Creating Community at Work: Implementing a Nurse Practitioner Practice Council

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Executive Summary

Davita Integrated Kidney Care (IKC) is the largest healthcare provider of comprehensive and complex chronic condition management for patients with kidney disease in the United States (DaVita Inc., 2019). Over the two years from 2020 to 2022, the number of patients enrolled in IKC programs increased, requiring the expeditious hiring of several hundred nurse practitioners (NPs). The IKC executive team is concerned that the rapid growth will lead to an inconsistent application of the model of care (MOC), uncoordinated communication between NP teams, unclear expectations for quality outcomes, and variations in NP practice. These concerns may be alleviated by providing the NPs with an approach for collaboration, support, and professional development. The IKC executive team recognized that a thriving workplace community results from intentionally developing a culture of shared values, belonging, support, and commitment. Implementing a nurse practitioner council (NPC) to create an NP community aligns with "The DaVita Way": to pursue building a healthy workplace where teammates care for each other with the same intensity as they care for their patients (DaVita Inc., 2022).

The executive sponsor for the NPC was the physician educator, Dr. Dorothy Fisher, who was the lead program facilitator who championed utilizing NPs as the primary providers for IKC. Dr. Fisher foresaw the importance of supporting the NP workforce with an NPC. She began working on the framework and gaining DaVita approval for the NPC in 2020. In November of 2020, Dr. Fisher's foresight for the council and the author’s (NPC project lead) vision for creating a supportive NP community led to a collaborative endeavor for creating the NPC.

The purpose of the NPC was to establish a formal strategy to encourage collegiality and to instill a sense of community among the nurse practitioner workforce by facilitating teammate

collaboration, communication, and connection. The NPC was focused on activities of professional development, evidence-based clinical education, clinical quality measures and strategies, developing social relationships, and oversight of the IKC NP professional practice. The number of NPs employed by IKC is growing rapidly; the NPC will support the expanding workforce and serve as the foundation for the organization's national NP practice model.

Objectives of the NPC included developing a council board and committees focused on clinical practice, education, professional development, awarding clinical excellence, and social activities. Implementation of the NPC resulted in participation by 30% of the IKC NPs across the country, exceeding the initial goal by 5%. The Sense of Community (SOC) Index scores increased by 4%. Although not statistically significant, the rate of participation and increase in the total SOC scores over the seven months of this pilot project was a positive trend, indicating that the NPC positively impacted the IKC NPs. The results support the implementation of a nursing practice council to create a community within nurse practitioner practice.

Problem Statement and Significance

Davita Integrated Kidney Care (IKC) is the largest healthcare provider of comprehensive and complex chronic condition management for patients with kidney disease in the United States (DaVita Inc., 2019). Over the two years from 2020 to 2022, the number of patients enrolled in IKC programs increased, requiring the expeditious hiring of several hundred nurse practitioners (NPs). The IKC executive team is concerned that the rapid growth will lead to an inconsistent application of the model of care (MOC), uncoordinated communication between NP teams, unclear expectations for quality outcomes, and variations in NP practice. They recognized the need to provide NPs with an approach for collaboration, support, and professional development. A thriving workplace community results from intentionally developing a culture of shared values, belonging, support, and commitment. Implementing a nurse practitioner council (NPC) to create an NP community aligns with "The DaVita Way": to pursue building a healthy workplace where teammates care for each other with the same intensity as they care for their patients (DaVita Inc., 2022).

Those in the healthcare workforce are continually learning new skills and clinical information. Supporting the workforce to manage and develop new knowledge, training, and competencies (Institute of Medicine [IOM], 2001) is a complex organizational challenge. The IKC MOC is designed around a “pod” staffed by a care coordinator, a registered nurse, and a nurse practitioner working remotely from their home offices to care for an assigned patient population. This MOC provides holistic, person-centered care, reducing hospitalization and improving patient well-being. In 2020, the remote teams began providing care to the IKC patients, coinciding with the COVID-19 pandemic, which forced thousands of workers worldwide to start working from home rather than in a traditional office setting. This novel

global experience provided insight into the impact of working remotely on employees. With the initial shift to telework in 2020, employers reported a 40% increase in productivity (Courtney, 2021). However, later, in 2022, remote workers reported a negative impact from telework due to feelings of isolation (The World Health Organization [WHO], 2022).

A technical brief produced by WHO (2022) reported an evolving mental and physical health crisis among those working remotely. The report cited several studies showing remote work correlated with social isolation, loneliness, irritability, worry, and increased rates of depression compared to not teleworking. The report suggested regular social interactions, virtual gatherings, informal chats, and enjoyable social activities should be scheduled intentionally to prevent isolation and loneliness. Psychological strain may be reduced by regularly sharing information, problem-solving ideas, and discussing operational issues (WHO, 2022). The NPC functioned to gather the remotely working teammates for education, training, support, communication, and an improved sense of community.

Nursing councils are ubiquitous in healthcare organizations as shared governance is a metaparadigm of the nursing profession. A mandatory component of the required elements of the Magnet® recognition program is establishing a nursing council to enhance a sense of professional community, improve professional practice, provide a venue for shared decision-making, and enhance interprofessional communication (Oss et al., 2021). This strategy is common in nursing but not as common in advanced practice nursing. Creating an NPC extends this strategy into the realm of advanced practice to improve communication among NPs, establish professional identity, and share best practices. As the IKC NP workforce grows, there is an anticipated need for continued clinical education, quality improvement, mentoring, practice improvement, peer support, and opportunities for meaningful engagement. Nursing councils encourage

conversations among teammates, facilitate social connections and relationship-building, and increase positive affect, safeguarding against the sense of isolation (Epley & Schroeder, 2014). NP involvement in NPC committees, such as professional development and clinical education committees, could establish collegial relationships to ensure consistent delivery of the IKC MOC across all national markets. Nursing councils bolster the effectiveness of interdisciplinary teams, drive empowerment, provide a structure of shared governance, and engage teammates in partnership, accountability, and practice excellence (Brennan & Wendt, 2021).

The National Institutes of Health (NIH), originally the IOM, guides healthcare organizations in support of effective teams. Effective teams are characterized by a culture of openness and psychological security, fostering collaboration, teamwork, and learning (IOM, 2001). The 2001 IOM report, *Crossing the Quality Chasm*, discussed the urgent need to restructure health care systems into models that reduce cost, increase quality, and improve the administrative and clinical process. An NPC committee for clinical quality improvement could focus on clinical quality issues to ensure a consistent NP practice with delineated expectations for quality care and outcomes. A social committee could create a supportive workplace community through the national NP practice. Positive organizational workplace cultures are related to improved patient outcomes, including reduced mortality rates, falls, hospital infections, and improved patient satisfaction scores (Braithwaite et al., 2017).

Environmental Context

The IKC nurse practitioner workforce is rapidly expanding across the nation. IKC is adding patient volume by partnering with public and privately funded organizations to deliver the IKC MOC to the 37 million Americans with chronic kidney disease (DaVita, 2019). There is an urgent need to support the rapid growth of the NP practice to ensure consistency of care,

provide a dependable NP and patient experience, and ensure retention through a strong sense of belonging in the NP community.

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was performed before this project (see Appendix A). The greatest strength of the project was the support of the executive leadership. IKC provided funding and resources for the NPC, such as administrative assistants, access to the media department, a corporate SharePoint site, use of the corporate WebEx, funding for awards, NP gifts, and sanctioned meeting time. A weakness of the program was the need for voluntary participation requiring a commitment of the NPs to invest their time in promoting, managing, and facilitating the NPC and committees. A lack of volunteer participation threatens the NPC's implementation and longevity. In 2016, only 25% of Americans volunteered their time in any endeavor (NP Source, 2019). Staffing of the NPC committees required 30% of the NP workforce to sign up for voluntary committee work. Remote working was another potential barrier to successful implementation as this environment does not allow for face-to-face meetings, and teammates are located across different time zones. Opportunities to overcome these weaknesses involved using social media, such as a Facebook (Meta) page, Instagram, or WebEx, and capitalizing on a collective enthusiasm for collaboration and personal connection. Threats to the program included resistance to change and poor early adoption of the concept by NP management and teammates. The NPC was a new program that required a mindset change for IKC leadership regarding the unique needs of the professional NP within IKC. The NP-led MOC is nascent to IKC; it was incumbent on the NPs to establish role identity and explicit expectations for members. There is a strong correlation between professional identity, professional comportment (Clickner & Shirey, 2013), and job satisfaction

(Browne et al., 2018). Establishing the NPC facilitated professional identity, built positive relationships, and facilitated interdisciplinary collaboration (Browne et al., 2018).

