

Transition Support for First-Year Nurse Practitioners

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## Chapter 1: Introduction

The difficulties of the transitional first year for nurse practitioners (NPs), particularly the difficulty of adjusting to the new role, have been documented in a small collection of studies (American Association of Colleges of Nursing, 2015; Barnes, 2015; Faraz, 2016; Rosenzweig et al., 2012; Sidani & Irvine, 1999; Sullivan-Bentz et al., 2010). What is less studied or identified are methods that best support NPs during their first year of practice as they transition from student to autonomous care provider. Formal postgraduate training for NPs is currently not required by federal or state guidelines, and many graduates begin caring for patients without postgraduate transition support or organized training in their first year (National Nurse Practitioner Residency & Fellowship Training Consortium, 2018).

### Background

In 2010, the Institute of Medicine (IOM) published *The Future of Nursing: Leading Change, Advancing Health*, a 2-year research project responding to the changing healthcare needs of the public and the impact of those changes on nursing as a profession. This evidence-based policy initiative became a mandate for nursing education and remains a guide for the development of nursing programs as well as for the evolution of practice in the field (American Association of Colleges of Nursing, 2015). Recommendations in this seminal document encourage state boards of nursing to support “transition-to-practice” programs, also known as postgraduate residencies, for advanced practice registered nurses (APRNs).

Despite the IOM’s edict, mandatory NPs residency programs have yet to be established. One roadblock, generated within the nursing community itself, came in the form of a position paper published by the American Association of Nurse Practitioners (AANP) supporting an indefinite moratorium on mandatory residencies (AANP, 2014). The association’s concerns

were based primarily on the financial impact such training would incur and the need to defend the adequate clinical preparation NPs receive while in school. Although consensus regarding defining and developing these programs has proven challenging (Harper, McGuinness, & Johnson, 2017), attention to how we train incoming APRNs has not lost traction as alternative methods continue to be explored (Sciacca & Reville, 2016). These methods include mentorships and organizational orientation programs in addition to voluntary residency programs.

Education and preparation of the next generation of primary care providers is an important topic. As fewer physicians fill the role of primary care provider, an alternative has emerged: the APRN, more specifically, the NP. NPs currently represent 19% of the primary care workforce in the United States (Agency for Healthcare Research and Quality, 2012). The number of NPs in primary care is anticipated to reach 72,100 by 2020, a 30% increase in a 10-year span (Health Resources and Services Administration, 2013), as approximately 23,000 individuals complete graduate NP programs annually (American Association of Nurse Practitioners, 2017).

### **The Problem**

With only voluntary residency programs available, a large proportion of primary care practitioners enter the field with potentially little or no transitional support. Despite the lack of transitional support, NPs have proven their ability to provide care equal to or better than that of their physician counterparts alone (Newhouse et al., 2011). Opponents of mandatory residencies argue that the ability of so many NPs to provide excellent care suggests residencies are not needed (AANP, 2014).

If further comparisons are to be made between medical doctors and NPs in regards to postgraduate training, medical doctors receive superior postgraduate training opportunities for comparable work in the primary care environment. The federal government pays \$15 billion

annually in direct graduate medical education (GME) costs for medical education residencies (Association of American Medical Colleges, 2013) compared to zero for NP postgraduate training. It gives one pause to consider the difference of \$15 billion to zero for training for comparable work. That difference leaves the financial impact of training in the hands of the hiring institution or clinic proprietor. Though experimental government programs have been proposed, no legislation has yet passed that provides direct federal monies to graduate NP education (Centers for Medicare and Medicaid Innovation, 2012). This leaves a rapidly growing profession without a structured foundation on which to transition from theory to practice.

What is known about the transition period for first-year NPs is relatively little when compared to more mature postgraduate healthcare-related education programs in medicine, pharmacy, and physical therapy (Martsolf, PhuongGiang, Freund, & Poghosyan, 2017). Hence the need for further literature on the topic and the goal of this essay review of existing data. Indeed, a major obstacle to the development and expectation of first-year NP transition programs is the lack of documented evidence to support their existence (Sciacca & Reville, 2016).

Since the inception of the first voluntary NP residency program in 2007, data collected from NPs in their pivotal first year increasingly suggest the benefit of postgraduate programs, mentorships, and orientation. These supports enhance NPs' personal practice by way of job satisfaction (Bush & Lowery, 2015) and perceived strengthening of skills related to primary care functions (Barnes, 2015). These factors may prove critical in the retention of primary care providers (Faraz, 2016), affect patient outcomes, and improve patient safety as NPs develop their autonomous practices. These subjective and objective measures demonstrate achievement of "mastery and fluid identity," an outcome indicator in Dr. Afaf I. Meleis's middle-range transition theory (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Transition theory provides the

framework for the current study, permitting an understanding of the transitional period of first-year NPs as they evolve from student to autonomous provider.

### **Purpose of the Study**

A body of knowledge regarding the topic of postgraduate NP education and the transitional first year is lacking. The purpose of this study is to add to the existing literature on the topic so researchers and healthcare professionals will have adequate information to continue the conversation regarding postgraduate training. The ultimate goal is to offer recommendations for strategies healthcare professionals can use to support first-year NPs in their transition from student to autonomous provider.

In the absence of a federal mandate or federal funding, it remains unlikely that residency programs for NPs will become required by governing bodies or reach their full potential if employed solely on a voluntary basis. Therefore, whether and how these programs will be developed is left entirely up to individual states and their boards of nursing. Lobbying efforts to change the standard and require federal funding, as in Senate Bill 2229 proposed in 2014 by Senator Bernie Sanders (Expanding Primary Care Access, 2014) have been, to date, unsuccessful. We must therefore explore alternatives in postgraduate education including voluntary fellowships, organized orientation programs, and mentorships while still pursuing federally mandated and funded NP residency programs. What remains to be asked in more simple and immediate terms is what interventions best support first-year NPs in their transition from student to autonomous provider.

