SWOT analysis as follows:

- Strengths are internal to the company and are the things you control and own.
- Weaknesses are internal to the company and are things that are under your control. They are things that you can improve on but have not.
- Opportunities are positive factors external to the organization, such as growing economy, increased costs, and new technology.
- Threats are negative factors external to the organization, such as government regulations (p. 26).

## **3.2 Methods**

### ***Literature Review:***

First, a literature review was conducted to develop a critical analysis of current research. The aim was to highlight consistencies and contradictions in the literature and explore possible explanations for any inconsistencies (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 117).

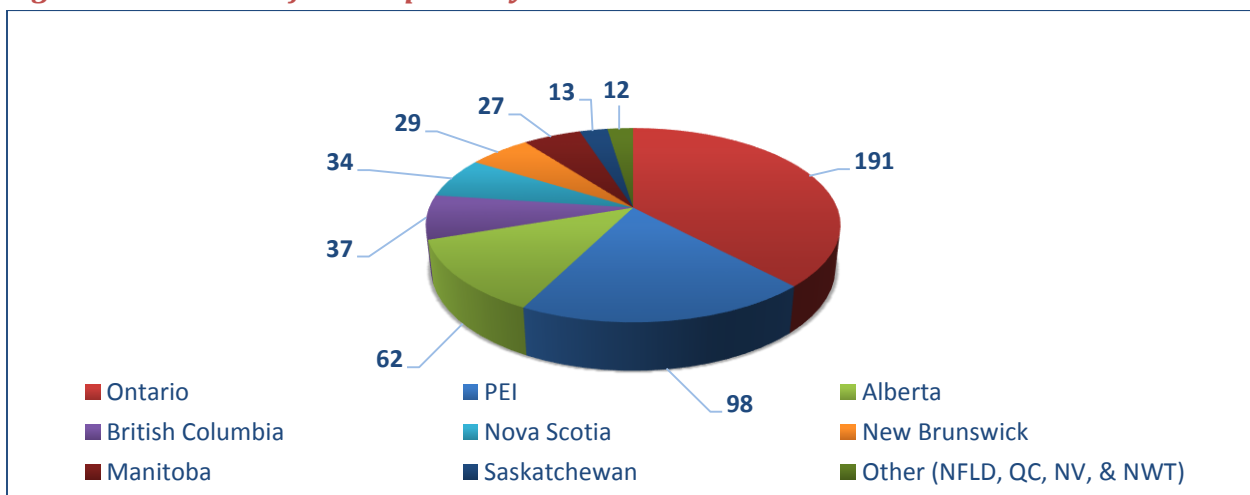
### ***Email Survey:***

Majumdar (2007, pp. 241- 251) states that a survey approach represents a reliable research process to gather data on people's opinions, attitudes, and preferences. The Canadian Nurses Association (2012) asserts that there were 287,344 nurses in Canada in 2010. A total of 503 Canadian nurses from across the nation participated in the study. The respondents are employed in various fields of nursing. The nurses working in long term care represent 237 or 47.12% of the respondents, acute care nurses and community nurses each denote 68 participants

or 13.52% of the population, nurses working in academics were 39 or 7.75% of the sample, 27 or 5.37% of respondents were administrative nurses, and the remaining 64 or 12.72% respondents are employed in a range of settings including palliative care, restorative care, rehabilitation, mental health, occupational health, public health or consultants (See Appendix 5). On average the respondents had 30 years of experience in nursing.

All nursing associations were asked to distribute the survey to their membership. The largest number of respondents were from Ontario, representing 191 (37.97%) of the participants. Nurses from Prince Edward Island accounted for 98 (19.48%) of the participants, Alberta had 62 (12.33%) participants, British Columbia nurses represented 37 (7.36%) of participants, 34 (6.76%) of participants live in Nova Scotia, 29 (5.77%) of participants reside in New Brunswick, Manitoba accounted for 27 (5.37%) of participants and Saskatchewan was represented by 13 (2.58%) of the sample. The remaining 12 (2.39%) respondents are located in Newfoundland & Labrador, Quebec, Nunavut, and the Northwest Territories. There were no participants from the Yukon (See Figure 3). Geographically, Eastern Canada accounts for 362 (71.91%) of the participants, Western Canada makes up 139 (27.64%) of the participants, and Northern Canada is represented by 2 (0.4%) of the participants.

**Figure 2 - Number of Participants by Province**



At this time, the Canadian Gerontological Nursing Association (2015a) reports that 2498 Canadian nurses that currently hold membership with the association. It is important to note that 361 or 71.77% of the survey respondents are current members of the Canadian Gerontological Nursing Association. Therefore, 14.45% of the present membership participated in the on-line survey.

The email surveys were conducted to gather data on the activities, preferences, and beliefs of all nurses across Canada. Self-administered surveys were distributed to all provincial nursing associations to be circulated to their membership through Fluid Surveys. The survey consisted of both open and close-ended questions based on Canadian Gerontological Nursing Association objectives and information obtained through the literature review. The services provided by Fluid Surveys will ensure the privacy of the participants. Polit, Beck, Loiselle, and Profetto-McGrath (2011) report that a cross-sectional design enables the researchers to obtain

data from a single point in time (p. 157). A cross-sectional design is appropriate in studying the relationship between registered nurses and Canadian Gerontological Nursing Association members and associates. While a cross-sectional design is economical and relatively easy to manage, it does raise concerns related to inferring changes over time (p. 158).

This research conducted a census of Canadian nurses. We were interested in gathering data from this predefined group. These respondents are the potential members of the Canadian Gerontological Nursing Association. A survey was distributed to the nursing regulatory bodies throughout Canada. These regulatory bodies are responsible to protect the public by ensuring that Canadians receive safe and ethical care from competent, qualified registered nurses (CNA, 2014). All registered nurses that practice in Canada must hold membership with their provincial regulatory body; as a result, every nurse in Canada was given the opportunity to participate in this research.

### **3.3 Data Analysis**

Following the data collection, the material was organized and analyzed. Descriptive data was gained from the survey questions. Descriptive studies observe, describe, and document a trend (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, p. 155). This study focused on the opinions of Canadian nurses as they related to the Canadian Gerontological Nursing Association. The data was organized to, provided structure to assist in identifying meaning in the data. A template to guide and sort the narrative was developed. This template underwent constant revision as the data was analyzed. Identifying trends and themes in the data was key during the analysis.

### **3.4 Project Limitations and Delimitations**

By conducting a literature review gaps and inconsistencies related to current research were identified. A critical review of findings is vital in maintaining impartiality (Polit, Beck, Loiselle, & Profetto-McGrath, 2011, pp. 117-118).

The cross-sectional design of the research surveys yielded data from a single point in time. Cross-sectional designs tend to be economical and easy to manage. This design is useful when comparing responses from different groups at the same point in time (Polit, Beck, Loiselle, & Profetto-McGrath, 2011 p. 157-158). This design is appropriate to compare varying responses from nurses across jurisdictions related to memberships at a fixed point in time. The surveys were distributed to all nurses practicing throughout Canada, which had the potential to yield a large sample size. The resulting sample size was 503.

While there several commonalities between the findings of the study and the literature review that strengthen the validity of the results, it is important to take note of the limitations of this study. First, the survey was only offered in English. As a result, Canadian nurses that did not speak English were unable to participate in this research. Secondly, the results indicate that the some jurisdictions were not well represented. For example, a mere 0.4% of respondents were living in Northern Canada and there were zero respondents from the Yukon. Polit, Beck, Loiselle, and Profetto-McGrath (2011) remind us that conducting a literature review prior to completing any primary research may lead to biases on the part of the researchers (p. 117).

## **4.0 Findings: Survey Findings**

This section will focus on the findings obtained from the survey study. These results laid the foundation for the interpretations and discussions section of the project. Descriptive analysis was used, as this method describes the fundamental features of the sample while providing summaries and measures (Trochim & Donnelly, 2008, p.264). The opinions of the nursing sample assisted in identifying characteristics that proved to be useful in developing the strategic plan. Descriptive statistics enables researchers to detect sample characteristics that may influence their conclusions (Thompson, 2009, p.57). For example, if only Canadian Gerontological Nursing Association members and associates responded to a question results may not be reflective of the general population.

### **4.1 Demographics**

The Canadian Nurses Association (2015) asserts that holding certification in a nursing specialty area is an indication that the nurse is qualified, competent, and current in his/her nursing practice. CNA certification is a voluntary, recognized credential for registered nurses. Nurses must reach practice standards, continuous learning benchmarks, and exam-based testing requirements to attain certification. Certification in a specialty area must be successfully renewed every five years for the nurses to retain certification status. Certification is held by 241 (49.91%) of the study's participants, while 239 (47.51%) do not have certification in their specialty area. The remaining 23 (4.57%) replied that certification in their area was not applicable. This group may be employed in an administrative or an educational capacity.

It is important to note that 124 (24.65%) participants indicated that they plan to write a certification examination within the next two years, while 379 (75.35%) of the nurses stated that they do not plan on writing the examination over the next two years. Reasons cited for not writing the certification examination include: 156 (41.16%) respondents hold current certification, 65(17.15%) respondents cited that they were retired or nearing retirement, 45 (11.87%) stated that they were too busy to participate in the program at this time, 15 (3.96%) do not meet criteria to enrol in the program, and 14 (3.69%) respondents indicated that this was not their field of nursing. The remaining participants cited that certification is not applicable to their work, not interested, and too costly as barriers to certification.

### **4.2 Barriers to Membership**

A number of barriers were identified that prevented non-members from joining the Canadian Gerontological Nursing Association. The main barrier identified by 34.48% of non-members was the lack of knowledge regarding the association, 18.97%, felt that they were too busy, and 12.93% cited that they did not work in the field of gerontology. However, most nurses do work with the older adult population with the exception of those working in paediatrics or gynaecology. Additional barriers to joining the association are retirement 5.17% and 4.31% perceived no benefit to joining the organization. The remaining barriers to membership identified by 12.93% of non-members are that the nurses are not certified, new nurses, no local association, too hard to join, illness not important, and costs associated with membership. See Appendix 6.