Faith Integration and Theoretical Framework

K*oinonia* means fellowship, participation, sharing, partnership, and community (Lewis, 2021). The Greek word was used frequently by the Apostle Paul and repeatedly throughout the scriptures refers to a community spirit among Christ-followers. The term koinonia is not an act or behavior but the truth of a life that shares the common experience in Christ. Koinonia describes the idea that Christian communities should share the common goal of living to glorify God. Living in communion with others is a central theme of the Christian worldview (Fann, 2008; Lewis, 2021). In this project, community spirit (koinonia) was evaluated through the Sense of Community Index (SCI-2), which evaluates the four elements of a community: membership, influence, meeting needs, and a shared emotional connection (McMillan & Chavis, 1986).

Rosabeth Kanter's (1993) theory of organizational empowerment delineates how employees' interactions within the organizational structure of information, support, resources, opportunity, and formal and informal power significantly impact organizational behavior. Empowered employees have increased commitment to accountability, are more effective in their work, and suffer less burnout (Kanter). Employing a nursing council is one strategy to create work environments that empower nurses by creating opportunities where nurses can participate in shared governance and the workplace community.

Kanter's (1993) theory posits that structural empowerment comprises two forms of power. Formal power describes characteristics inherent to some positions and defined within the job description, while informal power describes social relationships, networks, and collaboration with others. Furthermore, the theory illustrates how social relationships and empowerment share

a spirit of koinonia, or working together with a common goal and vision, leading to a more productive, sustainable, and enjoyable environment. Empowered staff members show improved self-awareness, collegial relationships, job satisfaction, and increased engagement (Ta'an et al., 2020).

Empowered staff might experience a greater sense of “workplace koinonia.” Meng et al. (2016) employed Kanter’s theory on structural and psychological empowerment to investigate the correlation between perceived empowerment and burnout. They found an inverse relationship between empowerment and burnout, concluding that empowering the nursing workforce improves organizational attitudes and behaviors, thus decreasing nurses’ burnout.

A strong sense of empowerment is essential for a structure of collaborative governance. Larkin et al. (2008) found that nurses' participation in committees conferred a sense of empowerment, which resulted in increased commitment to the organization, more accountability for their work, and a better ability to fulfill job demands. Two studies conducted on the impact of Kanter's theory of structural empowerment in nursing showed that structural empowerment led to increased psychological empowerment, job satisfaction (Spence Laschinger et al., 2001), and reduced job strain (Spence Laschinger et al., 2004).

Literature Review and Evidence Synthesis

A systematic literature review was conducted on professional practice models and the professional community related explicitly to advanced practice nursing, nurse practitioners, and creating community among NPs. Databases searched included MedLine, CINAHL, Google Scholar, and PubMed. The keywords and themes used to explore the literature had *nurse practitioner practice model, nurse community, nurse satisfaction, sense of community at work, belonging at work, employee engagement and patient outcomes, professional identity, nursing*

councils, shared governance, empowerment at work, nursing empowerment, and *organizational culture*. Recent literature on nursing councils and community was scarce, necessitating reliance on primary sources and sources outside of healthcare. The following themes were found in the literature review: the sense of community and belonging, the community provides reinforcement of needs, community membership creates belonging, the community influences workplace culture, community creates a shared emotional connection

Importance of Sense of Community

The sense of community (SOC) framework developed by McMillan & Chavis (1986) views a sense of community as a powerful influence on community culture. Feeling a sense of community drives people together, whereas a lack of community leads to a sense of isolation and loneliness (Holt-Lunstad, 2018). An effective strategy for avoiding conflict is examining and understanding variables that influence a community (Chavis & Wandersman, 1990). Building a supportive and positive community requires open communication, trust, acceptance, and creative problem-solving. The SOC framework has four criteria: (1) the definition of the community needs to be explicit; (2) the parts of the community need to be identifiable; (3) the intention of the community should be represented by warmth and intimacy; and (4) there should be a description of the development and maintenance of the community (McMillan and Chavis, 1986).

When members feel a sense of community, they feel a sense of belonging and that members matter to one another and to the group, which leads to a shared faith that the members' needs will be met through the commitment to be together (McMillan & Chavis, 1986). Ross et al. (2019) found that a positive SOC is correlated to happiness. The correlation between SOC

and happiness may be due to the feeling of being a community member and developing solid social bonds/relationships, thus creating social capital (Diep et al., 2017).

Psychometric Measurement Constructs of the Sense of Community Framework

The theory of the Sense of Community (McMillan & Chavis, 1986) has four elements: the *reinforcement of needs* is when the needs of the member of the community are met through belonging to the group; *membership* is the feeling of belonging or relatedness; *influence* occurs when the member feels they make a difference to the group and *shared emotional connection* occurs when the member feels they share history and experiences.

Reinforcement of Needs

In the manuscript, *The Membership Organization*, Jane Galloway Seiling (1997) has found advocacy—intervening on behalf of others— is vital to a high-performing workplace community. Members empowered to advocate on behalf of the community promote loyalty and commitment to the organization. Team members with positive workplace relationships are more comfortable advocating for themselves and others and more accountable for outcomes. She also suggests that participating in positive advocacy improves members' pride in the organization, increases their credibility, increases trust, opens communication channels, increases personal and professional growth, and provides opportunities for empowerment. Kramer et al. (2008) found that a productive, active, and effective system of shared governance that promotes participation correlates to nurse-perceived control of practice.

Positive psychology supports the link between happiness and success (Lyubomirksy et al., 2005). People with positive emotions were found to seek new opportunities and experiences, be more satisfied with their jobs, and display higher work performance with 31% higher productivity, 37% higher sales, and three times higher creativity (Lyubomirksy et al., 2005).

Holt-Lunstad (2018) discovered a negative impact of low social connections in the workplace. Poor quality relationships among co-workers contribute to workplace stress, adversarial relationships, and poor performance with 8.3% of workers reported being bullied.

Strong social support has many benefits, including happier employees, improved client outcomes, and increased resilience; it affects health outcomes and life expectancy as much as smoking, high blood pressure, obesity, and exercise (Holt-Lunstad et al., 2010). Achor (2010) found that social support was the most significant predictor of happiness during periods of high stress. Dan Buettner (2017) investigated places with the healthiest and happiest people on Earth and termed them the *Blue Zones*. While studying the people of Okinawa, Japan, he discovered the Japanese practice of the *Moai,* a group of people who gather together to support each other. Buettner found people belonging to a Moai live extraordinarily longer and better than anyone else. They are less stressed, have increased longevity, have improved quality of life in old age, and have been identified as some of the happiest people on Earth. Our intention with the NP Council is to create a virtual Moai for the NPs at IKC.

Community Membership

Seiling (1997) states that transforming an organization into a workplace community based on a shared vision, a sense of ownership, and empowered employees can be accomplished by considering employees as "members" of the workplace community, such as "team members." In addition, Seiling proposes a sense of belonging and importance leads to commitment, achievement, and organizational success. Seling’s research showed that individuals want to work in an organization where they contribute to its success, share ownership of the mission and values, and are rewarded for being top performers; when team members achieve competence in their jobs, they desire to influence others. Hesselbein (1998) discovered that when workers feel

they are members of the same community sharing a common purpose, they will go beyond boundaries to help each other; a strong sense of workplace community breaks down the barriers of bureaucracy and motivates action.

Diep et al. (2017) found that the extent to which learners participate in virtual learning depends on social capital and the sense of belonging. Activities that promote identity, belonging, meaning, reciprocity, and networking contribute to a thriving remote learning community (Diep et al., 2017). When employees feel their values align with an organization, that they are on an occupational journey with others, and their needs are fulfilled, they are more likely to experience the feeling of being a community member (Levy, 2021). An objective of establishing the NPC was to create a brand identity to elevate the role of the NP in the IKC, instilling pride in the NP workplace community.

Community Influence

Nurse councils promote empowered partnerships. Empowerment in working together occurs by creating opportunities for synergistic connections, shared energy towards a targeted purpose, and collective impact on workplace communities (Brody et al., 2012). Conversely, failure to assume added responsibility and accountability within the workplace leads to feeling powerlessness, isolation, and disconnection (Spence Laschinger, 1996; Larkin et al., 2008). An indication of acceptance to take ownership of the organization is the willingness to invest skills and talents in membership (Seiling, 1997), such as participating in an NPC committee.

Change can be threatening; activating people's agency to work together with purpose and courage improves the adoption of novel experiences (Hilton & Anderson, 2018). In Rosabeth Moss Kanter’s seminal work, *Men and Women of the Corporation* (1993), she describes how feeling in control and believing that individual actions directly affect outcomes correlates to

happiness, well-being, and performance. Furthermore, people who display these beliefs have stronger relationships, are better at communicating, and are more apt to work collaboratively to achieve mutual goals.