With a paucity of formal postgraduate residency programs, we must focus on what the individual institution or private practice can offer first-year NPs as they transition from expert registered nurse (RN) to novice NP. The synthesis section of this study contains

recommendations regarding interventions that best support the transition of first-year NPs from student to autonomous provider based on the review of selected literature. Of secondary benefit, this study enhances the limited existing body of knowledge on this topic by providing a comprehensive integrative review of literature. As this is an emerging area of study (relative to the time span of nursing), it was necessary to make inferences based on existing data and identify areas requiring gap analysis for future study.

## **Chapter 2: Methods**

This study is an integrative review of the current literature on the transition of NPs from their role as student to autonomous provider in their first year as NPs. It contains an examination and a synthesis of the available research on the topic. The synthesis includes recommendations for strategies that support first-year NPs in the transition.

### **Research Question**

The study was guided by the following research question: What methods best support first-year NPs in role transition from student to autonomous provider?

### **Design**

This study used the integrative review method described by Whitemore and Knafl (2005) to discern the components of successful transition from student to autonomous NP. This methodological framework is the right choice for this study because it allows a wide range of theoretical, empirical, and qualitative data to be included in the review of literature. The bulk of published studies on the topic of role transition of the NP is represented as descriptive, qualitative research and lends itself to subjective interpretation regarding the term “successful transition.” The remainder of the literature consists of descriptions of theoretical benefits of structured transitional programs and empirical data suggestive of successful transition. Use of the integrative review method permits identification, definition, and categorization of the varied types of literature relevant to the question “what methods best support role transition in first-year NPs?”

## **People and Resources**

The principal people and resources for this study consisted of library services, primarily staff at the Hiebert Library of Fresno Pacific University. The staff aided in the data search. Project evolution was facilitated by faculty chair Christine Bennett.

## **Sample**

The body of data required for this project consisted of descriptive, qualitative studies conducted by prior researchers, white papers from established organizations, theoretical constructs related to transition for NPs, and data extrapolation suggestive of successful NP transition. Six key studies and their subsequent published materials were utilized as the groundwork of this document. They are described in chapter 3. No ethical approval was required for this type of research.

## **Data Collection and Appraisal Instrument**

The main search term for data discovery was *nurse practitioner*; subcategories and MeSH terms were: *first-year, transition, mentorship, residency, orientation, training, and perceptions*. The database utilized for the literature search process was Fresno Pacific University's Hiebert Library Encore program, an integrative database for scholarly articles and electronic content. Also, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database, PubMed, Google Scholar, and Agency for Healthcare Research and Quality (AHRQ) were queried independently to ensure completeness.

Strategies for data collection included web-based searches, semi-structured interviews with the key opening question "what is your perception of the current state of training for new NPs?", personal correspondence via email, and information (article) sharing with other students pursuing similar subject matter. The inclusion criterion for this integrative study was a focus on

NPs currently in or recalling their first year of practice. Articles were included whether they included participation or nonparticipation in a formal postgraduate training program.

The only instrument required for this study was a tool for evaluating the validity and reliability of the studies. The Critical Appraisals Skills Programme (CASP) was used for this purpose.

### **Theoretical Framework and Data Analysis**

Content data were analyzed according to Meleis' middle-range theory of transition as a framework for the ordering, coding, categorizing, and summarizing of information (Meleis et al., 2000). Examination of the nature of the transition, the transition conditions, and the patterns of response to transition guided the evolution of this project's data analysis and helped define the ultimate outcomes of mastery and fluid identity as per the framework's logical endpoint. With support from the qualitative studies assembled in this document, position papers from noted authorities, and concepts of education theory, a logical progression was developed that adhered to Meleis's transition theory. Although Patricia Benner's (1984) novice to expert theory is a viable alternative, the goal of this study was not to determine what interventions make a competent NP, but rather what methods best support the unsettling transitional first-year period from student to autonomous NP.

### **Rigor**

Rigor and validity were demonstrated by following the framework referenced above. Whittemore & Knafl (2005) described methods for ensuring rigor at each stage of project development. The problem identification stage included the determination of stakeholders and the target study population. In this study, these were: boards of nursing, hospitals, clinics, patients, and NPs. The literature search stage requires "well-defined" strategies, as mentioned in

the data collection section above. In addition to databases; ancestry searching; and networking with physicians, NPs, and fellow students, individual journal searches were employed. In this way, multiple strategies were utilized to ensure comprehensive, unbiased data collection. A hallmark of the framework for integrative studies that contain data sets from varying source categories, as this study does. The data evaluation stage entailed the scoring of data quality for data of like types; e.g., qualitative studies in one scoring group, theoretical articles in another scoring group. Collectively, the highest-scoring data received the greatest attention and lower-scoring data were inserted where relevant, with caveats. “Building a logical chain of evidence” (Whittemore & Knafl, 2005, p. 552) that determine the best methods to support first-year NPs was the end goal of this integrative study, and the ultimate determinant of rigor.

### **Chapter 3: Literature Review**

A body of literature was collected, searched, evaluated, analyzed, interpreted, and synthesized in accordance with Whitemore and Kanfl's (2005) "Integrative Review: Updated Methodology." This framework provided a useful tool for the collection and categorization of data. The framework was particularly useful in the data evaluation stage, assessing for rigor when working with qualitative data as detailed above.

