

# From Brainstorming to Strategic Plan: The Framework for the Society for the Advancement of Disaster Nursing

## A Work in Progress

**Joanne C. Langan, PhD, RN, CNE;**  
**Roberta Proffitt Lavin, PhD, FNP-BC, FAAN;**  
**Anne Reid Griffin, MPH, BSN, RN;**  
**Tener Goodwin Veenema, PhD, MPH, MS, RN, FAAN;**  
**Aram Dobalian, PhD, JD, MPH**

Professional health care societies play a critical role in promoting excellence in patient care, educating and certifying their members on evidence-based practices, and pursuing relevant research agendas to advance the science in the field. Disaster nursing is a subspecialty of professional nursing characterized by a unique knowledge base and set of skills and abilities not used in normal daily health care activities. A disaster or large-scale public health emergency creates a sudden, unanticipated surge of patients with health care needs that far exceeds the capacity of the health care system. This creates a significant burden and risk for the nurses participating in the response. Recognizing the critical need to define scope of practice and core standards for disaster nursing and to promote greater nursing leadership in disaster preparedness and response, a group of subject matter experts established a professional society to provide leadership and guidance. The strategic planning process as described by M. Kwestel et al was used as the overarching framework for describing the design, development, and implementation of the new society. Establishment of the Society for the Advancement of Disaster Nursing is a definitive step toward improving national nurse readiness in the United States. **Key words:** *disaster, leadership, nursing, organizations, society*

---

**Author Affiliations:** *Saint Louis University, School of Nursing, St Louis, Missouri (Dr Langan); The University of Tennessee Knoxville, College of Nursing (Dr Lavin); Veterans Emergency Management Evaluation Center, US Department of Veterans Affairs, North Hills, California (Ms Griffin and Dr Dobalian); Johns Hopkins School of Nursing, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (Dr Veenema); and Division of Health Systems Management and Policy, School of Public Health, The University of Memphis, Memphis, Tennessee (Dr Dobalian).*

*The work on the Call to Action was supported in part by the Office of Patient Care Services, Veterans Health Administration, US Department of Veterans Affairs. This article is not intended to suggest that the VA, its staff, or any part of the executive branch endorses SADN.*

---

**T**HIS ARTICLE describes the typical steps in the strategic planning process and how that process relates to the steps taken to establish the Society for the Advancement of

---

*No federal employee participated in SADN or its establishment in an official capacity. The contents do not necessarily represent the views of the US Department of Veterans Affairs or the United States Government.*

*The authors declare no conflict of interest.*

**Correspondence:** *Joanne C. Langan, PhD, RN, CNE, Saint Louis University, School of Nursing, 3525 Caroline St, St Louis, MO 63104 (Joanne.Langan@slu.edu).*

*DOI: 10.1097/NAQ.0000000000000335*

Disaster Nursing (SADN). The strategic planning process described was based on the classic framework of Kwestel et al<sup>1</sup> (Figure).

The precursor to SADN were efforts in 2014 to systematically explore the need to address issues related to disaster nursing. These efforts were initiated by staff of the US Department of Veterans Affairs, which has been responding to disasters on behalf of both Veterans and non-Veterans since the 1950s and is the largest employer of nurses in the United States. Staff with the Veterans Emergency Management Evaluation Center (VEMEC) contacted 18 subject matter experts (SMEs) and key organizational leaders who were identified by a review of literature and selected for their prior experience and leadership in disaster response through military nursing, the American Red Cross, academia, public health, VEMEC, US Department of Health & Human Services, and other federal agencies. These SMEs were asked about their interest in initiation of a call to action or campaign to support and promote the role of nurses in emergency preparedness and response. All agreed that although nurses serve a vital role throughout the disaster cycle, they are severely underrepresented in the disaster planning process. These nursing leaders advocated for a disaster nursing call to action to address this de-

ficiency. Phone consultations with many disaster preparedness and response experts occurred during the initial planning period of May 2014 to December 2014.

