NURSE PRACTITIONER TRANSITION EXPERIENCE INTO INDEPENDENT

PRACTICE AFTER A STUDENT NURSE PRACTITIONER INTERNSHIP

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BY

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DEDICATION

I dedicate this dissertation to my family, my friends and my colleagues. To my husband, Christopher Twine, and my children, Jalen and Chase, thank you for your love, patience, and support through this journey.

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ABSTRACT

NURSE PRACTITIONER TRANSITION EXPERIENCE INTO INDEPENDENT
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The purpose of this phenomenological study was to explore and describe a new Nurse Practitioners (NPs)' transition into their NP role after participating in a student NP internship, to obtain a better understanding of the transition time a new NP needs. The setting of the study was at a large academic research medical center in Houston, Texas. Purposive sampling was used to recruit study participants. The sample consisted of 14 ACNPs that participated in a pre-graduate internship program. Demographic data was collected and in depth one on one interviews were conducted using a semi-structured interview guide. Interviews were audio-recorded and transcribed verbatim. Colaizzi"s descriptive process for phenomenological data analysis was used. Four themes emerged from the analysis of the interviews. The themes included *Putting on My NP Shoes*, which describes participant's statements about progression in their new role. *We're only as good as We Train*, which describes participants statements regarding how NPs are trained to practice compared to other professional. *My Internship Prepared Me*, which describes participant statements about how additional education and exposure to an internship program prepared them for

entry into practice and *Relationships Provided Success*, which describes

participant statements about building collaborative relationships with physicians

and staff that impacted their transition as a new NP. The findings from this

phenomenological study will provide knowledge to develop or adapt educational

programs for NPs and to further develop internship or post graduate residency

programs for advance practice nurses.

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CHAPTER I

FOCUS OF INQUIRY

In the early 1990s, the Acute Care Nurse Practitioner (ACNP) role evolved

to fill the healthcare gaps created by changes in physician's resident education.

Since that time, the number of ACNPs has grown to approximately 20,832, with

62% of their care delivered in the hospital setting. This number includes 6.4%

ACNPs in practice and 2% of Adult Gerontology Acute Care (AG-ACNP) in

practice (AANP National NP Database, 2018). ACNPs deliver 62% of their care

in the hospital setting (Kleinpell & Goolsby, 2006). The role of the nurse

practitioner (NP) requires sophisticated clinical and critical thinking skills to

synthesize theoretical, scientific, and contemporary clinical knowledge for the

assessment and management of both healthy and illness states (AACN, 2012). It

is crucial that NPs possess advanced skills to provide safe and effective patient

care outcomes (Jones, 2008). There is an adjustment period after graduation for

novice NPs. Ineffective adjustment in professional identity can impact new NPs'

self-confidence, impair their development in their new role, and influence their

decisions to remain in the job and in the profession within their first year of

clinical practice (Bush, 2014).

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Currently, the curriculum in many ACNP programs does not provide training in any specific specialty area; rather, the focus is on acute processes across the life span. Specialty training has been delegated to professional organizations after graduation. For these reasons, several hospital systems have begun designing their own postgraduate residency programs for ACNPs new to a particular specialty, such as trauma, critical care, or cardiology. In addition to needing specialty training, transitioning from a registered nurse to NP can be challenging personally and professionally. Transition programs for new NPs are rare, yet new NPs report the need for additional support and education as they transition from being students to practicing NPs. Ineffective transition to practice can cause a lack of development of clinical competence, role dissatisfaction, and ineffective utilization of healthcare resources that might have been used to deliver quality healthcare (Hain & Fleck, 2014).

An increasing concern in nursing in recent years is the ability of nurses to keep pace with the rapid changes in healthcare. NPs must maintain a high level of vigilance. It is crucial that the NP possesses skills that will provide them with expertise in assessment, communication, and critical thinking, which are integral to safe and effective patient care outcomes (Jones, 2008). While NP students are taught these essential concepts and skills in school, they do not always have opportunities to fully synthesize them into their gestalt. Internship programs are rare. Ineffective transition to practice can lead to ineffective delivery of quality healthcare (Hain & Fleck, 2014). There is a need for additional support and

programs that offer students more clinical experience hours that will reinforce concepts of health care (Hart & Macnee, 2007). Bays et al. (2014) found that training physicians and nurse practitioners via small-group simulations showed "significant improvement in trainees' ability to communicate bad news and express empathy" (pg 164).

The transition from student to professional NP is an important and difficult adjustment to make and the presence and quality of an internship program may affect the length of time needed for effective entry into practice. Ineffective transition to advanced practice nursing can lead to ineffective delivery of quality healthcare (Hain & Fleck, 2014). The educational preparedness of student NPs is foundational in the transition process. According to the Institute of Medicine (IOM, 2010) nurses should obtain the highest level of education and training through an academic system that promotes academic improvement. Obtaining effective and quality education to function in the NP role is the first stage of a student NP to an employed NP transition. Proper transition to advanced practice nursing is a fundamental to improved patient outcomes. The educational preparedness of student NPs is foundational in the transition process. Obtaining effective and quality education to function in the NP role is the first stage of transition from student NP to an employed NP. Heitz et al. (2004) stated the transition begins during the education phase and extends into the postgraduate NP phase.

Statement of Purpose

The purpose of this study was to explore and describe new NPs' transition to their NP role after participating in a student NP internship, to obtain a better understanding of the transition time a new NP needs, and to provide educators with new information to apply to improve transition programs to develop advance practice nurses. The research question is: What is the experience of new NPs during transition to independent practice after participating in a NP student internship with simulated learning? Findings from the descriptive phenomenological study of novice NPs' experiences following an internship program provided knowledge to develop or adapt educational programs for novice NPs and to further develop internship or residency programs for advance practice nurses.

Rationale for the Study

This descriptive phenomenological study is expected to contribute to nursing practice and nursing research. As healthcare reform evolves,(NPs) will play key roles in improving health outcomes of diverse populations. According to the IOM 2011 report, The Future of Nursing: Leading Change Advancing Health, nurses should be change advocates by caring for populations within complex healthcare systems (IOM, 2011). The IOM report states, "advanced practice registered nurses (APRNs) should be able to practice to the fullest extent of their education and training" (IOM, 2011). The American Association of College of Nursing (AACN) defines the essential curriculum content and expected

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competencies for NP practice (AACN, 2012). NPs need to be able to engage in the development of knowledge and skills related to providing evidence based, patient-centered care in various settings with a goal to ultimately to lead change to improve quality outcomes (AACN, 2012).

The pre-graduate internship program, Leading Education Advancing Professionals (LEAP), was developed and directed by the researcher. The researcher has hired graduates from the LEAP program to work as NPs in her department. Not all graduates of the training program are hired. Many choose to work in other institutions.

. Assumptions that are inherent to this study include:

1. New NPs will be able to describe their NP role transition experience.

2. There are situational factors that influence NP role transition and understanding those factors will provide knowledge to improve internship programs.

3. NPs will build upon their competency level as experience builds and can describe the changes in competency.

4. The primary investigator will be able to bracket her preconceptions and describe the participants' experiences.

In this study, another key assumption was that study participants would be able to recount their experiences honestly and candidly. It was assumed that more experienced graduates would have more insight and memories to share

with the researcher than the recent graduates. A further assumption in this study was that the number of nurse practitioners participating in the study would provide an adequate sample size and sufficient rich data to be representative of novice nurse practitioners. The study findings revealed information that could provide insight into developing new educational programs.

Philosophical Underpinnings

Husserl's descriptive phenomenological approach will be used to explore the experience of new NPs during transition to independent practice after participating in a NP student internship with simulated training. Phenomenology is the study of human experience from the perspective of those experiencing a particular phenomenon. Phenomenology as a research method is a critical, rigorous, and systematic investigation of phenomena (Speziale & Carpenter, 2007). Science that explores and describes the appearance of things in people's minds (Streubert &Carpenter, 2011).

Phenomenology is a research methodology that emerged in the early 20th century. The experience of perception, thought, memory, imagination, and emotion, involves what Husserl called "intentionality," which is defined as one's directed awareness or consciousness of an object or event. This led Husserl to ask the critical question: What do we know as individuals or beings? Subsequently, Husserl developed descriptive phenomenology, so the everyday conscious experiences were described while preconceived opinions were set aside or bracketed (Dahlberg, Drew & Nystrom, 2008).

The key consideration of descriptive phenomenology is the requisite to explore, analyze, and describe an experience while maintaining its richness and depth, to gain 'real picture' of it (Streubert & Carpenter, 2011). This requires researchers to avoid any preconceptions, by utilizing 'phenomenological epoché. Epoché is the Greek word for bracketing. Husserl believed that in order to expose the true essence of the lived experience it was first necessary for any preconceived ideas to be put aside, which means ignoring all existing knowledge about a phenomenon so the researcher can grasp its essential elements (Streubert & Carpenter, 2011, van Manen 2011). This permits the researcher to separate out of consciousness what he or she may already know about or believe about the phenomenon being experienced (Speziale & Carpenter, 2007).

Husserl wrote that subjective information should be relevant to scientists looking to understand human motivation because human actions are motivated by what people perceive to be real (Cohen, 1987). Husserl is credited with introducing the study of lived experience or experiences within the life-world. He contended that knowledge stems from conscious awareness and that the mind is directed towards objects. He termed this directedness intentionality (Husserl, 1931).

