

Supplemental Files Table 1

Table 1. Survey Question 1. What are barriers to adopting and/or implementing ANA's Nursing Scope and Standards of Practice?

Theme (bolded) Subtheme n (%)	Respondent Quotations
Systems 688 (40.1)	
Awareness 149 (21.7)	<ul style="list-style-type: none"> ▪ <i>"Awareness of its existence"</i> ▪ <i>"RNs not being aware that it is the Scope & Standard of Nursing Practice"</i> ▪ <i>"I feel nurses who are not in a professional organization, specifically ANA, are not familiar with this document..."</i>
Time 102 (14.8)	<ul style="list-style-type: none"> ▪ <i>"...in a normal clinical setting I think nurses don't have time to really think about it..."</i> ▪ <i>"...time constraints for translating the material to be relevant to their specific practice area"</i> ▪ <i>"Takes time to read them and to think about how to adapt them to my practice"</i>
Availability/ Dissemination 91 (13.2)	<ul style="list-style-type: none"> ▪ <i>"Availability of the document"</i> ▪ <i>"Full document is not available online"</i> ▪ <i>"Document not really readily available in institutions where I have worked nor is it clearly identified in ANA website"</i>
Change 78 (11.3)	<ul style="list-style-type: none"> ▪ <i>"Change is frequently slow to enculturate and nurses often do not move beyond the beliefs and practices that were passed on to them"</i> ▪ <i>"Change is hard and the participants are not willing to try "one more thing" when they are stretched to the limits with little resources"</i> ▪ <i>"Getting nurses to read the document and make the changes necessary to adopt it into practice"</i> ▪ <i>"Institutional resistance to change. Individual nurses resistance to change."</i>
Accessibility 64 (9.3)	<ul style="list-style-type: none"> ▪ <i>"Access is somewhat limited. Difficult to access unless purchased."</i> ▪ <i>"Accessibility to all nurses"</i> ▪ <i>"Hard to find on ANA Nursing World website..."</i>
External Influence 52 (7.6)	<ul style="list-style-type: none"> ▪ <i>"Day to day nursing practice is influenced much more by individual unit, hospital, and regulatory policies (i.e. Joint Commission, etc) than by anything the ANA has to say"</i> ▪ <i>"Nursing management hospital administration physician power and control of model of care"</i> ▪ <i>"So many regulatory agencies and "EBP" seem to overwhelm nurses, and healthcare institutions"</i>

	<ul style="list-style-type: none"> ▪ <i>“Each state having a different nurse practice act makes it difficult to have national standards”</i>
Cost 48 (7.0)	<ul style="list-style-type: none"> ▪ <i>“I feel that the biggest barrier to adopting this is the cost associated with the text...”</i> ▪ <i>“...perceived expense of transformational change of hospital & nursing culture”</i> ▪ <i>“The biggest barrier is that the document is not free...”</i>
Applicability 33 (4.8)	<ul style="list-style-type: none"> ▪ <i>“As a nurse involved in nursing education and nursing practice, I find the document difficult to connect to specific examples as it is a bit too broad in its language”</i> ▪ <i>“It is a theory based document that has very little practical application”</i> ▪ <i>“Applicability to all areas of practice”</i>
Resources 23 (3.3)	<ul style="list-style-type: none"> ▪ <i>“Lack of appropriate governance structure to support transition”</i> ▪ <i>“...the nurse has to accomplish more with less resources in actual daily practice as well as when trying to accomplish professional goals”</i> ▪ <i>“Community based and rural healthcare providers do not have the resources to implement these recommendations as quickly as professional organizations expect...”</i> ▪ <i>“There is a limit of resource allocation to devote to implimentation [sic] of SOME standars [sic]”</i>
Staffing 20 (2.9)	<ul style="list-style-type: none"> ▪ <i>“Barriers are short staffing...”</i> ▪ <i>“...it is not utilized by CEOs of organizations and HR when staffing reduction is always a concern. A nurse who is performing his/her duties under the fear of unsafe patient care cannot perform her care under the ANA Nursing Scope and Standards of Practice.”</i> ▪ <i>“Patient's ratios and lack of ancillary personnel”</i>
Priorities 17 (2.5)	<ul style="list-style-type: none"> ▪ <i>“Competing institutional priorities”</i> ▪ <i>“Having productivity be a priority over patient care”</i> ▪ <i>“It is not an organizational priority”</i> ▪ <i>“Nurse educators who could be the champion of S&S are often overburdened with day to day task and mandatory inservice”</i>
Communication 11 (1.6)	<ul style="list-style-type: none"> ▪ <i>“Communication of the information to state licensed nurses”</i> ▪ <i>“Communication of value at practice level”</i> ▪ <i>“Lack of effective communication”</i>
<p style="text-align: center;">Standards 221 (12.9)</p>	
Usability/Utility/ Practicality 131 (59.3)	<ul style="list-style-type: none"> ▪ <i>“...the document remains academic.”</i> ▪ <i>“In todays world of nursing it is difficult to take a standard and have it pertain to the many avenues off nursing. Sometimes the standard is not clear enough or at times too black and white and to apply to certain situations.”</i>

