

Professional Development Strategies: Organization Experience in addressing the call to action, the Future of Nursing, Leading Change, Advancing Health

Stella Ekeocha Anele ^{1,*}, Dorothy C Nwanonyiri ², Josephine N Ezemobi ³, Margaret Okodua ⁴, Grace Ogiehor-Enoma ⁵, Ednah N Madu ⁶, Julia U Ugorji ⁷, Emilia N Iwu ⁸, Ruth O Ifediora ⁹ and Teresa N Nwaneri ¹⁰

¹ Health Facilities Surveillance Nurse, Division of Long-Term Care Field Operations, Office of Health Care Regulation, Illinois Department of Public Health, IL, USA.

² Adjunct Clinical Professor Department of Nursing, Felician University, New Jersey, USA.

³ Family Nurse Practitioner, Office of Clinical Director, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institute of Health (NIH), Maryland, USA.

⁴ Public Health Nurse, Division of Communicable Disease Program, Chicago Department of Public Health, IL, USA.

⁵ Adjunct Associate Professor, Hunter-Bellevue School of Nursing, Hunter College New York, USA.

⁶ Assistant Professor, College of Nursing and Public Health, Adelphi University, Garden City, New York, USA.

⁷ Interim Dean for the School of Nursing & Health Professions-North Hennepin Community College, MN, USA.

⁸ Assistant Professor, Rutgers University School of Nursing, Rutgers University, NJ, USA.

⁹ Nurse Professional Development (NPD) Generalist, Department of Nursing, Parkland Health, Dallas, Texas, USA

¹⁰ Adjunct Clinical Professor, Seton Hall University College of Nursing, Inter Professional Health Sciences Campus, Seton Hall University, NJ, USA.

Abstract

Introduction and Background: Professional development is vital to achieving excellence in clinical practice, education, administration, health policies, research, and management. In 2010, the Institute of Medicine (IOM) made recommendations for an action-oriented blueprint for the future of nursing. Some of the recommendations include ensuring nurses are well-prepared, nursing organizations to institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. To respond to these recommendations, the National Association of Nigerian Nurses in North America [NANNNA] a not-for-profit organization, implemented various strategies to support its members in achieving the IOM recommendations.

Purpose: The purpose of this study was to evaluate the various strategies used by NANNNA to achieve the IOM recommendations for professional development among its members.

Method: NANNNA Research subcommittee conducted an online survey of its members. The academic data obtained from 259 members was analyzed descriptively using SPSS and excel. A total of 323 degrees were attained during the 10 years from the 259 participants.

Results: Based on the significant value of 0.029 (i.e., $p = .029$), which is below 0.05, there is a statistically significant difference in the mean of NANNNA members' degree attainment. The result shows that the strategies implemented, mentorship, preceptorship, leadership, networking, and inter-professional collaboration, were vital to professional development among its members. This finding has important implications for the future of nursing, leading change and provides new insights into not-for-profit organizational influence on nurses' personal and professional development.

* Corresponding author: Stella Ekeocha Anele

Health Facilities Surveillance Nurse, Division of Long-Term Care Field Operations, Office of Health Care Regulation, Illinois Department of Public Health, IL, USA.

Keywords: Professional development; Transformational leadership; Educational advancement; Organizational influence; Mentorship; Institute of Medicine IOM)

1. Introduction

With the healthcare system constantly evolving, the need for innovative strategies to drive professional growth becomes highly relevant to effectively manage new innovations, clinical practice, health policy, and competitiveness. The application of innovative measures to drive excellence in the work environment cannot be overstated. To examine the relevancy, Soleas [1] asserts that innovation is a vital tool in refining outdated ideas, executing new knowledge, skills, learning, and creativeness powered through professional growth and education. Innovative strategies for professional development are crucial to achieving excellence in clinical practice, administration, health policies, research, management, and teaching [2]. It is important to note that professional growth cannot be realized without innovative strategies and organizational influence geared toward increased efficiency and effectiveness in all disciplines of the workforce. These strategies seek to promote educational advancement, skill training and learning, mentorship, preceptorship, and advocacy.

2. The Institute of Medicine (IOM) Report

In 2010, the Institute of Medicine (IOM) issued a report, "The Future of Nursing (FON): Leading Change and Advancing Health." The purpose of the IOM study was to draw attention to Nursing and how to advance the nursing profession to satisfy future demands for care. One of the major recommendations was the percentage of nurses prepared at the BSN level should be increased to 80% by 2020. Other IOM recommendations for the future of nursing include:

- Remove scope-of-practice barriers
- Expand opportunities for nurses to lead & diffuse collaborative improvement efforts
- Implement nurse residency programs
- Double the number of nurses with a doctorate degree by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health, and
- Build an infrastructure for the collection and analysis of interprofessional health care workforce data [3].

The report made recommendations for the nursing profession to produce leaders at every level of the system and accept key leadership positions such as in policymaking, politics, organizations, and nursing practice [4]. The report also called for nurses to be full partners with other disciplines in healthcare decision-making. Achieving this objective will be challenging if nurses do not possess the academic preparation necessary for these jobs. Hence, the IOM called for higher levels of educational preparation for nurses which states that; "nurses should achieve higher levels of education and training, through improved education system that promotes seamless academic progression" [4]. The report also called for action to utilize existing nursing organizations and leadership bodies in developing curricula and programs that can advance the leadership capacity of the profession [4].

2.1. Organization Response to the IOM Report

Responding to the IOM Report call for action, the National Association of Nigerian Nurses in North America (NANNNA) - a united organization of all the Nigerian Nurses Associations and Nursing School Alumni in North America working to improve the health and quality of lives of Nigerians at home and abroad created awareness for its members to advance their education and engage in life-long learning for professional growth. Although designed to shape the future of nursing in the United States, the IOM report has implications for nursing worldwide [3].

As a North American based organization that is working collaboratively with Nigerians in the Diaspora, NANNNA is well-positioned to translate the IOM recommendations into global action [5]. NANNNA recognized that her members need to meet the educational requirement as set- forth by the IOM report. Hence, NANNNA leadership team began the campaign for action through strategic planning and the transformation of the organization's vision into reality by encouraging and supporting its members to return to school.