The researcher who uses descriptive phenomenology should shed all prior knowledge in order to grasp the essential lived experience of those being studied (Lopez & Willis, 2004) and to adequately vet developing themes through discovery (Strauss & Corbin, 1990). The literature review is designed to help

define the project boundaries to assist in navigating patterns and themes that emerge through analysis of the data. Bracketing is not required to eliminate the existence of any prior knowledge but to allow the bracketing of knowledge in a separate compartment. This will allow for pure discovery of the NPs point of view. Phenomenologists prefer to gather conscious experience, rather than traditional data. Phenomenology strives to analyze daily human behaviors to achieve a better understanding of human nature. Describing peoples' experiences can help provide a unique understanding of how they may impact the society they live in. Phenomenologists approach each interview with openness and rely primarily on in-depth interpretation (Lindseth & Nurnberg, 2004). The knowledge gained by exploring the experience of NPs during transition to independent practice after participating in a NP student internship with simulated learning from a descriptive phenomenological perspective may provide educators with new information to apply to further develop training programs for advance practice nurse training. The Institutional Review Board (IRB) approval to conduct this study was granted by Texas Woman's University and can be found in Appendix A.

Summary

The purpose of this descriptive phenomenological study was to explore and describe new NPs' transition to practice after participating in a student NP internship. This study findings will contribute to nursing practice and nursing research. As healthcare reform evolves, nurse practitioners (NP) will continue to

play key roles in improving health outcomes of diverse populations. According to

the (IOM) 2011 report, The Future of Nursing: Leading Change Advancing

Health, nurses should be change advocates by caring for populations within

complex healthcare systems (IOM, 2011). The IOM reports states, "advanced

practice registered nurses (APRNs) should be able to practice to the fullest

extent of their education and training" (IOM, 2011). This research addresses that

need by providing information that can influence the development of nursing

curricula. The study findings revealed more information that can provide insight

into developing new educational programs for nurse practitioners that to improve

or enhance their assimilation into practice.

CHAPTER II

LITERATURE REVIEW

The first year as a nurse practitioner: an integrative literature

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1. INTRODUCTION

There are more than 222,000 nurse practitioners (NPs) licensed in the

United States, 86% of whom are prepared to deliver primary care,[1] An

estimated 20,000 new NPs completed their academic programs in 2014-2015. [1]

The NP role was implemented in the United States over 50, years ago. A

shortage of pediatricians to provide care in rural areas motivated Dr. Loretta Ford

and Dr. Henry Silver to develop an elevated nurse role to provide care provide for

those pediatric patients. Their partnership resulted in the development of the first

NP certificate program at the University of Colorado in the mid-1960s. From that

initial program, the NP profession has blossomed into board certified and state

recognized graduate degree programs all across the United States (US),

specifically family, acute care, and women's health, neonatal, psychiatric, and

adult/gerontological. Currently, over 50 countries have been identified as

developing or having existing advanced practice nurse (APN)/NP roles. APN models are being created within the context of each individual country, and the model of practice, titling, scope and standards of practice and education, vary extensively from country to country. The Acute Care Nurse Practitioner (ACNP) role evolved in the 1990s in the United States to fill the health care gaps created by changes in resident education. Since that time, the number of ACNPs has grown to approximately 17,000,[1] with 62% of their care delivered in the hospital setting.[2] Currently, the curriculum in many ACNP programs lacks specialty training in any particular area, but focuses on acute processes across the life-span. Specialty training has been delegated to on-the-job training or continuing education provided by professional organizations after graduation. [3] Transition programs for new NPs are rare. Although there are over 30 postgraduate residency programs, there are no pre-graduate internship programs. NPs report the need for additional support and education as they transition from students to practicing NPs. [4] According to the 2011 Institute of Medicine (IOM) report *The Future of Nursing: Leading Change Advancing Health*, nurses should be change advocates who care for populations within complex health care systems. [5] The IOM reports states, "advanced practice registered nurses (APRNs) should be able to practice to the fullest extent of their education and training."[5] Internship programs for NPs are rare, and there is a need for additional support and education for new NPs as they transition from students to practicing NPs. [4] Proper transition experience to advanced practice nursing is fundamental to

improved patient outcomes. The purpose of this literature review was to synthesize current knowledge about role transition from novice to expert NP and to increase our understanding of how to support NP entry into practice. The following topics were reviewed: graduate NP to novice NP transition, NP perception of preparedness, and perceived challenges encountered during role transition.

2. METHODS

A search for relevant literature was conducted in the EBSCO Host and ProQuest databases and in the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and MEDLINE specialty databases. Key words or phrases used in the search were *registered nurse to nurse practitioner transition, nurse practitioner role transition, nurse,* and *transition into practice*. Searches were limited to English-language and peer-reviewed scholarly journals. Several organizations were accessed for relevant research. These included the Agency for Health Care Research and Quality, American Nurses Association, American Association of Colleges of Nursing, American College of Nurse Practitioners, and American Academy of Nurse Practitioners. Reports from the IOM provided foundational information. The studies included in this review met the following inclusion criteria:

1. NP role transition was a research variable.

2. Participants were new NPs who had experienced role transition.

3. Studies were written in English.

Initially, the search range was limited to 10 years, but due to limited literature it was extended to 20 years. Studies of Registered Nurses (RNs) were excluded. Ten articles were included in this review. The PRISMA flow chart for study selection is shown in **Figure 1**.

3. RESULTS

Analysis of the 10 articles revealed 3 major topic areas: role transition, perception of preparedness, and perceived challenges. Establishing role identity as an NP, developing professional relationships, and having effective mentorship emerged as key issues influencing the transition process. Not feeling prepared, wanting more training, and using past nursing experience to fill knowledge gaps related to the perception of preparedness. Perceived challenges included dealing with applying for licensure and developing new relationships with coworkers and patients who might be unfamiliar with the role of the NP. The studies included in the analysis are summarized in **Table 1**.

3.1 Nurse practitioner role transition

The transition from RN to professional NP is an important and difficult adjustment to make and may affect ongoing NP practice. According to Brown and Olshansky, [6] new graduates undergo an actual transition period as they enter into NP practice. The first year of practice is considered very important in the transition phase. [6] During this adjustment period, many NPs report finding it

difficult to make the transition from that of an experienced RN to a novice NP. The adjustment in professional identity can impact self-confidence, impair development of the new role, and influence decisions to remain in the job and in the profession within the first year of clinical practice for new NPs. [7] Role development is a key aspect of a successful transition. [8] With the expansion of new APN/NP roles across the globe, understanding transition to NP practice could be a key component. The transition begins when the student prepares to enter school and sees herself or himself in the NP role. [9]

Brown and Olshansky [6] conducted a longitudinal, qualitative study with 35 newly graduated primary care NPs. The NPs were interviewed 3 times during their first year of practice: at 1 month, at 6 months, and again at 1 year after graduation from their NP academic program. The study revealed many themes about the novice NP stages of development. The first theme identified was "laying the foundation" (recuperating from school, negotiating the bureaucracy, looking for a job, and worrying). The second theme was "launching" (feeling real, getting through the day, battling time, and confronting anxiety).The third theme was "meeting the challenge" (increasing competence, gaining confidence, and acknowledging system problems). The last theme was "broadening the perspective" (developing system savvy, affirming oneself, and upping the ante). NPs claimed identity confusion, which affected the development of their self-confidence. During the first year, as NPs became more comfortable with their new roles, self-confidence increased. During the first 6 months of employment,

NPs experienced negative interactions because coworkers lacked knowledge of the NP role and NPs were expected to work autonomously before having adequate time to adjust to their new role.

Kelly and Matthews [9] conducted a qualitative descriptive study in which they interviewed 21 recent NP graduates. The purpose of this study was to obtain a better understanding of the transitional phase in the NP's first position after graduation. These authors identified several themes in their analysis. One was a loss of personal control of time, which the NPs perceived as a loss of personal time and privacy. A second theme concerned changes and losses in relationships. The NPs described changes in their relationships with nurses and how they were treated. Having a good physician mentor instilled self-confidence. The third theme was feelings of isolation. The NPs felt they were pioneers in practice. They felt somehow they were doing it alone. The last theme identified was the uncertainty in establishing the NP role. Adding to the uncertainty, scope of practice varied between states and keeping up to date with new medical knowledge was a challenge. Understanding what was now in their scope of practice was a big component of this theme.

Heitz et al. [7] conducted a descriptive qualitative study using telephone interviews to examine the role transition from an RN to a Family Nurse Practitioner (FNP). Participants included 9 recent FNP graduates from a university in western United States, who were recruited from 1996-2001. The researchers developed the Role Transition Conceptual Model from the concepts

and themes that emerged. The model included 2 role transition phases at its core and 6 central categories. Phase I of transition was the educational phase. Six participants reported that FNP role transition did not happen during their formal education process. They indicated that it did not take place until after graduation. The subcategories in Phase I included turbulence and extrinsic and intrinsic obstacles. Turbulence was defined as alternating between many emotions. Intrinsic obstacles occurred in response to external stressors and included feelings of fear, insecurity, and role confusion. Extrinsic obstacles in the clinical sites were related to events, situations, or people. Clinical site negativity was related to lack of ineffective preceptors and proper mentoring. Phase II was the post-graduation phase, ranging from 6 months to 2 years. In Phase II, the NP had entered into the work setting. Phase II included the following subcategories: positive intrinsic forces, positive extrinsic forces, and role development. As turbulence from Phase I was encountered, it produced reliance in positive forces. Each phase explained how obstacles stimulated emotional responses that caused the NP to rely on positive forces. This is the point at which the FNP graduate emerges from Phase II into an independent provider. Positive forces and obstacles occurred during the role transition. Learning environments that support critical thinking and synthesis of information facilitate role transition.