	<ul style="list-style-type: none"> ▪ <i>“Lengthy with no implementation plan included. staff are looking for simple, easy to read and follow documents”</i> ▪ <i>“The aspiration nature of the standards make them less than tangible for practicing nurses”</i>
Value 47 (21.3)	<ul style="list-style-type: none"> ▪ <i>“Perhaps there is some discrepancy in understanding the value within the profession?”</i> ▪ <i>“Buyin and understanding of what value is and importance of”</i> ▪ <i>“...leadership in practice settings do not value professional role”</i>
Specificity 28 (12.7)	<ul style="list-style-type: none"> ▪ <i>“Can be confusing for nurses who have practice specialty areas to relate these "generic" standards to specialty practice standards”</i> ▪ <i>“It is too general--there is no specific information...”</i> ▪ <i>“Nurses practice in many different settings and in many different roles. Having one document apply to all situations by necessity makes it non-specific and more difficult to apply to current situation.”</i>
Sensitivity 15 (6.8)	<ul style="list-style-type: none"> ▪ <i>“...ANA is no longer the flagship organization for most clinical nurses. They look to their organizational professional practice models or the models and standards of their clinical specialty organizations.”</i> ▪ <i>“ANA's stubborn adherence to a definition of nursing that does not recognize, or recognizes with the greatest difficulty, nontraditional forms of nursing practice”</i> ▪ <i>“Those contributing seem to lack an accurate knowledge base and understanding of the material and practice. They are either all theory, or poor practice.”</i> ▪ <i>“Everything I have seen from ANA, from nursing school forward, is 100% irrelevant to helping the nurse who actually participates in patient care”</i>
<p style="text-align: center;">Setting 217 (12.6)</p>	
Culture 95 (43.8)	<ul style="list-style-type: none"> ▪ <i>“Culture of the environment, culture of the employee”</i> ▪ <i>“Institutions still maintain their "way of doing things, because that is how we have always done it"”</i> ▪ <i>“It is difficult to integrate into the current philosophy of my agency. It was not part of the current culture.”</i>
Employer 70 (32.3)	<ul style="list-style-type: none"> ▪ <i>“Barriers are institutions that employ nurses do not see nurses as professionals with our own practice standards. Facility dictates what nurses do instead of nursing owning their own practice.”</i> ▪ <i>“Corporate rules and regulations/upper management are in control of all decision-making processes”</i> ▪ <i>“I think we lose sight of the scope and standards in relation to our regulatory requirements and demands from the administration of the facilities in which we work”</i>

Integration 52 (24.0)	<ul style="list-style-type: none"> ▪ <i>“Individuals in practice/academic settings might be underprepared on how to incorporate the standards”</i> ▪ <i>“I work with other faculty who have never read nor integrate the Scope and Standards of Practice into their practice or teaching.”</i> ▪ <i>“Integrating with other professional standards, legal and regulatory standards”</i> ▪ <i>“The only barrier is the supremacy of physician scope of practice issues when trying to implement nursing scope of practice more broadly within interdisciplinary settings”</i>
Cognition 206 (12.0)	
Knowledge 73 (35.4)	<ul style="list-style-type: none"> ▪ <i>“Lack of knowledge of the public in nursing abilities, roles, and knowledge-base”</i> ▪ <i>“I do believe that one of the biggest barriers is lack of knowledge of the scopes and standards”</i> ▪ <i>“Knowledge of it and what it contains, specific application to varying practice sites...”</i> ▪ <i>“Lack of knowledge of the direct care nurse. They seem to know of the document but they are not familiar with that is written in the document or how to apply the information. I find this to be true of both ASD and BSN prepared nurses.”</i>
Understanding 67 (32.5)	<ul style="list-style-type: none"> ▪ <i>“Do not believe all nurses understand the benefits and outcomes of using it”</i> ▪ <i>“It's hard to read and its long and confusing”</i> ▪ <i>“Lack of understanding of the purpose of ANA Nursing Scope and Standards of Practice among individual nurses”</i>
Meaning 28 (13.6)	<ul style="list-style-type: none"> ▪ <i>“I think some nurses don't know what it means to actually adopt or integrate the standards into their practice. It isn't enough to read them, the nurse needs to reflect on what each standard means in terms of their personal practice.”</i> ▪ <i>“It is an antiquated document utilized by academia. The document has such vague meanings.”</i> ▪ <i>“Some nursing colleagues see the Scope and Standards as just another document. They are not always aware of what it means to their practice and why the document exists.”</i>
Language 21 (10.2)	<ul style="list-style-type: none"> ▪ <i>“Language -- the spectrum of nursing is from ADN to PhD its difficult to write this broadly”</i> ▪ <i>“I think that the average RN has difficulty relating to the language and the legalistic style”</i> ▪ <i>“The language is often ambiguous and reflects standards that hospitals with academic affiliations have influenced”</i>
Clarity 17 (8.3)	<ul style="list-style-type: none"> ▪ <i>“...the most current document was confusing. The manner in which the document is formatted is also somewhat difficult to follow as it is disjointed - it does not 'flow' from one topic to the next in a logical progression.”</i>