#### **The Literature**

Six key articles were selected for review on the basis of their adherence to rigorous guidelines for quality of evidence. A summary of each article is given below followed by a synthesis of the articles. The salient features of each of the six articles are listed in Table 1 at the end of this section.

#### **Pioneering a Primary Care Adult Nurse Practitioner Interprofessional Fellowship.**

Zapatka, Conelius, Edwards, Meyer, and Brienza (2014) interviewed NPs in a 12-month interprofessional fellowship program at a Veteran's Affairs hospital. The program was an experimental, federally funded, NP training program intended to increase clinical competence and confidence in first-year practitioners (U.S. Department of Veterans Affairs, 2017). This study was well developed although only a small sample was available as this was a new program under development at the time of the research. The study documented personal experiences from the participants and revealed four main themes: (a) bridging into practice, (b) interprofessional appreciation, (c) commitment to interprofessional teamwork, and (d) necessity of mentorship. Two of these four themes (a and d), are particularly relevant to the research topic of transition from student to autonomous provider for the first-year NP. The outcomes of mastery and fluid identity were achieved by the NPs in this program via multidisciplinary training with healthcare

professional residents from medicine, pharmacy, and physician assistants. Working in these collaborative teams, with support from mentors, enabled NPs to realize healthy transitions from student to autonomous provider as evidenced by participant satisfaction and mastery of knowledge. This study was selected for its high-value rigor and the direct correlation between federally funded programs, training structure, and demonstration of NP success.

**Exploring the Factors that Influence Nurse Practitioner Role Transition.** In a cross-sectional study of 352 participants, Barnes (2015) surveyed practicing NPs about the issues they found most challenging in their first year of practice. The researcher asked the NPs if they had participated in a formal orientation program offered by their institution in their first year. She also asked the NPs to report their years of practice as RNs prior to graduate school, in an attempt to determine if years of practice as an RN increase the new NP's resilience or perceived capability in the first year.

The most common answer from the new NPs who had experienced no formal organizational training program about what they found most challenging was the lack of support from the institution. The responses also indicated the new NPs had a poor understanding of the NP role at their first facility. Understanding of role is a major component of job satisfaction and confidence building, both of which are key aspects of a healthy transition. Years of applied nursing practice at the bedside in an RN role perceived as beneficial to the NP role peaked at 2, although many participants added that the roles were very different and therefore not mutually beneficial. These themes provide insight into both hindrances to healthy transitions as well as interventions that support first-year NPs in their transitional year.

**Factors Related to Successful Transition to Practice for Acute Care Nurse Practitioners.** In a descriptive, correlational-comparative study of 34 NPs, Dillon, Dolansky,

Casey, and Kelley (2016) sought to identify key themes in the transition period for acute care nurse practitioners (ACNPs). Although the research focused on the ACNP population, the overarching phenomena explored in the study are applicable to any new NP undergoing role transition. Using Meleis's transition theory as a framework, Dillon et al. recognized personal resources, stressors, ability with technical skills of challenge, and organizational support as key factors in the healthy transition from student to autonomous provider. The researchers asked questions related to prior RN experience and its role in preparation for transition to the NP role. Nearly 30% of survey respondents reported no formal orientation period; 52% stayed in their first position for less than 2 years (a reflection of job satisfaction); 46% reported experiencing stress, with job performance a key stressor.

Correlation statistics showed positive relationships between organizational support and comfort and confidence ( $r = 0.49; p < .01$ ), job satisfaction ( $r = 0.53; p < .01$ ), and patient safety ( $r = 0.38; p < .05$ ). No relationship was found between prior nursing experience and transition to the NP role. These statistics strongly support the idea that NPs perceive benefit from organizational orientation programs and place greater emphasis on organizational support than personal resources (Dillon et al., 2016).

Although the small sample size was a limitation of the Dillon et al. (2016) study, the work remains a rigorous piece of the literature that employed multiple layers of data collection and analysis. Utilizing Meleis's framework to identify core themes, administering a validated survey instrument (Casey-Fink Graduate NP Experience Survey), and applying a statistical correlational regression model to the responses resulted in final data that meet the high standards required for academic studies.

### **Novice Nurse Practitioner Workforce Transition and Turnover Intention in**

**Primary Care.** Faraz (2016) conducted a novel descriptive cross-sectional study of 177 NPs to better understand the transition period and turnover intention of novice NPs in primary care. Turnover intention was used as an assessment of job satisfaction; it implies a deficit of healthy transition into the new role when applied to the novice NP. Three key aspects of successful transition were recognized: individual characteristics, role acquisition, and job satisfaction. These three themes contain multiple subcategories and were further defined in the study.

Using the Qualtrics survey system for data collection and SPSS software for statistical analysis, Dr. Faraz (2016) determined the most predictive variables of turnover intention were professional autonomy ( $p = .001$ ) and role ambiguity ( $p = .03$ ). Role ambiguity encompasses both the expectations of the organization and the experience navigating the unknown aspects of the new role as perceived by the novice NP. Professional autonomy was defined as the perceived confidence of the novice NP to complete functions inherent to the role without assistance from senior staff.

The results suggest a balance between transitional support and autonomy is necessary for successful transition and retention. Although NP job satisfaction rates were high in autonomous environments, job satisfaction also increased with a clearer understanding of the role for the new NP (Faraz, 2016). Organizational education regarding the role of the NP is rooted in mentorship. Therefore, organizational orientation programs with mentorship as a strong presence yields greater job satisfaction, a greater sense of belonging, and decreased likelihood of NP job attrition.