In *The Happiness Advantage*, Harvard researcher Shawn Achor (2010) found workplaces with an engaged workforce allow workers to control their jobs, have processes where employees can impact outcomes, and foster environments where workers feel like their contributions are valued. Employees of such workplaces are more likely to achieve greater career success, be healthier with fewer missed workdays, and report increased organizational longevity (Achor, 2010). The NPC governing board represented the NPC committees and all the IKC NPs. The clinical quality and professional development committees developed workgroup projects to influence the hands-on work of NPs directly providing patient care. The Clinical Excellence Award of the NPC provided recognition and rewards for the NPs who invested in the growth and success of the organization.

Shared Emotional Connection

The term *community* has many meanings, including a place, relationships, collective political power, a group of people with social interdependence and decision making, and people with similar interests and practices; the common understanding is that community exists for a greater purpose than the individual (Chavis & Wandersman, 1990). Mastorovich & Drenkard (2000) found community confers identity and a sense of belonging and security. Without a sense of community, individuals in an organization will withdraw, and commitment and trust will decline. They also report creating a community-centered organization requires a cultural change and a shift in perspective to prioritize relationships in daily tasks with influence based on relationships rather than structural power. Structured participation, like nursing councils,

integrates the workforce rather than creating hierarchical vertical control (Parker & Gadbois, 2000). Building a community generates a common purpose whereby members are more likely to help each other due to a strong sense of shared values (Hesselbein, 1998). Positive, productive, thriving organizations require team members to interact in a relational manner that values others, is enjoyable, is interdependent, and is achieved through developing an intentional workplace community (Seiling, 1997).

When work is done remotely, and teammates do not have the chance to build relationships, there is more work done in silos, poor communication, inefficient decision-making, reduced transparency, increased micromanagement, and duplication of work (Lepsinger & Derosa, 2010). A sense of belonging and community results in greater productivity, a healthier workforce, and increased organizational success (Levy, 2021). Social relationships are needed to thrive; emotional, intellectual, and physical resources multiply when individuals have a community of people they can count on (Achor, 2010). Achor's work has been an essential finding to show that a sense of community results in a greater sense of purpose that ignites an upward spiral of happiness within ourselves and ripple effect out to others. He has also found that having close and frequent interpersonal relationships decreases the harmful effects of job stress, helps employees recover faster after stressful events, and helps employees work longer under more demanding conditions. Work communities that provide solid social support produce employees who can thrive, even under the most challenging circumstances (Achor, 2010; Meneghel et al., 2016).

Building Community through Nursing Councils

The COVID-19 pandemic magnified the importance of social connections. Telework has forced creativity in finding ways to nurture social relationships at work. Social isolation impacts

both mental and physical health. Providing a budget for social activities and creating opportunities for socializing at work is not frivolous; it builds human capital and a foundation of trust essential to successful teams (Clifton & Harter, 2021). A sense of fulfillment comes from participating in a community that encourages engagement, allowing teammates to feel like they are part of something bigger than themselves (Clifton & Harter, 2021).

Feeling a sense of belonging at work indicates identification as a community member (Levy, 2021). A sense of belonging is a predictor of perceived life meaningfulness, creates attachment to others, and is more motivating than money (Lambert et al., 2013). Teammates flourish in communities that promote well-being. When engaged in the work community, thriving employees are more likely to give back to the community and experience a "helpers-high" with boosted mood, energy, and inspiration that spills over into other areas of their lives (Clifton & Harter, 2021). However, only 36% of US and 22% of workers globally reported being engaged at work (Clifton & Harter, 2021). Socially engaged people are happier, producing a wave of happiness in others (Buettner, 2017). Forming workplace Moais, such as with the committees of an NPC, is a strategy that intentionally engages teammates in creating social bonds to increase satisfaction at work.

Brody et al. (2012) studied the effects of nurse-led practice councils on job satisfaction and professional development. They found that members of nursing councils felt more empowered to affect change, positively influencing job satisfaction, trust in management, retention, and commitment to the organization (Brody et al., 2012). A qualitative study by Hamad and Kehyayan (2018) identified the constructs of nurses' experiences serving on a unit-based council. Their study reported that organizations with nursing councils resulted in higher retention, lower absenteeism, lower patient mortality, and improved patient outcomes. The terms

nurses used to describe their experience with the nursing council included supportive, collaborative, empowerment, engaged in decision making, control over practice, patient-centered, giving a voice, ownership, collaborating to determine solutions, innovative, autonomy, and improved environment (Hamad & Kehyayan, 2018).

Finances and Resources

The NPC was supported financially by IKC through the support of the executive sponsor; a defined budget was challenging to develop due to the dynamically changing programs. Resources provided for the NPC included using the corporate WebEx and email accounts, the company-issued computers and cell phones, and space on the intranet SharePoint site to house NPC-related material. Indirect expenses included salaried time for participation by all NPs at quarterly meetings, member's time spent in committee and board meetings, and participation of the Office of the Chief Medical Officer (OCMO) delegate who partners with the clinical leadership team to represent the nurse practitioners. Non-salary costs included the prize money for the Clinical Excellence Awards, the cost of trophies, and team gifts.

One of the challenges to quantifying the cost of running the NPC was the constant growth in the number of IKC NPs. During the six months of implementation, the number of NPs eligible to participate in the NPC increased by 105%. Approximately 30 NPs participated directly on a committee, with around 100 NPs attending the quarterly NPC meetings. The estimated cost for the NPs' time to participate was $578 per NP per year. The anticipated cost for the NPC gifts was estimated at $1,600.00 annually (see Appendix A).

One direct cost of the NPC was the expense associated with the OCMO delegate. This board position required monthly WebEx meetings and travel expenses for annual in-person meetings. The estimated cost for the OCMO delegate was approximately $4,796 per year. The

cost for the Clinical Excellence Awards was estimated at $3,750 annually ($2,500 Award for Clinical Excellence plus $1,250 for the Rising Star Award), plus the cost for trophies (see Appendix A). The cost of the activities is an investment for the organization that might yield long-lasting dividends in teammate retention, enhanced patient outcomes, increased employee satisfaction, the creation of new clinical nurse leaders and an increasing sense of community (Oss et al., 2021).

Project Outcomes

The NPC was created to promote teammate collaboration and ensure consistent delivery of the MOC across the national practice while bolstering the IKC NP community. These goals were accomplished by developing committees within the NPC that focused on clinical education, clinical quality, professional development, and social connection. With the governing board, the NPC initiated a connected NP community at IKC. The NPC allowed NP leaders to have a venue for enacting influence and change. The NPC provided recognition and rewards for the NPs who invested in the growth and success of the organization. The NPC signaled to the NP workforce that their work mattered and was integral to its success.

The short-term goal was to improve the SOC among the NPs who participated in the NPC. The SCI-2 was deployed in August 2021 before the NPC Kickoff event, which introduced and recruited teammates for the NPC committees. The goal was a completion rate of 30% (26 out of 89) for the pre-survey. The goal by the end of September 2021 was to staff each committee with a minimum of three volunteers. Additionally, the NPC board required an election for president, secretary, communication officer, alternate, and delegate to OCMO. The SCI-2 post-test survey was sent to the same NP distribution list seven months later with the desired outcome to show a positive gain on the SCI-2 after the implementation of the NPC. The

long-term goals for the NPC included continued enthusiasm and involvement of the IKC NPs in the NPC and the formalization of a national NP professional model.

Methods

The purpose of this quality improvement project was to establish a formal strategy for collegiality and instill a sense of community among the NP workforce at the IKC by implementing a nurse practitioner council. The objectives of the NPC included developing a governing board and committees focused on clinical practice, education, professional development, awarding clinical excellence, and social activities. The committees were designed to address the areas of professional practice, requiring intentional focus for ensuring high-quality clinical acumen, evidence-based clinical practice, professional growth, and patient outcomes by meeting the expectations of patients and insurance-plan providers. The IKC executive sponsor and the NPC project lead, employed as an NP at the IKC, worked together for ten months to plan the NPC implementation, focusing on strategizing, developing, socializing, and preparing to initiate the NPC (see Appendix B). The planning phase included a straw-man proposal and SWOT analysis (see Appendix C), developing a practice model (see Appendix D), creating a mission and vision statement (see Appendix E), developing an NPC charter (see Appendix F), writing the NPC bylaws (see Appendix G), and selecting the SCI-2 as an appropriate SOC measurement tool (see Appendix H).

Data Collection

Workplace SOC was measured using the SCI-2 (Chavis et al., 2008; see Appendix G). The authors granted permission to use the SCI-2 (see Appendix I). This instrument consists of 25 questions covering four psychometric construct subscales measured by a Likert scale. The subscales are: (a) reinforcement of needs, (b) membership, (c) influence, and (d) shared

emotional connection. The survey was distributed to the employed NPs at IKC (89 at the initial survey). No private health information was collected or accessed, nor were DaVita patients involved in the study.