In December 2014, VEMEC cohosted a workshop on “Nurses as Leaders in Disaster Preparedness and Response” with 14 of the SMEs and key organizational leaders. The 70 practicing nurse attendees were guided by the future SADN founding members as “brainstorming requires that all members are clear about what the issue is about and what it is not about.”<sup>2</sup>

### STRATEGIC PLANNING PROCESS

Strategic planning is a process that leaders use to guide the organization in envisioning their future and developing the procedures and strategies to actualize that future.

A strategic plan is used to understand how an organization will meet its long-range issues and goals. The plan is very important, as potential members of the organization and investors will examine it to determine how likely it is that the organization will achieve success. The first part of a strategic plan typically includes the organization’s vision of what it wants to become or accomplish. Following the establishment of the vision, the mission statement is formulated. The mission statement, or purpose of the organization, will dictate how the vision will be accomplished. This can be followed up with specific goals to help fulfill the mission and vision statements. Following this process, more detailed information about the organization can be included. This may include a SWOT analysis, or strengths, weaknesses, opportunities, and threats section. This analysis will determine facilitators and barriers to the achievement of organizational goals. The organization should look at its vision and organizational assessment data and then ask, “Where are the gaps?” The strategic plan answers that question and determines what it would take to fill those gaps and achieve the vision. The typical strategic plan outlines the organization’s activities for the next 3 to 5 years.<sup>2</sup>



**Figure.** Strategic planning process. Reprinted with permission from Kwestel et al.<sup>1</sup>

Following the articulation of the vision and mission for the organization, goals are set that will help the organization fulfill its mission and vision statements. It is generally recognized that goals should be reasonably obtainable and within the scope of the organization. Measurable goals allow the organization to determine the success of its operations, planning, and initiatives in achieving the vision and mission of the organization<sup>3</sup> (see Table 1). The underlying value statement of these efforts is that *every nurse will be a prepared nurse*.

Barriers and facilitators to achieve these goals were identified, and supporting recommendations within the domains of practice, education, policy, and research were described (Table 2). This work eventually resulted in the publication of a white paper<sup>4</sup> that described 12 recommendations for addressing the identified gaps. These recommendations became the objectives of each of the established domains (see Table 3). Led by a core group of the original SMEs, working groups or committees were established in mid-2017 to focus on practice, education, research, and policy. Each committee adopted the objectives to guide and assist members in achieving the vision, mission, and goals of the organization.

Committee efforts have yielded published manuscripts, national and international presentations to clinical practice, administration, emergency management, and public health audiences.<sup>5-7</sup> More than 35 volunteers participate in monthly work group meetings to advance the recommended action steps de-

finied by the founding collaborators. Consistent progress and participation are driving efforts toward the formal establishment as the SADN.

In 2016, a conference titled “Society for the Advancement of Disaster Nursing (SADN) Leadership Conference: Nursing Administration and Leadership in an Emerging Clinical Arena” was held at Johns Hopkins School of Nursing. This was the second in-person meeting of the future SADN leaders and included many who would become members. The meeting convened more than 125 participants representing nursing service and academia from across the country. The conference objectives were to continue to work on foundational values of SADN and to begin planning the next steps in creating a strategic plan.

### Phase 1: Internal assessment

An internal assessment determines what type of human and material capital is necessary to achieve the work of an organization, its mission, and vision. As Valcik stated in 2016, “Without the right personnel in the right positions, a strategic planning director will be disadvantaged . . . .”<sup>3</sup> The VEMEC; Veterans Health Administration; and the US Department of Veterans Affairs, with the support of the Veterans Health Administration Office of Nursing Services and the Veterans Health Administration Office of Emergency Management, were the organizations that sponsored the Call to Action at the 2014 meeting. One of the purposes of this initial meeting was to conduct an internal assessment of what was

**Table 1.** Society for the Advancement of Disaster Nursing Goals<sup>a</sup>

<p>The nursing Call to Action seeks to ensure that all nurses:</p> <ul style="list-style-type: none"> <li>Possess the minimum knowledge base, skills, and abilities regarding disaster response and public health emergency preparedness.</li> <li>Respond directly or provide indirect support during a disaster event or public health emergency.</li> <li>Promote preparedness among individuals in their care, families, communities, and within the organizations they represent.</li> <li>Demonstrate a commitment to professional preparedness by participating in disaster planning, drills, and exercises with and beyond their specialty environment.</li> </ul>
--