**Mentoring New Nurse Practitioners to Accelerate Their Development as Primary Care Providers: A Literature Review.** In 2011, Dr. Susan Harrington completed a thorough

literature review of over 30 articles, studies, documents, position papers, and expert opinions examining mentorship program structure for new NPs. Her main focus was the ability of mentorship programs to accelerate the development of the NPs as primary care providers. Dr. Harrington took ample time to define the nature of mentorship; describe the development of mentorship programs; and identify the quality characteristics of mentors, barriers to mentoring, and ultimate outcomes of mentoring specific to NPs.

Of great influence on incoming NPs is the organizational commitment of their first employer to mentorship programs. Having a mentorship program increases first-year NPs' understanding of their role in the organization. This indirectly helps experienced nurses with the identity conflict they have during the transition period to novice NP (Harrington, 2011).

Harrington's (2011) literature review yielded common themes across multiple studies. Mentored versus non-mentored control groups showed significant differences in perceptions among participants. Subjects in mentored groups reported less stress, higher job satisfaction, greater intent to stay in their current position, and a more favorable view of their future career as NPs. Organizational commitment to mentorship programs improved perceptions of connectivity and self-esteem in multiple program studies.

Although a large body of data is lacking regarding the topic of NP mentorship, Harrington's (2011) study provides a deeply researched collection of available literature. The findings are consistent with those found in studies of mentorship programs outside the field of nursing; therefore, it is reasonable to conclude that education of new NPs should follow a similar course to those of professions that have a longer, more robust history of mentorship.

**Bridging the Gap: A Descriptive Study of Knowledge and Skill Needs in the First Year of Oncology Nurse Practitioner Practice.** Rosenzweig et al. (2012) surveyed 104

oncology NPs about their feelings of preparedness in their first year of oncology NP practice. The purpose of the study was to examine the ability and needs of NPs entering specialty oncology practice as well as identify educational tools beneficial to the new NPs. The 28-item survey asked questions about participants' preparation for the transitional first-year of practice and their perceptions of basic NP functions as they entered the field.

Regarding the readiness of specialty oncology practice, respondents did not feel confident of their ability to manage chemotherapy, side effects of treatment, cancer-related emergencies, diagnosis and staging, and radiologic ordering and interpretation. However, they felt “very prepared” in their ability to obtain patient histories, perform physical examinations, and document findings—tasks common in most NP positions (Rosenzweig et al., 2012).

The Rosenzweig et al. (2012) study was the first to assess knowledge and ability for NPs entering the specialty field of oncology. The authors emphasized their conclusion that increasing the number of NPs is not the solution to a provider shortage. Rather, they argued, the quality of providers deserved discussion, and the training of the providers is critical to positive patient outcomes. As NP programs increasingly focus on population-specific rather than disease-specific perspectives, specialty services are required to train their own staffs for their unique patient populations.

The authors recommended implementation of formal organizational orientation programs for both new and experienced NPs consisting of mentorship and NP collaboration (Rosenzweig et al., 2012). Conceded that a mandatory requirement for oncology NP residency programs is controversial, they suggested organizations provide alternative methods of formal postgraduate education to support first-year NPs in the transition to autonomous provider. Such methods may

take the form of guidelines and templates on an organization-specific basis to address the knowledge gap associated with new practitioners.

Table 1

*Selected Features of Literature Reviewed*

Author, Year Published, Country	Variables: Dependent Independent	Study Design	Sample Size	Sample Characteristics	Methods	Results	Conclusions and Limitations
Zapatka, Conelius, Edwards, Meyer, & Brienza, 2014 USA	DV: Perceptions  IV: Enrollment in inter-professional residency	Qualitative, Semistruc interview	11	First-year NPs in an interprofessional residency program, majority female	Interviews recorded and transcribed. Data uploaded to qualitative data analysis program. Coded. Multi-stage	Peer dependent <b>bridging year</b> , appreciation of other roles, commitment to IP teamwork, <b>mentorship</b>	Extremely small sample size. Limited d/t “newness” of program. <b>Mentorship &amp; Support during bridging year endorsed</b>  <b>Level II – single, in-depth, qualitative</b>
Rosenzweig, et al., 2012 USA	DV: Perceptions  IV: First-year NP preparation	Cross-sectional, descriptive	104	First-year oncology NPs	28-item electronic survey	90% rate themselves as prepared for basic NP fxns. <b>Most rated themselves as “not at all prepared”</b> for specialty role.	First-year NPs lack specific knowledge and skills, such as information about chemo, cancer emergencies, and side effects of tx. <b>Recommendation for organized orientation programs for first-year NPs in oncology specialty</b> <b>Level II Cross-sectional</b>
Dillon, Dolansky, Casey, & Kelley, 2016	DV: Formal orientation  IV: Retention	Descriptive, correlational-comparative pilot study	34	Acute care NPs, 6 months-3 years exp., White females 41-50 y.o., multi-state	Recruited from social media site for ACNPs. Qualtrics survey Modified Graduate NP Experience survey	52% left job <2yrs Those staying longer reported strong organizational support; prior RN exp irrelevant	<b>Organization support by means of extended training and mentorship most beneficial.</b> Small sample size. ACNPs only. <b>Level II – Cross-sectional</b>