In 2010, NANNNA held its inaugural national conference in Chicago, Illinois with over 200 members in attendance. During this conference, NANNNA recorded 2 members with doctorate degrees. In Los Angeles 2011 conference, there was a call for action to increase the number of NANNNA members with advanced degrees. This led to a push to develop innovative strategies to accomplish this objective. In New Jersey, during the 2012 annual scientific conference, the

Doctoral Network Committee (DNC) was created to oversee the professional development initiative. NANNNA also went into partnership with Grand Canyon University to help members with tuition discounts. During its annual conference in Houston Texas 2013, the National Academic Recognition Program was introduced. The goal was to recognize the members' academic accomplishments during the annual conference. In Atlanta, during the 2014 conference, DNC was changed to a Mentorship program. Partnership relationships with more universities namely Walden University, Kaplan University, University of Phoenix, were realized and operational. The goal was to encourage more members to return to school with more tuition discounts by virtue of their affiliation with NANNNA. NANNNA also supported members by attending their graduation celebrations if invited.

3. Review of Relevant Literature

The IOM calls for the future of nursing with emphasis on educational advancement, excellence in clinical practice, leadership, teaching, management, and much more are vital towards professional excellence in all fields of practice. This review of literature explored relevant scholarly innovative strategies to professional development focusing on organizational influence, leading change, educational empowerment, and leading people through effective leadership styles such as transformational leadership.

4. Organizational and Leadership Influence

Organizational influence can create a positive or negative change. A positive organizational influence and support is channel towards accomplishing positive outcomes [6,7]. Such perceived organizational influences are developed through an organizational structure that promotes a culture of motivation, inspiration, stimulation, and mentorship. Additionally, it promotes increased professional growth, productivity, efficiency, creativity, and effectiveness [8]. Also, organizational influence has the power to drive positive changes that facilitate professional growth, advancement in skill training, knowledge, and innovation; hence positive organizational influences are driven by effective leadership style [9].

On the other hand, to achieve positive organizational goals, leaders must incorporate the culture of inspiration, motivation and intellectually stimulate its members [6]. NANNNA leadership demonstrates the ability to design and implement strategies that maximize members' potential and foster high standards in meeting the organization's vision, mission, and objectives, as evidenced by their positive transformational leadership.

The transformational leadership style has been embraced by today's leaders of various organizations as a means of driving competitiveness, quality, excellences in practice, productivity, creativity, innovation, and professional growth to benefit their establishments [10]. A continuous examination of the impact of transformational leadership, Feng, Huang & Zhang [7], affirms that through positive transformational leadership any organization can promote the professional growth of its members. It was believed that innovative group behaviors are influenced by organizational leadership that incorporates vision, mentorship, supportive network, and motivation [7]. To explore these relationships, 43 companies in five cities that include China, Beijing, Yantai, Chengdu, Xi'an, and Chengde were followed by researchers in which a web-based survey was collected from 112 groups from 192 managers and 765 direct subordinates. The finding revealed that positive and effective leadership such as transformational leadership was instrumental towards achieving professional development in an organization.

NANNNA is a living embodiment of this finding due to its transformational leadership style that has invested heavily towards improving professional growth through education, leadership ability, management, health policy, clinical practice and has established resources for its members. Some of such NANNNNA strategies include but are not limited to a Memorandum of Understanding (MOU) with universities for tuition reduction for its members, annual national conferences, and research opportunities. So, one can infer that transformational leader embrace innovative strategic goals that are beneficial to their organizations, associations, and communities.

4.1. Leading Change

Leading change gives opportunities to the utilization of new ideas, technologies, innovation, education, professional growth, leadership, standard cultural practices that promote safety, increase productivity, efficiency, and excellent care delivery [11, 12]. Leading change drives vision, inspiration, stimulation of knowledge, intellectual ability which are all essential tools to improving the knowledge acquisition pertinent to organizational productivity [11, 1]. In leading people, NANNNA innovation and structure could be instrumental to the higher educational achievement of its members to the benefit of the healthcare system and the organization.

4.2. Educational Empowerment

Educational empowerment is a powerful tool for driving change, creating opportunities, innovative ideas, and influencing behaviors [13]. Education is also an investment for excellence and is needed to facilitate the realization of organizational goals such as survival, viability, and sustainability [13]. NANNNA understands the philosophy behind the power of education and mobilizes and invests in its members. To further their education, NANNNA leadership put together a tuition assistance program with some universities of higher learning through MOUs which offered tuition discounts for its members. Furthermore, these universities provided evaluation processes and credits for previous education, that hastened the completion of the requirements to obtain new degrees. NANNNA views educational empowerment as an existential tool that has life vitality to human existence and an investment tool that enabled thousands of members to go back to school to acquire their advanced degrees in various disciplines of the profession faster.

Many NANNNA members have risen to higher employment positions because of these accelerated educational empowerment opportunities. With these accomplishments in the United States, NANNNA has introduced this initiative into the Nigerian educational system by helping to restructure nursing education in Nigeria. Also, working with the Department of Nursing Education, NANNNA is currently working with the Nursing and Midwifery Council of Nigeria to restructure the scope of practice for the BSN, MSN, and doctorate degrees in Nursing. NANNNA represents a major force in nursing education in Nigeria today in addition to keeping with the global call for nursing profession reform. These accomplishments were made possible by the transformational leadership of its visionary leaders.

4.3. Mentorship and Preceptorship

Building a solid mentorship is vital to professional growth [14]. NANNNA invested in mentoring its members into faculty roles, research, management, and clinical practice. To foster professional growth, members are peered with other professionals within the organization, institutions, communities, and private enterprises. Every year, new leaders emerge within the organization adding to the existing trends of leaders that manage the affairs of the organization both locally and nationally. NANNNA members and leaders with advanced degrees continue to be instrumental in facilitating the growth of new leaders in all areas of the nursing profession through preceptorship and mentorship.