<sup>a</sup>As cited in Veenema et al.<sup>4</sup>(p191)

**Table 2.** Society for the Advancement of Disaster Nursing Facilitators and Barriers

Strengths and Opportunities	Weaknesses and Threats
Broad range of skills possessed by nurses, the largest US health care workforce	Limited or no disaster nursing education or skills among some nurses
Support for improving disaster nursing education among nurse leaders globally	Lack of standardization of disaster nursing curriculum
Opportunities to improve disaster nursing education through formal education, state licensing agencies, and accrediting bodies	Variable continuing education requirements for practicing nurses (some states require, some do not)
Opportunities to work with nurse leaders in service and education	Lack of funding for training, supplies
Opportunity to promote all-hazards preparedness	Planning and preparedness efforts reactionary based on current events
Opportunities for partnerships with military, federal agencies, and state and local agencies	Duplication of efforts among interested agencies; lack of coordinated preparedness and response strategies

necessary to achieve the work of the organization, its mission, and vision.<sup>4</sup> Following this workshop, 5 of the key organizational leaders volunteered to serve as advisory committee members. The advisory committee members serve as experts, guiding the executive committee members toward the achievement of the organization's vision and goals. This early US Department of Veterans Affairs and core group work exemplifies the internal assessment of human resources. Experts in disaster preparedness for nurses were sought to guide the group and to volunteer their services in that role. The internal assessment emphasized a lack of material capital, other than what the member entities could contribute. This included computer hardware, software, and communication capability to reach members across the nation. In addition, the internal assessment revealed that other roles and responsibilities needed to be defined to establish an interim board of directors, who would be willing to commit to establishing a strong foundation for the organization, defining the portability of health care licensure during disasters, and clarifying disaster nursing's scope of practice and roles in emergency support functions (ESF-6 and 8) such as mass casualty care, human services, and public health.

Another internal assessment item was to determine whether all members wanted to be "onboard" with this effort. In the early stages of developing a professional society, it is difficult to determine the level of membership commitment. An organization cannot move forward in the election of officers until it is decided what membership eligibility will be. Several questions were asked at this time: What is the product? How can we finance conferences and meetings? What is a source of financial support? Should this new society seek the status of a 501c3? It was acknowledged that other nursing authorities or entities would need to be consulted to determine the fundamental components of establishing a new nursing specialty organization.

### Phase 2: External assessment

An external assessment is essential in determining whether other groups or organizations are already in existence, working toward the same vision and goals. In that case, the newly formed group may choose to join the existing entity. In this case, the SADN members chose to remain independent, as no other organization explicitly matched their vision and goals. The external assessment is also a means to determine whether there

**Table 3.** Objectives

<p>1. Practice committee</p> <ol style="list-style-type: none"> <li>a. Present rationale to health care and related organizations that demonstrates the effectiveness of administrative support and crisis standards of care to enhance nurse willingness to respond to disasters.</li> <li>b. Establish a collective effort among nurse leaders to advance the practice of disaster nursing and public health emergency preparedness and response.</li> </ol> <p>2. Education committee</p> <ol style="list-style-type: none"> <li>a. Develop a national set of disaster nursing competencies to be integrated into the AACN Essentials of Nursing and National League for Nursing Guidelines for Nursing Education.</li> <li>b. Establish coalitions of schools of nursing to develop evidence-based and competency-driven didactic and clinical learning opportunities using multiple delivery platforms that can be integrated into the undergraduate and/or graduate nursing curricula.</li> <li>c. Broaden lifelong, continuing educational opportunities in disaster nursing and public health emergency preparedness and response for nurses through health care and related organizations across all health care settings.</li> <li>d. Establish a national clearinghouse of information to provide guidance and resources on disaster nursing.</li> </ol> <p>3. Policy committee</p> <ol style="list-style-type: none"> <li>a. Conduct a thorough review of national policies and planning documents addressing disasters and public health emergencies to ensure that they elevate, prioritize, and address the practice of disaster nursing in federal, state, and local emergency management operations.</li> <li>b. Encourage a culture of volunteerism through national nursing professional organizations by engaging their members to align with volunteer agencies and participate in disaster response.</li> <li>c. Facilitate timely and efficient deployment of nurses and other health care workers to disaster areas by expanding liability protections for volunteers and providing coverage for volunteers harmed while responding.</li> </ol> <p>4. Research committee</p> <ol style="list-style-type: none"> <li>a. Establish a research agenda based on a thorough needs assessment to document gaps in literature, nursing knowledge and skills, and available resources.</li> <li>b. Expand research methods to include interventional studies and use both quantitative and qualitative designs.</li> <li>c. Increase the number of doctorally prepared nurse scientists serving as principal investigators on disaster research projects.</li> </ol>
--