### **4.3 Canadian Gerontological Nursing Association Communication, Education, and Advocacy**

The study indicated that 297 (or 59.04%) of the respondents were either familiar or very familiar with the Canadian Gerontological Nursing Association, whereas 120 (or 23.86%) of respondents were not familiar with the organization. The remaining 86 (17.1%) of respondents were neutral in their awareness of the association. E-mail was selected as the preferred means of notification between members and the organization, with 80.72% of respondents favouring this method of communication. Facebook garnered support from 29.22% of the population and Twitter was endorsed by 11.93% of the respondents. Instagram, postal service, telephone, radio and television were recognized as alternate forms of notifications, collectively gathering support from 5.96% of the population.

The major educational priorities that were acknowledged were geriatric mental health (71.77%), standardized pain management strategies (59.64%), and falls prevention (43.54%). Education in delirium, building capacity, leadership, and frailty were also recognized as areas of interest. Participants were able to select up to three areas of educational importance. The top three professional/advocacy issues that were identified by the study group were the creation of a national dementia strategy (75.15%), mental health of the older adult (60.44%), and chronic disease management (50.89%). Other areas of interest included community eldercare (48.11%), age friendly communities (28.83%), and housing (27.04%). It is important to note that participants could choose up to three issues for these questions.

### **4.4 Canadian Gerontological Nursing Association Benefits**

A total of 361 or 71.77% of the research participants were current Canadian Gerontological Nursing Association members and associates, while 142 or 28.23% of participants were not linked to the association. The association has identified that maintaining and increasing its membership will be a major focus in the strategic plan over the next three years. Of the 142 non-members, 116 respondents provided feedback related to barriers that influenced them joining the association. The most common reason related to failure to join the Canadian Gerontological Nursing Association was lack of information related to the agency. Other reasons include being too busy, gerontology was not the specialty area of a number of respondents, disinterested, retiring, no benefit to joining, not certified in gerontology and no local chapter in their jurisdiction.

At this time, the Canadian Gerontological Nursing Association offers numerous benefits to its members. These benefits include professional networking opportunities, a free subscription to the *Perspectives Journal*, access to archived webinars, access to the *Gerontological Nursing Standards* and competencies document, opportunities to share nursing knowledge with colleagues and students, reduced rates for Canadian Gerontological Nursing Association conferences, and the opportunity to be part of a national voice for Gerontological Nursing. These benefits were rate as being salient incentives to promote membership (See Appendix 7). Other benefits identified that would promote membership included regular communication from the organization, more educational opportunities, and the creation of provincial chapter.

#### 4.5 Membership Feedback and Responses

A portion of the study was directed exclusively to current Canadian Gerontological Nursing Association members and associates. This data revealed the opinions and experiences of the membership. The current members have indicated that during the past six months, the *Perspectives Journal* was accessed by 75% of the respondents, the Standards and Competencies were read by 44.53% of the respondents, and the archived webinars were opened by 30.08% of the respondents.

To assess the effectiveness and value of attending the Canadian Gerontological Nursing Association conferences, nurses were asked to share their experiences. The following comments were gathered:

- Conferences provided positive networking opportunities (33.62%).
- Great education and knowledge sharing (12.93%).
- Some nurses indicated that they have not attended any Canadian Gerontological Nursing Association Conferences (12.93%).
- Conferences are too costly (3.44%).
- Some nurses felt that there was minimal information sharing at the conferences (2.59%).

Members of the association are able to apply to the organization for scholarships and research grants. The study indicates that 60.26% of respondents were cognizant of this benefit, while 39.74% were unaware of this benefit. That being said, a mere 11% of the respondents indicated that they have applied for a scholarship or grant, whereas 89% had not applied for this incentive.

The Canadian Gerontological Nursing Association recognizes the importance of their volunteer team and is striving to attract more volunteers to the organization. The study reports that 32.55% of respondents would be interested in volunteering with the association. Current members would be interest in volunteering in various projects including conference planning, communications, arranging and presenting webinars, membership data reports and updates, and promoting the organization through the website, newsletter, and *Perspectives Journal* (See Appendix 8).

The data suggests that 67.54% of the respondents think the Canadian Gerontological Nursing Association website is very good or good, 11.47% feel the site is poor, and the remaining 20.98% rate the website as being neutral. Suggestions to improve the website included changing the design and updating the colour scheme to modernize the appearance of the site (58.97%), and enhancing ease of use by making the username and password boxes larger and easier access to videos (33.33%). Other recommendations included introducing a search bar, interactive links, a mobile application and regular updates (17.95%).

The Canadian Gerontological Nursing Association Newsletter was viewed as being very positive with 81.38% of respondents; while a mere 3.44% of the nurses rated the newsletter as poor, while the remaining 15.17% were neutral. Recommendations to improve the newsletter included adding more education articles (27.78%), improving the colours and the graphics of the document (22.22%), and including updates members, advocacy issues, and best practices

(22.22%). Other suggestions were to add more content, shorter articles, a student's corner, and easier access through e-mail links (27.78%).

The sample population rated Canadian Gerontological Nursing Association's activities and actions as being a robust reflection of the association's vision statement. The study indicates that 86.05% of respondents report that the association does a very good/good job in promoting nursing leadership, 88.05% state that the organization does a very good/good job of sponsoring gerontological nursing knowledge, and 72.1% assert that the association is effective in supporting gerontological nursing scholarship.

#### **4.6 Summary of Survey Results**

A total of 503 nurses from across Canada participated in the survey; these nurses work in a variety of areas. 47.12% of respondents worked in long term care, 13.52% worked in acute care and community nursing, 7.75% worked in academics, 5.37% in administration, and the remaining 12.72% worked in palliative care, restorative care mental health public health, and/or rehab (combined). Geographically, 362 respondents live in Eastern Canada, 139 respondents are in Western Canada, and the remaining 2 respondents live in Northern Canada. Certification is held by 47.9% of respondents. In terms of communication, email was the preferred channel by respondents; however, Facebook and Twitter were also proposed.

Non-members identified a lack of information about the Canadian Gerontological Nursing Association as the chief barrier to membership. This highlights the importance of promoting the association. Other barriers included a lack of time and that gerontology was not the nurses' field of nursing. That being said, most nurses do work with the older adult including those working in acute care, community care, palliative care, restorative care, rehabilitation, mental health, occupational health, and public health.

Nurses identified the top three educational priorities as geriatric mental health, pain management strategies and falls prevention. In contrast, the top three advocacy issues included the development of a national dementia strategy, the mental health of the older adult, and chronic disease management. The benefits offered by the Canadian Gerontological Nursing Association to its members were viewed as being valuable and 32.55% of respondents would be interested in volunteering with the association. However, 39.7% of members were unaware of the available scholarships and research grants. Furthermore, a lack of information about the association was identified by 34.48% of non-members as the most common barrier to impeding membership.

Overall, current members felt positively about the Canadian Gerontological Nursing Association's promotional efforts. Approximately 88% of current members felt that the organization is successful in sharing gerontological knowledge, and 86% of members felt that the association promotes nursing leadership effectively. Members also identified several ways for the organization to improve in these efforts. Primarily, recommendations focused on updating the website by changing its design and colour scheme, as well as making it more user friendly. A secondary recommendation that emerged was to improve the newsletter by adding more education articles, improving the colours and graphics, and increasing updates on members, advocacy issues, and best practices.

This section of the project will connect the research questions, the findings of the survey and the literature review. Similarities and differences between the literature review and survey findings will be discussed. The data collected from the survey was utilized to create a SWOT analysis and a stakeholder analysis.

#### **4.7 Similarities and Differences**

Comparing the similarities and differences between the findings of the literature review against that of the research study makes it possible to view the results in a larger context.

##### **4.7.1 Membership**

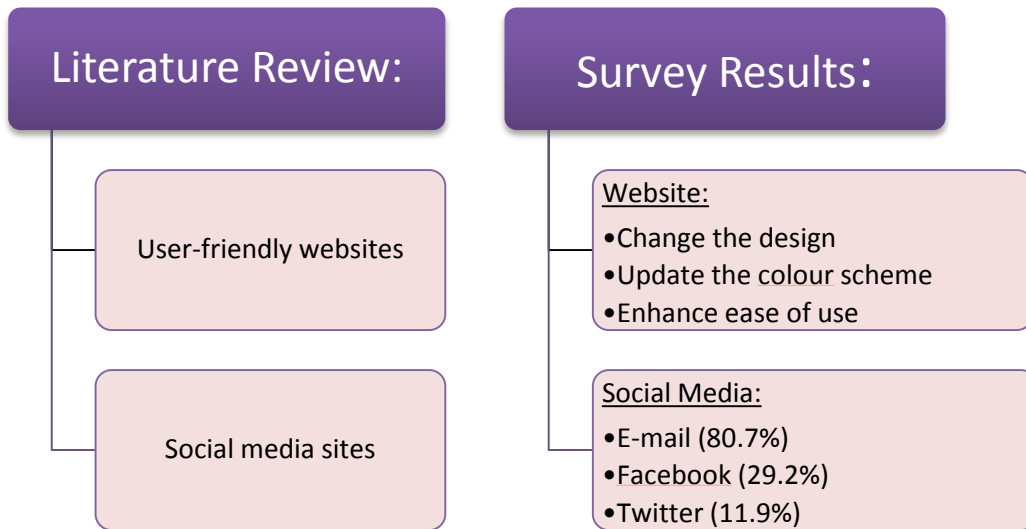
The literature review identified key barriers that impede nurses from joining professional organizations. These barriers included, but were not limited to, a lack of interest, perceived cost of membership, lack of information about the organization, and lack of knowledge related to benefits of membership. The findings of the study further support these factors as being salient barriers that prevent membership to nursing organizations. It is worth noting that 34.48% of non-members, who responded to the survey, did not feel that they were familiar with the Canadian Gerontological Nursing Association. In addition, the study identified a lack of time related to busy home and work life and retirement as prominent barriers to membership. Other barriers recognized in the literature review were a lack of motivations and sense of hopelessness.

The literature uncovered networking opportunities, access to information, and encouragement from employers as incentives that may promote joining associations. Furthermore, the study results indicated that regular communication, educational opportunities, and the creation of local chapters were incentives that could lead to an increase in membership. Finally, the research study recognized professional networking as being a relevant benefit.