4.4. Professional Growth

Professional growth is realized through education, advancement in technology, skills training, and learning all geared towards excellence in patient care, administration, teaching, health policies, management, and clinical competitiveness [11]. Professional growth enhances competency, composure, self-confidence, and improvement in responsibilities. It is also one of the roadmaps towards achieving nursing excellence concerning healthcare delivery, improving new roles, effective utilization of the new technologies associated with care, responding to pressing or urgent situations in the work environment, and safety work practices [15]. Furthermore, it is vital to engage and develop frontline nurses ready to drive excellent patient care advancing from novice to expert roles [11]. Lastly, professional growth is essential in building an interprofessional collaborative network to benefit all areas of nursing practice [16].

5. Interprofessional Collaboration

Interprofessional collaborations can occur in the context of building relationships with multidisciplinary teams and education geared toward achieving excellence [16]. It is a collaboration among intellectual minds, which is the blueprint for great ideas to fuel and redesign healthcare accessibility, quality, and delivery of patient care, management, health policies, and administration [16].

Embracing this novelist idea, NANNNA worked tirelessly to establish an interprofessional collaboration that highly benefited its members in different practice areas. NANNNA leadership was structured to include different committees such as domestic violence, research, education, mentorship, preceptorship, and leadership with the extension of collaborative networks. These committees function both at the state and national level working with communities, hospitals, institutions of higher learning to the benefit of its members in rising to different indispensable roles. It is important to note that collaboration cannot be achieved without effective and efficient networking.

5.1. Networking

Networking is a vital tool in laying a solid foundation for professional excellence in practice, leadership, management, health policy, and administration. NANNNA leadership embraced this strategy to promote excellence through professional growth of its members. NANNNA leadership developed various local, national and international networking to assist in the professional development of its members. Some of these networks include universities,

hospitals, private and public organizations, and not-profit organizations. These established networks facilitated interprofessional collaboration, knowledge acquisition, and career advancement. Also, it enables the establishment of strong confidence, raises personal profile, and creates job opportunities. NANNNA conducts an annual national conference where various institutions or universities come to collaborate and partner with the organization through sponsorship. Overall, NANNNA is a proven champion of how existing nursing organizations and leadership bodies can support the initiatives as set forth by the IOM report in developing curricula, advancing health, the nursing profession, and programs that can advance the leadership capacity of the nursing profession.

6. Method/Design

Descriptive quantitative design was used.

6.1. Data collection

Online survey (email and WhatsApp) was sent to NANNNA members from February 2021 to March 2021. Participation was strictly voluntary and no identifying information was collected. Data was received via email and WhatsApp forum from 259 members.

6.2. Inclusion criteria

Graduates at any level from 2011 – 2020.

6.3. Exclusion criteria

Incomplete data and data that did not fit the inclusion criteria.

6.4. Data Analysis

Table 1 Number of NANNA members and types of degrees attained from year 2011-2020

State	#Participants	Doctoral degree	Master's degree	Bachelor's degree	Associate degree	Total degree
CT	4	1	3	1	0	5
Delaware	2	2	1	0	0	3
DMV	30	6	25	12	0	43
Florida	16	11	12	6	1	30
GA	33	8	13	12	0	33
IL	50	9	27	24	0	60
MN	18	5	12	7	0	24
NC	15	4	9	2	0	15
NCA	7	3	3	1	0	7
NJ	19	8	10	6	0	24
NY	14	3	8	5	0	16
PA	11	1	7	4	0	12
SCA	21	9	17	2	0	28
SONUNTH	13	6	9	2	0	17
UBTH	6	1	4	1	0	6
Total	259	77	160	85	1	323

The academic data obtained from 259 NANNNA members was analyzed descriptively using SPSS, excel, and a one-way ANOVA. A total of 323 degrees were attained during the 10 years period from the 259 participants (See Table 1).

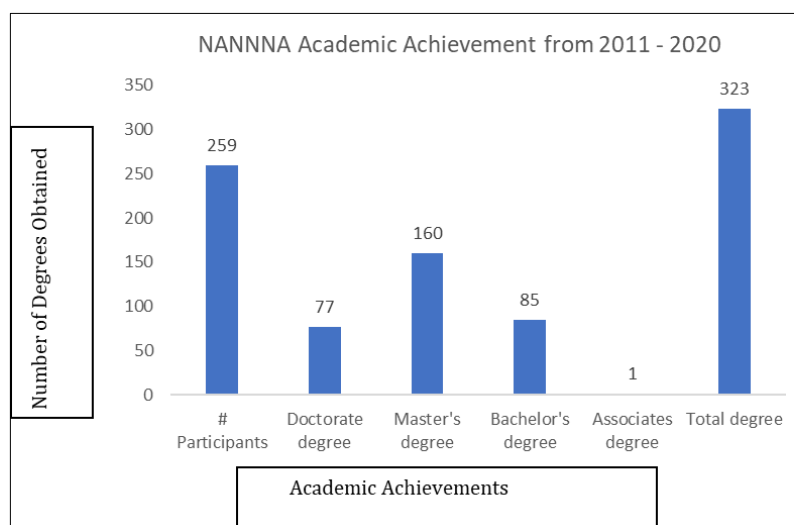


Figure 1 NANNNA Chapters Academic Achievement from 2011-2020

There were 77/323 (23.8%) participants who attained doctorate degree, 160/323 (49.5%) participants got master's degree, 85/323 (26.3%) of the participants obtained bachelor's degree, and 1/323 (0.3%) participant got associate degree (See figure 1).