	<ul style="list-style-type: none"> ▪ <i>“Sometimes the standard is not clear enough or at times too black and white and to apply to certain situations”</i> ▪ <i>“Nothing clear or definitive in the document, open to interpretation beyond the intention of the document”</i>
<p style="text-align: center;">Professionalism 204 (11.8)</p>	
Responsibility/ Accountability 86 (41.9)	<ul style="list-style-type: none"> ▪ <i>“Once a nurse is out of school many don't seem to keep up on practice”</i> ▪ <i>“For many nurses nursing is a "job" not a profession and there tends to be those to whom the Scope and Standards are not important”</i> ▪ <i>“I think that many nurses do not continue to educate themselves and keep up with the ever-changing standards in nursing”</i> ▪ <i>“Individual lack of professional responsibility”</i>
Role 53 (26.1)	<ul style="list-style-type: none"> ▪ <i>“As an employee, job descriptions outline role and this sometimes may not be aligned with ANA's Nursing Scope and Standards of Practice”</i> ▪ <i>“Barriers are institutions that employ nurses do not see nurses as professionals with our own practice standards. Facility dictates what nurses do instead of nursing owning their own practice.”</i> ▪ <i>“Barriers to implementing quality standards of practice continue to revolve around utilization of professional staff versus unlicensed staff to perform routine functions at the bedside.”</i>
Membership 40 (19.7)	<ul style="list-style-type: none"> ▪ <i>“Most nurses think that it applies only to those nurses who are members of ANA ”</i> ▪ <i>“Dissemination to all RNs, especially those who are not active in ANA or any other professional organization”</i> ▪ <i>“I feel nurses who are not in a professional organization, specifically ANA, are not familiar with this document and how it affects their practice”</i>
Antecedent Personal Characteristics 25 (12.3)	<ul style="list-style-type: none"> ▪ <i>“Lack of initiative [sic] to read and address ANA Nursing Scope and Standards of Practice among individual nurses (nurses don't read)”</i> ▪ <i>“People are more interested in going to work, doing the job and coming home. They don't do anything extra unless it's required by the employer and they are getting paid for it.”</i> ▪ <i>“The only barriers are those imposed by the individual nurse”</i>
<p style="text-align: center;">Support 181 (10.5)</p>	
Leaders 112 (61.9)	<ul style="list-style-type: none"> ▪ <i>“Faculty don't always introduce the topic in their teaching”</i> ▪ <i>“Most nursing leaders in healthcare organizations do not (in my experience) structure nursing practice around the S & SoP”</i>

	<ul style="list-style-type: none"> ▪ <i>“In the expansion of health care systems, nurses are not necessarily led by nurse leaders who have the knowledge, skills, attitude to implement the Standards. They may not even have a leader who is a nurse.”</i> ▪ <i>“Nurse leaders that view such documents as academic and not foundational to practice”</i>
Education/ Training 52 (28.7)	<ul style="list-style-type: none"> ▪ <i>“...nursing leadership does not have the needed level of education or the leadership skills to implement”</i> ▪ <i>“Do not believe all nurses have solid knowledge of the book and its standards. Do not believe all nurses understand the benefits and outcomes of using it. Are all schools of nursing encouraging students to know and understand these standards?”</i> ▪ <i>“Lack of Organizational Professional Development programs which frequently reference the ANA nursing scope and standards of Practice”</i> ▪ <i>“Lack of education provided to entry level and mid-level providers”</i>
Professional Organization 14 (7.7)	<ul style="list-style-type: none"> ▪ <i>“I still believe that as nurses, we do not consistently support our professional organization. When given a choice between being active with the association, many nurses choose not to participate - they do not see the value, especially if they are direct care nurses or nurses who work outside of the educational domain.”</i> ▪ <i>“Overall lack of participation by nurses in ANA, State Nursing Organizations, and Professional Specialty Organizations”</i> ▪ <i>“Acceptance by organizations that it is important to be a member of a professional nursing organization and to utilize scope and standards for their nursing practice”</i>
Mentoring 3 (1.7)	<ul style="list-style-type: none"> ▪ <i>“Although these standards were evident and discussed our nursing school, there is still a need of mentorship on the job with real scenarios”</i> ▪ <i>“...lack of peer support...”</i>