##### **4.7.2 Promotion of the Association**

The findings of the literature review indicated that social networking (Wirtz, Piehler, & Ullrich, 2013, p. 26) and an attractive website that is user-friendly can add to an organization's visibility (van der Heijden, 2003, p. 542). These findings are further supported by the research study as 67.54% of respondents rated the website as very good/good. Suggestions for improvements were related to enhancing the colour scheme of the site and improving the ease of use. Although, e-mail was acknowledged as the preferred mode of communication, 29.22% of respondents recommended social networking through Facebook (Figure 3).

**Figure 3 – Literature Review vs. Survey Results (Promotion of the Association)**



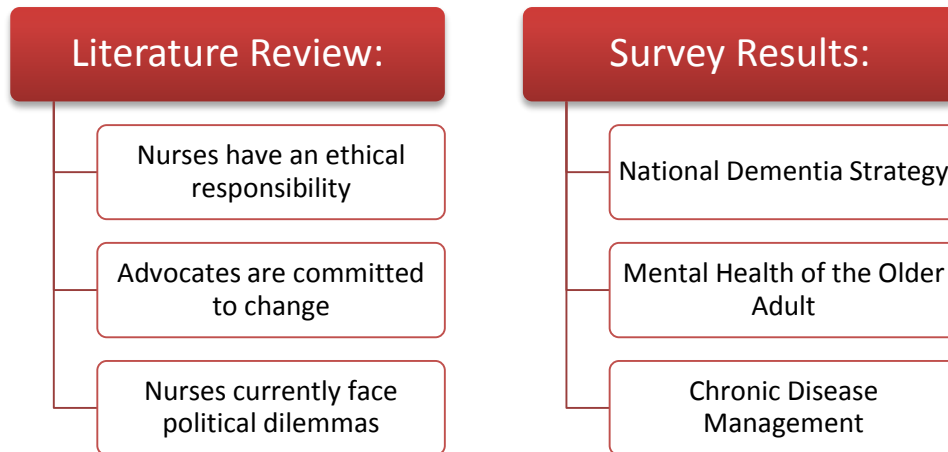
#### **4.7.3 Promote the dissemination of nursing knowledge and expertise**

Nursing journals, conferences, newsletters, and posters were revealed as effective methods of sharing nursing knowledge (Drury & Hart, 2013, pp.21-22; Folan et al, 2012, p.43). The data collected corroborates these findings. The Canadian Gerontological Nursing Association webinars, *Perspective Journal*, and newsletter were viewed as being positive channels to share information. In fact, 75% of the current members have shown that they have access the *Perspective Journal* in the last six months and 30% of the memberships have accessed the webinars. The Canadian Gerontological Nursing Association Newsletter is rated as very good/good by 81.38% of the population. Suggestions for improvement included adding more research articles and advocacy issues, and updating the colour scheme. The top three educational priorities were mental health, pain management, and falls prevention.

#### **4.7.4 Develop and improve political advocacy resources and skills**

While nurses are vital in recognizing advocacy issues, citizens also to need to be a part of the decision-making process (Cole, Wellard, & Mummery, 2014, p. 578). This study specifies that the top advocacy issues are the development of a national dementia care strategy, mental health, and chronic disease management (Figure 4).

**Figure 4 - Literature Review vs. Survey Results (Political Advocacy)**



#### **4.7.5 Organizational Functioning**

The literature review found that organizational functioning may be enhanced by increasing the number of volunteers that support the organization and by creating a mentorship program. These practices decrease the organization’s costs associated with advertisements, recruitment, and training (Randle & Dolnicar, 2009 p.280). The data reflects that 32.55% of respondents would be interested in volunteering in various areas, including conference planning, communications/social networking, webinar planning, updating the membership database, and advertising through the website, newsletter and *Perspectives Journal*.

To support the financial health of the organization, information uncovered by the literature review suggests that the Canadian Gerontological Nursing Association should consider hosting special events, donor programs, and utilizing a business model.

## **5.0 Findings: Situation Analysis**

In this chapter, to develop a better understanding of the internal and external environment, a SWOC analysis and a stakeholder analysis was undertaken.

### **5.1 SWOT Analysis**

A situational analysis of the organization's internal and external circumstances is an effective means to develop successful strategies. While the importance of evaluating an organization's internal strengths and weaknesses is evident, it is also critical to examine any opportunities and threats that exist outside the organization. These outside factors are beyond the control of the organization and usually indicative of future benefits or hindrances. That being said, internal and external factors may be fluid and therefore have the potential to cross boundaries (Bryson, 2011, pp. 52-153).

In the context of a SWOT analysis, "strengths" refer to the organization's capabilities and resources that allow it to engage in activities to generate economic value, public value, growth and success. Strengths may include the organization's culture, its staffing and training processes, or the talent of its employees. Conversely, "weaknesses" are any lack of resources or capabilities that can prevent it from generating value or gaining a competitive advantage. Thirdly, "opportunities" provide the organization with a chance to improve its performance. Finally, "threats" are factors that exist outside the organization that may reduce the level of the organization's performance (Hill, 2012, pp. 977- 980).

A SWOT analysis should help the organization to determine how to build on its strengths, minimize weaknesses, take advantage of opportunities, and nullify threats. This analysis supports the Canadian Gerontological Nursing Association in its decisions and actions; as a result, it creates public value (Bryson, 2011, p. 152). The data used for this SWOT analysis (Figure 5) was obtained from the survey results, and the literature review.

**Figure 5 - SWOT Analysis**



**5.2 Stakeholder Analysis**

A stakeholder is a person, group or organization that has an interest or concern in an organization which has an effect or can be affected by the organization’s actions, objectives, and policies (Bryson, 2011, p. 49). Mitchell, Agle, and Wood (1997) contend that classes of stakeholders can be identified by their possession or attributed possession of one, two, or three of the following attributes: (1) stakeholder’s power to influence the organization, (2) the legitimacy of the stakeholder’s relationship with the organization, and (3) the urgency of the stakeholder’s claim on the organization (p.854). Bryson (2011) purports that a stakeholder analysis is critical to an organization because the key to success in public, non-profit, and private sector is the satisfaction of its stakeholders. If an organization does not know who its stakeholders are, what criteria is used to judge the organization, or how the organization is performing against those criteria, there is little likelihood that the organization will know what to do to satisfy its key stakeholders (p. 132).

Organizations have various groups of stakeholders, most of whom who must be satisfied. Therefore, understanding who all the stakeholders are, their level of interest in the organization, and how much effort needs to be put in to keep each stakeholder satisfied can be complicated. Ultimately, the basis of stakeholder-management relationships is “who or what really counts”. Mitchell et al (1997) contend that stakeholder theory must account for power and urgency as well as legitimacy; managers must know about the entities in their environment that hold power and have the intent to impose their will upon the organization (p.882).

The key stakeholders involved in this strategic plan include the Canadian government, geriatric population, the Canadian Gerontological Nursing Association, Canadian nurses, and employers. Stakeholders can be categorized according to the role they play and their relationship to an organization (Bryson, 2011, p.134). In this case, they are classified as primary, secondary, and tertiary. A primary stakeholder has a direct interest in the organization because they either maintain their livelihoods through the organization or make use of the organization in some direct manner. A secondary stakeholder has an indirect interest in the organization and usually works for a separate institution, such local government agencies and often have common interests as the primary stakeholders. A tertiary stakeholder includes groups of people affected more indirectly by the organization and often includes the public.

### **5.2.1 Primary Stakeholder – (Canadian Gerontological Nursing Association)**

The Canadian Gerontological Nursing Association is the key informed group involved in the process – their input is desired and necessary for the success and the sustainability of the organization. They are the major partners with each provincial gerontological association, and the Board of Directors is responsible for developing by-laws by which the organization lives. These bylaws are constituted by the Canadian Non-For-Profit Corporation Act.

The Canadian Gerontological Nursing Association has a vested interest in the development of a new strategic plan as a means of addressing key objectives and goals over the next three years. The association is seeking new and innovative ways of addressing the needs of the membership, securing financial sustainability of the organization, and developing strategies to effectively disseminate professional evidence-based knowledge and expertise of gerontological nursing. The association promotes high standards of evidence-based gerontological nursing practice, such as the promotion of educational programs for gerontological nursing and participation with other stakeholders that promotes the health of older adults (CGNA, 2010, pp. 1-11).

### **5.2.2 Secondary Stakeholders – (Government, Canadian Nurses, Canadian Nurses Association)**

Governments will collaborate with the Canadian Gerontological Nursing Association in the development of policy on the care of older adults. It is important that the governments remain mindful that there is a growing number of older adults in Canada and the potential impact of this development on provincial health care systems. These key stakeholders will work in collaboration and partnership with the association in the delivery of evidence-based nursing care to the geriatric population. They must remain cognizant of the current challenges that each province is faced with, which stem from increasing demands for healthcare services, increasing health service delivery costs, and the future sustainability of the Canadian health care system.

To address the existing and future challenges in health care, the governments of Canada must be prepared to deal with the increasing prevalence of dementia and co-morbidities of the Canadian population. At all levels of government, there are common themes in the service delivery of care (i.e. a focus on the quality of life and disease management) that need to be addressed. By working in collaboration with the association and other advocacy groups, care and health outcomes for the elder adult may be improved.

Nurses are exposed to a vast number of academic programs which stress the importance of evidence-based knowledge in the care of the elderly adult. Regardless of the health care setting, nurses are tasked with caring for an older adult. Certainly, the retention and recruitment of nurses and health care professionals are crucial to the association. The Canadian Gerontological Nursing Association acknowledges that nurses should be competent in geriatric/gerontological care when caring for the older population. Nurses must be aware of evidence-based practice in the care of older adults in order to assist them to maximize the benefits of healthcare. These evidence-based practices should be implemented in order to accomplish several objectives in the care of older adults: to deliver effective care based on current evidence, resolve a problem in the clinical setting (e.g. lack of education of care staff), to achieve excellence in care delivery.

### **5.2.3 Tertiary Stakeholders – (Older Adults, Employers)**

Older adults and their families have expectations of the health care system and of the professionals working within health care. They rely on the fact that health care workers and nurses are knowledgeable of their health care needs while being able to uphold quality care and respect. They have a vested interest given this type of environment, which allows them to make individual choices and have access to high quality care. The health care system is evolving to meet the demands of older adults.