Table 1, continued							
Author, Year Published, Country	Variables Dependent Independent	Study Design	Sample Size	Sample Characteristics	Methods	Results	Conclusions and Limitations
Faraz, 2016, USA	DV: Intent of turnover  IV: RN to NP transition	Cross-sectional, descriptive	177	First-year NPs in primary care	Qualtrics online questionnaire. 131 deemed enough for saturation.	Prior RN exp. Irrelevant. <b>Mentorship highest correlation to perceived success.</b> Role ambiguity critical to role acquisition. Professional autonomy highest correlation to job satisfaction.	Job satisfaction used as an indicator of level of comfort with transition to NP. <b>Autonomy provides greatest level of satisfaction.</b> <b>Mentorship provides confidence for autonomy.</b> Limited by single time point design. Multiple states involved with different levels of autonomy.  <b>Level II Cross-sectional</b>
Barnes, 2015, USA	DV: Perceptions of role transition  IN: Formal orientation to NP role, prior RN experience	Descriptive, cross-sectional survey	352  Saturation 88	At least 6mos. As an NP in direct patient care	Voluntary, at an NP conference. 16 item Likert Re: perceptions of role transition experience. 88.6% female 81.8% white Mean age 47	Those who received formal orientation report better transition experience.  Prior RN experience was neither positive nor negative factor in preparation	<b>Formal orientation results in better perceived transitions into the role of NP in the first year of practice.</b> Study limited by voluntary nature at an NP-specific conference. Homogenous sample group. NPs well beyond first year allowed to participate. <b>Level II – Cross-sectional</b>

Table 1, continued							
Author, Year Published, Country	Variables Dependent Independent	Study Design	Sample Size	Sample Characteristics	Methods	Results	Conclusions and Limitations
Harrington 2011	DV: NP quality, productivity, job satisfaction, longevity  IV: Mentorship	Literature Review		30+ articles, position papers, studies, other documents	Collection of studies over prior 20 years	Limited quantitative data re: mentorship	<b>Mentorship still rates high in qualitative studies for new NPs. Quality, productivity, job satisfaction, and longevity were most prominent subjective themes</b>  <b>Level I – systematic review</b>

### **Synthesis of the Literature**

In the larger healthcare community, professionals disagree as to whether postgraduate NP transitional support, specifically in the form of postgraduate residency programs, is necessary (Andrews, 2018). NPs themselves, however, sense a strong need for postgraduate training and transitional support to increase their sense of capability and establish identity in their new role, as evidenced by the literature reviewed in this research. A strong contingent of professionals endorse implementation of mandatory postgraduate residency programs, representing a closer approximation of the formal training new doctors experience (National Nurse Practitioner Residency & Fellowship Training Consortium, 2018). Others argue that organized institution-specific orientation programs are better able to meet the needs of incoming NPs (AANP, 2014).

The success of these varied programs can be measured by the subjective experiences of individual NPs. This form of evaluation is demonstrated by the qualitative studies that dominate the topic, seeking NPs' perceptions of successful and healthy transition. The articles reviewed that addressed NPs' perceptions of successful transition measured self-confidence, job satisfaction, and feelings of preparedness, notably unquantifiable data. To date no study has demonstrated a direct link between postgraduate NP education and improved patient outcomes, improved patient safety, or, more generally, better prepared NPs. The ability to conduct such a study would be remarkable, but a suitable environment, ethical considerations, and adequate resources are difficult if not impossible to coordinate. The lack of quantitative data leaves the arguments for and against any type of postgraduate training subject to debate. There are, however, recurrent themes in data to date that offer practical insight into factors that facilitate successful transition of the first-year NP. Reviewing the current literature suggests two key

components of successful transition: role definition of the NP and presence of organized mentorship in the first year.

**Role definition.** A repeated theme in the literature review is the need for support during the bridging period between student and autonomous NP. These are profoundly different roles that require differentiation via clearly stated role definition (Owens, 2018). As there are no federal or state standardized residency programs, and there are unlikely to be any in the near future, healthcare institutions and private practices must recognize and accommodate the need for first-year transition support for NPs new to the NP role. As evidenced in the literature, particularly in Barnes (2105), Faraz (2015), and Harrington (2011), a lack of understanding of the role of NP is a recurring problem for new graduates. This lack of understanding reflects both the diversity of venues in which NPs are employed and the dramatic change from the role from student to autonomous NP. Given this diversity and dramatic change, the hiring body is responsible to assume the important role of transitioning new graduates into specific institutional practices. For a successful transition to occur, the hiring body must recognize the need for and create a role definition for the new NP. This role definition can be written or verbal, but most importantly, it must be consistent.

The role definition must be followed by institutional training that adheres to this definition throughout the course of the transitional first year. As reflected in Barnes (2105), Dillon et al. (2016), and Rosenzweig et al. (2012), this clear role definition for the new NP translates directly into job satisfaction, resulting in employee retention. Retention is one of the few quantitative factors that can be used to measure the success of a healthy transition, and it warrants further study. The fact that retention is a measure of successful transition demonstrates the importance of transition support for the first-year NP, specifically in role identification and

adherence to expectations throughout the formative experience (Thabault, Mylott, & Patterson, 2015). Role definition, in turn, reduces employee attrition in the first 2 years of practice.

Replacing NPs regularly is expensive for any practice or institution and reduces efficient and safe patient care (Dillon, et al., 2016). Identifying areas of support is critical to maintaining competent staff; this is achieved through thorough, organized training with clear role expectations. This collection of data clearly demonstrates that providing role definition is a key intervention that best supports NPs in their transitional first year.