The SCI-2 survey was delivered to the NPs through their DaVita email containing a link to the SCI-2 transcribed into an electronic SurveyMonkey© distribution tool. The email provided instructions and a disclaimer that the survey was anonymous and voluntary. The pre-survey was distributed in August 2021, and the post-survey seven months later in March of 2022. Each survey was open for completion for seven days. The survey participants included the same IKC NP teammates for both surveys; responses were anonymous and therefore not correlated or attributed to the same respondent. Thirty-three NPs completed the pre-survey, and 22 completed the post-survey. Since the surveys were anonymous, it was not possible to correlate submissions to investigate the cause for the reduction in post-survey completion.

Data Analysis

The responses for questions 1 to 24 on the SCI-2 were converted from nominal to ordinal measurements based on a Likert scale: “not at all” = 0, “somewhat” = 1, “mostly” = 2, and “completely” = 3. Raw data from the surveys pre- and post-implementation of the NPC were downloaded from SurveyMonkey© into an Excel spreadsheet, coded, labeled, and analyzed using mean comparison and independent *t*-test calculations.

Implementation Process

The NPC was promoted to IKC NP teammates through emails, NP education seminars, and clinical operations calls. Other activities included creating an NPC SharePoint site as a repository and resource for all committee documents, setting up an NPC email address, creating an IKC NP Facebook (Meta) page, setting up accounts with SignUp Genius, and transcribing the

SCI-2 into SurveyMonkey©. After the IKC NPC Kick-off presentation on WebEx, the NPs used the program SignUp Genius to register for committees or run for a board position. The following seven months focused on connecting with the NPs who signed up for committees, coordinating meetings, organizing the board elections, and helping the committees to develop their charters and objectives. Four months after initiating the NPC, the Clinical Excellence Awards committee quickly designed, created, and distributed the inaugural Clinical Excellence Awards, delivered to the two award winners at the end of the year celebration WebEx.

Results

Implementation of the NPC resulted in 30% of the NPs participating in the NPC exceeding the initial goal by 5%. The total score on the SCI-2 increased by 4%. The following sections review the breakdown of the pre-and post-survey changes in the 24 items on the SCI-2.

SCI-2 Results

The initial question, "How important is it to you to feel a sense of community with other community members?" is correlated to the total sense of community (Chavis et al., 2008). Implementation of the NPC resulted in a 70.24% increase in the importance of feeling a sense of community with other community members. When adding the scores for "Important" and "Very Important," the total change increased by 1.38% (see Table 1). This result was supported by an overall increase in the total sense of community of 4.10% (see Table 2). Although the results are not statistically significant, the positive results indicate feeling a sense of community is vital to the NPs.

Table 1

Initial Question of the SCI-2 Index

How important is it to you to feel a sense of community with other community members?	2021(n=33)	2022 (n=22)	% Difference
Prefer Not to be Part of This Community	0.00%	0.00%	0.00%
Not Important at All	0.00%	0.00%	0.00%
Not Very Important	0.00%	0.00%	0.00%
Somewhat Important	6.06%	4.76%	-21.45%
Important	36.36%	61.90%	70.24%
Very Important	57.58%	33.33%	-42.12%
Important plus Very Important	93.94%	95.23%	1.38%

Note. Survey response options: Prefer not to be part of this community = 1, not important at all = 2, not very important = 3, somewhat important = 4, important =5, and very important = 6).

Table 2

Total Sense of Community Index

	2021	2022	% Difference
Average Total Sense of Community Index	1.95	2.03	4.10

Note. Average of questions 1-24 with response options: Not at all=0, somewhat= 1, mostly=2, and completely=3.

Questions 1 to 6 on the SCI-2 refer to sharing similar needs, goals, and values as others and feeling the community works collectively to meet members' needs. After implementation of the NPC, there was an improvement in the subscale of reinforcement of having needs met, with the greatest gain of 11.47% for question 5 (having someone to talk to) and 8.77% for question 4 (feeling good being a member of the community) (see Appendix J, Table 3).

Questions 7 to 12 on the SCI-2 refer to trust, recognizing other members, energy towards membership, and identity with the community. The questions related to identity (questions 8, 9, 10, and 12) improved by 4.60% (see Appendix J, Table 4). These data support how intentionally

bringing a group together and providing a sense of identity also enhances the sense of belonging to the community.

Questions 13 to 18 on the SCI-2 refer to the sense of influence. Chavis et al. (2008) designed the construct to evaluate the feeling of having the opportunity to find validation within the community, the extent of power within the group, and among community members (Chavis et al., 2008). Implementation of the NPC did not positively impact the feeling of influence (-3.03%) after the implementation of the NPC (see Appendix J, Table 5).

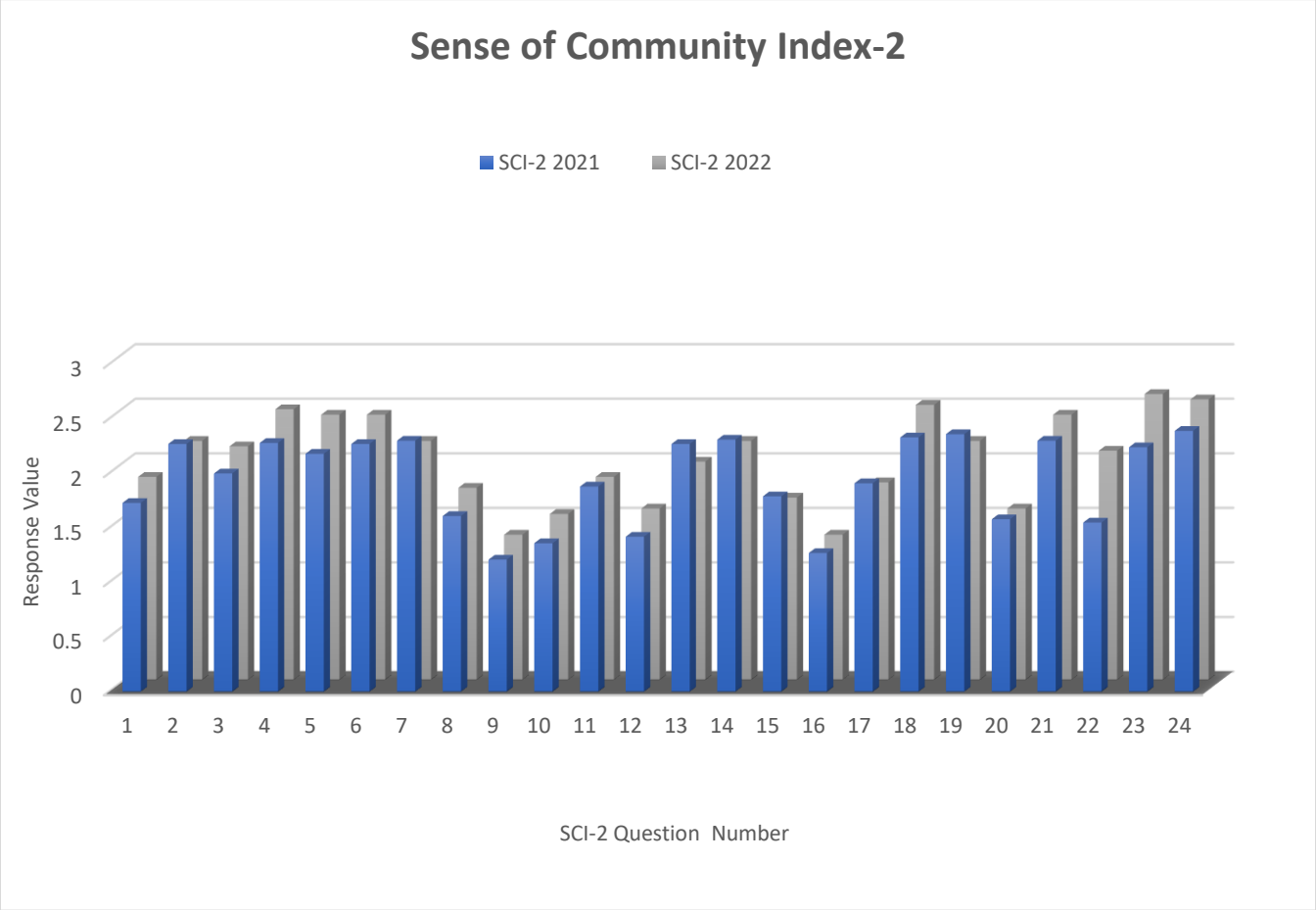
Questions 19 to 24 relate to the individual's sense of integration into the community with an intent to stay connected to the community. The social committee has been integral to creating bonds among the remote teammates. The SCI-2 scores showed an improvement of 8.53% in this measure (see Appendix J, Table 6).