In order for organizations to prosper, they must develop a means to respond to increasing demands. Employers must recognize that the ability to have a positive impact on the health and wellness of older adults depends on a vast array of factors, some of which we have little control over such as housing and education. Employers know that in order to begin to address all the factors that affect health and the health status inequities that exist within health care then they need to develop strong partnerships with organizations. Table 2 below depicts a stakeholder's analysis chart.

**Table 2 - Stakeholder Analysis Chart**

Primary Stakeholder	Interests	Needs	Expectations
<b>CGNA</b>	<ul style="list-style-type: none"> <li>• Sustainability of the organization.</li> <li>• Partnerships with provincial chapters.</li> <li>• Collaboration with government.</li> <li>• Executing the strategic plan.</li> <li>• Increasing members and associates.</li> <li>• Promotion of the organization.</li> <li>• Organizational operations.</li> <li>• Political advocacy</li> <li>• Dissemination of knowledge and expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• Strong partnerships and collaboration with provincial CGNA associations, NGNA, CNA, governments, organizations of health agencies (e.g. Ontario long-term associations or hospitals, and its membership.</li> <li>• Increased and retained members and associates.</li> <li>• To develop services and support programs responsive to its membership.</li> <li>• Increased volunteerism within the organization.</li> </ul>	<ul style="list-style-type: none"> <li>• Innovation.</li> <li>• Promote educational programs in gerontological nursing.</li> <li>• Increased members and associates over the next 3 years.</li> <li>• Improve networking opportunities for nurses.</li> <li>• Increased advocacy for improved outcomes for older adults.</li> <li>• Reserve funds used to provide services to CGNA members.</li> </ul>
Secondary Stakeholder	Interests	Needs	Expectations
<b>Government</b>	<ul style="list-style-type: none"> <li>• Cost effectiveness.</li> <li>• Collaborative partnership with CGNA.</li> <li>• Number of older adults accessing the health care system.</li> <li>• Fiscal sustainability of the health care system.</li> <li>• Improved elder care.</li> <li>• Evidence-based practice for the</li> </ul>	<ul style="list-style-type: none"> <li>• Mindful of the fiscal realities.</li> <li>• Good business partnerships with CGNA.</li> <li>• Improved care strategies for the older adult.</li> <li>• Sustainability of the health care system.</li> <li>• To deal effectively with the increase prevalence of dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• Working collaboratively with CGNA.</li> <li>• To be innovative.</li> <li>• Improvements in the care of the older adult.</li> <li>• Improved service delivery.</li> <li>• Improved elder care for older adults living in the community.</li> <li>• To maintain fiscal realities of current health care system.</li> </ul>

	care of the older adult.		
<b>Nurses</b>	<ul style="list-style-type: none"> <li>Evidence-based practice.</li> <li>Improved care of the older adult within the various health care settings.</li> <li>Dissemination of knowledge.</li> <li>Opportunities for educational funding.</li> <li>Certification in specialty area.</li> <li>Development of a national dementia strategy.</li> <li>Chronic disease management.</li> <li>Mental health in the older adult.</li> <li>Opportunities for professional networking.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing research in evidence-based practice for older adults.</li> <li>Increased educational opportunities knowledge of the older adult.</li> <li>Increased knowledge and strategies by working with seniors with mental health issues.</li> <li>To develop a Canadian coalition for seniors mental health and the Canadian Mental Health.</li> <li>Increased funding for education.</li> <li>Improved communication between professional health care teams or colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>Safe, quality care for the older adults.</li> <li>Improved gerontological educational programs.</li> <li>Strategies to effectively meet the health care needs of the geriatric client.</li> <li>Access to scholarships and educational funding.</li> </ul>
<b>Tertiary Stakeholder</b>	<b>Interests</b>	<b>Needs</b>	<b>Expectations</b>
Older Adults, families, society.	<ul style="list-style-type: none"> <li>Knowledgeable health care professionals.</li> <li>Improvement in the care delivery of the older adult.</li> <li>Improved access to community care resources.</li> <li>Efficiency in the delivery of care.</li> </ul>	<ul style="list-style-type: none"> <li>Improved health care.</li> <li>The ability to make individual choices.</li> <li>Improved care for elders suffering from dementia.</li> </ul>	<ul style="list-style-type: none"> <li>Efficient and quality care.</li> <li>Respect.</li> <li>Access to Community resources.</li> </ul>

Employers.	<ul style="list-style-type: none"> <li>• Knowledgeable and skillful employees.</li> <li>• Continuous learning of health professionals.</li> <li>• Work in collaboration with provincial health authorities.</li> <li>• Competency.</li> <li>• High quality care.</li> <li>• Sustainability.</li> <li>• Cost effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Educational programs for staff relevant to gerontology.</li> <li>• Working in collaboration with health care professionals.</li> <li>• Commitment of employees to maximize efficiency.</li> <li>• Improved quality of care.</li> <li>• Fiscal sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy for continuing education.</li> <li>• That staff are up to date with current best and evidence based practice guidelines.</li> <li>• Collaborative partnerships with the provincial governments.</li> <li>• Innovation.</li> <li>• Accountability for services provided.</li> </ul>

## 6.0 Discussion and Analysis

### 6.1 Strategic Plan

A strategic plan can serve to promote the success of an organization in a growing competitive market. Paschal (2013, p.15) reports that there are several benefits to strategic planning. Strategic plans clarifies the organization's purpose, establishes realistic goals and objectives, communicates these goals and objectives, promotes effective use of the organization's resources, measures progress, and unites people in working toward a common vision.

Bryson (2011, p. 68) asserts that the ten-step strategic planning process is a guide, designed to meet the specific needs of an organization. The process is not linear. In fact, organizations may find themselves revisiting steps. The plan must be tailored to specific situations (p.69). The process is dynamic; strategies are reassessed to decide if they should be sustained, replaced, altered, or discontinued (p.66).

The Canadian Gerontological Nursing Association Executive has identified several key goals and objectives from their previous strategic plan. These goals support the sustainability of the organization by increasing members and associates, promoting the association, disseminating knowledge and expertise, political action and advocacy, and enhancing organizational functioning. This proposed strategic plan is guided by the Canadian Gerontological Nursing Association's mission and vision for the future. Data gathered in the literature review and survey informed this plan. See Chart 1 below.

Bryson (2011, pp.221-270) reports that strategies are developed as a means to deal with the challenges that the organization is facing. These strategies link the external environment to the organization. Goals are broad and indicate a general direction, but are not precise enough to measure; in contrast the plan's objectives must be specific and measureable. Both the goals and objectives indicate a desired end-state, whereas the strategy reflects an action to be done. Strategies may vary by level, function, and time frame.

The implementation of the plan is a continuation of the Strategy Change Cycle. Bryson (2011, pp. 286-316) asserts that it is vital to plan, manage, and budget throughout the implementation process. The implementation process must be flexible to allow for change as new information arises and conditions change. Budget allocations are salient during the implementation phase and should focus on moving strategies forward.

Following the implementation phase, it is important to reassess and revise the plan, as needed. As conditions change, it may be necessary to identify new strategies, amend existing strategies, or eliminate strategies (Bryson, 2011, p. 350). Re-evaluation of the plan and strategies will ensure that public value will continue to be created.

**Table 3- Strategic Plan**

Goal # 1	Objectives	Activities/Recommendations	Responsibility	Indicators	Timeframe
<p><b>CGNA will grow in the number of members and associates by retaining the current members/associates and attracting new members/associates.</b></p>	<p>1. To retain 95% of the current CGNA members and associates over the next three years.</p>	<p>Promote the benefits of membership through the CGNA website and advertisements (Canadian Nurse).</p>	<p>Board</p>	<ul style="list-style-type: none"> <li>• The CGNA will retain 95% of its current members and associates.</li> <li>• Non-renewed members and associates will be contacted by May of each year.</li> <li>• Website is updated with a reminder.</li> </ul>	<p>January 2016.</p>
		<p>In May of each year, the Board members will obtain membership lists and follow-up with their members and associates who did not renew.</p>	<p>Provincial Secretary</p>		<p>Annually in January.</p>
		<p>On-line renewal process is user friendly and reviewed annually.</p>	<p>Board</p>		<p>August 2015.</p>
		<p>Provide opportunities for current members to become more involved in the organization, through website and e-mail communications.</p>	<p>Committee Members</p>		<p>September 2015 and ongoing.</p>
		<p>Add a reminder to the “Newsflash” on the CGNA website</p>	<p>Board</p>		<p>February of each year.</p>

<p><b>CGNA will grow in the number of members and associates by retaining the current members/associates and attracting new members/associates.</b></p>	<p>2. To increase the number of members and associates by 15% yearly over the next three years.</p>	<p>National and Provincial associations participate in ongoing recruitment campaigns.</p>	<p>Each Board member will lead the campaign in their jurisdiction.</p>	<ul style="list-style-type: none"> <li>• CGNA will realize a growth in new members and associates, with a 15% increase over the next three years.</li> <li>• Benefits of membership will be highlighted biannually.</li> <li>• A representative will speak to university students annually.</li> <li>• Two new provincial associations</li> </ul>	<p>February 2016.</p>
		<p>Promote the benefits of membership through publications (sponsor education events, Canadian Nurse, newsletter, website, Facebook, emails).</p>	<p>Past President (Communication Committee).</p>		<p>October 2015.</p>
		<p>On-line membership process is user friendly.</p>	<p>Board</p>		<p>August 2015.</p>
		<p>Offer incentives to current members to secure new membership.</p>	<p>Board</p>		<p>October 2015.</p>
		<p>Host events for students</p>	<p>Board</p>		<p>September 2016.</p>
		<p>Encourage the non-members that attend the CGNA conference to join the association.</p>	<p>Board</p>		<p>Ongoing.</p>

		Offer reduced rates to retirees and free to students.	Executive/Board	are established over the life of the plan.	March 2016.
		Establish gerontological nursing associations in Saskatchewan, Northwest Territories, and Nunavut by identifying nursing leaders and champions in these areas.	Executive		Throughout the lifetime of the plan.