Cusson and Strange [10] conducted a qualitative descriptive survey study. The purpose of the study was to explore the transition of neonatal NPs during their first year of clinical practice. The first theme was the first impression: I am

prepared. Many emotions were described, included feelings of fear and insecurity. The second theme was the transition. Feelings of self-confidence were cited as an important factor during transition. The NPs would repeatedly revert back to the staff nurse role or sometimes felt very critical of staff nurse performance. The type and length of orientation or onboarding to role was a significant factor in achieving confidence. Support from physicians was found to assist in the transition and improve self-confidence. The third theme identified was making it as a real NP that is, being able to handle the role and effectively make decisions on their own without verification or validation from physicians or other providers. The last theme identified was the helper and the hinders. Poor professional relationships with staff nurses, unit leaders, and physicians were reported to hinder transitions. Supportive relationships were key to the transition process.

Barnes [11] conducted a descriptive, cross-sectional study. The purpose was to examine the relationships between NP role transition, prior RN experience, and a formal orientation. The convenience sample was composed of 352 participants who attended a national NP conference. Participants were asked to rate their agreement or disagreement with statements about feelings of support versus isolation; understanding of the NP role by patients, physicians, and other staff; and feeling prepared to manage patients and time. Prior RN experience and receiving a formal orientation in the first NP position were measured with single-item questions. Prior RN experience ranged from 0 to 38 years (mean: 13.8

years). Prior experience had a nonsignificant relationship with the NP role

transition (P = .12). Thirty-three percent of the participants received a formal

orientation in their first NP position. Receiving a formal orientation was positively

correlated with NP role transition (P < .001).

3.2 Nurse practitioner perception of preparedness

The NP role has continued to emerge and evolve around the world.

Education, training, credentialing and scope of practice for NPs vary by country.

Depending on where each country is in this evolution process, this may define

the goals for understanding the effectiveness of their required training. With the

passage of the Affordable Care Act (ACA), a new healthcare bill to make

affordable health insurance available to more people, an additional 17 to 20

million Americans gained access to health insurance. [12] The ACA was expected

to result in an increase in 20 million additional initial care visits nationwide. [12]

Prior to the new US administration, it was believed by 2020 that more than 30

million Americans would gain health insurance under this act. Now with ongoing

changes to the act and uncertainties, these numbers may vary depending on

new health care policy initiatives. What we do know is that people will need more

access to health care services, including those provided by Advanced Practice

Registered Nurses. A survey conducted by the ICN International Nurse

Practitioner/Advanced Practice Nursing Network (INPAPNN) found that 32

countries indicated the presence of a nursing role requiring education beyond

that of a licensed or Registered Nurse. [13] Roodbol [14] reported that over sixty

countries identified, have develop or have an interest in advanced nursing roles. However, further clarification of what these roles will provide   and what qualifications for practice they require remain unclear from a global point of view. However, proper transition to advanced practice nursing is fundamental to improved patient outcomes. The educational preparedness of student NPs is foundational in the transition process. According to the IOM, [5] nurses should obtain the highest level of education and training through an academic system that promotes academic improvement. Obtaining effective and quality education to function in the NP role is the first stage of the transition from a student NP to an employed NP. Heitz et al. [7] stated that the transition begins during the education phase and extends into the postgraduate NP phase. Advanced practice nurse preparedness is a key aspect of the NP role transition.

Jones et al. [15] conducted a qualitative descriptive study to explore NP graduate perceptions of the adequacy of their education to prepare them to care for seniors. Twenty-three graduates of an NP program from 2 universities in the western United States from the same parent system participated in focus group discussions or interviews. Both programs had adult NPs and family NPs. The aim of the study was to describe the successes and limitations of NP programs in preparing graduates to care for older adults, and to identify strategies and direction to enhance the older adult curriculum. All students were asked to attend. Four main themes emerged from the analysis of qualitative data. The first was identified as "Getting your boots on and getting into the role." Graduates

described feelings of insecurity and a lack preparation to care for this patient population and a lack of preparation for their new role. Establishing mentor relationships, using technology to fill gaps not provided in their NP course, and training about caring for older adults facilitated confidence. The second theme identified was "Older people are more complex than we were prepared to care for." Graduates felt a need for greater exposure to meaningful clinical experiences with older adults. The third theme identified was "It is very different as a provider, but I am so glad I was a nurse with experience first." There were varying ranges of prior RN experience. Those with more prior experience relied on their prior nursing experience to care for these patients. The participants perceived that prior experience helped fill gaps in the NP education. The last theme identified was "NPs have a scope of practice, physician assistants (PAs) have a job description—but I wish we had their procedural preparation." Some of the participants shared the perception that PA education was superior to NP education.

Hart and Macnee [16] conducted a cross-sectional descriptive study that used a written questionnaire consisting of 32 items, 2 of which contained 25 sub-items. The questionnaires were administered to attendees at 2 large national NP conferences in 2004. A total of 562 questionnaires were completed and used in the analysis. The purpose of this study was to evaluate the perceived preparedness of NPs for practice after they had completed their basic NP educational programs. A written questionnaire was given to all participants. The

questionnaire contained items related to feelings of competency, preparation

after completing NP education, and the need for consolation during the first year

of NP practice. Only 10% of the sample perceived that they were very well

prepared for practice as an NP after completing their basic NP education. Fifty-

one percent perceived that they were only somewhat or minimally prepared.

Thirty-eight percent believed that they were generally well prepared.

Respondents expressed a desire for increased rigor in NP education, including

more clinically relevant information and more experienced faculty. According to

Hart and Macnee, [16] NP programs have accredited curricula but limited clinical

sites. The programs lack standardization although competencies are mandated.

The study revealed that NPs would welcome the development of programs that

offered students more clinical hours and teaching that reinforces concepts of

health care. [16]

3.3 Nurse practitioner perceived challenges

During the transition from student to provider, the NP has challenges to

meet and obstacles to overcome. Personal and environmental factors may

support the transition. Emotional and professional intrinsic factors may have a

great impact on new NPs in their first year of practice. Gould et al [17] conducted a

qualitative study to investigate NP experiences 1 year after they first began

working in a mostly rural Canadian province. Seven NPs working in New

Brunswick were interviewed. The majority of NPs had been licensed within the

past 2 years. All of the NPs interviewed were primary health care practitioners,

with 6 currently working in community health centers and 1 in private practice.

Data were collected by using a semi-structured interview format. The interviews

lasted approximately 45 minutes. Repeating topics were recognized and

exemplars of each topic identified. Finally, overarching themes were identified. A

qualitative analysis was conducted by using the methodology described by

Attride-Stirling. [18] Three themes evolved from the data. They found that nursing

philosophy differed from medical philosophy, that difficulties and barriers were

evident as NPs established their profession, and that despite these barriers NPs

had a sense of excitement and pride in their work. How they were compared to

physicians was a challenge. Systems challenges were evident when insurance

companies did not recognize NPs and when employed with physicians who

integrated the fee-for-service model. NPs described the major barrier as

physicians viewing NPs as a threat because they could lose patients and

personal income to NPs. Therefore, NPs preferred to work in salaried positions

without limitations rather than with physicians who used the fee-for-service

model. More system challenges included the inability to prescribe narcotics,

clients who were not open to seeing a NP provider, and a lack of referral

acceptance by specialists. Despite getting a referral from an NP, specialists often

referred patients back to a physician instead of the NP, because the physician

could receive a higher reimbursement for the patient's visit.

     Faraz [19] conducted a descriptive, cross-sectional study. A convenience

sample of 177 NPs practicing in primary care settings was recruited through all

Commission on Collegiate Nursing Education (CCNE)-accredited master's nursing programs, social media sites, and snowballing. A total of 29 NP educational programs from all regions of the United States and 5 NP residency/fellowship programs forwarded the e-mail to their graduates. The purpose of study was to describe the individual characteristics, role acquisition, and job satisfaction of novice NPs and to identify factors associated with their successful transition and turnover intention in the first year of primary care practice. A survey and questionnaire was sent that included 6 previously established scales and investigator-developed demographic questions. The scales focused on role acquisition, job satisfaction, turnover intention, self-confidence, social support, educational background, and prior work experience. With the exception of the demographic, educational background, and prior work experience questions, the questionnaire utilized Likert-type scales. The results of the study demonstrated that greater professional autonomy in the workplace is a critical factor in turnover intention in novice NPs in the primary care setting. Multiple regression results from the main study variables showed that having greater autonomy reduced turnover intention. Autonomy was the most influential factor in NP job satisfaction. Self-confidence and perceived competence was a significant predictor of turnover ($\beta = -.29$, $t = -3.95$, $P < .001$).

Dillon et al. [20] conducted a descriptive, correlational-comparative study. The study included a convenience sample of 34 ACNPs who were members of an American College of Nurse Practitioners network social media site. The

purpose of the study was to identify factors that influence ACNP transition into practice in their first position after graduation; to identify the relationships among personal resources, community resources, successful transition, and job retention; to identify the difference between ACNPs with 0 to 4 years and ACNPs with more than 4 years of prior experience as RNs in an intensive care unit or emergency department; and to determine the skills or procedures that ACNPs found difficult to perform independently. Participants were recruited through an introductory cover letter on the American College of Nurse Practitioners network's social media site. Forty-six percent of the respondents reported experiencing stress associated with job performance. Stressors were identified as lack of effective communication with leadership and organizational or institutional support and personal finances. Successful transition was identified by comfort and confidence in the role ($r = 0.49$; $P < .01$), providing patient safety ($r = 0.38$; $P < .05$), professional satisfaction ($r = 0.72$; $P < .05$), and job satisfaction. No significant differences were found between nurses with 0 to 4 years and nurses with more than 4 years of experience in an intensive care unit or emergency department. Having the community resources of organizational support and effective communication with leadership were also related to successful transition. Support from the NP or physician mentor and their availability for new situations and procedures was deemed important by the new ACNPs. Feedback about their work was important and helped the ACNPs to develop confidence in their assessment and diagnostic skills. Receiving support

from families and friends was also important. Fifty-two percent of the participants remained in their position for 2 years. The reason for retention or turnover was not identified in the results.