**Mentorship.** Equally important as role definition, the literature identified mentorship as critical in an NP's formative first year. This factor ties directly to the practitioner's understanding of role definition as the mentor should embody the role and serve as an example of the role to the new NP. Mentorship goes far beyond role definition, however. Zapatka et al. (2014), Faraz (2016), Harrington (2011), and Rosenzweig et al. (2012) had recurring themes of the importance of mentorship to transitional support for the first-year NP. Mentorship in the clinical environment is different from senior staff merely orienting a newer staff person to a job site. Mentorship for NPs includes conveying a philosophy of care and directing the new NP by utilizing this philosophy in every interaction. Mentorship also facilitates socialization into the role while maintaining the clinical productivity a practice requires (Owens, 2018).

Institutions can implement mentorship programs without losing revenue that would be the case with an intensive residency program. Mentors can continue to see patients, as can the new graduates, as long as they are mutually available throughout the work period for reference, guidance, goal setting, and feedback. This type of mentorship serves a dual purpose; the new graduate feels supported by the presence of an experienced practitioner and consistently understands the definition of role by both example and verbal reinforcement. For the time being,

this type of NP mentor relationship is the closest approximation to the formal residency programs that other healthcare-related disciplines enjoy. A savvy employer can create a program that retains components of a formal residency and relies heavily on mentorship as a main feature of on-site training. Such a program would establish the new NP within the practice and ensure continuity of care, control of educational content, and clear expectations of the employee upon which performance evaluation will be based. Focusing on these simple features of transition support would benefit both the first-year NP and the employer.

## Chapter 4: Results

Currently, there are a limited amount of postgraduate residency programs for first-year NPs nationwide, and they vary widely in content and duration (Martsolf et al., 2017). An established postgraduate residency program mandated and funded by the federal government is ideal as it would establish a standard against which to base training goals and provide consistent care across the discipline, similar to the GME model currently funded by the federal government for medical doctors. The lack of funding for NP postgraduate residency programs makes large programs cost-prohibitive for private practice, and therefore residencies are unlikely to proliferate despite demand by new NPs. Although relatively few in the healthcare establishment deny the need for postgraduate NP training, few are willing to subsidize a large national training program. Without federally required residency programs, we must rely on individual institutions and private practices for implementing structured training programs in the pivotal first year of an NP's career.

Given the current situation, and based on existing literature and the summation of this research document, the recommendation is to encourage private practices and large institutions that utilize NPs to implement strategies that best support the transition of first-year NPs. As evidenced by the results of this literature review, the first necessary step in supporting first-year NPs is to clearly define the role of the new NPs at their specific practice sites. The second is to establish a mentorship program that provides each NP real-time access to an experienced provider who will work closely with the new NP for up to one full year. The better defined the roles and relationships, the more likely the success for the first-year NP as qualified by job satisfaction and quantified by employee retention. Having these training standards in place will

increase patient continuity of care, encourage safe practices, and establish benchmarks the new NP must achieve to become a well-rounded, confident, autonomous provider.

## **Chapter 5: Summary and Conclusion**

Although the difficulties of the transitional first year of postgraduate work for NPs have been well documented, strategies for helping new NPs overcome the difficulties have not. New NPs are expected to transition from a role as a student to that of an autonomous care provider, often with insufficient understanding of exactly what the new role entails and little guidance as to how to execute it. This study addressed this problem, examining current literature to answer the research question: What methods best support first-year NPs in role transition from student to autonomous provider?

### **Summary of Findings**

As mentioned throughout this document, there is a lack of information regarding transitional support for first-year NPs. Traditionally we have relied on hiring bodies to conduct training and keep records of their new employees' progress. The lack of standardization makes understanding the problems new graduates face difficult to ascertain, and meaningful comparisons from practice to practice are equally difficult. Due to this lack of standardization and subsequent lack of measurable outcomes, we are forced to rely on subjective experiences of individual NPs, typically through survey forums. Reliance on this type of information does not allow us to assemble quantitative data, a more powerful form of study result that would reveal barriers to success more clearly and better define the problem.

Nevertheless, the data contained in the articles reviewed led us to answers to the research question. The recommendation that emerged from the synthesis of the literature is for two interrelated supports for first-year NPs in their role transition from student to autonomous provider. The first is clear definition of the role the new NP is expected to fill. The second is establishment of a structured mentorship program in which experienced providers work closely

with the new NPs on a daily basis. In the absence of a formal residency program, these two practices, together, offer the best support first-year NPs.

### **Limitations of the Research**

The paucity of quality research on the topic limited this integrative review to six articles. Although the six articles were not exhaustive, they comprise the most rigorous studies on the topic to date. Many organizational position papers and professional opinions are available, but there are few well-crafted studies specifically addressing the pivotal first year of an NP's career.

### **Recommendations for Future Research**

Despite the difficulty of capturing quantitative data, future researchers should seek opportunities to collect quantifiable statistics related to transitional support strategies and practices for first-year NPs. Collecting quantifiable data and adding it to the growing body of qualifying data will strengthen future studies and provide formidable information upon which researchers can build. A study comparing critical mistakes of first-year practitioners who were formally trained to those of first-year practitioners with no formal postgraduate training could provide helpful quantifiable information. Better data related to job satisfaction and attrition has been studied on a few occasions, providing the only current attempts at quantifiable data on the subject of transition. Building upon what has come before, we must continue pursuit of this topic because NPs make up a large portion of patient care providers, and considerable growth is projected. The time to shape our future practice is now, and research must be available on which to base the guidelines of this practice.