Goal # 2	Objectives	Activities/Recommendations	Responsibility	Indicators	Timeframe
<b>The CGNA will be a widely recognized organization by Canadian nurses</b>	1. Website visits will double over the next three years.	Website to be assessed for ease-of-use, usefulness, enjoyment, and visual attractiveness.	Board	<ul style="list-style-type: none"> <li>Usage of the website will increase by 50% over the next three years.</li> <li>Website is updated monthly.</li> </ul>	January 2016.
		Changes to be made to website based upon the above assessment.	Board		March 2016.
		Website to be updated and maintained on a monthly basis.	Board		Throughout the lifetime of the plan.
		Promote the name and website address at education conferences and through publications.	Board		Throughout the lifetime of the plan.
	2. CGNA will sponsor one	Identify provincial associations and contacts.	Board		<ul style="list-style-type: none"> <li>CGNA sponsors a total</li> </ul>

<b>and health care providers.</b>	event with a provincial conjoint nursing association annually (for example, Annual General Meeting).	Provide information to the associations re the CGNA, our mission and vision for the future.	Board	of 12 events yearly at the provincial level.	November 2015.
		Provide brochures, pens, note pads etc. to the association for distribution during the event to promote the CGNA (at a booth).	Board (responsible for their jurisdiction)		Throughout the lifetime of the plan.
<b>The CGNA will be a widely</b>	3. CGNA will collaborate with and build professional relationships with national health organizations throughout the duration of the strategic plan.	Identify, maintain and strengthen relationships with current partners.	Executive	<ul style="list-style-type: none"> <li>• Five new partners will be identified over the course of this plan.</li> <li>• Information will be sent to the new organizations.</li> <li>• Communicate with members, associates, and non-members quarterly via e-mail, newsletter,</li> </ul>	Throughout the lifetime of the plan.
		Identify new national partners and obtain contact information.	Executive		Throughout the lifetime of the plan.
		Provide information to these agencies re the CGNA, our mission and vision for the future.	Executive		Throughout the lifetime of the plan.
		Collaborate with national agencies on common issues and goals.	Executive		Throughout the lifetime of the plan.

<b>recognized organization by Canadian nurses and health care providers.</b>	Secure memorandums of understanding with other national bodies.	Executive	website, and Facebook. • Website will include information on partners.	Throughout the lifetime of the plan.
	Promote the CGNA's partnership with other national organizations (via email, newsletter, website, Facebook).	Past President (Communication Committee).		Throughout the lifetime of the plan.
	Acknowledge partnerships by adding this information to the website.	Executive		Throughout the lifetime of the plan.

<b>Goal # 3</b>	<b>Objectives</b>	<b>Activities/Recommendations</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Timeframe</b>
<b>The CGNA will become the prevailing center of expertise in gerontological nursing through</b>	1. Create an education committee in 2017.	Develop an education committee policy and terms to guide committee members and the chair.	President-Elect	<ul style="list-style-type: none"> <li>Committee members have a clear understating of the purpose, composition, and membership of the group.</li> <li>Chairperson is in sync with</li> </ul>	January 2017.
		Identify a chairperson (member of the Board).	Executive		July 2017.

<b>the dissemination of knowledge.</b>		Identify interested volunteers from the membership and their qualifications through an application process. E-mails to the membership should inform the members of the need and opportunity to become involved.	Communication Committee	the Board as indicated by common ideas and direction. <ul style="list-style-type: none"> <li>• Volunteers from the membership are selected based upon experience and strengths.</li> <li>• Goals and strategies re the committee's purpose clear to members and the Board</li> </ul>	June 2017.
		Develop an accountability framework for committee participants. Describe what the Board expects from the committee.	Board		March 2017.
	2. Webinars are offered four times a year and participation increase 30%.	Develop a plan to review, update, and highlight the Gerontological Nursing Competencies and Standards of Practice every five years.	Board	<ul style="list-style-type: none"> <li>• Standards of Practice are published and highlighted every seven to ten years via the newsletter,</li> </ul>	January 2016.
		Offer new webinars four times a year.	Webinar Committee		September 2017

<p><b>The CGNA will become the prevailing center of expertise in gerontological nursing through the dissemination of knowledge.</b></p>		Develop webinars in collaboration with provincial or national partners (e.g. CNA, Alzheimer’s Society of Canada, The Arthritis Society, Heart and Stroke Foundation of Canada, Canadian Mental Health Association).	Webinar Committee	<p>website, e-mail and/or Facebook yearly during Nurses Week (May).</p> <ul style="list-style-type: none"> <li>• Webinars are offered quarterly.</li> <li>• Attendance in webinars has a 30% growth rate.</li> <li>• The Board gains feedback from webinar participants.</li> </ul>	Ongoing.
		Publicise upcoming webinars via e-mails to members, associates, non-members, past attendees, and employers.	Board		Ongoing
		Publicize upcoming webinars on the website, newsletter, Perspective Journal, nursing associations, Facebook, universities.	Past President (Communication Committee)		Ongoing.
		Monitor the quality, involvement, and experience of webinar participants through evaluations.	Webinar Committee		Ongoing.
	3. The <i>Perspective Journal</i> will be viewed as a well-known scholarly journal with a	Work with the <i>Perspective</i> Committee to increase the number of research articles in the journal.	Editor-in-chief.	<ul style="list-style-type: none"> <li>• Each journal will consist of three peer-reviewed articles.</li> </ul>	May 2017.

<p><b>The CGNA will become the prevailing center of expertise in gerontological nursing through the dissemination of knowledge.</b></p>	<p>50% increase in utilization measured through website traffic, e-mail data, and Proquest.</p>	<p>Raise the awareness of the <i>Perspective Journal</i> through the use of e-mails, website, Facebook, other nursing associations, <i>Canadian Nurse</i>, newsletter, and colleges/universities.</p>	<p>Past President (Communication Committee).</p>	<ul style="list-style-type: none"> <li>Utilization of Perspectives will be increased by 50%.</li> <li>The Editor of Perspective will gain awareness as to areas of nursing interests as identified by the survey results.</li> <li>The Board will have direct contact with the Editor.</li> </ul>	<p>Ongoing.</p>
		<p>Share the areas of educational interests, as identified in the survey (mental health, pain management, and falls prevention), with the editor of <i>Perspectives</i>.</p>	<p>Board</p>		<p>February 2016.</p>
		<p>Create a subcommittee from the Board to meet with the editor of <i>Perspectives</i>.</p>	<p>Board</p>		<p>Ongoing.</p>
		<p>Review the policies and terms of reference related to the <i>Perspective Journal</i>.</p>	<p>Board</p>		<p>December 2015.</p>

Goal # 4	Objectives	Activities/Recommendations	Responsibility	Indicators	Timeframe
	<p>1. Increase formal and informal collaboration with</p>	<p>Educate nurses to be advocates.</p>	<p>Executive/Board</p>	<ul style="list-style-type: none"> <li>Stronger partnerships with government.</li> </ul>	<p>Over the next 3 years and ongoing</p>

<p><b>The CGNA will be recognized as a national leader in the field of Gerontological nursing in relation to health care needs of the older adult.</b></p>	<p>provincial CGNA partners monthly as to inform the current membership as to CGNA activities.</p>	<p>CGNA create an advocacy committee.</p>	<p>Board</p>	<ul style="list-style-type: none"> <li>• Take minutes of political advocacy and have discussions at the provincial association meetings.</li> <li>• Members are knowledgeable of outcomes.</li> </ul>	<p>January 2017</p>
		<p>Collaborate with provincial partners through e-mail communications.</p>	<p>Past President (Communication Committee).</p>		<p>Quarterly</p>
		<p>To inform individual members with input and outcomes of political action campaigns through emails, newsletter, website updates and journal articles.</p>	<p>Past President (Communication Committee).</p>		
<p><b>The CGNA will be recognized as a national leader</b></p>	<p>2. To remain current on provincial and local decision-</p>	<p>To facilitate a two way communication between CGNA members and executive about issues that relate to advocacy.</p>	<p>Board.</p>	<ul style="list-style-type: none"> <li>• Increased interactions between the executive and members.</li> </ul>	<p>Quarterly provincial meetings starting in 2015</p>

<b>in the field of Gerontological nursing in relation to health care needs of the older adult.</b>	making initiatives	To develop a structure that will facilitate CGNA members' understanding of advocacy and their roles in it.	Education Committee	<ul style="list-style-type: none"> <li>• Maintaining lists of coalitions, topics, strategies and outcomes</li> </ul>	October 2016.
		To facilitate advocacy action by individual members and provincial associations.			
	3. To articulate the issues identified by nurses as relevant to their practice	To develop position statements concerning the health and care of older adults	Board	<ul style="list-style-type: none"> <li>• Members and associates are more informed of advocacy issues.</li> </ul>	Over the next 3 years and ongoing
		Educate members and associates as to the salient advocacy issues from a national viewpoint.	President Elect (Advocacy Committee)		
		Share information in the Newsletter in terms of the actions of members and associates re advocacy issues.	Past President (Communication Committee).		