4. DISCUSSION

The aim of the literature review was to gain a better understanding of current knowledge about NP transition experience and to apply that knowledge to better support the transition from new graduate to competent NP. The results of the review revealed many factors that influence transition to practice. Three key categories were identified as elements impacting transition into practice. Role transition, perception of NP preparedness, and perceived challenges.

Role transition was identified as the first component because the literature review revealed the first year of work experience is very important in order to expand on the knowledge base that was established during master's education. It is during this first year that many of the skills and the knowledge gained during graduate education are practiced and reinforced. [6] The NPs in the Brown & Olshansky [6] study described this adjustment period as difficult and stated that they often felt like imposters or they were "faking it" The NPs also described that they have " difficulty 'feeling real'" [6] During this adjustment period, many of the NPs reported finding it difficult to make the transition from that of an experienced RN to a novice NP. The new role as an NP is one in which there is more autonomy and advanced decision making. Self-confidence and autonomy seem were identified as consistent factors to assist in role transition.

Unsuccessful adjustment could impact self-confidence and impair development of the new role

How a new NP perceives their preparation and training for practice was a second key component revealed. In Jones et al. [15] graduates felt a need for greater exposure to meaningful clinical experiences. The new NP recognized there was a major difference as a new provider. NPs did not feel prepared and would have liked more training. NPs with significant prior RN experience relied a lot on their prior nursing experience to fill gaps in their knowledge. Both Brown and Olshansky[6] and Heitz et al.[7] revealed that self-confidence and role identity were major factors in the transition experience. These results may indicate that prior nursing experience may not necessarily be an important component of successful entry into practice. Providing opportunities for new NPs to develop skills and to build their self-confidence will better prepare them for practice. Lack of self-confidence can impede competency as the novice NP transitions into his or her new role. However, the available literature does not overtly specify the prior nursing experience needed for effective NP role transition. Experience is believed to be important for skill acquisition and developing competency in nursing practice. Barnes[11] revealed that prior RN experience could provide a foundation and helped to facilitate the transition into the NP role. NPs with less RN experience were thought to require more time to transition into the new role. The average clinical hours required by most NP programs is 500 to 600 hours. NPs generally rotate with 3 to 4 preceptors during their graduate education. Heitz

et al.[7] and Cusson and Strange[10] supported that lack of effective mentorship could impact self-confidence. NPs have intensive graduate education and clinical training that should prepare them to enter practice prepared to provide safe, high-quality care.[16] However, they still report that they are not prepared for practice. With the demanding role of the provider in this current health climate, should we require more intensive training to bridge the transition from student NP to independent NP? At a time when health-care reform is rapidly evolving, it is critical that NPs are seen as reliable, competent professionals.

The last major component identified was challenges the NPs perceived when entering practice. Personal and environmental factors had an effect on their transition. The inability to perform certain job duties because clients were not open to seeing a NP provider and other stressors identified were lack of effective communication with leadership and organizational or institutional support. Dillon et al.[20] revealed the lack of support from the NP or physician mentor and their availability for new situations and procedures was deemed important .Establishing one's role identity as an NP, developing professional relationships, and having effective mentorship are key influences on the transition process of the novice NP. The most dominant concerns included applying for licensure and developing new relationships with coworkers and patients who many not be familiar with the role of the NP. All though not revealed, in the literature review challenges to NP role transition internationally could include limited access to structured educational programs, insufficient

nursing education, a broader focus on the medical model, and lack of respect toward the nursing profession, and issues surrounding intercountry credentialing.[21]

As the NP role continues to evolve around the world, developing structured transition programs is an ideal strategy to address some of the barriers and obstacles new NPs face. According Heitz et al.,[7] the transition begins during the education phase and extends into the postgraduate NP phase. These programs may be able to facilitate the transition experience after graduation and give students the opportunity to identify a mentor to model behavior after and increase their exposure to clinical situations, which may improve their self-confidence. Proper transition to advanced practice nursing is fundamental to improved patient outcomes. Novice NPs are routinely expected to assume practice as a full peer with other members of an interdisciplinary team, yet our models for training do not support this expectation as they still rely on the hiring institution to support transition into practice. A well-designed program can facilitate the professional transition of the novice NP into an independent and confident provider.

5. CONCLUSION

Transition into advanced practice nursing is a difficult adjustment. The goal is to provide all new providers with a foundation and resources to help with this process. Understanding the transition experience and the factors that

influence this experience will only better prepare advanced practice nurses to

provide the highest quality care regardless of specialty and work environment.

The ultimate goal being to help ensure improved patient outcomes. Internships or

residencies seem to be a great avenue to prepare providers to assume that

autonomous role.[4] Ineffective transition to practice can lead to ineffective

delivery of quality health care.[22] Future studies that focus on the transition

experience after internships and residency programs are needed to establish

baseline nursing experiences for entry into NP positions and to develop the

knowledge needed to implement and evaluate new educational programs for

graduate NPs to improve their transition to independent practice.

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Table 1. Literature Review Table

Reference	Sample/ Setting	Design	Findings
Hart & Macnee(2006)	The questionnaires were administered to attendees at two large national NP conferences in 2004 in Cheyenne Wyoming. A total of 562 questionnaires were completed and used in the analysis. The sample contained 94% (N-527) women with average age 49. Nurse practicing as an APN for average 11 years	This cross-sectional descriptive study used a written questionnaire consisting of 32 items, two of which contained 25 sub items	Ten percent of the sample perceived that they were very well prepared for practice as an NP after completing their basic NP education. Fifty-one percent perceived that they were only somewhat or minimally prepared. 38% believed they were generally well prepared. Response expresses desire for increased rigor in NP education. Desire for more clinical relevant data, need for more experienced faculty.
A. Faraz, (2015)	Convenience sample of 177 NPs of NPs practicing in PC settings was recruited through all Commission on Collegiate Nursing Education (CCNE) accredited master's	Descriptive, cross-sectional study	This study demonstrated that greater professional autonomy in the workplace is a critical factor in turnover intention in novice NPs in the PC setting. Multiple regression results from the main study variables showed having greater professional autonomy reduced turnover intention. Autonomy to be the most influential factor in NP job satisfaction factor in NP job satisfaction. The results of the standard multiple

			regression model indicated that the variables most predictive of turnover intention were professional autonomy (p = .001) and role ambiguity (p = .03). The model accounted for approximately 48% of the variance in turnover intention ($R2 = .476$).professional autonomy remained significant ($\beta = -.44$, $t = -3.42$, $p = .001$) and role ambiguity was significant ($\beta = -.20$, $t = -2.14$, $p = .03$). Self-confidence and perceived competence was a significant predictor of turnover ($\beta = -.29$, $t = -3.95$, $p < .001$).
Reference	**Sample/ Setting**	**Design**	**Findings**
Barnes, 2015	Convenience sample of 352 participants at a national NP conference. Inclusion criteria included NPs who are currently practicing in direct patient care within the US, hold a graduate degree to practice as an NP, are able to speak and read English, and have been working as an NP for at least 6 months	Descriptive, cross-sectional	Prior RN experience ranged from 0 to 38 years with a mean of 13.8 years. This variable was positively skewed; Prior PJSI experience had a nonsignificant relationship with NP role transition ($r = -.08$, $P = .12$). Additional analyses using various cut points within the RN experience variable revealed no significant relationships with NP role transition. In the first NP position, 33% of participants received a formal orientation Receiving a formal orientation was positively correlated with NP role transition ($r = .29$, $P < .001$).

	because role transition after graduation and into the first position can,		
Dillon et al, (2016)	The study included a convenience sample of 34 ACNPs who were members of an Acute Care Nurse Practitioner Network social media site. Respondents were eligible to participate if they met the following inclusion. The sample was predominantly white women between 41 and 50 years old. Fifteen states and Puerto Rico	descriptive, correlational-comparative design	Forty-six percent of the respondents reported experiencing stress, with job performance. Statistically significant positive correlations were found among organizational support. The relationship between communication/leadership was also and personal finances reported as the top 2 stressors. Comfort/confidence ($r = 0.49$; $P < .01$), patient safety ($r = 0.38$; $P < .05$), professional satisfaction ($r = 0.72$; $P < .05$), and job satisfaction. No significant differences were found between nurses with 0 to 4 years and nurses with more than 4 years of ICU/ED experience in the measures of personal and community ($r = 0.53$; $P < .01$). The community resources of organizational support and

			communication/leadership were related to successful transition (comfort/confidence, patient safety, and professional and job satisfaction) for ACNPs during their first 6 months of practice. Support from the nurse practitioner/ physician mentor and their availability for new situations and procedures was deemed important by the new ACNPs. Feedback about their work was important and helped the ACNPs to develop confidence in their assessment and diagnostic skills. Support from families and friends during this time frame was also important
	were represented. Most participants had a master of science degree in nursing. Eighty-two percent had more than 5 years of nursing experience, and 75% had more than 5 years of nursing experience in an ICU or ED.		
Kelly, N., & Mathews, M. (2001).	21 recent NP graduate. The age range 33-52 years. Practicing in Central Illinois	Qualitative descriptive study	The themes identified were: loss of personal control of time(personal time) and privacy; changes and losses in relationships(Professional relationship changes (Physicians as mentors and supporters builds NP confidence) (Nurses a barrier feeling of separation); feelings of isolation(Pioneer in practice) and uncertainty in establishing the NP role(role ambiguity - different scope in defend states. , learning new knowledge keeping update) ; and a special bonding with clients. Coping Strategies- developing professional social network