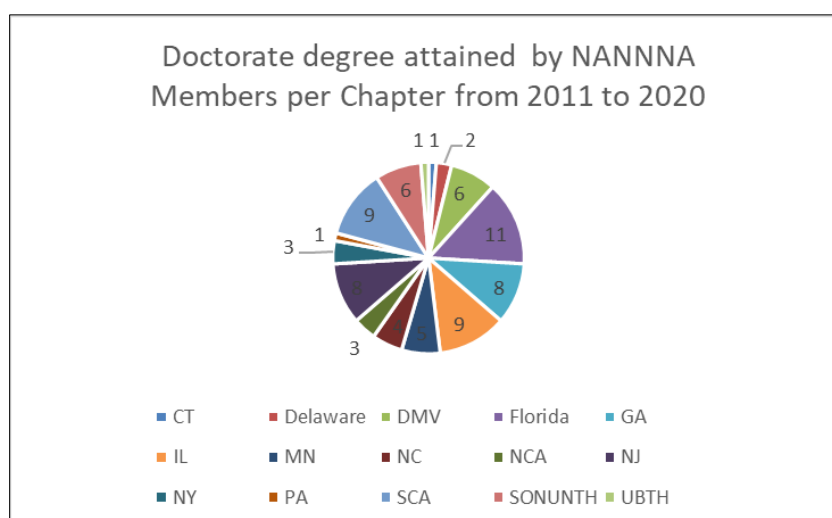


Figure 2 NANNNA members doctoral degree attainment from 2011-2020

In the doctorate degree category, Florida chapter lead with 11/77 (14%), Illinois and SCA have 9/77 (12%) each, GA and NJ have 8/77 (10%) each, DMV and SONUNTH have 6/77 (8%) each, MN has 5/77 (7%), NC has 4/77 (5%), NCA and NY have 3/77 (4%) each, Delaware has 2/77 (3%), and CT, PA, and UBTH have 1/77 (1%) each.

In the master's degree category, IL chapter lead with 27/160 (17%), DMV has 25/160 (16%), SCA has 17/160 (11%), GA has 13/160 (8%), FL and MN have 12/160 (7.5%) each, NJ has 10/160 (6%), NC and SONUNTH have 9/160 (5.6%) each, NY has 8/160 (5%), PA, 7/160 (4.4%), UBTH has 4/160 (2.5%), CT and NCA have 3/160 (1.9%) each, and Delaware has 1/160 (0.6%).

In the bachelor's degree category, IL chapter lead with 24/85 (28%), DMV and GA have 12/85 (14%) each, MN has 7/85 (8.2%), FL and NJ have 6/85 (7%) each, NY has 5/85 (5.8%), PA has 4/85 (4.7%), NC, SCA, and SONUNTH have 2/85 (2.3%), and CT, NCA, and UBTH have 1/85 (1.2%) each.

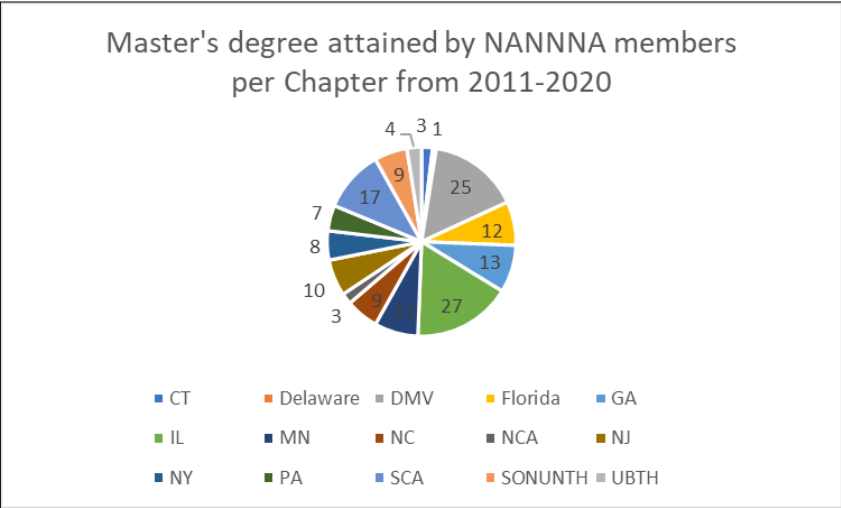


Figure 3 NANNNA members master’s degree attainment from 2011-2020

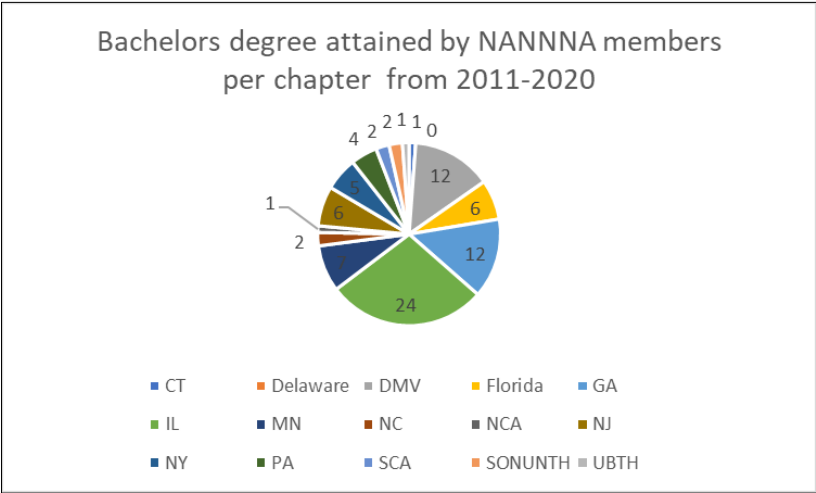


Figure 4 NANNNA members bachelor’s degree attainment from 2011-2020

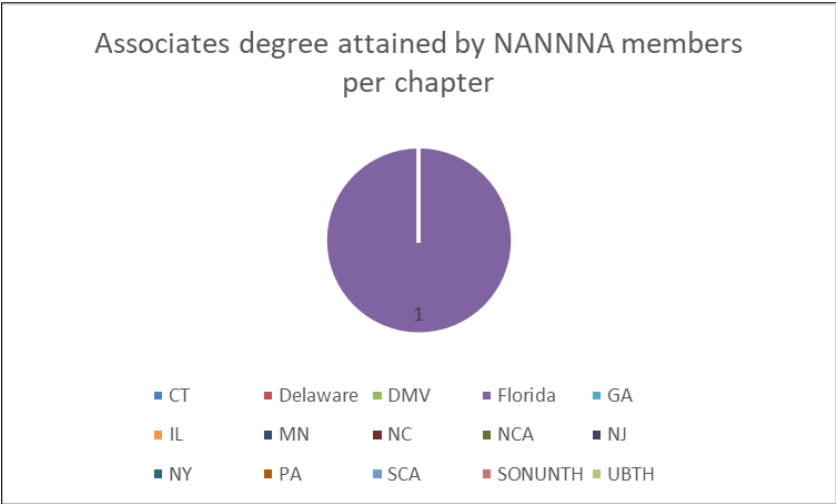


Figure 5 NANNNA members associate degree attainment from 2011-2020

In the associate degree category, FL chapter has 1/1 (100%), and no other chapter has members with Associate degree.