Goal # 5	Objectives	Activities/Recommendations	Responsibility	Indicators	Timeframe
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<p><b>CGNA will remain a viable organization to maintain its organizational functioning.</b></p>	<p>1. To increase volunteerism within the organization by 50%.</p>	<p>Identify key areas in the organization where the volunteers are needed by referring to the Terms of Reference.</p>	<p>Executive</p>	<ul style="list-style-type: none"> <li>• Awareness of volunteer requirements.</li> </ul>	<p>November 2015</p>
		<p>Decide on the characteristics that your volunteers must possess by reviewing committees and responsibilities.</p>	<p>Executive/Board</p>	<ul style="list-style-type: none"> <li>• Volunteers have a clear understanding of role expectations.</li> </ul>	<p>January 2016</p>
		<p>Create a recruitment message to be distributed to the membership via e-mail, Newsletter, <i>Perspective Journal</i>, and website.</p>	<p>Past President (Communication Committee)</p>	<ul style="list-style-type: none"> <li>• Volunteers are available to support the new initiatives.</li> </ul>	<p>February 2016</p>
		<p>Access the database for potential volunteers.</p>	<p>Executive</p>	<ul style="list-style-type: none"> <li>• Members and associates that are interested in volunteering will be identified.</li> </ul>	<p>September 2015 and ongoing</p>
		<p>Empower volunteers to use their talents in a meaningful way.</p>	<p>Executive/Board</p>	<ul style="list-style-type: none"> <li>• Volunteers are utilized effectively.</li> </ul>	<p>Ongoing</p>

<b>CGNA will remain a viable organization to maintain its organizational functioning.</b>		Create a mentorship program to support members in their new volunteer roles.	Past President	<ul style="list-style-type: none"> <li>Volunteers feel supported.</li> </ul>	March 2016
	2. To increase the role of the committee members within the organization.	Review the roles and functions of all committees.	Board	<ul style="list-style-type: none"> <li>Roles of the committees are updated and reviewed every 5 years.</li> </ul>	December 2015
		Share the reviewed committee roles and functions with committee members and interested volunteers.	Secretary	<ul style="list-style-type: none"> <li>Recorded in the executive committee meetings minutes.</li> </ul>	February 2016
		Distribute the CGNA bylaws and executive functions to each of the Directors as part of their orientation.	President	<ul style="list-style-type: none"> <li>Recorded in the executive committee meetings minutes.</li> </ul>	Ongoing.
		Hire a consultant to create a business plan.	President	<ul style="list-style-type: none"> <li>Business plan in place.</li> <li>Budget is reviewed routinely quarterly.</li> <li>Donor plan created.</li> </ul>	August 2015
	Review the budget	President	Quarterly		
	Develop a donor program to support the scholarship program.	Board Members	October 2015		
	Host special events	Executive and Board	August 2016		

		Utilize the special skills of volunteer members For example, business knowledge, legal expertise etc.	Board Members	<ul style="list-style-type: none"><li>• CGNA hosts events yearly.</li><li>• Volunteer base grows by 50% and members indicate their skills.</li></ul>	Spring 2016
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## 7.0 Options to Consider and Recommendations

This section of the project presents options and recommendations for the Canadian Gerontological Nursing Association to consider. The recommendations reflected in the strategic plan were developed from the lessons learned by analyzing the literature review and research findings.

### 7.1 Options to Consider

The Canadian Gerontological Nursing Association should consider four options: maintain the status quo, conduct additional research to identify barriers or challenges to implementing the strategic plan, adopt, revise, and implement the strategic plan, and conduct additional research and adopt, revise, and implement this plan.

#### *Option 1 - Maintain the Status Quo*

The Canadian Gerontological Nursing Association's strategic plan 2010-2013 identified five key strategic areas. These issues are membership through the recruitment and retention of its members and associates, promotion of the association, the dissemination of knowledge and expertise, political action and advocacy, and organizational functioning. The Canadian Gerontological Nursing Association may choose to maintain the status quo or adopt this new proposed plan in addressing these goals.

**Rationale:** The Canadian Gerontological Nursing Association is seeking new and revolutionary ways to address the needs of membership, promoting the association, disseminating knowledge, becoming a national leader of health care needs of the older adult and enhancing viability of the organization. Strategic plans create public value by producing policies, programs, services or social, political, and cultural structures that support the public interest (Bryson, 2011, pp. 10-11). The association may choose to maintain the status quo by adhering to the current plan, updated in 2013, due to the efficiency and ease in its implementation. However, the previous plan is not a living, breathing document; to-date this plan has met with limited success in achieving the Canadian Gerontological Nursing Association's goals and objectives.

#### *Option 2 - Conduct additional research before the strategic plan is developed*

While there were several similarities between the study findings and the literature review, it is also salient to consider the limitations of the study. The survey was only offered in English, some jurisdictions were not well represented, and therefore the survey results should be treated cautiously. Additional research would strengthen the current findings and has the potential to identify information that could strengthen the strategies developed. Krishnaswamy (2004) remind us that strategies developed from research data are useful and sound, thereby leading to successful outcomes (p. 17).

**Rationale:** Further research could be conducted with the membership and the Canadian Gerontological Nursing Association Executive to fully explore the financial elements of the organization and perform an effective and comprehensive analysis of assets, debts, and strategies to identify budget and financial management strategies. That being said, additional research can be timing consuming, costly, and delay the implementation of this strategic plan.

### ***Option 3 - Adopt, revise, and implement strategic plan***

The association may consider adopting the new strategic plan and review as deemed necessary by the Board of Directors. The strategic plan is meant to outline and guide the organization's strategic direction over the next three years and will identify association's priorities in an attempt to respond to public and stakeholder needs.

**Rationale:** Bryson (2011, pp.3-9) reports that organizations are encountering more diverse challenges, both domestically and internationally. In order for organizations to prosper, they must develop a means to respond to increasing demands. As a result, strategic planning is more salient than ever. Strategic plans offer an intentional means to make decisions that guide what an organization is, what it does, and why it does what it does. Adopting, revising, and implementing this plan provides the Canadian Gerontological Nursing Association with an opportunity to achieve its identified goals. However, this plan is not without its challenges. The association requires resources including the people and funds, to successfully implement this plan. It is vital for the association to set its priorities in relation to this plan so as not to become too overwhelmed during the implementation process. This plan is a rejuvenated proposal to meet the needs of the association.

### ***Option 4- Conduct additional research and adopt, revise, and implement this plan.***

This option encompasses option 2 and 3. Conducting additional research has the potential to support the current data and strategies and to detect further strategies. Supplementary research also provides the opportunity to gather data related to promoting the financial health of the association.

**Rationale:** Organizations need an avenue to transition from their current state to a preferred future state. Bryson (2011) asserts that one solution for this journey is for organizations to develop and sustain a sound understanding of their internal and external environment if they want to respond effectively to change (p.150). Additional research enhances the Canadian Gerontological Nursing Association's understanding of its environment and supports the association to move into the future. It is important to mindfully that additional research may be time consuming and costly.

As a means to respond to challenges and issues the Canadian Gerontological Nursing Association may consider adopting, revising, and implementing this plan. Bryson (2011) reports that the purpose of any strategic plan is to create public value by producing policies, programs, projects, services, or infrastructures (social, political or cultural) that advance public interest and the common good (pp. 7-11). In order to successfully implement this plan the Canadian Gerontological Nursing Association requires adequate resources. The implementation process must be planned, managed, and budgeted (p. 316).

## 7.2 Recommendations

With the above options in mind, the following recommendations are proposed:

- **Support Option 4** - The survey questions did not gather feedback from nurses, Canadian Gerontological Nursing Association members or associates, or stakeholders regarding to the financial sustainability of the organization. Further research conducted with the association's members, associates, Board, and Executive to fully explore the financial component of the association should be completed. A financial analysis that is comprehensive in terms of assets, debts and strategies to increase the organization's income should be conducted.

Secondly, the strategic plan proposed in this report is an opportunity for the Canadian Gerontological Nursing Association to address its issues and should be implemented. This strategic plan provides a blueprint to achieving identified goals. This plan focuses on increasing association's members and associates, promotes the organization, improves the dissemination of nursing knowledge, promotes the Canadian Gerontological Nursing Association as a national leader in the field of gerontological nursing in relation to health care needs of the older adult and enhances the viability of the organization.

Salient goals will not be attained and public value will not be created without effective implementation of the plan (Bryson, 2011, p. 316). The plan must be re-assessed and revised throughout its duration, as circumstances, situations, and partnerships change. These factors must be considered to ensure successful execution of the plan (p. 317). The main elements that may lead to the failure of strategies include insufficient resources, changing problems or priorities, unintended externalities, or changes in the political environment (Bryson, 2011, pp.317-318). It is recommended that the Canadian Gerontological Nursing Association identify such barriers or challenges to implementing the plan through forecasting and scans on an annual basis. The Board of Directors may consider receiving education around the strategic plan and develop a committee to keep the plan alive.

## **8.0 Conclusion**

This research study has identified the significance of several key goals for the Canadian Gerontological Nursing Association and strategies to achieve these goals over the next three years. The goals and objectives support the sustainability of the organization through an increase in members and associates, promotion of the association, dissemination of knowledge and expertise, political action and advocacy, and enhancing organizational functioning.

The Canadian Gerontological Nursing Association is committed to working with its stakeholders and membership over the next three years in order to realize its vision, inform its strategic direction and make necessary improvements to reflect actual operations and organizational functioning. To achieve strategic change effectively, the Executive must have the appropriate resources to continually manage the change processes to ensure that membership recruitment and retention of health care professionals which is vital for the organization.

This strategic plan represents a great opportunity for the Canadian Gerontological Nursing Association to tackle old and new challenges, as well as seeking continued input and feedback from the executive, stakeholders, community partners, provincial chapters and health care professionals as it works towards a knowledgeable, equitable, and sustainable future organization. The end result of completing and following a strategic plan is to assist the association to develop an effective and efficient three-year initiative to increasing membership of highly knowledgeable geriatric nurses and a management plan to specifically improve overall organizational functioning.

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## Appendices

### Appendix 1 – Contact Information for Nurses' Associations

Association of Registered Nurses of PEI- Executive Director: Becky Gosbee  
(bgosbee@arnpei.ca)

Association of Registered Nurses of Newfoundland and Labrador- Executive Director Lynn Power, RN, MN lpower@arnnl.ca

The Nurses Association of New Brunswick- Executive Director Roxanne Tarjan  
rtarjan@nanb.nb.ca

College of Registered Nurses of Nova Scotia- Chief Executive Officer and Registrar, Donna Denney, dd@crnns.ca

College of Registered Nurses of British Columbia- Office of the Registrar/CEO, Cynthia Johansen, General Inquiries: ceo@crnbc.ca

College and Association of Registered Nurses of Alberta- Shannon Spenceley, PhD, RN President, president@nurses.ab.ca

Saskatchewan Registered Nurses Association- Karen Eisler, RN Executive Director  
keisler@srna.org

College of Registered Nurses of Manitoba- Diane Wilson Máté RN BN MEd - Executive Director dwmate@crnm.mb.ca

College of Nurses of Ontario- Anne Coghlan, RN, MScN Executive Director & Chief Executive Officer ED@cnomail.org

Ordre des infirmières et infirmiers du Québec - Lucie Tremblay  
presidente@oiiq.org<presidente@oiiq.org

Registered Nurses Association of the Northwest Territories and Nunavut- Donna Stanley-Young  
Executive Director- ed@rnanntnu.ca

Yukon Registered Nurses Association- Interim Executive Director & Coordinator of Regulatory Programs: Mieke Leonard, RN, BScN- exec.director@yrna.ca

## Appendix 2 – Letter to Nursing Associations

### Letter to Nursing Associations

March 2015

Title of Study: The Canadian Gerontological Nursing Association (CGNA) Strategic Plan 2015-2018.