General Outcomes

Implementation of the NPC successfully connected the NP workforce and improved the SOC, as evidenced by a participation rate of 30% and an improvement of the total SOC by 4.10%. The SCI-2 post-survey responses provide an overview of the general SOC among the NP teammates. Figure 1 illustrates a trending improvement in the SOC from 2021 (pre-survey) to 2022 (post-survey). The psychometric constructs that declined were in the subscale of influence (questions 13, 14, 15, 17) and are conversely related to the constructs with the greatest increase, the reinforcement of needs (questions 4, 5, 6), and shared emotional connection (questions 22 to 24).

Figure 1

Total Sense of Community Index Scores 2021 and 2022



Note. Response average and percent difference between surveys.

Discussion

During the project's planning phase, the greatest threat was a failure of an adequate number of volunteers. The goal was to have 21 NP volunteers (25%) fill the seats for the committees and the board. The NP Kickoff event was successful, resulting in 26 volunteers (30% of the total NP count), with new teammates requesting to join throughout the initial implementation. The NPC was a voluntary activity that provided an environment of personal empowerment, centralized professional support, and created a connected community. Countries

with the most generous people tend to be the happiest, and worldwide, people who sacrifice their time to volunteer report higher life satisfaction, better health, and lower healthcare costs (Buettner, 2017). Volunteering at work may have the same positive effect.

The most effective strategies for implementing the NPC were introducing the program through a promotional video, the NPC Kickoff event, and the monthly social hours. One of the greatest success stories of this project was the social committee. The social committee was integral in connecting and improving communication among teammates. Monthly "coffee hours" were very popular. The monthly social hours started with a general meeting where everyone introduced themselves and their work region and shared something about themselves. The monthly sessions were personalized by participants creating their own WebEx backgrounds, for example, using personal themes related to the holidays, a favorite vacation spot, or a picture of their children or a pet. Currently, the team has added a book club, shared recipes, and created a fitness challenge. After one of the events, a teammate said, "I had no idea how lonely I was; this really helped me to feel connected." This casual and fun social time allowed people to connect and develop friendships. Having at least one friend at work is essential for well-being at work, engagement, and happiness (Mann, 2018). Facilitating social connections should be a priority in every organization (Buettner, 2017). Creating meaningful relationships is the most successful strategy for building community (Levy, 2021).

Visual representations of community develop belongingness, increasing the perception and belief that one's life (work) has meaning (Lambert et al., 2013). Identity tokens create a brand identity and foster a sense of membership. Identity tokens serve as membership cues that convey belonging and an "insider" within the community. Team branding establishes strong group identification and team pride (DeRosa & Lepsinger, 2010). The social committee hosted a

logo design contest. The winning design became the NPC logo, which could be added to teammate's email signatures, utilized for the profile picture for the Facebook page, and used in NPC communications. The logo was used to make stickers and mouse pads distributed to all the NP teammates (see Appendix K).

During the 18 months of this DNP project, the number of NPs at IKC increased by 82%. As the NP workforce grew, it became apparent there needed to be a process to continue introducing the NPC to new NP teammates. The solution was to convert the "NPC Kickoff Event" WebEx recording into a "Welcome to the NPC" video required for viewing during NP onboarding. The video includes information from the Kickoff event, details on the NPC committees, and information on joining. The NPC board secretary monitors a dedicated email address for sign-up requests, questions, and general NPC communication.

Another unanticipated consequence was a need to limit the number of volunteers per committee. The initial objective was three participants per committee. After the NP Kickoff event, there were enough volunteers to have five participants per committee with continued interest for new NPs wanting to join. The solution was for each committee to decide the number of participants that allowed for efficient meetings and productive work groups. The social committee decided to have an unlimited membership, whereas the professional development committee found five or fewer participants most effective.

The objectives of the NPC were to provide the IKC NPs with an approach for collaboration, support, and professional development. The objective to provide a strategy for collaboration and professional development was achieved with the initiation of the committees and governing board. Including a social committee as a component of the NPC met the objective of providing support and create a workplace community. Implementation of the NPC positively

impacts the sense of community among the NP workforce, as evidenced by an increase in the total sense of community with an increase in the feeling that a sense of community is important. The results of this project indicate the NPC has had an overall positive impact on the NP community.

Plan for Information Dissemination

The results of this project and the impact of creating an NPC will be shared with the IKC NP teammates and the NPC board of directors and published to ProQuest for public access. This DNP project will contribute to research focused on the needs of the advanced practice nursing profession, which currently lacks evidence and representation in the literature. With the growing NP workforce, the data from this project would be well-suited for presentation at the national conferences hosted by the American Academy of Nurse Practitioners (AANP), American Nurse Credentialing Center (ANCC), and locally at the California Association of Nurse Practitioners (CANP).

Implications for Practice

The collective power of the NPs represented by the NPC directly impacts the success of the DaVita IKC organization. The implementation of the NPC established a professional identity and role recognition, which enhanced teammate support, a sense of community among the NP teammates, and improved interprofessional relationships. Nursing councils are an effective strategy for staff engagement, supporting infrastructure for growth and development, promoting shared decision-making, and increasing nurse satisfaction (Oss et al., 2021). This DNP project demonstrates a successful strategy for implementing an NPC to create a sense of community among remote workers.

Recommendations

The greatest threat to the longevity of the NPC is attrition of NP participation. An interesting observation was that the NP managers did not promote the activities of the NPC and did not seem to have the same buy-in as the non-manager teammates. This poor buy-in might have been due to the NP managers' focus on operational goals rather than NP teammate needs. Organizations with a heavy emphasis on management must spend as much energy and commitment to the workforce community as they do on operational line items. Workplaces with flourishing teammates are more likely to thrive and are known for providing supportive and encouraging environments that allow for satisfaction at work (Clifton & Harter, 2021; Fredrickson, 2001; Holt-Lunstad, 2018; Spence Laschinger et al., 2004; Meneghel et al., 2016). IKC has been growing rapidly with frequent innovations and process changes. The NPC has provided NP teammates with a core group of people dedicated to supporting them through this time of dynamic growth and change. To continue affirming the NPC and ongoing development of a national NP practice model, the IKC must continue to bolster managerial support and buy-in. Additionally, IKC must continue nurturing social connections among the NP teammates to ensure a strong, thriving NP community.

The decrease on the sense of influence scores may be due to the short time period between surveys for individual participants to feel they made an impact on the community, or it may be that the operational demands overshadow the sense of feeling like the individual NP can make a positive contribution to the organization. The decrease in the sense of influence tells us we need to be more intentional to allow for input from teammates and create a bidirectional influence where they feel a sense of belonging and contribution to the organization and community outcomes (Levy, 2021).

Summary

Developing an empowered NP workplace community improves collaboration, communication, professional development, and patient outcomes. The SCI-2 has provided robust insight into the perceptions of the NPs' experiences as part of the IKC community. Encouraging a thriving workplace community requires intentionally focusing on creating a place where members feel their contributions make a positive difference and are noticed and valued. A flourishing workplace community generates feelings of respect, concern, connection, responsibility, empowerment, and ownership (Seiling, 1997). It is not the structure of the NPC that is transformational but rather the concept that work can be empowering, supportive, and within an enjoyable workplace community. The success of the NPC social committee provided evidence of the need to include social connections in workplace structures to create an authentic community. By creating a dynamic, advanced practice nursing community, the NPs are empowered to be the architects of the future IKC NP community. The NPC signals to the NP workforce that their work matters and is integral to the organization's success.

Evaluation of the NP council confirms there has been a positive impact on the NP workforce at IKC through improved connection, instilling a sense of community, and increased sense of belonging for the NPs within the organization. The NP council is the foundation for a national NP practice and will serve as an exemplar in advanced practice nursing. The NP Council contributes to the evidence and methodology for implementing a community of practice as applied to advanced practice nursing.

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Appendix A: NP Council Estimated Budget

Opportunity Costs		Per NP		Total
NP Council Participation Opportunity Cost	Committee meeting, 1x/mo (WebEx)	$64.90	@ 5 NP/ meeting x 5 committees (25 NPs), x 12/year	$19,470.00
	Community meeting, quarterly all NPs, x 4/year	$64.90	@61 NPs	$15,836.00
			@61 NPs	**$35,306.00**
Annual Opportunity Cost		**$578.00**		
Actual Expenses				
OCMO Delegate				
OCMO Calls	16 calls/year	$1,038.00		
OCMO Annual Meeting (1 NPC delegate)				
In-person meeting		$600.00		
• Air		$1,100.00		
• Lodging		$700.00		
• Meals		$200.00		
• Car Rental		$200.00		
Total Estimated OCMO Delegate Participation				**$3,838.00**
NPC Gifts	Token of membership/belonging, "Brand Identity"			$1,600.00
Postage	Annual	$150.00		$150.00
Clinical Excellence Awards				
• Rising Star	Annual		1 per year	$1,250.00
• Sirius Award (> 3 years)	Annual		1 per year	$2,500.00
• Trophies				$300.00
Total Estimated Cost				**$5,800.00**

Appendix B: NP Council Timeline

October 2020: Planning for implementation of NPC, including determining appropriate measurement tool for NPC (SCI-2) and obtaining author's approval

January- August 2021: Planning phase, weekly planning sessions with the executive sponsor. The planning phase included a straw-man proposal and SWOT analysis (see Appendix A), development of a practice model (see Appendix B), creating a mission and vision statement (see Appendix C), developing an NPC charter (see Appendix D), producing a project Pro Forma (see Appendix E), writing the NPC bylaws (see Appendix F), determining measurement tool (SCI-2, see Appendix G). Other activities include designing the structure of the NPC to include committees on NP governance, education, professional development, clinical quality, practice improvement, and a social committee.