are environmental forces that might challenge the new organization or threaten its survival. The new organization conducts an analysis of its strengths, weaknesses, opportunities, and threats (SWOT) related to external forces that might affect the work of the organization. The question is asked, “Does the new organization have the means to deal with challenges, to successfully change course if necessary, and to survive in spite of those challenges?”<sup>8</sup>

Additional questions were considered at this time:

- In which state should we base this organization? This is important to determine, as each state has different requirements for establishing a new legal entity (eg, 501c3), with significant tax implications for the organization.
- Will our new organization have widespread appeal across all specialties of nursing? The challenge for SADN was that, in theory, disaster nursing is “every nurse’s subspecialty,” and as such, every nurse should possess a minimum knowledge base and skill set for response.

The goal of SADN was to be inclusive and to reach nurses across all specialties.

- Is there benefit in having a single focus area of disaster nursing? While the SADN leaders believe strongly that there is benefit, the challenge became how to best convey the benefits and value to other nurses and health care organizations. The leadership team needed to carefully consider each of these questions, as well as other aspects of membership.

### **Phase 3: Management and leadership planning sessions**

A strong and cohesive leadership team is critical to the success of any organization, particularly a new one. The leadership or executive group meets frequently to develop and evaluate various strategies that the group will use to meet their opportunities and threats. This is a time to continue to consider the extent of the vision, mission, and goals, and to ask whether the goals of the organization are too broad and all-encompassing. The leadership team may choose to reorganize the subcommittees to achieve the vision and goals. During the leadership planning sessions, several key issues are discussed, and more questions are asked: Should a board of directors be appointed or elected? How are bylaws going to be maintained and how often should they be reviewed and revised to remain relevant? Should in-person meetings be held annually or every other year, alternating site location from East Coast to West Coast? Should a finance committee organize the meetings or conferences to collect registration fees and manage the invoices?

### **Phase 4: The implementation plan**

Several strategies that were developed in planning sessions have now been implemented. The strategic plan was developed and vetted among the leaders of SADN (see Table 4). One of the first items of business was to communicate and disseminate information in order to build a community of nurses interested in disaster nursing. Questions asked dur-

ing this phase were as follows: How do we position ourselves as experts and act as specialists while being inclusive of all nurses? How do we attract new members and incentivize them to contribute both intellectually (and possibly) through monetary contributions or membership dues?

The society seeks to establish and maintain standards of care for nurses in disaster and public health emergencies and has published the need for these standards. In addition, the SADN Web site was developed to establish access to education and training for the membership and general public.

The SMEs who met in 2014 emphasized the importance of identifying a minimum set of competencies for disaster preparedness and response. These basic competencies are meant to serve as the foundation on which to ensure that every practicing nurse has the ability to keep both patients and nurse safe during disasters. However, SADN leaders realize that not all nurses need to be prepared for all roles in disaster response.<sup>4</sup>

The SADN is careful to avoid using the term “disaster nurses.” Instead, “disaster nursing” is used as more inclusive terminology. Disaster nursing includes the broad spectrum of skills required for disaster preparedness and response. All nurses are welcomed to learn these skills. Those who wish to take leadership roles in disaster preparedness and response are encouraged to learn the more advanced skills and perhaps choose to be certified as “disaster nurses.”