## References

- Agency for Healthcare Research and Quality. (2012 ~~2014~~). *The number of nurse practitioners and physician assistants practicing primary care in the United States*. Rockville, MD: Author. Retrieved from <https://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>
- American Association of Colleges of Nursing. (2015). Re-envisioning the clinical education of advanced practice registered nurses [White paper]. Retrieved from <https://www.pncb.org/sites/default/files/2017-03/APRN-Clinical-Education.pdf>
- American Association of Nurse Practitioners. (2014, May 6). *Nurse practitioner perspective on nurse education and post-graduate training*. Retrieved from <https://www.aanp.org/images/documents/policy-toolbox/nprounstablestatementmay6th.pdf>
- American Association of Nurse Practitioners. (2017). *NP fact sheet*. Retrieved June 14, 2017, from <https://www.aanp.org/all-about-nps/np-fact-sheet>
- Andrews, M. (2018, August). Debate over residencies. *Connections*. Retrieved October 25, 2018, from <https://canpweb.org/resources/connections-newsletter/connections-2018-editions/connections-august-2018/debate-over-residencies/>
- Association of American Medical Colleges. (2013). *Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident, and Advisor Needs to Know* [Pamphlet]. Retrieved from <https://members.aamc.org/eweb/upload/Medicare%20Payments%20for%20Graduate%20Medical%20Education%202013.pdf>

- Barnes, H. (2015). Exploring the factors that influence nurse practitioner role transition. *Journal for Nurse Practitioners, 11*(2), 178-183. doi:10.1016/j.nurpra.2014.11.004
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. *Journal for Nurse Practitioners, 11*(2), 178-183. doi:10.1097/00000446-198412000-00025
- Bush, C. T., & Lowery, B. (2015). Postgraduate nurse practitioner education: Impact on job satisfaction. *Journal for Nurse Practitioners, 12*(4), 226-234. doi:10.1016/j.nurpra.2015.11.018
- Centers for Medicare and Medicaid Innovation. (2012). *Graduate nurse education demonstration*. Retrieved from <https://innovation.cms.gov/initiatives/gne/>
- Dillon, D. L., Dolansky, M. A., Casey, K., Kelley, C. (2016). Factors related to successful transition to practice for acute care nurse practitioners. *AACN Advanced Critical Care, 27*(2), 173-182. doi:10.4037/aacnacc2016619
- Expanding Primary Care Access and Workforce Act, S. 2229, 113th Cong. (2014).
- Faraz, A. (2016). Novice nurse practitioner workforce transition and turnover intention in primary care. *Journal of the American Association of Nurse Practitioners, 29*(1), 26-34. doi:10.1002/2327-6924.12381
- Harper, D. C., McGuinness, T. M., & Johnson, J. (2017). Clinical residency training: Is it essential to the Doctor of Nursing Practice for nurse practitioner preparation? *Nursing Outlook, 65*(1), 50-57. doi:10.1016/j.outlook.2016.08.004
- Harrington, S. (2011). Mentoring new nurse practitioners to accelerate their development as primary care providers: A literature review. *Journal of the American Academy of Nurse Practitioners, 23*(4), 168-174. doi:10.1111/j.1745-7599.2011.00601.x

- Health Resources and Service Administration. (2013, November). Projecting the supply and demand for primary care practitioners through 2020. Retrieved from <https://bhw.hrsa.gov/health-workforce-analysis/primary-care-2020>
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health: Report recommendations*. Washington, DC: National Academies. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf>
- Martsof, G., PhuongGiang, N., Freund, D., & Poghosyan, L. (2017). What we know about postgraduate nurse practitioner residency and fellowship programs. *Journal for Nurse Practitioners, 13*(7) 482-487. doi:10.1016/j.nurpra.2017.05.013
- Meleis, A. I., Sawyer, L. M., Im, E., Messias, D. K. H., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28. doi:10.1097/00012272-200009000-00006
- National Nurse Practitioner Residency & Fellowship Training Consortium. (2018, August 22). *Mission*. Retrieved from <https://www.nppostgradtraining.com/About-Us/Mission>
- Newhouse, R. P., Stanik-Hutt, J., White, K. M., Johantgen, M., Bass, E. B., Zangaro, G., ... Weiner, J. P. (2011, September-October). Advanced practice nurse outcomes 1990-2008: A systematic review. *Nursing Economic\$, 29*(5), 1-21. Retrieved from <https://www.nursingconomics.net/ce/2013/article3001021.pdf>
- Owens, N. G. (2018). Transitioning from registered nurse to nurse practitioner. *Kentucky Nurse, 66*(3), 15-16.
- Rosenzweig, M., Giblin, J., Mickle, M., Morse, A., Sheehy, P., & Sommer, V. (2012). Bridging the gap: A descriptive study of knowledge and skill needs in the first year of oncology

- nurse practitioner practice. *Oncology Nursing Forum*, 39(2), 195-201.  
doi:10.1188/12.onf.195-201
- Sciacca, K., & Reville, B. (2016). Evaluation of nurse practitioners enrolled in fellowship and residency programs: Methods and trends. *Journal for Nurse Practitioners*, 12(6), e275-e280. doi:10.1016/j.nurpra.2016.02.011
- Sidani, S., & Irvine, D. (1999). A conceptual framework for evaluating the nurse practitioner in acute care settings. *Journal of Advanced Nursing*, 30(1), 58-66. doi:10.1046/j.1365-2648.1999.01049.x
- Sullivan-Bentz, M., Humbert, J., Cragg, B., Legault, F., Laflamme, C., Bailey, P. H., & Doucette, S. (2010, November). Supporting primary health care nurse practitioners' transition to practice. *Canadian Family Physician*, 56(11), 1176-1182. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2980439/>
- Thabault, P., Mylott, L., & Patterson, A. (2015). Describing a residency program developed for newly graduated nurse practitioners employed in retail health settings. *Journal of Professional Nursing*, 31(3), 226-232. doi:10.1016/j.profnurs.2014.09.004
- U.S. Department of Veterans Affairs. (2017, February). *CoEPCE NP primary care residency program*. Retrieved from [https://www.va.gov/oaa/coepce/np\\_residency.asp](https://www.va.gov/oaa/coepce/np_residency.asp)
- Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x
- Zapatka, S. A., Conelius, J., Edwards, J., Meyer, E., & Brienza, R. (2014). Pioneering a primary care adult nurse practitioner interprofessional fellowship. *Journal for Nurse Practitioners*, 10(6), 378-386. doi:10.1016/j.nurpra.2014.03.018