April 2021: NPC board bylaws approved by DaVita legal department, apply for DaVita and California Baptist University IRB approval

May 2021: Meet with DaVita media department to make NPC announcement video

June 2021: The quality improvement project and NPC were presented for approval to the DaVita Chief Medical Officer (CMO), the IKC CMO, the IKC regional director, and the DaVita legal and compliance teams. Emailed a "keep the date" announcement and promoted the NPC on the monthly clinical operations call.

July 2021: Email the NPC Kick-off video announcement, develop an NPC SharePoint site as a depository and resource for all committee documents, set up an NP Council email address, start an IKC NP Facebook page, and create accounts with SignUp Genius and Survey Monkey.

August 2021: Emailed NPC Kick-off reminder, sent out SCI-2 pre-implementation survey, performed NPC Kick-off presentation

September 2021: Connect with NPs who signed up for committees via Sign-up genius, initiate first meetings

October 2021: Committee began regular meeting cadence and developing committee charter

November 2021: Design, create, and distribute Clinical Excellence Awards (CEA)

December 2021: Clinical Excellence Awards nominations are given to the committee to determine a winner. CEA winner announced during all-team NP Forum WebEx call.

January 2022: Committees with completed charters, specific projects initiated, first NPC quarterly meeting

February 2022: Send out SCI-2 post-implementation survey; committees continue to meet

March 2022: Board taking over the role of monitoring the NPC committees, CEA committee folded into board responsibility

April 2022: NPC committees and board running independently with Dr. Fisher and Laura Hamilton serving as consultants.

Appendix C: SWOT Analysis

SWOT Analysis- Nurse Practitioner Council

L.Hamilton

PURPOSE
Implementing DNP Project at Davita Integrated Kidney Care (IKC) Building a Sense of Community through a Nurse Practitioner Practice Council.

S	INTERNAL **STRENGTHS**
1	Strong support from OCMO
2	DaVita supportive of producing strong culture
3	Dedicated to role of NP and NP leadership
4	IKC goal is risk stratification
5	Councils common practice for nurses
6	Financial commitment for support from OCMO
7	Robust administrative and legal support of NPC

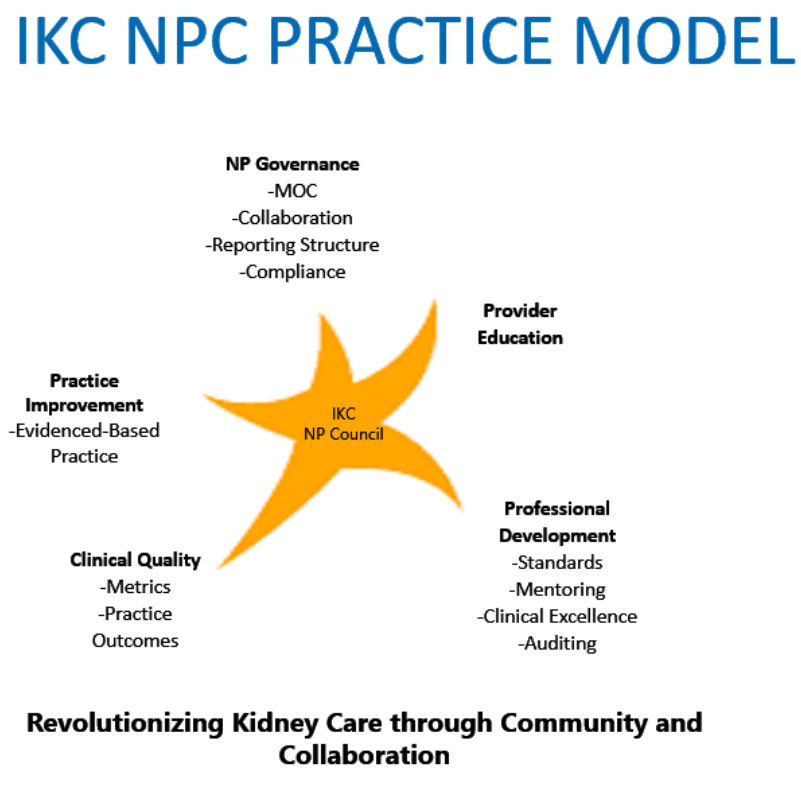
W	INTERNAL **WEAKNESSSES**
1	Too many laggards
2	Success of committees requires dedicated NPs
3	Geographical dispersion
4	Lack of NP manager support to encourage participation
5	Few NPs with leadership initiative
6	May need to limit committees due to limited volunteers
7	Time zone distractions

O	EXTERNAL **OPPORTUNITIES**
1	Use Facebook to establish social connection
2	Sharepoint site to have all information available to all participants
3	Use of corporate WebEx account for meetings
4	Regional face to face meet-ups
5	Opportunity for “group” charity to create connection
6	Sponsor NPs for educational opportunities (conferences, DaVita leadership)
7	Develop branding (lanyard, pins)

T	EXTERNAL **THREATS**
1	NPs not participating in committees
2	Mangers or leaders being slow adopters
3	Competing obligations, time for NPC not protected
4	NPC not being nurtured and reinvested for longevity
5	Existing councils not wanting to become part of NPC (Education)
6	Legal/HR concerns with committees on professional practice and performance improvement
7	Not getting SCI-2 approval

	ACTION ITEMS & GOALS
1	IRB approval through IKC and CBU
2	SCI-2 author approval
3	Pro Forma
4	Implementation plan

Appendix D: IKC NPC Practice Model



Appendix E: NP Council Mission and Vision Statement

NP Council

"Revolutionizing Kidney Care through Community and Collaboration"

Mission

- To provide nurse practitioners with a venue for collaboration, support, education, professional growth, and influence over practice within a supportive IKC community.

Vision

- To empower nurse practitioners to provide exceptional patient care as a result of a cohesive, supportive team, which experiences job satisfaction, and whose patient's experience increased quality of life, decreased hospitalization, and report benefit from the NP's care.

Council Core Values

- Integrity, advocacy, community, collaboration, patient-centered, leadership

DaVita Kidney Care

Appendix F: NP Council Charter

NP Council Charter

Project Lead	Laura Hamilton
Expected Completion	August 2021
Charter Last Updated	3-28-2021

Business Case	Organizational community, also known as Community of Practice, provides an environment that contributes to evidenced-based practice, skill development, and collaboration that can result in increased organizational performance. An example of this is nursing shared governance councils that have been shown to produce positive outcomes on organizational culture, staff engagement, patient outcomes, developing leadership; and inspires staff commitment, ownership, and empowerment. Advanced practice nurses continue to seek this paradigm of nursing practice.		
Problem Statement	NP providers do not have a structure, such as an NP Council, to facilitate a "Community of Practice" approach.		
Project Description	Establishing community through a foundation of the NP Council: Committees- Provider Education, Professional Development, Practice Improvement, Clinical Quality, NP Governance Recognition- includes Clinical Excellence and Rising Star Awards Practice Outcome goals- Developing NP Practice Model Framework, creating culture of community and support, improving clinical outcomes One-on-one mentoring		
Project Scope	***In***: Development of NP Council charter, bylaws and administrative functions, Clinical Excellence awards, SharePoint site set up, NP and patient experience surveys ***Out***: Development of any reporting		
Milestones *(Anticipated)*	**Phase 1: Development of Council** 1. Charter- March 15, 2021 2. Timeline/project plan- March 15, 2021 3. Survey NPs- Conditions for Workplace Effectiveness Questionnaire (CWEQII) 4. Develop mission and vision statements 5. Vet with stakeholders 6. Develop structure 7. Develop bylaws 8. Communication to Village 9. Patient experience survey- TBD 10. Develop and fund Clinical Excellence and Rising Star awards	**Phase 2: Implementation** 1. First council meeting- early August 2021 2. Second council meeting- hold elections for leaders and committees- early September 2021 3. Clinical Excellence Awards submission deadline- end September 2021 4. Award- October or November 2021 5. Committee agendas and calendars 6. Growth of committees with new teammates	
Approach			
Team	**Core Team**: Laura Hamilton **Executive Sponsor(s)**: Bryan Becker **Lane Sponsor(s)**: Dody Fisher	**Additional Support**: Shreeta Quantano	**Stakeholders:** All the NP providers, IKC and NCC administration
Goal	**Phase 1:**. Implement a program of shared governance to establish consistency, community, provider, and patient satisfaction through the framework of a nurse practitioner council	**Phase 2:** Establish committees with leaders, agenda, projected schedule and planning	

Appendix G: NP Council Bylaws

CREATING COMMUNITY AT WORK: IMPLEMENTING A NURSE PRACTITIONER PRACTICE COUNCIL

Laura Hamilton, MEd, MSN, RN, FNP-C

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Mission and Vision Statement

To provide a venue for collaboration, education, professional growth, and control over practice for the nurse practitioner (NP) at DaVita IKC is the Nurse Practitioner Council's mission (NPC).