Principal Investigators: Susan Clory, Master of Public Administration, University of Victoria

Pauline Hood, Master of Public Administration, University of Victoria

Faculty Supervisor: Dr. Kimberly Speers, Academic Supervisor, University of Victoria

CGNA Client: Diane Buchanan, CGNA Past President

We, Susan Clory and Pauline Hood, Master of Public Administration candidates from the University of Victoria's Department of Public Administration, invite you to participate in a research project entitled the Canadian Gerontological Nursing Association's Strategic Plan 2015-2018. It is our intent to bring forward a collaborative partnership for Canadian nurses in order to guide changes and create improvements for gerontological nurses across Canada.

The Canadian Gerontological Nursing Association (CGNA) is a national nursing organization that represents gerontological nurses and promotes gerontological nursing practice through leadership, knowledge, and scholarship. As the global population ages, gerontological nursing will continue to grow as a specialty area. Therefore, the information obtained from this research project will be fundamental in guiding the decisions and actions that shape the CGNA, now and into the future.

The purpose of this research project is to identify and understand factors and barriers that impact membership in nursing associations. Data collected from this research will guide the development of the Canadian Gerontological Nursing Association's strategic plan over the next three years.

We request that you distribute the attached Letter of Invitation to Participate (via e-mail) including the survey link to your nursing membership. The survey will run for three weeks, from March 22- April 11, 2015, inclusive. The goal of the survey is to capture the thoughts and perspectives of Canadian nurses in regards to the Canadian Gerontological Nursing Association. This will include CGNA service commitment, their expertise and competence of knowledge of older Canadians, their social responsibility, and how they influence behaviors of their membership.

Your assistance in circulating this short survey to your membership is vital. The end result will enable us to capture the thoughts and perspectives of Canadian nurses. The survey is confidential

and on a voluntary basis. The data collected will help determine the CGNA's strategic plan in promoting gerontological nursing throughout Canada, as well as enhancing the lives of older Canadians.

Should you have any questions, please feel free to contact us:

Susan Clory/Pauline Hood, principal investigators at [clory.hood@gmail.com](mailto:clory.hood@gmail.com)

Kim Speers, educational supervisor at [kspeers@uvic.ca](mailto:kspeers@uvic.ca).

Human Research Ethics Board (HREB) assistant at [ethics@uvic.ca](mailto:ethics@uvic.ca) or at (205) 472-4545.

Thank you,

Susan Clory and Pauline Hood

### **Appendix 3 – Letter of Invitation to Participate and Implied Consent**

#### Letter of Invitation to Participate and Implied Consent

March 2015

Title of Study: Canadian Gerontological Nursing Association (CGNA) Strategic Plan 2015-2018.

Principal Investigators: Susan Clory, Master of Public Administration Candidate, University of Victoria.

Pauline Hood, Master of Public Administration Candidate, University of Victoria.

Faculty Supervisor: Dr. Kimberly Speers, Academic Supervisor, University of Victoria

CGNA Client: Diane Buchanan, Past-President of CGNA

We, Susan Clory and Pauline Hood, Master of Public Administration candidates from the University of Victoria's Department of Public Administration, invite you to participate in a research project entitled Canadian Gerontological Nursing Association (CGNA) Strategic Plan 2015-2018. We are requesting that you complete an on-line survey.

The purpose of this research project is to identify and understand factors and barriers that impact membership in nursing associations. Data gathered from this research will guide the development of the Canadian Gerontological Nursing Association's strategic plan for the 2015-2018 periods.

The Canadian Gerontological Nursing Association (CGNA) is a national nursing organization that represents gerontological nurses and promotes gerontological nursing practice through leadership, knowledge, and scholarship. As the global population ages, gerontological nursing will continue to grow as a specialty. The information obtained from this research will be fundamental in the decisions and actions that shape the CGNA into the future.

Should you choose to participate, you will be asked to access the survey via this link (<https://www.surveymonkey.com/s/ZKXRQ2X>). The expected duration to complete the survey will be approximately 10-15 minutes. The survey will run for three weeks, from March 22- April 11, 2015, inclusive. The goal is to capture the thoughts and perspectives of Canadian nurses related to membership of professional associations. All responses to the questions will be kept confidential. There is no compensation for participating in this study; however, participation will be a valuable addition to our research and findings. Participation will be on a voluntary basis and any information collected will be protected under Fluid Survey's Privacy Policy. Participation in this survey implies consent. Please be advised that this research study includes data storage in the U.S.A. As such, there is a possibility that information about you that is gathered for this research

study may be accessed without your knowledge or consent by the U.S. government in compliance with the U.S. Patriot Act. The research results will be shared with CGNA. If a participant withdraws for the study, after submitting his/her responses, it is logistically impossible to remove his/her data. All data collected will be destroyed following defense of the project, July 2015.

If you have any questions, please feel free to the researchers at [clory.hood@gmail.com](mailto:clory.hood@gmail.com). The academic supervisor Kimberly Speers, Assistant Teaching Professor at the School of Public Administration, University of Victoria can be reached at [kspeers@uvic.ca](mailto:kspeers@uvic.ca). Any questions related to ethical standards may be forwarded to the Human Research Ethics Board (HREB) at the University of Victoria at [ethics@uvic.ca](mailto:ethics@uvic.ca).

Thank you,

**Appendix 4 – CGNA Survey**

1. What is your primary focus of your practice?

- a. Acute Care      b. Long Term Care    c. Community/Home Care  
d. Administration    e. Academic            f. Other (please specify): \_\_\_\_\_

B) How long have you been working in the nursing profession? \_\_\_\_\_

2. Which province or territory are you currently practicing in?

- British Columbia    Alberta    Saskatchewan    Manitoba    Ontario    Quebec    New Brunswick  
 Nova Scotia    Prince Edward Island    Northwest Territories    Nunavut  
 Yukon    Newfoundland & Labrador

3. Do you currently hold certification in your speciality area of nursing?

\_\_\_: Yes (Specify Specialty: \_\_\_\_\_)      \_\_\_: No      \_\_\_: Not Applicable

4. I am very familiar with the Canadian Gerontological Nursing Association (CGNA),  
( 1=Strongly Agree, 2= Agree, 3= Neutral, Disagree, 5= Strongly Disagree)\_\_\_\_\_.

5. What do you think should be the top 3 professional/political advocacy CGNA should focus on (check only three categories)?

- \_\_\_National dementia strategy
- \_\_\_Housing
- \_\_\_Mental health of the older adult
- \_\_\_Chronic disease management models
- \_\_\_Community elder care
- \_\_\_Age friendly communities
- \_\_\_Other: Please specify:\_\_\_\_\_

6. What do you think should be the top 3 educational priorities CGNA should focus on?  
(Check 3)

- \_\_\_ National, standardized Elder Pain management strategies
- \_\_\_ Falls prevention
- \_\_\_ Delirium
- \_\_\_ Frailty
- \_\_\_ Geriatric mental health
- \_\_\_ Leadership
- \_\_\_ Building practice capacity
- \_\_\_ Grantsmanship
- \_\_\_ Other. Please specify: \_\_\_\_\_

7. Currently CGNA uses email to notify members of educational and conference opportunities. What other ways would you like to be notified of opportunities

- a. Twitter      b. Facebook    c. Instagram    d. Email      e. Other, Please specify:
- 

8. Do you intend to sit the certification examination within the next two years?

Yes:

If no, why not?: \_\_\_\_\_ .

9. Are you a member of CGNA?

- a. Yes    b. No

10. If no, what are the barriers that are currently preventing you from joining the CGNA?

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11. If yes, how important are each of the benefits of membership in CGNA to you (1 = Very Important, 2= Important, 3= Neutral, 4= Unimportant, 5= Very Unimportant).

- \_\_\_ Opportunities for professional networking
- \_\_\_ Subscription to Perspectives Journal
- \_\_\_ Access to archived library of CGNA Webinars
- \_\_\_ Access to electronic version of 2010 Gerontological Nursing Standards and competencies document
- \_\_\_ Sharing nursing knowledge with colleagues and students
- \_\_\_ Reduced rates at CGNA's biennial scientific conference
- \_\_\_ Being part of a national voice for gerontological nursing

12. Please list additional membership benefits that are important to you that will increase the likelihood of you joining or maintaining membership in the organization.

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For respondents that are not current members the survey will end here. For current members the survey will continue.

13. Please click those that you have accessed in the last six months:

- \_\_\_ Perspectives Journal
- \_\_\_ Electronic Version of Gerontological Nursing Standards and Competencies
- \_\_\_ Archived Library of Nursing Webinars

14. Please share your experiences with us (e.g. networking at conferences):

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15. Did you know you can access scholarships and research grants if you were a member of CGNA?

- a. Yes    b. No

16. Have you applied for a scholarship or research grant in the past?

a. Yes    b. No

17. As a member, I would like to volunteer my time and skills.

a. Yes    b. No    c. Not sure

If yes, the areas of interest that I would be interested in volunteering in are”

- Membership database reports and updating
- Advertising (website, newsletter, and Perspectives)
- Webinars (planning and running)
- Conference planning
- Communications/social networking and/or political action
- Other: Please specify:

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18. A) How would you rate the website for design, ease of use, etc.(1= Very Good, 2= Good, 3= Neutral, 4= Poor, 5= Very Poor) \_\_\_\_.

B) What suggestions do you have for improvement of the website?

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19. A) Please scan the most recent copy of the newsletter (<http://cgna.site-ym.com/>). How would you rate the newsletter for design, content, relevance, interest, etc. (1= Very good, 2= Good, 3= Neutral, 4= Poor, 5= Very poor).

