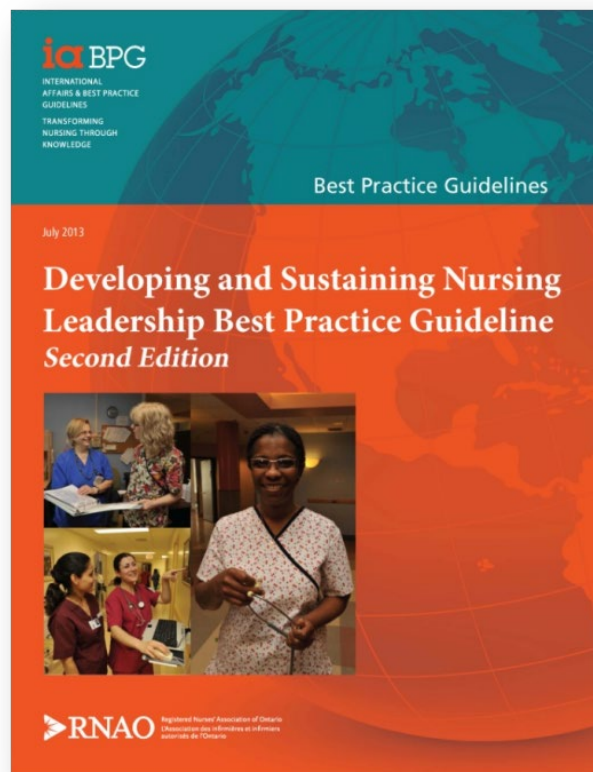


Gap (opportunity) analysis worksheet: Comparing your practices to best practices

*Developing and Sustaining Nursing Leadership,
Second Edition, July 2013*



Download this guideline for free at: [RNAO.ca/sites/rnao-ca/files/bpg/developing-and-sustaining-nursing-leadership](https://rnao.ca/sites/rnao-ca/files/bpg/developing-and-sustaining-nursing-leadership)

Review RNAO's evidence-based implementation resource, Leading Change Toolkit, Fourth edition, at [RNAO.ca/leading-change-toolkit](https://rnao.ca/leading-change-toolkit)

What is a gap (opportunity) analysis?

This is a process widely used to determine if best practices have been met after the practice change has been completed. A gap (opportunity) analysis helps you compare your organization's current practice with evidence-based best practice recommendations and/or good practice statements to determine:

- Existing practices and processes that are currently implemented and supported by best practices. This information is useful to reinforce practice strengths.
- Recommendations/good practice statements that are currently partially implemented in practice. These would be good first targets for change efforts.
- Recommendations/good practice statements that are not currently being met.
- Recommendations/good practice statements that are not applicable to your practice setting.

Why should we conduct a gap (opportunity) analysis?

- Contributes to annual evaluation by allowing you to compare practice from year to year and choose which areas to focus on changing within the year.
- Focuses on needed practice change which prevents a total overhaul of practice and builds on established practices and processes.
- Informs next steps such as development of infrastructure to support implementation, internal/external partner engagement, identification of barriers and facilitators, resource requirements, selection of implementation strategies and evaluation approaches.
- Leads to sustained practice change by informing plans related to process, staff and organization and reinforces current evidence-based practices.

How can we get started conducting a gap (opportunity) analysis?

Review the best practice guideline (BPG) in its entirety including its purpose, scope, guiding frameworks, good practice statements and evidence. This will help you gain a full understanding of the actionable best practices, implementation strategies and resources available to you.

If you are new to reading evidence-based guidelines, please [watch our 2024 video](#) "How to read, use and interpret a best practice guideline".

Engage the team and internal and external partners as needed in gathering information for the gap (opportunity) analysis. Collect information on:

- Current practice – is it known and is it consistent? (met, unmet, partially met)
 - Partially met recommendations/good practice statements may only be implemented in some parts of the organization, or you may feel it is only half done.
- Are there some recommendations/good practice statements that must be implemented before others?
- Can any recommendations/good practice statements be implemented quickly? (TIP: These are, “easy wins” and build confidence in the change.)
- Are there recommendations based on higher levels of evidence than others?
- Are there any barriers to implementation? (Examples include: staffing, skill mix, budget, workload issues, etc.)
- What are the time frames in relation to specific actions and people or departments who can support the change effort?
- Are there links with other practices and programs in your organization?
- Are there existing resources and education that your organization can access?
- Are there any must-do recommendations/good practice statements crucial to client/resident/patient and staff safety?
- What alignment do we consider with legislation, policy, accreditation, etc.?

Important note for long-term care homes: Completing this gap (opportunity) analysis each year helps you compare your current practices with evidence-based standards set by the Ministry of Health and Long-Term Care, as required by the [Fixing Long-Term Care Act, 2021](#) and [Ontario Regulation 246/22](#).

Next steps

1. Celebrate the recommendations/good practice statements you are meeting.
2. Prioritize the areas you want to work on. Start with practice changes that can be made easily or are crucial to client/resident/patient and staff safety. Start by reinforcing success and focusing on quick wins.