State chapters' data were analyzed to determine achievement. CT had a total of 4 participant who attained 5 degrees of which 1/5 (20%) was doctorate, 3/5 (60%) were master's, and 1/5 (20%) was bachelor's degrees. Delaware had a total of 2 participant who attained 3 degrees of which 2/3 (67%) was doctorate, and 1/3 (33%) was master's, degrees. DMV had a total of 30 participants who attained 43 degrees of which 6/43 (14%) was doctorate, 25/43 (58%) were master's, and 12/43 (28%) were bachelor's degrees. Florida had a total of 16 participants who attained 30 degrees of which 11/30 (37%) were doctorate, 12/30 (40%) were master's, 6/30 (20%) were bachelor's, and 1/30 (3%) was associate degrees. GA had a total of 33 participants who attained 33 degrees of which 8/33 (24.2%) was doctorate, 13/33 (39.4%) were master's, and 12/33 (36.4%) were bachelor's degrees. IL had a total of 50 participants who attained 60 degrees of which 9/60 (15%) was doctorate, 27/60 (45%) were master's, and 24/60 (40%) were bachelor's degrees. MN had a total of 18 participants who attained 24 degrees of which 5/24 (21%) was doctorate, 12/24 (50%) were master's, and 7/24 (29%) were bachelor's degrees. NC had a total of 15 participants who attained 15 degrees of which 4/15 (27%) was doctorate, 9/15 (60%) were master's, and 2/15 (13%) were bachelor's degrees. NCA MN had a total of 7 participants who attained 7 degrees of which 3/7 (43%) was doctorate, 3/7 (43%) were master's, and 1/7 (14%) were bachelor's degrees. NJ had a total of 19 participants who attained 24 degrees of which 8/24 (33%) was doctorate, 10/24 (42%) were master's, and 6/24 (25%) were bachelor's degrees. NY had a total of 14 participants who attained 16 degrees of which 3/16 (19%) was doctorate, 8/16 (50%) were master's, and 5/16 (31%) were bachelor's degrees. PA had a total of 11 participants who attained 12 degrees of which 1/12 (8.3%) was doctorate, 7/12 (58.3%) were master's, and 4/12 (33.3%) were bachelor's degrees. SCA had a total of 21 participants who attained 28 degrees of which 9/28 (32%) was doctorate, 17/28 (61%) were master's, and 2/28 (7%) were bachelor's degrees. SONUNTH had a total of 13 participants who attained 17 degrees of which 6/17 (35%) was doctorate, 9/17 (53%) were master's, and 2/17 (12%) were bachelor's degrees. UBTH had a total of 6 participants who attained 6 degrees of which 1/6 (16.7%) was doctorate, 4/6 (66.7%) were master's, and 1/6 (16.7%) were bachelor's degrees.

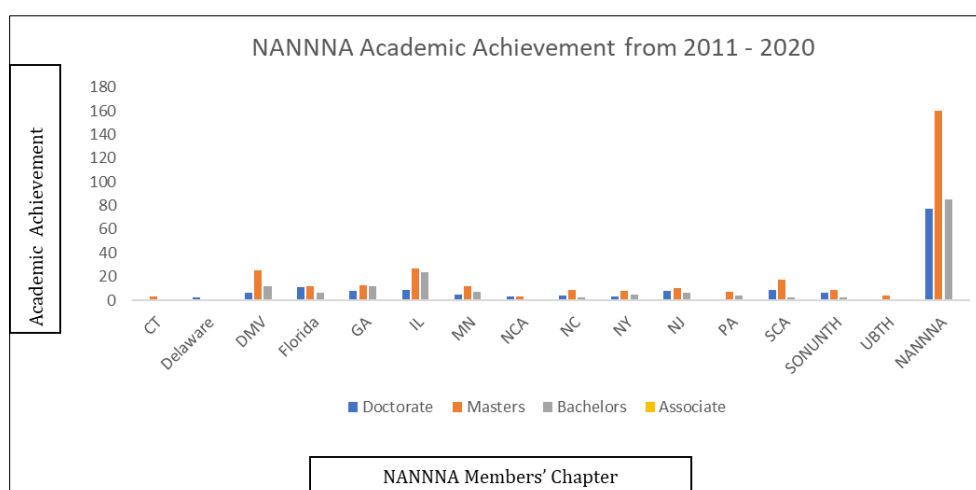


Figure 6 NANNNA Chapters Academic Achievement per chapter from 2011-2020

Table 2 Significant difference between the groups

ANOVA State-Numerical	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	129.762	3	43.254	3.180	0.029
Within Groups	993.043	73	13.603		
Total	1122.805	76			

In addition, one-way ANOVA was used to determine if there is statistically significant difference between our group means ($F [3, 7] = 3.180, p = .029$). Result shows that the significance value is 0.029 (i.e., $p = .029$), which is below 0.05. and, therefore, there is a statistically significant difference in the mean of NANNNA members' degree attainment.

7. Results

The number of NANNNA members who obtain academic achievement from 2011 to 2021 include 259 participants, and 323 degrees of which 77/323 (23.8%) participants attained doctorate degree, 160/323 (49.5%) participants received master's degree, 85/323 (26.3%) participants obtained bachelor's degree, and 1/323 (0.3%) participant got associate degree. In the doctoral degree category, Florida chapter lead with 11/77 (14%). In the master's degree category, IL chapter lead with 24/85 (28%), and in the bachelor's degree category IL chapter also lead with 27/160 (17%).

In the associate degree category, FL chapter has 1/1 (100%), and no other chapter has members with Associate degree. NANNNA has clearly achieved its' contribution toward accomplishing the IOM call for action for professional development among its members based on the statistically significant difference between the group means of NANNNA members degree attainment.