The NP council's vision is to empower the NP workforce to provide excellent patient care due to a cohesive, supportive team who experience job satisfaction and whose patients report increased quality of life, decreased hospitalization, and report benefit from the service of the NP.

Purpose and Intent

Establishing an organizational community requires intentional focus and directed goals. Creating a corporate community produces a positive corporate culture, increases staff engagement, improves patient outcomes, develops leadership, inspires staff commitment, ownership, and empowerment.
The Nurse Practitioner Council will bring the IKC NP community together to allow for a more consistent provider and patient experience.

Article I

Name

The name of this council shall be the Nurse Practitioner Council (NPC).

Article II

Purpose

1. To provide a forum for discussion of relevant issues.
2. To advise leadership on NP-related issues and activities.
3. To provide a forum for communication.
4. To develop and implement recognition activities.
5. To provide a forum for direct dialogue with organizational leadership on clinical practice, clinical quality, and professional development.
6. The NPC fosters an environment of professional community and collaboration.
7. To empower NP provider teammates
8. To develop and provide growth and leadership opportunities
9. Advocate for change
10. Share BDPs
11. The NPC does no determine disciplinary action, termination decisions, or other issues related to employment.
12. The NPC does not determine ethical, legal, or clinical practice outcomes for individual practitioners or serve as a source of consultation for leadership on such matters.
13. Aim to improve the quality and joy at work.

I.

Article III

Members

A. NPC Board Members

1. Secretary
    a. Prepares agenda and schedules calendar appointments for monthly Webex calls
    b. Compiles meeting minutes and forwards them to board members
2. Chair
    a. Select agenda topics, facilitate meetings
3. OCMO delegate
    a. Any council officer or general member
    b. Serve as the NPC representative to OCMO
    c. This role requires supervisor approval due to the time commitment.
4. Council Alternate
    a. Will replace any member who leaves the council
5. Community Information Officer

a. Will manage and monitor communication (Social Media, Advertising for NPC activities)

B. Advisors

1. Advisors may be chosen from IT, education, IKC commercial or government, NCC, OCMO, HIM, or any other lane.
2. Two physician clinical advisors at minimum
3. One DCS advisor
4. One additional non-clinical/DCS advisor

C. NPC Members at Large

1. NP managers or any ad hoc
2. Other members may include individual NP staff who would like to participate with the NPC.

D. NPC Membership Eligibility

1. Any NP from the IKC government or commercial or Nightingale Clinical Care may become a member and have voting privileges.
2. NP staff are eligible to apply to participate in the NPC after the designated orientation period.
3. There is no limit to the number of members of the NPC at large. The committee members will decide the size of individual committees.

E. Removal of NPC Member

1. The NPC member will perform greater than satisfactory in their NP job. Active disciplinary procedures or poor job performance will lead to removal from the NPC. Staff may reapply for membership with an improvement of job performance.
2. Active participation in the council, committees, and NPC activities is a requirement of NPC members. Consistent attendance and engagement are minimal standards of participation. The member will be removed if unable to perform delegated tasks, contribute to activities, or has attendance less than fifty percent of the time.

II.

Article IV

Meetings

A. Meeting Frequency

1. Monthly via Webex and minimum of one in-person meeting once per year depending on projects and Covid-19 status.
2. Meetings will be recorded and the link sent out so those who could not attend can view
3. Ad hoc meetings as needed.

4. Each committee will set NPC committee meetings.
5. At each meeting of the NPC or NPC committees, minutes will be documented and distributed before the next scheduled meeting.

Article V

Nominations and Elections

A. Board Members

1. Council structure to be reviewed annually
2. Council officer positions will be a 2-year term for 3 members, with 2 members as rolling tenure to ensure continuity of council

III.

Article VI

I. Committees and Subcommittees

A. Clinical Excellence Award

1. The purpose of the clinical excellence award is to recognize an outstanding clinical practice.
2. The committee will determine eligibility criteria, facilitate nominations, analyze ballots.
3. This committee will not include NPs due to conflict of interest.

B. Provider Education

1. The provider education committee will work with the IKC educator to develop programs, training, and reinforce learning.

C. Professional Development

1. The professional development committee's purpose is to develop standards, audit clinical practice, provide mentoring, and ensure clinical excellence.
2. Promote leadership development programs and activities
3. Develop programs and activities based on the needs of the NPs

D. Practice Improvement

1. The practice improvement committee will be concerned with ensuring NPs are practicing by evidenced-based practice and best-practice methodology.
2. Facilitate research activities that generate new nursing knowledge.

E. Clinical Quality

1. The clinical quality committee will address quality standards such as evidence of excellent practice through metric data and evaluating patient outcomes.
2. Guide quality improvement programs that ensure evidence-based practice for the best patient outcomes.

F. New Committees

1. When a new committee is desired, the representative member will petition to add a new committee by submitting a proposal to the NPC board.
2. Approval of the new committee is by two-thirds (2/3) majority vote by the NPC board.
3. Plan for new committee is submitted in writing as well as a live proposal presentation.

II. NPC Board Activities & Projects

1. Subject matter experts (SME)
2. Review DaVita IKC initiatives/roll-outs
3. IT project reviews/Cerner updates desired
4. Review/recommendations of clinical policies and process changes
5. Development of BDPs

Article VII

Bylaws

A. Amendment procedures for changing bylaws

1. Bylaws are reviewed every two years in the 23rd month of the Bylaw cycle.
2. Petition to amend bylaws are accepted six months before the end of the Bylaw cycle.
3. The Bylaws may be amended by two-thirds (2/3) vote of the members of the NPC.

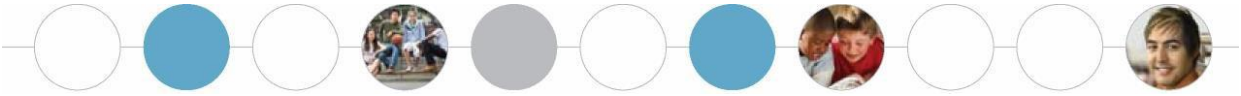
Article VIII

Governance

A. Quorum

1. A majority vote with the Chair providing for a tie-breaker. Members may vote by proxy.
2. Max of 3 concurrent projects

Appendix H: Sense of Community Index II (SCI-2)



Sense of Community Index 2 (SCI-2): ©Background, Instrument, and Scoring Instructions

Community Science
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Gaithersburg, MD 20877
301-519-0722 voice
301-519-0724 fax
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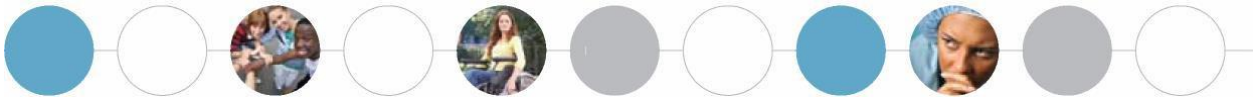
www.senseofcommunity.com



The Sense of Community Index (SCI) is the most frequently used quantitative measure of sense of community in the social sciences. It has been used in numerous studies covering different cultures in North and South America, Asia, Middle East, as well as many contexts (e.g. urban, suburban, rural, tribal,workplaces, schools, universities, recreational clubs, internet communities, etc.). The SCI is based on a theory of sense of community presented by McMillan and Chavis (1986) that stated that a sense of community was a perception with four elements: membership, influence, meeting needs, and a shared emotional connection.