Reference	Sample/ Setting	Design	Findings
Brown & Olshansky, (1998)	35 newly graduated primary care nurse practitioners during their first year of practice. 33 from master program, 2 from certificate programs. Employment settings clinics, public health dept. private practices the VA hospital , 94% white, 6 % Asian	Qualitative Grounded theory	Stages of development include laying the foundation (recuperating from school, negotiating the bureaucracy, looking for a Job, and worrying); launching (feeling real, getting through the day, battling time, and confronting anxiety); meeting the challenge (increasing competence, gaining confidence, and acknowledging system problems); and broadening the perspective (developing system savvy, affirming oneself, and upping the ante)
Jones J. et al , (2014)	Twenty-three graduates of NP program options at two universities in the western U.S. participated in focus group discussions or interviews in the western U.S. participated in focus group discussions or interviews	Qualitative descriptive	Four main domains emerged from analysis of qualitative data: a) "Getting your boots on and getting into the role"; (b) "Older people are more complex than we were prepared to care for"; (c) "It is very different as a provider, but I am so glad I was a nurse with experience first"; (d) "NPs have a scope of practice, physician assistants (PAs) have a job description- but I wish we had their [procedural] preparation."

Heitz L. J. et al (2004)	The sample consisted of 8 FNP	Qualitative descriptive	Two phases of role transition occurred and were depicted by the central categories that emerged: extrinsic obstacles, intrinsic obstacles, turbulence, positive extrinsic forces, positive intrinsic forces, and role development. Although the central categories were found to be the same in Phase I and Phase II
Gould et al, (2007)	Seven NPs working in New Brunswick were interviewed. All were female, and the mean age of the sample was 46.8, (range = 36–60 years). The number of years spent practicing as an NP ranged from 10 months to 25 years (M = 7.1 years). The majority of NPs were licensed within the past 2 years. All of the NPs interviewed were primary healthcare practitioners,	Qualitative descriptive	Three themes evolved from the data. The study's themes were that nursing philosophy differed from medical philosophy, difficulties and barriers were evident as NPs established their profession in a Canadian rural province, and despite barriers NPs had a sense of excitement and pride in their work. Systems' challenges were evident when insurance companies did not recognize NPs and employment with physicians who integrate the fee-for-service model. NPs described the major barrier as physicians viewing NPs as a threat because they could lose patients and personal income to NPs. Therefore, NPs preferred to work in salaried positions without limitations rather than with physicians who use the fee-for-service model. More system challenges included the inability to

	with six of them currently working in community health centers and one in private practice		prescribe narcotics, clients not open to seeing a NP provider, and lack of referral acceptance by specialists. Despite getting a referral from an NP, specialists often referred patients back to the physician instead of the NP the physician could receive a higher reimbursement for the patients' visit
Cusson & Strange (2008)	A convenience sample of NNPs was recruited using list servs and postal mailings. Responses were returned by 70 NNPs	Qualitative descriptive	Four themes emerged that depicted a linear progression of the transition process from school preparation to beginning feelings in the new role and then development into a more confident practice. Themes 1. First impression I am prepared? Theme 2 Transition. Theme 3: making as a real NP. Theme 4: the helper and the hinders.

Figure 1. Prisma Table
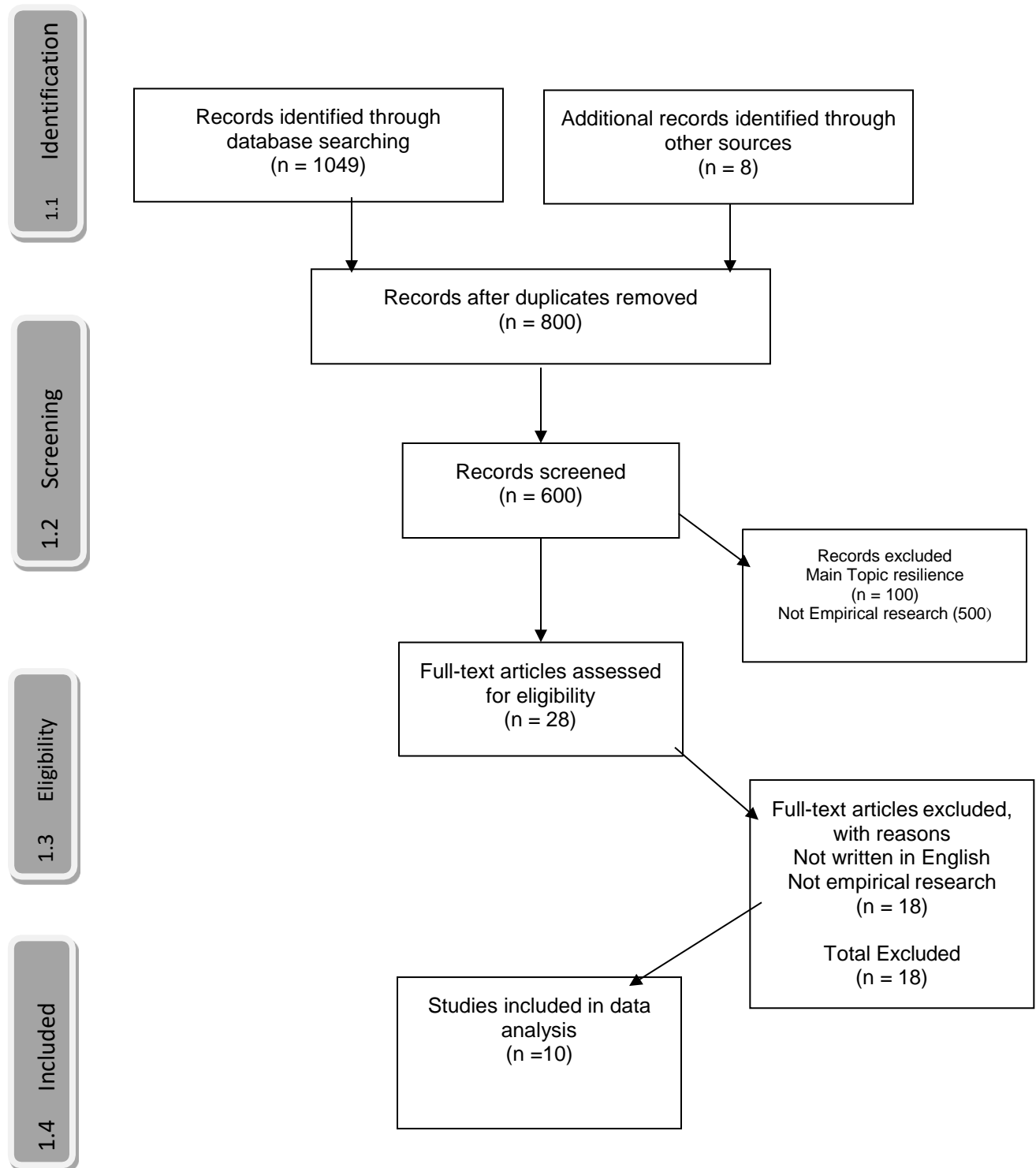
CHAPTER III

ANALYSIS OF DATA

Experience of Nurse Practitioners Transitioning into Independent Practice: A

Qualitative Study to Be Submitted For Publication in

Journal of Nursing Education and Practice

Nicole Twine, MSN, Sandra Cesario PhD

1. INTRODUCTION

In today's rapidly changing health care field, the demand for nurse practitioners (NPs) is high. Over 26,000 new NPs completed their academic programs in 2016-2017. More than 248,000 NPs are currently licensed in the United States, 86% of whom are prepared to deliver primary care and secondary care.[1] In the early 1990s, there were perceived gaps in our healthcare delivery due to changes in medical residents work hours, so the Acute Care Nurse Practitioner (ACNP) role was created to fill those gaps. Over the past 20 years, the number of ACNPs has grown to approximately 20,832, with over 60% of their care being delivered in a tertiary environment. [1] This number includes 6.4% of ACNPs in practice and 2% of Adult Gerontology Acute Care NPs (AG-ACNPs) in practice. [1]

As health-care reform continues to evolve, NPs will be key stakeholders in improving the care of complex patients. This increases the need for NPs who can perform at a higher level and will require NPs to possess skills that provide them with expertise in assessment, communication, and critical thinking, which are integral to safe and effective patient care outcomes.[2] A projected shortage of 52,000 practitioners is expected by 2025.[3] Advance practice providers such as NPs can provide care services of quality equivalent to that provided by physicians and on a more cost-effective basis.[3] For NPs to fill the gap sooner, their educational preparation is key.

The transition from student to professional NP is an important and difficult adjustment. The presence and quality of transition programs are rare, yet new NPs report the need for additional support and education as they move from being students to practicing NPs. An actual transition period new graduates undergo as they enter into NP practice has been determined by several researchers.[4] The new role as a NP is one in which there is more autonomy and advanced decision-making. Learning environments that support critical thinking and synthesis of information are known to facilitate role transition. [5] Acquiring quality effective education to function in the NP role is the initial stage in the transition from a student NP to an independent NP.