This society of experts has taken accountability for examining all published disaster nursing competencies and to level those competencies. It is anticipated that skills will be labeled as either basic competence or expert-level competence. When this important distinction is accomplished, the SADN will publish findings, so that nurses in service and academia can readily identify the level of competence appropriate for their nurses to master. The SADN Web site will become a clearinghouse of educational opportunities for nurses across the nation. The society will also develop the capability to provide education

**Table 4.** Society for the Advancement of Disaster Nursing Strategic Plan<sup>a</sup>

<b>Mission/Vision/Values/Strategic Themes/Results</b>				
<b>Mission: Serve as a resource and provide leadership for disaster nursing in the United States.</b>				
<b>Vision: Create a national nursing workforce with the knowledge, skills, and abilities to respond to disasters and public health emergencies in a timely and effective manner.</b>				
<b>Value statement: Every nurse a prepared nurse.</b>				
<b>Strategy Map/Objectives</b>	<b>Financial</b>	<b>Measures</b>	<b>Targets</b>	<b>Initiatives</b>
Establish a community of nurses and others that fosters communication, collaboration, and coordination to advance the science and practice of disaster nursing		501c3 established	October 1, 2018	Confirm mission statement File state and federal exemption File articles of incorporation and bylaws Form a board of directors Finalize the business plan Invite membership Establish communications plan Establish organizational ethics Establish bylaws
		Dues paying members	First 25 members	Determine “essentials” of disaster nursing for disaster nurses based on best practices.
Establish scope of practice and standards of care for nurses in disasters and public health emergencies	Customer	Publication	July 1, 2019	
Build a body of science to support the field	Research and scholarship	Web site created	January 1, 2019	Create a clearinghouse of disaster-related research that has been disseminated. Conduct systematic reviews of the literature to determine gaps in research. Utilize the clearinghouse of nurse scientists who wish to conduct studies to fill the gaps in the science of disaster preparedness. Collaborate with colleagues on grant applications and other means of achieving funding for research studies.

*(continues)*

**Table 4.** Society for the Advancement of Disaster Nursing Strategic Plan<sup>a</sup> (*Continued*)

<b>Mission/Vision/Values/Strategic Themes/Results</b>				
<b>Mission: Serve as a resource and provide leadership for disaster nursing in the United States.</b>				
<b>Vision: Create a national nursing workforce with the knowledge, skills, and abilities to respond to disasters and public health emergencies in a timely and effective manner.</b>				
<b>Value statement: Every nurse a prepared nurse.</b>				
<b>Strategy Map/Objectives</b>	<b>Financial</b>	<b>Measures</b>	<b>Targets</b>	<b>Initiatives</b>
Articulate roles and responsibilities for nurses during disasters and public	Customers	Publication	July 1, 2019	Define disaster nursing scope of practice Clarify the intersection of nursing's role in both ESF-6 and ESF-8
Ensure access to education and training for the membership	Organizational capacity	Modules accessed	March 1, 2019	Create and identify education modules readily available to disaster nurses to learn or refresh essential competencies. Capitalize on education technology to deliver disaster nursing education and reference products at the point of care. Communicate time line for completion of modules, frequency of updating modules, and frequency of module learning (ie, annual competencies).

<sup>a</sup>Reprinted with permission from Veenema et al.<sup>4</sup>



on both levels of competence to those who wish to learn. An important aspect of the education will be the active practice of skills and competencies. In addition, the active practice will need to be reviewed and renewed on a regular schedule, such as annually, to keep nurses current, comfortable, and competent in their skill acquisitions. The goal is to obtain funding to provide this education free of charge to students. In this way, all nurses can become prepared nurses.