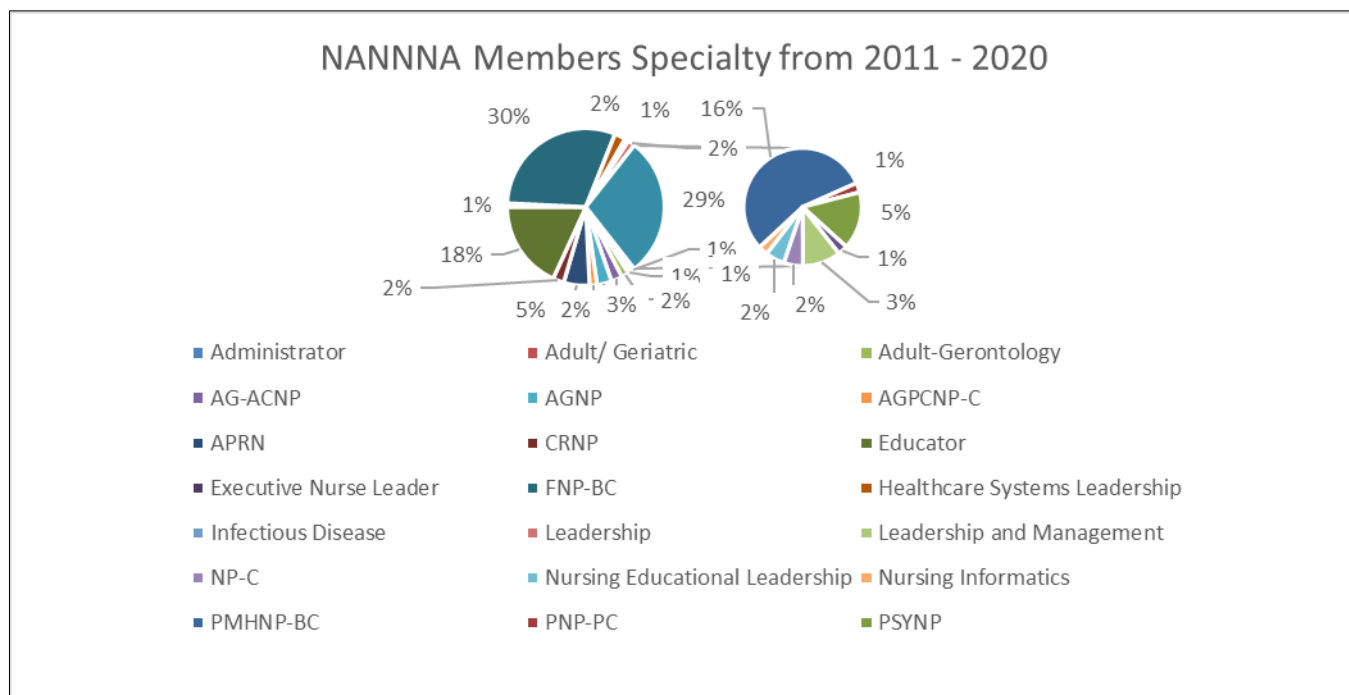


Figure 7 NANNNA Members Professional Specialties

NANNNA members specified they are specialized in the following 22 professional specialties: Administrator 1/132(0.75%); Adult/Geriatric 1/132(0.75%); Adult-Gerontology 2/132(1.5%); Adult-Gerontology Acute Care Nurse Practitioners (AG-ACNP) 3/132(2.3%); Adult-gerontology nurse practitioner (AGNP) 4/132(3%), Adult-Gerontology Primary Care Nurse Practitioner Certified (AGPCNP-C) 2/132(1.5%); Advanced Practice Registered Nurse (APRN) 7/132(5.3%); Certified Registered Nurse Practitioner (CRNP) 3/132(2.3%); Educator 24/132(18.2%); Executive Nurse Leader 1/132(0.75%); Family Nurse Practitioner Board Certified (FNP-BC) 40/132(30.3%); Healthcare Systems Leadership 3/132(2.3%); Infectious Disease 1/132(0.75%); Leadership 2/132(1.5%); Leadership and Management 4/132(3%); Nurse Practitioner Certified (NP-C) 2/132(1.5%); Nursing Educational Leadership 2/132(1.5%); Nursing Informatics 1/132(0.75%); Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC) 21/132(16%); Pediatric Nurse Practitioner Primary Care (PNP-PC) 1/132(0.75%); Psychiatric Nurse Practitioner (PSYNP) 6/132(4.5%); Transcultural Nursing 1/132(0.75%).

Table 3 List of NANNNA Chapters and Specialties from 2010 – 2020

Chapter	CT	Delaware	DMV	Florida	GA	IL	MN	NCA	NC	New York	NJ	PA	SCA	SONUNTH	UBTH	Total NANNNA
Administrator	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Adult/ Geriatric	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Adult-Gerontology	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
AG-ACNP	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	3
AGNP	0	0	0	1	0	0	0	0	1	1	0	1	0	0	0	4
AGPCNP-C	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
APRN	1	0	0	1	1	0	2	0	0	0	0	0	1	1	0	7
CRNP	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	3
Educator	0	0	4	5	0	0	1	3	0	1	1	0	7	1	1	24
Executive Nurse Leader	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
FNP-BC	0	1	8	0	0	9	1	2	3	1	2	2	7	4		40
Healthcare Systems Leadership	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	3
Infectious Disease	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Leadership	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Leadership and Management	0	0	0	1	0	0	1	0	0	0	0	1	1	0	0	4
NP-C	0	0	0	0	0	0	1	0	0	0	0	0	1	0		2
Nursing Educational Leadership	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
Nursing Informatics	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
PMHNP-BC	1	0	5	1	1	2	1	1	0	0	0	3	5	1	0	21
PNP-PC	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
PSYNP	0	0	0	0	0	0	1	0	5	0	0	0	0	0	0	6
Transcultural Nursing	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1