3. These priority areas become the foundation for planning your program or implementing practice change.
4. For more information on taking your gap (opportunity) analysis to the next level, see the RNAO [Leading Change Toolkit, Fourth edition](#)
5. **For long-term care homes:** Contact your LTC implementation coach, – by visiting [Find your implementation coach | RNAO.ca](#) for assistance with completing a gap (opportunity) analysis.
6. **For all other BPSOs:** Contact your implementation coach.
7. Not a LTCH or a BPSO and have questions about using this worksheet-[Send us a message | RNAO.ca](#)

For more information about the interpretation of evidence and recommendation statements, please see RNAO's explainer, [Advancements in RNAO Best Practice Guideline Methodology: Transition to the GRADE Approach](#).

Gap (opportunity) analysis worksheet

Site: _____

Date completed: _____

Team members participating in the gap (opportunity) analysis:

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

| RNAO guideline Developing and Sustaining Nursing Leadership | Met, partially met or unmet? | Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|---|-------------------------------------|--|
| Leadership Recommendations | | |
| <ol style="list-style-type: none"> 1. Nurse leaders use transformational leadership practices to create and sustain healthy work environments. 1.1 Nurse leaders build relationships and trust. 1.2 Nurse leaders create or contribute to an empowering work environment. 1.3 Nurse leaders create or contribute to an environment that supports knowledge integration. 1.4 Nurse leaders lead, support and sustain change. 1.5 Nurse leaders balance the complexities of the system, identifying and managing competing values and priorities. | | |
| Personal Recommendations | | |
| <ol style="list-style-type: none"> 2. Nurse leaders continually develop their personal resources for effective leadership. 2.1 Nurse leaders exhibit a strong professional nursing identity. 2.2 Nurse leaders reflect on and take responsibility for the growth and development of their own leadership expertise. 2.3 Nurse leaders act as coaches and mentors to develop leadership expertise in others and further develop their own professional skills. 2.4 Nurse leaders cultivate professional and personal social supports. | | |

| RNAO guideline Developing and Sustaining Nursing Leadership | Met, partially met or unmet? | Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|---|-------------------------------------|--|
| Education Recommendations | | |
| <p>3. Educational programs provide formal and point-of-care opportunities for leadership development for nurses.</p> <p>3.1 Nursing leadership programs incorporate evidence-informed models and theories.</p> <p>3.2 Nursing leadership programs offered through undergraduate, graduate and continuing education include formal and point-of-care opportunities for leadership.</p> | | |
| Organization and Policy Recommendations | | |
| <p>4. Health-service organizations provide supports for effective nursing leadership.</p> <p>4.1 Health-service organizations demonstrate respect for nurses as professionals and their contribution to care.</p> <p>4.2 Health-service organizations respect nurses as individuals.</p> <p>4.3 Health-service organizations plan and provide opportunities for growth, advancement and leadership development, not only for nurses in formal leadership positions but also for nurses at the point-of-care.</p> <p>4.4 Health-service organizations support empowerment, enabling nurses to be responsible and accountable for their professional practice.</p> <p>4.5 Health-service organizations provide timely access to information, decision-support systems and the resources necessary for care.</p> <p>4.6 Health-service organizations promote and support teams, collaborations and partnerships.</p> | | |

| RNAO guideline Developing and Sustaining Nursing Leadership | Met, partially met or unmet? | Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|---|-------------------------------------|--|
| <p>4.7 Health-service organizations support leaders to assist and facilitate change.</p> <p>4.8 Health-service organizations give managers spans of control that enable effective nursing leadership.</p> <p>4.9 Health-service organizations invest in training and succession planning to develop future leaders.</p> | | |
| Structural Recommendations | | |
| <p>5. Governments develop policies and provide resources that support effective leadership.</p> <p>5.1 Governments in all provinces and territories establish a senior nurse leader as a policy advisor.</p> <p>5.2 Governments in all provinces and territories provide links among these nurse leaders.</p> <p>5.3 Governments in all provinces and territories establish a nursing advisory council.</p> <p>5.4 Governments in all provinces and territories establish, fund and maintain programs for nursing leadership development.</p> <p>5.5 Governments in all provinces and territories establish, fund and maintain programs of nursing leadership research.</p> <p>6.0 Researchers partner with governments and educational and health-service organizations to conduct nursing leadership research.</p> <p>6.1 Researchers study the impact of nursing leadership on nurses, patients/clients, organizations and systems.</p> <p>6.2 Researchers develop, implement and evaluate a leadership intervention based on the Conceptual Model for Developing and Sustaining Nursing Leadership.</p> | | |

| RNAO guideline Developing and Sustaining Nursing Leadership | Met, partially met or unmet? | Notes (Examples of what to include: is this a priority to our organization, information on current practice, possible overlap with other programs or partners) |
|--|-------------------------------------|--|
| <p>6.3 Researchers conduct research on health human resources planning for nursing leadership roles.</p> <p>6.4 Researchers conduct research on nursing leadership education and development.</p> <p>7.0 Health-service and educational accreditation bodies incorporate into their standards this guideline’s organizational support recommendations for formal and informal leaders.</p> | | |