1.1 Literature review

A literature search using CINAHL and PubMed identified studies that focused on establishing the role and transition of new NPs into practice. The

search was limited to English-language and peer-reviewed journals. The search range was restricted to a 10-year time frame, but due to limited literature it was expanded to 20 years. Analysis of the literature revealed three topic areas that had influence on NP transition: transition into the new role, adequacy of preparation, and challenges faced with transition. For example, Heitz et al.[6] revealed that the role transition from registered nurse (RN) to FNP (family nurse practitioner) occurs in 2 phases. The educational process is when the first transition phase begins. The second phase is transition into the role from graduate to independent FNP. This transition phase occurs during the first 6 months up to 2 years after graduation.[5] The NPs in the study by Brown & Olshansky[7] described the transition experience as an adjustment period that was often difficult. They felt like imposters as if they were "faking it", and had difficulty "feeling real." The transition from the expert RN to a novice NP during this adjustment period was described as difficult to make.

Various studies evaluated the NPs' perception of training. Jones et al. [8] explored NP graduate perceptions of adequacy of their education in preparing them to provide effective care to the aging population. In Jones et al., [8] more exposure to meaningful clinical education was described as significant by theses graduates. NPs felt there was a lack of preparation and reported they would have been open to additional structured training. They often relied heavily on their past nursing experience to fill gaps in their knowledge. Hart and Macnee [5] revealed that NP educational programs do have structured accredited curricula but lack

the ability to provide robust opportunities for clinical exposure. The findings

revealed, programs that could provide students more clinical hours while

reinforcing the key concepts for health care delivery would be welcomed by the

NPs. [5] Harris [9] found a need for more didactic content and clinical experiences

specific to the care of older adults. The adequacy of preparation into practice was

reported as not feeling equipped, a desire for additional training, and consistently

using prior nursing experience to fill knowledge gaps.

An emerging issue in literature that impacted the transition process was

creating collaborative relationships and providing effective mentorship

opportunities. Dillon et al. [10] revealed that support from physician or NP mentor

was deemed important. Lack of support hindered their process. Building new

relationships with coworkers and the unfamiliarity with the role of the NP by

patients was perceived as a challenge in the literature.

Establishing one's role as an NP, creating collaborative relationships, and

having effective mentorship were identified as crucial influences in the transition

process of the new NP. The educational preparation and clinical exposure were

recognized as the foundation in the transition process and was viewed as the key

stage in the transition from student to independent NP.

1.2 Purpose

The purpose of this phenomenological study was to explore and describe

the transition of new NPs to their role after they participated in a 1-year pre-

graduate student NP internship to obtain a better understanding of the transition

time a new NP needs. Phenomenology is the study of human experience from the perspective of those experiencing a particular phenomenon. Husserl believed that subjective information should be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive to be real. [11] The knowledge gained by exploring the experience of NP students from a descriptive phenomenological perspective will provide educators with new information to apply to further develop training programs for advance practice nurses.

2. METHODOLOGY

2.1 Overview of the study

Husserl's descriptive phenomenological approach was used to explore the experience of new NPs during their transition to independent practice. The data collection process began after approval from the Institutional Review Board (IRB) at Texas Woman's University and the clinical agency. Completion of a pilot study further informed the process. The overarching research question that guided this study was: What is the experience of new NPs during their transition to independent practice after they participated in a student internship with simulated learning? Semi-structured questions were used to facilitate examination of the participants' experiences.

2.2 Setting and sample

The setting of the study was a large academic hospital in Houston, Texas. The location was mutually agreed upon by the researcher and the participants.

Participants were ACNPs who had completed a pre-graduate NP internship program and had a minimum of 3 months of NP experience and up to a maximum of 1 year of experience. They had to be board-certified and actively working in a NP role. We used purposeful sampling to identify prospective participants. This allowed us to select individuals who could offer insight into the phenomena being investigated. [12] After the researcher interviewed the first 12 participants who met the inclusion criteria, no new information was yielded after 12 interviews. The researcher confirmed data saturation by interviewing 2 more participants.

Participants were master's prepared, board-certified ACNPs who participated in the internship program Leading Education and Advancing Professionals (LEAP). All participants had bachelor's degrees as their basic education, had attended a traditional BSN-to-MS program, and attended school on a part-time basis. Participants worked as RNs while attending graduate school. All participants were currently employed as ACNPs. Of the 14 participants in the study, 1 was a man and 13 were women. According to the National Council of State Boards of Nursing, [13] women dominated the nursing profession before 2000, at which time 5.8% were male, whereas of those licensed between 2013 and 2015, 14.1% were male.

The ages of the participants ranged from 25 to 44 years. According to the American Academy of Nurse Practitioners, [1] the average NP is female (96%), 48 years old, and has been practicing as a FNP for 12.8 years.

Furthermore, 5.6% are ACNPs and have been in practice for 7 years. [1] The

participants reported a range of years licensed as an RN as 4 to 18 years, with

the average number of years of RN experience being 8 years. Of the 14

participants, 3 participants had 10 or more years of experience as an RN before

obtaining their NP license. Eight participants had worked as an RN in the same

hospital before becoming an NP. Three participants were the first NPs used in

their particular service or unit. Seven of these participants began their NP role in

the same clinical specialty in which they had initially worked as an RN. The

participants had a diverse ethnic makeup: 36% were African American, 22%

were Asian, and 43% were white. A total of 14% had received undergraduate

nursing training outside the United States. Five students had attended online NP

programs and 9 students had attended a local 4-year university with a traditional

classroom model (see Table 1).

2.3 Protection of human subjects

Consent to participate in this study was obtained from all participants.

Participants were given an opportunity to ask questions before being asked to

sign the informed consent. All files with identifiable information were locked in a

secure cabinet that only the primary investigator had access to. Reports of

findings did not include any identifying information.

2.4 Data collection

After informed consent was obtained, a flyer asking the participants to

contact the investigator if interested was sent out via email. Contact was made

via phone to discuss interest in the study. After the participants were recruited,

they were emailed and telephoned to set up individual interview dates and times.

Participants met at mutually agreeable dates and times. The interviews took

place at the researcher's office. Before the interview, the participants were

provided the informed consent document to read, were given the opportunity to

ask any questions, and signed the document. Participants were told they could

stop the interview at any time and their anonymity would be upheld. They were

assigned a code to maintain their confidentiality. Following the signed consent,

each participant was given a demographic questionnaire to complete.

Once the consent was signed and the demographic form was complete,

the researcher turned on the audio tape to record the interviews. Each interview

time averaged 40 to 45 minutes. The researcher anticipated 20 respondents; 17

responded to the letter of invitation. The data were collected over a period of 4

months from January 2018 to May 2018. The investigator conducted semi-

structured interviews using an interview guide (see Table 2). Throughout the

entire interview session, the researcher observed no emotional distress or

hesitation in responses. The participants were engaged and very open in sharing

their experiences.

2.5 Analysis

Descriptive statistics were used to calculate frequencies and percentages

for the demographic data collected. Audio recordings were transcribed verbatim

by a secure transcriptionist service and were verified by members of the research

team. Colaizzi's descriptive process for phenomenological data analysis was used. [14] After each interview was transcribed, the transcript was read and re-read to obtain a general sense of the content. Significant statements pertaining to the research question and the phenomena being studied were extracted. The statements were recorded on a separate sheet, noting the pages and line numbers of the original transcription. Significant meanings were extracted from the significant statements, and 4 overarching themes were identified, with the goal of describing the phenomenon of the transition experience.

2.6 Scientific rigor

Establishing scientific rigor is important for robust and unbiased experimental design, methodology, and analysis. Established standards of rigor were used (credibility, transferability, dependability, and conformability) to enhance the trustworthiness of the process.[15] Trustworthiness was established by ensuring validity and reliability throughout all stages of data collection and data analysis.[16] The investigator worked to ensure the findings were reasonable, accurate, consistent, and detailed enough to approximate the experience. The principal researcher had to identify and bracket personal assumptions and biases. Bracketing is used to alleviate the potentially harmful effects of preconceptions that may taint the research process.[17] Bracketing was considered throughout the entire research process, not just at the data collection and analysis phases.[17] Before the start of the research study, the researcher wrote down what is known about the topic and the perceived issues, thereby

bringing them into consciousness.[18] Revisiting these throughout the project

ensured that the investigator's ideas did not override those of the participants.

Following strategies to achieve bracketing, the primary researcher also kept a

reflective journal to document thoughts, feelings, and perceptions throughout the

research project. Developing an audit trail also provided a framework for

establishing trustworthiness.

Validation included clarifying the data with the participants to establish the

accuracy of the researcher's interpretation. Dependability was established by

using detailed journaling, detailed written field notes, memos, taped semi-

structured interview sessions, and reflective journaling. Confirmability was

achieved by the logical order of data analysis and interpretation. To establish

confirmability, an audit trail began when the study was designed and was

maintained throughout the study.[16] Audit trails document the course of the study

from development through the completed analysis. In developing an audit trail,

the investigator provided an account of research decisions and activities

throughout the study. The goal was to establish transferability for the reader by

providing a thorough description of the participants, the research framework, and

the assumptions central to the research. [16]

3. FINDINGS

Four themes emerged from the analysis of the interviews (see Figure 1).

The themes were as follows: Putting on My NP Shoes, which described the

participants' statements about progression in their new role; We're Only as Good

as We Train, which described the participants' statements about how NPs are trained to practice compared with other professionals; My Internship Prepared Me, which described participants' statements about how additional education and exposure to an internship program prepared them for entry into practice; and Relationships Provided Success, which described participants' statements about building collaborative relationships with physicians and staff and how these relationships may have impacted their transition.