Results of prior studies have demonstrated that the SCI has been a strong predicator of behaviors (such as participation) and a valid measurement instrument. Nonetheless the SCI has also been subject to criticisms and limitations. The reliability of the overall 12 item scale has been adequate, however it consisted of four subscales whose reliability were inconsistent and generally very low. The SCI had a true-false response set that limited variability and concerned critics. Despite its use with different cultural groups, there were concerns about the adequacy of the SCI as a cross cultural measure. A studyof immigrant integration in a western US state provided the research team the opportunity to revise theSCI in order to address previous concerns. The research team created a 24 item Sense of Community Index version 2 (SCI-2). Unlike the earlier version, it was able to cover all the attributes of a sense of community described in the original theory. A Likert like scale was developed instead of the True-False format. The original draft was piloted with 36 culturally person in seven different setting s from Maryland to Hawaii. Strong reliability was found, but there were several suggestions for improvement which were incorporated (i.e., rewording of the statement to increase clarity)

The SCI-2 was revised and used within a larger survey of 1800 people. The analysis of the SCI-2 showedthat it is a very reliable measure (coefficient alpha= .94). The subscales also proved to be reliable with coefficient alpha scores of .79 to .86.

Community Science is pleased to share this material with other organizations and individuals free of charge. No changes may be made to the SCI-2, for use in either print or electronic form, without the permission of David Chavis, Ph.D., Community Science, 438 N. Frederick Ave., Suite 315, Gaithersburg,MD 20877; 301-519-0722 (office) or 301-519-0724 (fax) or email dchavis@communityscience.com.

Citation for this instrument:

Chavis, D.M., Lee, K.S., & Acosta J.D. (2008). *The Sense of Community (SCI) Revised: The Reliability andValidity of the SCI-2.* Paper presented at the 2nd International Community Psychology Conference, Lisboa, Portugal.

SENSE OF COMMUNITY INDEX II

The following questions about community refer to:_____

How important is it to you to feel a sense of community with other community members?

1	2	3	4	5	6
Prefer Not to be Part of This Community	Not Important at All	Not Very Important	Somewhat Important	Important	Very Important

How well do each of the following statements represent how you *feel* about thiscommunity?

		Not at All	Somewhat	Mostly	Completely
1.	I get important needs of mine met because I am part of this community.	❍	❍	❍	❍
2.	Community members and I value the same things.	❍	❍	❍	❍
3.	This community has been successful in getting the needs of its members met.	❍	❍	❍	❍
4.	Being a member of this community makes me feel good.	❍	❍	❍	❍
5.	When I have a problem, I can talk about it with members of this community.	❍	❍	❍	❍
6.	People in this community have similar needs, priorities, and goals.	❍	❍	❍	❍
7.	I can trust people in this community.	❍	❍	❍	❍

		Not at All	Somewhat	Mostly	Completely
8.	I can recognize most of the members of this community.	❍	❍	❍	❍
9.	Most community members know me.	❍	❍	❍	❍
10.	This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize.	❍	❍	❍	❍
11.	I put a lot of time and effort into being part of this community.	❍	❍	❍	❍
12.	Being a member of this community is a part of my identity.	❍	❍	❍	❍
13.	Fitting into this community is important to me.	❍	❍	❍	❍
14.	This community can influence other communities.	❍	❍	❍	❍
15.	I care about what other community members think of me.	❍	❍	❍	❍
16.	I have influence over what this community is like.	❍	❍	❍	❍
17.	If there is a problem in this community, members can get it solved.	❍	❍	❍	❍
18.	This community has good leaders.	❍	❍	❍	❍
19.	It is very important to me to be a part of this community.	❍	❍	❍	❍
20.	I am with other community members a lot and enjoy being with them.	❍	❍	❍	❍
21.	I expect to be a part of this community for a long time.	❍	❍	❍	❍
22.	Members of this community have shared important events together, such as holidays, celebrations, or disasters.	❍	❍	❍	❍
23.	I feel hopeful about the future of this community.	❍	❍	❍	❍
24.	Members of this community care about each other.	❍	❍	❍	❍

Instructions for Scoring the Revised Sense of Community Index

1. Identifying the Community Referent

The attached scale was developed to be used in many different types of communities. Be sure to specifythe type of community the scale is referring to before administering the scale. Do not use "your

community" as the referent.

2. Interpreting the Initial Question

The initial question "How important is it to you to feel a sense of community with other community members?" is a validating question that can be used to help you interpret the results. We have found that total sense of community is correlated with this question – but keep in mind this may not be true inevery community.

3. Scoring the Scale

For the 24 questions that comprise the revised Sense of Community Index participants:

Not at All = 0, **Somewhat** = 1, **Mostly** = 2, **Completely** = 3

Total Sense of Community Index = Sum of Q1 to Q24

Subscales Reinforcement of Needs = Q1 + Q2 + Q3 + Q4 + Q5 + Q6

Membership = Q7 + Q8 + Q9 +

Q10 + Q11 + Q12Influence =

Q13 + Q14 + Q15 + Q16 + Q17 +

Q18

Shared Emotional Connection = Q19 + Q20 + Q21 + Q22 + Q23 + Q24

Appendix I: Permission to Use Sense of Community Index II (SCI-2)

Gmail

Laura Hamilton <lbhamiltonrn@gmail.com>

RE: SCI Request Submitted

1 message

Sense of Community <soc@communityscience.com> Tue, July 6, 2021 at 7:13 AM
To: "lbhamiltonrn@gmail.com" <lbhamiltonrn@gmail.com>

Greetings,

Thank you for your interest in the Sense of Community instrument, and our apologies for the tardy response. I look forward to hearing about your experiences with it. I have reviewed your request form, and you are approved to use the SCI or SCI-2 for the research project described. Please find the index attached. With permission to use the index, you can create and disseminate the survey through any format described in your approved application.

As part of your agreement to use this instrument, you have agreed to participate in a short user survey. This periodic survey helps us further validate the instrument which, in turn, makes any work you do with it more rigorous. Thank you in advance for your participation. I wish you the best with your research.

Sincerely,

Lindsay Bynum

Appendix J: Sense of Community (SCI-2) Results

Table 3

Subscale of Reinforcement of Needs (Questions 1-6)

Question #	2021	2022	% Difference
1. I get important needs of mine met because I am part of this community	1.73	1.86	7.51%
2. Community members and I value the same things.	2.27	2.19	-3.52%
3. This community has been successful in getting the needs of its members met	2	2.14	7.00%
4. Being a member of this community makes me feel good	2.28	2.48	8.77%
5. When I have a problem, I can talk about it with members of this community	2.18	2.43	11.47%
6. People in this community have similar needs, priorities, and goals	2.27	2.43	7.05%
Average % Difference	**2.12**	**2.26**	**6.28%**

Note. Response average and percent difference between surveys. Response options: Not at all=0, Somewhat= 1, Mostly=2, and Completely=3.

Table 4

Subscale of Membership (Questions 7-12)

Question #	2021	2022	% Difference
7. I can trust people in this community	2.3	2.19	-4.78%
8. I can recognize most of the members of this community	1.61	1.76	9.32%
9. Most community members know me	1.21	1.33	9.92%
10. This community has symbols and expressions of membership	1.36	1.52	11.76%
11. I put a lot of time and effort into being part of this community	1.88	1.86	-1.06%
12. Being a member of this community is part of my identity	1.42	1.57	10.56%
Average % Difference	**1.63**	**1.705**	**4.60%**

Note. Response average and percent difference between surveys. Response options: Not at all=0, Somewhat= 1, Mostly=2, and Completely=3.

Table 5

Subscale of Influence (Questions 13-18)

Question #	2021	2022	% Difference
13. Fitting into this community is important to me	2.27	2	-11.89%*
14. This community can influence other communities	2.31	2.19	-5.19%
15. I care about what other community members think of me	1.79	1.67	-6.70%
16. I have influence over what this community is like	1.27	1.33	4.72%
17. If there is a problem in this community, members can get it solved	1.91	1.81	-5.24%
18. This community has good leaders	2.33	2.52	8.15%
Average % Difference	**1.98**	**1.92**	**-3.03%**

Note. Response average and percent difference between surveys. Response options: Not at all=0, Somewhat= 1, Mostly=2, and Completely=3.

*p<.05

Table 6

Subscale of Shared Emotional Connection (Questions 19-24)

Question #	2021	2022	% Difference
19. It is very important to me to be part of this community	2.36	2.19	-7.20%
20. I am with other community members a lot and enjoy being with them	1.58	1.57	-0.63%
21. I expect to be part of this community for a long time	2.3	2.43	5.65%
22. Members of this community have shared important events together, such as holidays, celebrations, or disasters	1.55	2.1	35.48%
23. I feel hopeful about the future of this community	2.24	2.62	16.96%
24. Members of this community care about each other	2.39	2.57	7.53%
Average % Difference	**2.07**	**2.25**	**8.53%**

Note. Response average and percent difference between surveys. Response options: Not at all=0, Somewhat= 1, Mostly=2, and Completely=3.

Appendix K: NP Council Logo