### Phase 5: Review

As described in the nursing process, every plan that is implemented needs to be evaluated. A careful review of the organization's processes and strategies to meet its vision and goals will be essential in determining the future work of the organization. Evaluations will include surveys of customer satisfaction along with input from key stakeholders. The organization will periodically analyze whether membership has increased, or decreased, or held steady over time, and trends will be analyzed for underlying causes.<sup>3,8</sup> The SADN will evaluate its efficacy by asking, "Did the society meet stakeholder needs?" and "Have we been able to achieve our goals and objectives by staying true to the vision and mission?" It will need to be determined whether disaster nursing as "everyone's subspecialty" becomes a reality, or whether many in nursing do not view it from that perspective. Other relevant nursing organizations will be considered as potential partners for establishing the organization and moving its work forward.

### DISCUSSION/LESSONS LEARNED

Multiple barriers and challenges have been encountered throughout the process of establishing SADN as a new organization within the profession of nursing. Efforts to follow the strategic framework were not always completed in sequence, and much of what we learned was an iterative process. Challenges included a lack of seed funding to launch the society, a myriad of legal and regula-

tory requirements, and accounting and financial management rules. Reliance upon the original founding members to solely establish and conduct the business of the society created a significant burden on professionals already very busy in leadership roles.

### CONCLUSION

Society for the Advancement of Disaster Nursing required the development of a clearly articulated organizational vision, mission, and goals, and the establishment of a structure and bylaws to guide membership and governance. Branding, marketing, a social media platform for communications, and a strategic plan to guide and sustain the work of the organization were also essential elements. As a nascent organization, SADN had limited funds, so allocation of "time, talent, and treasure" was an additional challenge.

The SADN leadership group has yet to finalize bylaws and to establish membership criteria, membership dues (if any), officer roles, and length of terms. The SADN business plan is completed and being reviewed by experts. Consultation will be sought to strengthen the plan for presentation to potential sponsors. Society for the Advancement of Disaster Nursing continues to coalesce as an organization, improve communications, and grow its membership. Society for the Advancement of Disaster Nursing members are working to achieve the mission and goals across the arenas of clinical practice, education, disaster health policy, and research.

While much work has been accomplished and shared through national and international presentations as well as published articles, the SADN acknowledges that this effort is still a work in progress. As the strategic planning framework suggests, a continuous cycle of review, evaluation, planning, and implementation is necessary to keep any organization functioning and successful. The SADN leaders are passionate about this effort and are committed to the work required to ensure the best outcomes for disaster survivors. The best

nursing care for individuals and communities is delivered by prepared nurses whose knowledge and skills are supported by evidence and

lessons learned. They have the skill set to keep themselves safe so that they may care for others.

---

## REFERENCES

---

1. Kwestel M, Preston M, Plaster G. *The Road to Success: How to Manage Growth*. New York, NY: John Wiley & Sons; 1998.
2. Finkelman AW. Change and decision making. In: *Leadership and Management in Nursing*. Upper Saddle River, NJ: Prentice Hall; 2006:54, 66.
3. Valcik NA. Strategic planning at an organizational level. In: *Strategic Planning and Decision-Making for Public and Non-Profit Organizations*. New York, NY: Taylor & Francis; 2016:15-17.
4. Veenema TG, Griffin A, Gable AR, et al. Nurses as leaders in disaster preparedness and response: a call to action. *J Nurs Scholarsb*. 2016;48(2):187-200.
5. Veenema TG, Lavin RP, Griffin A, Gable AR, Couig MP, Dobalian A. Call to action: the case for advancing disaster nursing education in the United States. *J Nurs Scholarsb*. 2017;49(6):688-696.
6. Couig MP, Gable A, Griffin A, et al. Progress on a call to action: nurses as leaders in disaster preparedness and response. *Nurs Adm Q*. 2017;41(2):112-117.
7. Langan JC, Lavin R, Wolgast KA, Veenema TG. Education for developing and sustaining a health care workforce for disaster readiness. *Nurs Adm Q*. 2017;41(2):118-127.
8. Yoder-Wise PS. *Leading and Managing in Nursing*. 6th ed. St Louis, MO: Elsevier; 2015:292-295.