3.1 *Putting on My NP shoes*

This theme revealed changes in the participants' identity and expertise. Participants described the experience of having been an expert RN as they faced being a novice NP graduate. Role identity was described. All participants anticipated dealing with changes in their role and identity, and they experienced a series of emotions as they transitioned. Some participants revealed that establishing their identity as a provider was easier because they were given an opportunity to model behaviors after their NP preceptors. However, they still expressed that role transition was something they had to deal with even though they had pretty good insight into the NP role and the expectations of the role. *Participant 2 stated, "I was still trying to separate being a clinical bedside nurse to my new role." At three months of experience, to say that I'm an NP… it was hard to get that word out.*

Participant -6 stated, "In the beginning it was just realizing that I was the person… I needed to step up..."

The participants expressed various emotions such as fear and anxiety. The need to do well and perform at the provider level was very important, especially with the new level of responsibility they had acquired.

Participant 10 stated, "I felt kind of lonely. I'm like, I'm really the only NP that's managing. No one else is going to be seeing this patient with me."

As time went on, several participants described they were able to see their growth as they gained more time and exposure in their new NP role. *At 9 months into practice, Participant 4 stated, "Today I feel good. I feel like I am equipped with the tools, and the knowledge, and the resources that I need in order to really take care of my patients safely."* Another participant who had only a couple months of experience stated, *"I never thought I would have grown to be this type of a provider by now. I've surprised myself and that sometimes is scary… the responsibility, it gets bigger and bigger every day."*

The participants described many experiences that have been discussed in literature in regards to NP transition. They frequently expressed being ready to take on more quickly and felt confident to function at a higher level sooner than they would have expected.

3.2 *We're Only As Good As We Train*

This second theme emerged from the participants' accounts of their feelings of a lack of clinical preparation in graduate programs compared with those for physician assistants (PAs). There is an expectation to perform at a certain level, and statements were made that PA and NP training was very

different. The participants described using prior nursing experience to fill the gaps. They expressed that they felt PAs had an advantage because they were prepared to evaluate patients in more of a medical model, which allowed them to communicate and think differently about patient cases. This was supported by recommendations from participants that an internship training program in addition to graduate school is needed to help support NP training.

Participant 4 stated, "...We are expected to work kind of like residents and fellows, but we're not brought up like them. …. the biggest challenge I've had, is learning how to communicate like a doctor in a way they can understand what I'm trying to say."

Participants expressed concerns that their didactic training and preparation in graduate NP programs was not the same as in other provider graduate programs. Many described not being prepared in the medical model, and they felt a lack of focus on pathophysiology in developing differential diagnoses in their graduate programs was an obstacle.

Participant *3 stated, "I also think that physicians and PAs are better prepared than we are in pathophysiology …. I think they have an advantage over their medical training than we do".*

3.3 *My Internship Prepared Me*

This third theme evolved from the participants' accounts of how they felt the internship program impacted their transition into practice. Some participants revealed there was an overall increase in self-confidence when starting their new

NP role. NP participants described a clear sense of independence of the initial foundational skills a NP should have when entering practice. There was an overall belief they were getting additional or special training their colleagues did not have. The participants expressed that increased clinical exposure, frequent simulation training, and opportunities to enhance their professional role development were a large part of their transition experience. *Participant 11 stated*, "*It depends on how great your clinical experience was...you know, not everyone allows you to be as hands-on. But with the LEAP program, I was practicing as an NP. I wrote orders. I saw patients. I wrote notes. So that helped the transition. I mean, just using the EMR system as a provider was huge, because I know how to find stuff. I know how it works.*"

3.3.1 Clinical exposure

The participants in this study completed an additional 1000-1250 clinical hours participating in this program. With the additional clinical rotations provided by the internship in addition to their required graduate program hours the participants described being more prepared and comfortable to manage new patient scenarios in their NP role.

Participant 5 stated, "Being in the LEAP program I think has made me more

 confident…being exposed to more things in addition to clinical…managing

 different patient populations, more in-depth discussion with my preceptors,

 learning about different diagnoses or diseases that may have not been

 covered in my program."

This participant fell she was taught in the nursing model to manage patient so exposure to additional training helped in her transition. *She stated, "All these little things helped me transition a lot easier and I think having the LEAP program built a lot of confidence coming out of the program versus never being in a provider role independently and then just showing up on the floor managing patients".* The participants had a recognition of how they improved their communication with patient's, families and providers. The ability to discuss complicated patient situations and practice and hone skills in safe place gave them an opportunity to practice all type of scenarios without fear of making detrimental mistakes.

Participant-1 stated, "The education I've gotten in school was to get me to pass
my exams and to teach me how to be a nurse practitioner, but it didn't
teach me how to actually practice and how to manage the patient….

Participant 5 stated, "People here helped me to see, talk to the patients and
family, I know how to explain to the family, give the update and input of
what we're testing."

3.3.2   Simulation training

The participants were exposed to monthly simulation that allowed for immediate feedback. Some participants felt their clinical decision-making was easier due to more hands-on exposure to the NP role and frequent simulation scenarios, although the situations were sometimes intimidating. Several participants expressed that the scenarios did not always appear as real patient

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situations. However, the exposure to frequent simulation cases helped them be better prepared for real patient situations.

Participant 5 stated, "Took me a while to think through the scenario and make my

decision…. Now those things that I missed in simulation will be the first

things to do in a real life,"

Participant 6 stated, "I am still drawing on those experiences and exposure that I

don't think…I wouldn't have had in school..."

3.3.3 Professional role development

The participants described other professional opportunities in addition to their clinical education that they were exposed to. They believe being exposed to different facet of the NP role such as presenting information to their NP Peers presentation completing quality improvement and evidence based practice projects impacted their transition into the new NP role as well.

Participant 11 stated, "The exposure to different areas was very helpful… it

actually really prepared you for the NP role… it helped you build your

portfolio and resume. We had to take different classes, FCCS, keeping up

your certifications, going to conferences. We had to do evidence-based

practice, which you will be doing as an NP."

3.4 Relationships Provided Success

The fourth theme emerged as the participants described how important it was for them to have collaborative relationships with colleagues. Most of the participants shared that a supportive relationship with the primary physician was

crucial to having a positive role transition in the hospital. Those who described physicians positively used such words as "great," "amazing," "open to teach," "available," and "colleague." Most of the participants expressed that the internship program helped them know the expectations of physicians and hospital administrators.

Participant 2 stated, "I think the physicians were great because they're willing to teach and explain things. *Participant 6 stated, "My current MD is very supportive…. We're like colleagues..."*

The participants described that effective communication techniques were developed during their internship experience with physicians, nurses, and staff. This was believed to have impacted their transition into practice. Several participants described exposure to different types of providers and different styles of collaborative working relationships that influenced their current work relationships, which helped them forge collaborative relationships with physicians, staff, and hospital administrators. Every participant spoke about the impact of these relationships.

Participant 3 stated," I'm lucky to practice with physicians who are not only great clinicians, but also great collaborators and they allow for autonomy within reason.

Participant 5 stated, "My mentor was a physician, so that was something new to me, because I always did my clinicals with nurse practitioners."

Participant 4 stated, "I think if my attending were punitive. Questioning my skills,

   not trusting me to take care of their patients, I wouldn't feel comfortable to

   practice. I think I would be apprehensive..."

Participants also recognized that developing relationships with nursing

staff was key. Although they gained new authority, they understood that treating

the staff as a resource would only provide better patient outcomes.

There was acknowledgement that there should be a mutual understanding and

respect for each other's role because it has an impact on patient's care and

outcomes.

4. SUMMARY

This study provided qualitative findings from in-depth, one-on-one

interviews with 14 participants. Through the analysis of the data, 4 themes

emerged that described the participants' lived experience regarding their

transition into NP practice. These themes provide a framework for understanding

the transition experience after participation in an internship program.

Participants described many experiences that have been discussed in the

literature with regard to NP transition. The participants did experience a transition

phase, although many felt their transition phase was of a shorter time frame. The

14 participants were at different stages and months of experience when

interviewed. Five of the participants had 3 months of experience, 4 participants

had between 6 and 8 months of experience, and 5 participants had 9 months to 1

year of experience.

Graduates at 3 months described feeling more prepared than the average NP transitioning into practice. These novice NPs still expressed some anxiety; however, they described that having exposure to the NP role in their internship decreased the unknown about that role and what their new identity as a NP would be. One participant stated, "I feel like that I've made that transition into my role.…I'm working alongside a new NP and I feel like because of this LEAP program that I'm ahead of the game. Things come a lot easier to me than they do for her." Graduates at 6 months to 1 year described more self-confidence. One participant stated, "I feel like I am equipped with the tools, and the knowledge, and the resources that I need in order to really take care of my patients safely." There was overall recognition of the progress made but acknowledgement and surprise about how much further they were than their colleagues who did not participate in an additional training program.