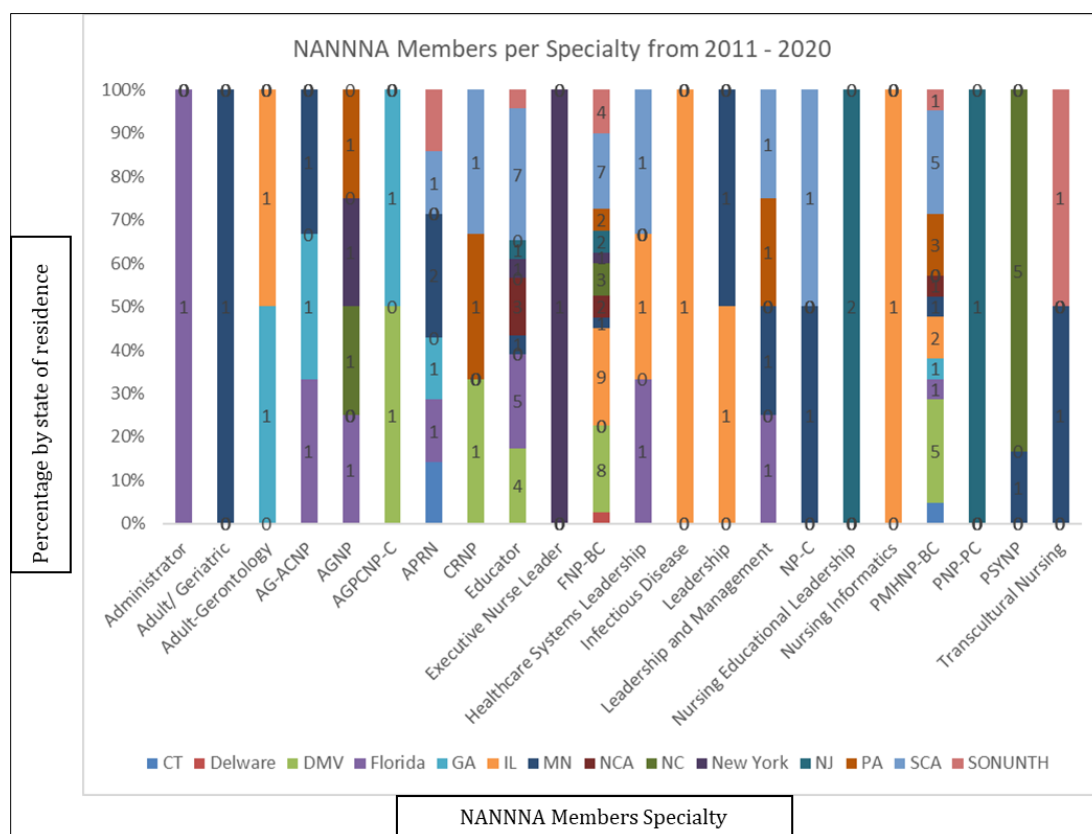


Figure 8 NANNNA Chapters Members per Specialty from 2010 – 2020

In the specialty categories only, Florida has 1/1(100%) administrator, MN has 1/1(100%) Adult/Geriatrics. IL and GA have 1/2(50%) each adult-Gerontology. FL, GA, and MN have 1/3 (33%), each Adult-Gerontology Acute Care Nurse Practitioners (AG-ACNP). FL, NC, NY, and PA have 1/4(25%) each Adult-gerontology nurse practitioner (AGNP). DMV and GA have 1/2(50%) each Adult-Gerontology Primary Care Nurse Practitioner Certified (AGPCNP-C). CT, FL, GA, SCA and SONUNTH have 1/7(14.2%) each, and MN has 2/7(28.6) Advanced Practice Registered Nurse (APRN). DMV, PA, and SCA each has 1/3(33.3%) Certified Registered Nurse Practitioner (CRNP). DMV has 4/24(16.6%), FL 5/24(21%), MN, NY, NJ, SONUNTH, and UBTH, have 1/24(4.2%) each, NCA has 3/24(12.5%), and SCA has 7/24(29.1%) Educator. NY has 1/1(100%) executive Nurse Leader. Delaware, MN, and NY each has 1/40(%), DMV has 8/40, IL 9/40(%), NCA, NJ, and PA, each has 2/40(%), NC 3/40(%), SCA has 7/40(%), and SONUNTH has 4/40(%) Family Nurse Practitioner Board Certified (FNP-BC). FL, IL, and SCA each has 1/3(33.3%) Healthcare Systems Leadership. Only IL has 1/1(100%) Infectious Disease practitioner. IL and MN each has 1/2(50%) Leadership. FL, MN, PA, and SCA each has 1/4(25%) Leadership and Management. MN and SCA each specified 1/2(50%) Nurse Practitioner Certified (NP-C). NJ has 2/2(100%) Nursing Educational Leadership. IL has 1/1(100%) Nursing Informatics. CT, FL, GA, MN, NCA and SONUNTH each has 1/21(%), DMV and SCA each has 5/21(%), IL has 2/21(%), and PA has 3/21(%) Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC). Only NJ has 1/1(100%) Pediatric Nurse Practitioner Primary Care (PNP-PC). MN has 1/6(%) and NC has 5/6(%) Psychiatric Nurse Practitioner (PSYNP), and only MN has 1/1(100%) Transcultural Nursing.

8. Discussion

The number of NANNNA members who obtain academic achievement from 2011- 2020 include 259 participants, with 323 degrees of which 77/323 (23.8%) participants attained doctorate degree, 160/323 (49.5%) participants received master's degree, 85/323 (26.3%) participants obtained bachelor's degree, and 1/323 (0.3%) participant got associate degree. In the doctoral degree category, Florida chapter lead with 11/77 (14%). In the master's degree category, IL chapter lead with 24/85 (28%), and in the bachelor's degree category IL chapter also lead with 27/160 (17%). In the associate degree category, FL chapter has 1/1 (100%), and no other chapter has members with Associate degree. In the specialty FNP-BC leads with 40/132(30.3%), followed by educator 24/132(18.2%), and Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC) 21/132(16%), APRN HAS 7/132(%), PSYNY has 6/132(%), AGNP and leadership and management each has 4/132(%), AG-ACNP, CRNP, and Healthcare Systems Leadership each has

3/132(%), Adult-Gerontology, AGPCNP-C, Leadership, NP-C, and Nursing Educational Leadership each has 2/132(%). At the chapter level, IL leads with 9/40(%) in the FNP-BC, SCA leads with 7/24(%) in the educator, and DMV and SCA lead in the Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC) categories. Based on the statistically significant difference between the group means of NANNNA members degree attainment of less than .05.