B) My suggestions to improve the newsletter are:

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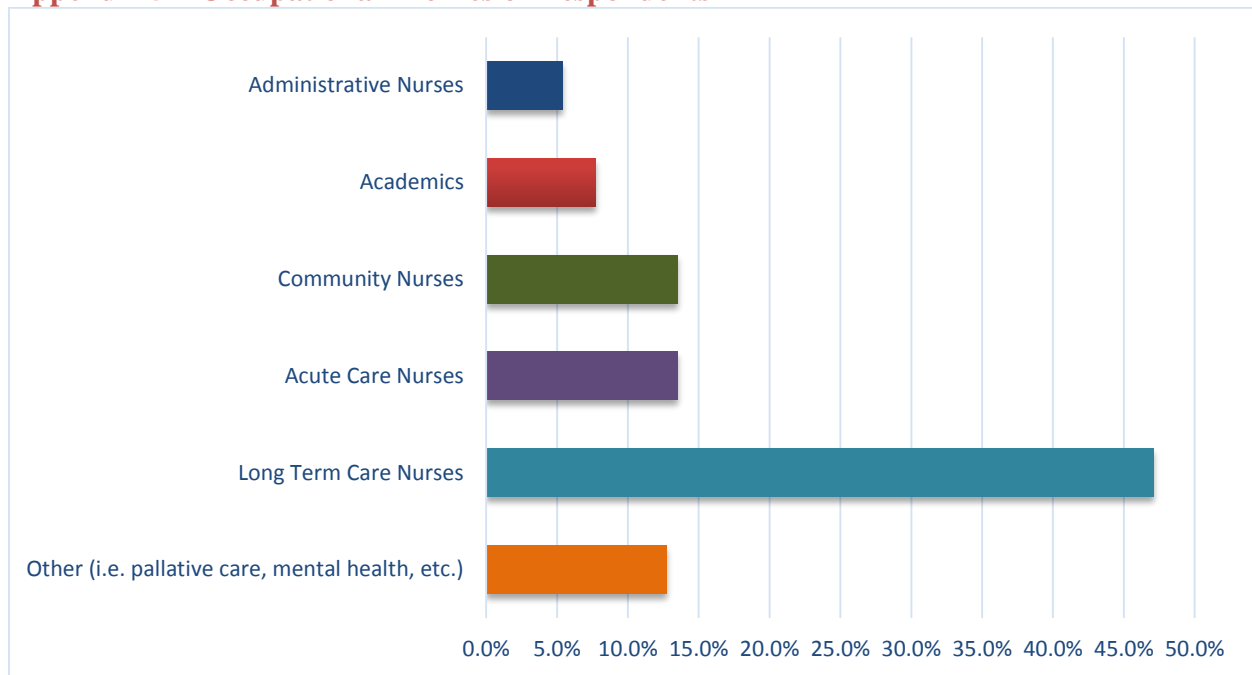
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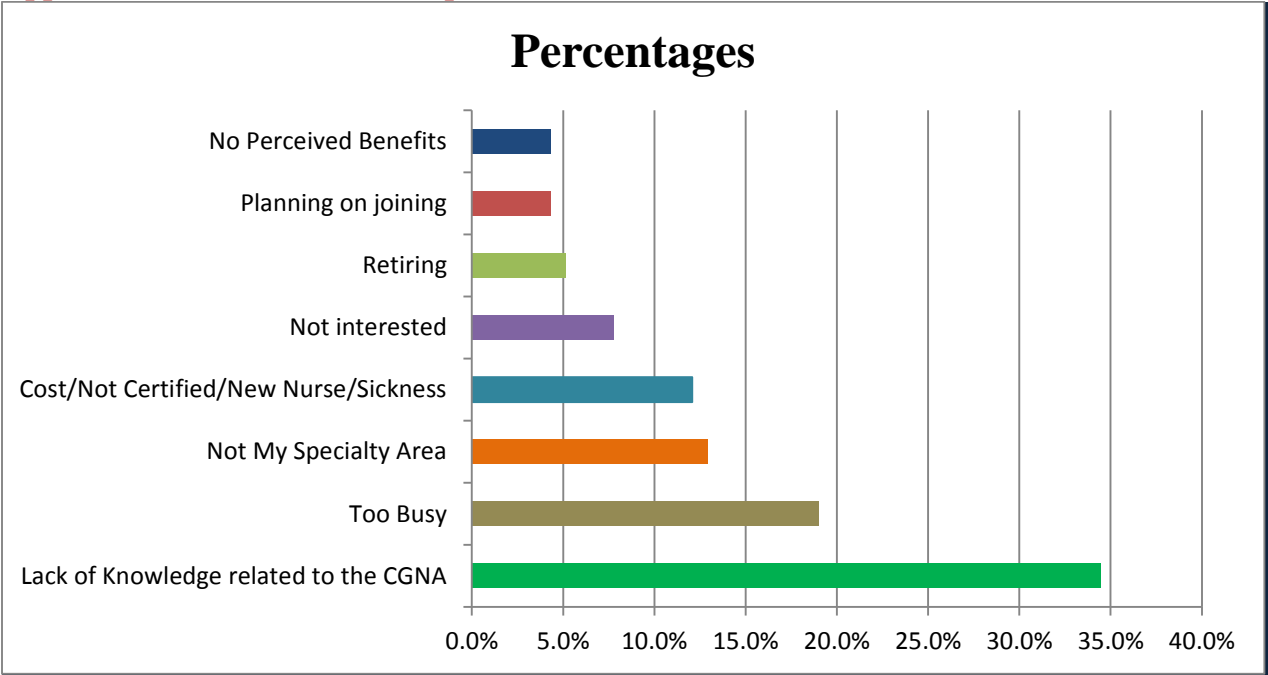
20. How would you rate CGNA's activities as aligned to the Vision statement <http://www.cgna.net/About.html> (1= Very Good, 2= Good, 3= Neutral, 4= Poor, 5= Very Poor):

- a. \_\_\_\_ Promotion of gerontological nursing Leadership
- b. \_\_\_\_ Promotion of gerontological nursing knowledge
- c. \_\_\_\_ Promotion of gerontological nursing scholarship

## Appendix 5 – Occupational Profiles of Respondents



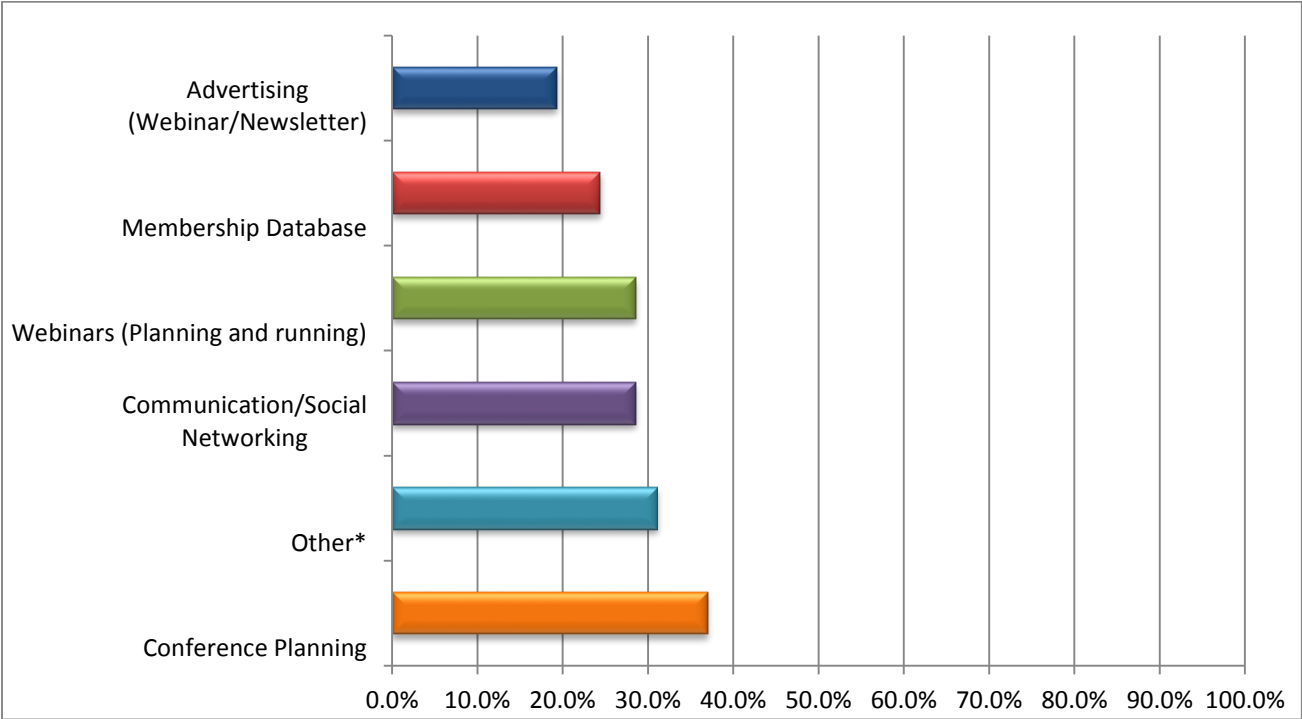
**Appendix 6 - CGNA Membership Barriers**



## Appendix 7 – Value Placed on CGNA Benefits

	Very Important	Important	Neutral	Unimportant	Very Unimportant	Total
Professional Networking	36.98% (186)	44.73% (225)	16.30% (82)	1.39% (7)	0.60% (3)	503
Perspectives Journal	25.65% (129)	47.12% (237)	23.66% (119)	3.38% (17)	0.20% (1)	503
Archived Webinars	25.65% (129)	46.72% (235)	23.66% (119)	3.58% (18)	0.40% (2)	503
Standards and competencies document	31.61% (159)	44.14% (222)	20.875% (105)	3.18% (16)	0.20% (1)	503
Sharing Knowledge	35.98% (181)	45.33% (228)	15.51% (78)	2.98% (15)	0.20% (1)	503
Reduced Conference Rates	20.08% (101)	32.21% (162)	33.20% (167)	9.74% (49)	4.77% (24)	503
National Voice	56.86% (286)	33.40% (168)	8.55% (43)	0.80% (4)	0.40% (2)	503

**Appendix 8 – Preferred Outreach Methods**



\* i.e. working groups/committees, social media, and education.