# TRANSITION SUPPORT FOR FIRST-YEAR NURSE PRACTITIONERS

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## Introduction

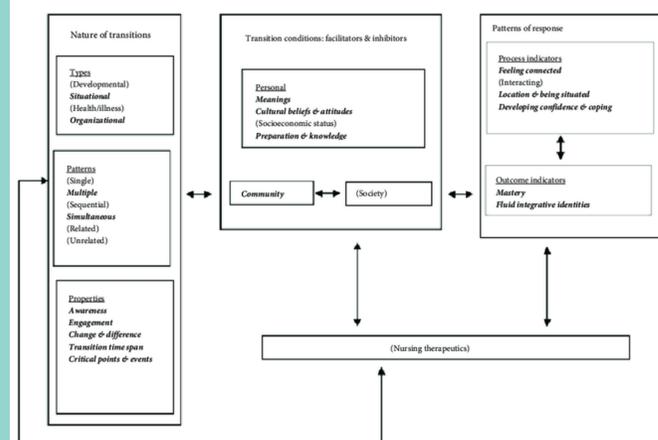
Many first-year Nurse Practitioners (NPs) struggle with the transition from student to NP. Currently, in the United States, there are no mandatory or federally funded postgraduate training programs for NPs. While some voluntary residency programs exist they are costly to operate and therefore rare.

**The responsibility of postgraduate NP integration rests in the hands of the hiring institution or clinic. These experiences can vary widely as a result.**

With a lack of standardized postgraduate residencies, it is important to determine what, if any, measures can be implemented by the hiring body to best help support the transition for first-year NPs.

Based on the existing data on the topic, this study identifies two key elements of successful transition for the NP: role definition and organized mentorship.

## TRANSITION THEORY



## Methodology

This study uses the integrative review method described by Whitemore and Knafl (2005) to discern the components of successful transition from student to autonomous NP. IRB approval was not sought as research findings are not anticipated to be published in professional journals and no harm to human subjects is possible.

A greater body of literature related to NP training and transition is examined using the Critical Appraisal Skills Programme (CASP) tool to determine eligibility for inclusion. Six key studies among the literature were then selected for further scrutiny based on the adherence to high CASP standards and demonstrable subject relevance.

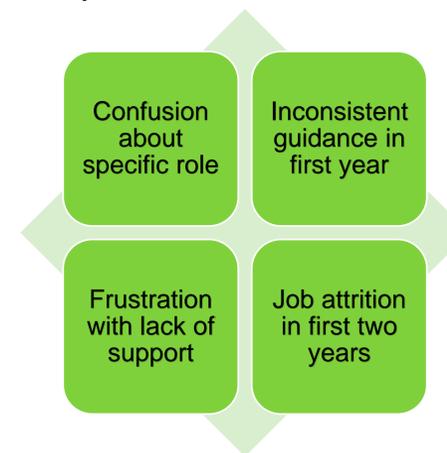
A logical progression of thought during the synthesis and results stages emerged using Dr. Afaf I. Meleis' Transition Theory. This framework identifies the nature, conditions, and patterns that define transition. This framework, applied to the study, led to the results and recommendations sections and helped answer the question: *“What methods best support first-year Nurse Practitioners in role transition from student to autonomous provider?”*



## Results

The lack of organized, standardized postgraduate education is well established in this study. Limitations of the current training model are prominently recognized as ineffective NP role development and lack of organized mentorship during student to NP transition.

Individual organizations and clinics are responsible for training new graduate NPs and have failed to provide consistent, standardized results as evidenced by the literature synthesized in this study.



Recurrent themes appear in the literature that indicate specific limitations of the current training model and specific preferences expressed by new NPs, revealing potential avenues of compromise.

Review of literature suggests new NP graduates strongly prefer specific training programs that establish role identity and provide mentorship opportunities

## Discussion

Repeatedly, first-year NPs state their new role is not clearly defined. This study also reveals that mentorship is a powerful, though often lacking tool in first job settings. These factors lead to dissatisfaction with the job and increased attrition within the first two years of postgraduate work. This suggests ineffective transition as defined in Meleis' Transition Theory.

**This study identifies clear NP role definition and presence of mentorship as key components for effective transition during the first year of practice.** The outcomes of Mastery and Fluid Identity as defined in Transition Theory being the final goal.

### Methods that best support First-Year Nurse Practitioners

1. Employers should form and communicate a clear role definition at the outset of employment. Review of professional standards and organizational requirements help guide this definition.
2. Employers should consistently couple the first-year NP with an experienced provider in the practice for the first 12 months of employment.

## Acknowledgements

Critical Appraisal Skills Programme. (n.d.). CASP Checklists. Retrieved from <https://casp-uk.net/casp-tools-checklists/>

Meleis, A. I., Sawyer, L. M., Im, E., Messias, D. K. H., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23(1), 12-28. doi:10.1097/00012272-200009000-00006

Whitemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x