In the doctoral degree category, Florida chapter lead with 11/77 (14%), Illinois and SCA with 9/77 (12%) each, followed by GA and NJ with 8/77 (10%) each. In the master's degree category, IL chapter lead with 27/160 (17%), followed by DMV with 25/160 (16%), SCA has 17/160 (11%). In the bachelor's degree category, IL chapter lead with 24/85 (28%), followed by DMV and GA with 12/85 (14%) each. Most NANNNA members are specialized as FNP-BC with 40/132(30.3%), followed by educator 24/132(18.2%), and Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC) 21/132(16%). At the chapter level, IL leads with 9/40(%) in the FNP-BC, SCA leads with 7/24(%) in the educator, and DMV and SCA lead in the Psychiatric/Mental Health Nurse Practitioner Board Certified (PMHNP-BC) categories.

Based on the significance value of 0.029 (i.e., $p = .029$), which is below 0.05, there is a statistically significant difference in the mean of NANNNA members degree attainment.

Limitation of Report

It is unclear if some NANNNA members were current members at the time they attained their degree(s) since, the question was not specifically asked at the time of data collection. Some chapters did not provide data on their members' degree and specialization. Not all members that fit in the inclusion criteria from the participating chapters sent in their academic achievement.

9. Conclusion

NANNNA as a professional organization has proven that innovative strategies are the key to professional development through its transformational leadership style. NANNNA embodied educational advancement, mentorship, preceptorship, leadership, networking, and interprofessional collaboration. Furthermore, NANNNA engaged in advocacy, evidence-based practice, and community building in both USA and Nigeria. NANNNA has clearly achieved its' contribution toward accomplishing the IOM call for action for professional development among its members as evidenced by the data analysis. Transformational leadership excellence has contributed to the professional growth of members. This has contributed to the achievement of the IOM goal. Through collaboration and partnership with some universities including Chamberlain, Grand Crayon, Walden, etc. members were able to advance their education. The findings provide new insights into non-for-profit organizational influence on nurses' personal and professional development. According to Bindon [11], "nurses' efforts to engage in their own development can be hampered by a lack of time, limited access to educational resources, or cost concerns." Professional nursing organizations could assist their members in attaining professional growth through educational empowerment, mentorship, preceptorship, interprofessional collaboration, and networking.

Compliance with ethical standards

Acknowledgments

We would like to thank the Leadership of the National association of Nigerian Nurses in America (NANNNA) for their support and insight. We would also like to thank the members of the NANNNA Research Committee who contributed one way or another to the success of this article.

Disclosure of conflict of interest

The authors declare no conflict of interest regarding the publication of this paper.

Statement of ethical approval

This descriptive analysis is based on the association's program evaluation.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

Disclaimer

The views expressed in this article are those of the authors.

Funding support

No funding support for the publication of this article.

References

- [1] Soleas EK. Leader strategies for motivating innovation in individuals: a systematic review. *Journal of Innovation and Entrepreneurship*. 2020; 9(1): 9.
- [2] Choi SB, Kim K, Ullah SE, Kang SW. How transformational leadership facilitates innovative behavior of Korean workers: Examining mediating and moderating processes. *Personnel Review*. 2016; 45 (3): 459-479.
- [3] Altman SH, Butler AS, Shern L. Assessing Progress on the Institute of Medicine Report *The Future of Nursing*. National Academies Press (US); 2016 Feb; PMID:27010049.
- [4] Porter-O'Grady T. Leadership at all levels. *Nursing management*. 2011; 42(5): 32-37.
- [5] Shaffer FA, Davis CR, To Dutka J, Richardson DR. The future of nursing: domestic agenda, global implications. *Journal of Transcultural Nursing*. 2014; 25(4): 388-394.
- [6] Yildiz B, Uzun S, Coskun SS. Drivers of innovative behaviors: The moderators roles of perceive organizational support and psychological empowerment. *International Journal of Organizational Leadership*. 2017; 6: 341-360.
- [7] Feng C, Huang X, Zhang L. A multilevel study of transformational leadership, dual organizational change and innovative behavior in groups" *Journal of Organizational Change Management*. 2016; 29(6): 855-877.
- [8] Sheeba MJ, Christopher PB. Exploring the role of training and development in creating innovative work behaviors and accomplishing non-routine cognitive jobs for organizational effectiveness. *Journal of Critical Review*. 2020; 7(4): 2020.
- [9] Hao MJ, Yazdanifard R. How effective leadership can facilitate change in organizations through improvement and innovation. *Global journal of management and business research*. 2015 Sep 12; 15(9).
- [10] Ferreira VB, Amestoy SC, Silva, GTR, Trindade LL, Santos IAR, Varanda PAG. Transformational leadership in nursing practice: Challenges and strategies. *Revista Brasileira de Enfermagem* [Internet]. 2020 Fall [cited 2022 Feb 28]; 73(6): e20190364.
- [11] Bindon SL. Professional development strategies to enhance nurses' knowledge and maintain safe practice. *AORN Journal*. 2017; 106 (2): 99-110.
- [12] Grace P. Enhancing nurse moral agency: The Leadership promise of doctor of Nursing Practice Preparation. *OJIN: The Online Journal of Issues in Nursing*. 2018; 23(1): 4.
- [13] Chaghari M, Saffari M, Ebadi A, Ameryoun A. Empowering education: A new model for in-service training of nursing staff. *Journal of advances in medical education & professionalism*. 2017; 5(1): 26–32.
- [14] McBride AB, Campbell J, Woods NF, Manson SM. Building a mentoring network. *Nursing outlook*. 2017; 65(3): 305–314.
- [15] Bramley L, Manning JC, Cooper J. Engaging and developing frontline clinical nurses to drive care excellence: Evaluating the Chief Nurse Excellence in Care Junior Fellowship initiative. *Journal of Research in Nursing*. 2018; 23(8): 678–689.
- [16] Sullivan M, Kiovisky R, Mason D, Hill C, Duke C. Interprofessional collaboration and education. *AJN, American Journal of Nursing*. 2015; 115(3): 47-54.