According to Brown and Olshansky, [7] there is a transition period as NPs enter into practice. This first year is considered to be the most important of the transition phase from RN to NP. [7] The review of current literature revealed that during this transition period, many NPs report finding it difficult to make the transition from an experienced RN to a novice NP. The participants in the study believed the internship program helped their transition experience into practice because they described feeling more prepared to manage patients more independently sooner because of the additional training time spent developing skills. More self-confidence to make decisions autonomously was partly because

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of the additional hands-on training. The participants indicated that establishing their identity as a provider was easier because they were able to model their behavior after their NP preceptors and they had a year to practice in the NP role. Hart and Macnee [5] reported that 10% of new NPs felt they were adequately prepared for entry into practice after completing their NP education. Fifty-one percent perceived felt somewhat or minimally prepared. Thirty-eight percent believed that they were mostly well prepared. Participants in the study expressed a desire for a more rigorous NP education, including more clinically relevant information and more proficient faculty. When asked, did your training prepare you for practice? The internship was believed to have played a large part in preparation. However, there seemed to be an overwhelming perception of difference in training between PAs and NPs. Utilization of prior nursing experience was often used to fill gaps in their standard graduate training. There was an overwhelming perception that PAs had an advantage because they are prepared to evaluate patients in more of a medical model, which allowed them to communicate and think differently about patient cases.

The internship was credited for the participants' improvement in communication with physicians and other allied health providers because of the significant time spent providing high-quality care while collaborating with various interdisciplinary team members. They learned how to differentiate between ineffective and effective ways to communicate with staff to foster better working relationships. This was attributed to spending additional time in the training role.

The simulation experience throughout the internship was viewed as a positive experience. Bays et al [18] found that training physicians and NPs via small-group simulations showed "significant improvement in trainees' ability to communicate bad news and express empathy."

Simulation allowed the participants to develop the skills needed for differential diagnosis and to practice these skills in changing patient condition scenarios in a safe, controlled learning environment. Simulation was used to build on previously learned skills and provided comfort for the NP to make independent decisions. The participants did acknowledge it was more training than some of their classmates received, and they felt that more clinical exposure and simulation training would have been ideal.

5. RECOMMENDATIONS

Nursing educators can use these findings to identify opportunities to develop or restructure NP curricula that will complement current graduate programs and entry into practice requirements. Our findings imply an opportunity to consider changes to the NP curriculum in the final semesters that focus on unique training to better support the new NP. By participating in this program an additional 1000-1250 clinical hours was obtain. Strategies' to supplement current program structures by revaluating didactic and hands on clinical exposure should be explored.

The findings suggest that many hospital institutions do not have a structured orientation to onboard new NPs. NPs may participate in the bedside

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nursing orientation or they may be expected to follow a practice physician without structure. Trying to fit the new NP into these existing processes may be inadequate for readying them for their new role. Inadequate preparation for practice could result in a transition that is delayed or possibly unsuccessful.

A key component of how these NP participants transitioned revolved on their feeling adequately prepared to function at a basic level. The additional time spent training to provide that level of care gave them more time and exposure before entering into independent practice. The NP participants also described inconsistent experiences regarding their clinical experience. An organized training structure was ideal to build on their foundation. Most of these participants had hospital-based clinical rotations as a student, but some felt it difficult to get a robust clinical exposure. This was partly because of a lack of NP preceptors or the right providers with clinical experience or the desire to develop and train them.

With the increasing number of online NP programs, the participants who completed their education through a nontraditional format expressed even more of a benefit to their transition. Although they were enrolled in ACNP programs, most of their prior nursing experience was in an ambulatory setting, and their particular online programs did not have structured hands-on clinical experience as part of the graduate program. Most online programs had limited faculty resources to assist in their training, which required them to seek out their own training.

The average NP program requires 500 to 700 clinical hours depending on state requirements before entry into practice. The participants recommended extending clinical hour expectations for NPs either by increasing hours for graduate programs or by creating more transition programs, such as internships or postgraduate programs. Many of the participants expressed that the internship was a great benefit, but also felt that there still was not enough exposure to the medical model of managing patients. They did not want to lose the holistic approach and preparation of being a nurse but they did not feel that their graduate programs truly prepared them for the new role.

6. CONCLUSION

As our health care delivery model continues to reform, NPs will continue to play key roles in improving health outcomes of diverse populations. According to the Institute of Medicine (IOM) 2011 report, *The Future of Nursing: Leading Change, Advancing Health,* nurses should be change advocates by caring for populations within complex health care systems.[19] The IOM reports states, "advanced practice registered nurses (APRNs) should be able to practice to the fullest extent of their education and training."[19] This research addresses that need by providing information that can influence the development of nursing curricula. Ineffective transition to practice can lead to ineffective delivery of quality health care. [20] The participants provided insight into how they perceived their clinical and academic preparedness to function as a NP was related to the additional training they received in the internship. The novice NPs interviewed

were not as overwhelmed in their first new role, although they had prior RN

experience. The internship was believed to help them transition earlier into

practice. However, the participants indicated that more training would be

beneficial. More research should be conducted with the goal of identifying more

information that can provide insight into developing effective educational

programs for NPs that will improve or enhance their assimilation into practice.

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Table 2. Demographic data of the study participants ($n = 14$)

Variable	Value
Age, y (range)	25-44
Prior RN experience, y (range)	4-18[a]
Prior leadership exposure, % • Prior charge nurse experience over 2 y	95
Prior nursing experience, % • Prior ICU specialty experience • Prior cardiology specialty experience • Procedural area experience	57[b] 29[c] 14
Race, % • African American • Asian • White	33 22 43
Gender, n (%) • Female • Male	13 (93) 1 (7)
Current NP experience, n (%) • 1 year • 6–9 months • 3–6 months	4 (29) 5 (36) 5 (36)
Type of NP program, n (%) • Online NP program • Traditional NP program	5 (36) 9 (64)
New NP role, n (%) • Worked in same facility as new NP • The first NPs used in their service lines • Work in the same prior RN specialty	8 (57) 3 (21) 7 (50)

[a]n=3 had 10 years or more.
[b]n=8 worked in ICU 2 or more years.
[c]n=4 had 2 or more years of cardiac experience.

Table 3. Semi-structured interview guide

Questions	Probes
1. Tell me about an experience that stands out as an example of your transition into NP practice.	a. What was helpful in your transition? b. What made your transition difficult? c. Describe an experience that was different. What made it different?
2. Describe your new hire orientation.	a. What prepared you for your new role?
3. Describe the first time you had to take care of a critical patient.	a. What do you think went well? b. What didn't go well? c. What do you feel prepared you to manage the situation? d. Why do you feel you were not prepared to handle the situation?
4. How did the internship program affect your transition into NP practice?	a. How did the internship program help? b. How did the internship program make it more difficult?
5. How did the simulation training affect your transition into NP practice?	a. What was positive? b. What was negative?
6. Tell me about your experience with other professionals.	a. How have other professionals influenced your transition to practice?

7. What advice do you have for modifying the internship program?	a. What would you change? b. What would you add?
8. Describe how the internship supported your prior nursing experience.	a. How did it build up on your experience?
9. What advice do you have for student or newly graduated NPs?	

Figure 2. Four Themes Identified in the Experience of Nurse Practitioners Transitioning into Independent Practice.

Themes	Subcategories
Putting on My NP Shoes	Describes participants' statements about progression in their new role - Establishing identity was easier - Experienced many emotions - Modeled behaviors - Surprised with growth
We're Only as Good as We Train	Describes participants' statements about how NPs are trained to practice compared with other professionals - Gaps in communication - Gaps in developing differential diagnosis - Lack of preparation in medical model - Feeling of inadequacy
My Internship Prepared Me	Describes participants' statements about how additional education and exposure to an internship program prepared them - Increased self-confidence - Increased clinical exposure/simulation training - Enhancement of professional role development
Relationships Provided Success	Describes participants' statements about building collaborative relationships with physicians and staff - Understanding expectations - Developing effective communication - Identifying mentors - Respecting staff and colleagues

CHAPTER IV

SUMMARY OF THE STUDY

This study described a new NPs' transition experience into independent practice. This chapter presents a summary of the study, and further discussion of the findings. The purpose of this study was to explore and describe new NPs' transition to their NP role after participating in a student NP internship. This Chapter also presents recommendations based on themes identified from the data analysis compiled from the participants. The chapter ends with a discussion of the general recommendations, recommendations for further research and the conclusion.

Summary

The researcher used Husserl's descriptive phenomenological approach to explore the experience of new NPs during transition to independent practice after participating in a NP student internship with simulated training. Phenomenology is the study of human experience from the perspective of those experiencing a particular phenomenon. In conducting this phenomenological study, the researcher strived to achieve insightful descriptions of the way the world was experienced by the participants (van Manen, 1990). As a consequence of researching lived experience, study findings will inform nursing administrators' and others' awareness and sensitivity to the novice NPs experience to initial

transition to practice including needs and concerns. This will enable nursing administrators to innovate new ways to prepare NPs for entry in to practice.

This qualitative study used a purposeful sample of 14 ACNPs that completed the pre-graduate NP internship (LEAP) program. A recruitment flyer shown in Appendix B was sent out to recruit participants. They had to have a minimum of three months of NP experience up to a maximum of one year of experience, be board certified and actively working in their NP role. Consent to participate in this study was obtained from all participants after given an opportunity to ask questions shown in Appendix F. Demographic Data was obtain via questionnaire shown in Appendix D. Audio-taped face to face interviews were conducted using a semi structured interview guide with each participant to explore their transition experience shown in Appendix C. Four themes emerged from the analysis (a) putting my NP shoes on, (b) we're only as good as we train, (c) my internship prepared me and (d) relationships provided success.

Discussion of the Findings

The researcher's investigation into the meaning of new NPs' lived experience of transitioning into independent practice revealed the transition was not as overwhelming as initially expected. There were a few assumptions the researcher made that were inherent to this study. The first being participants would experience role transition. Findings revealed they did experience role

identity, but had better awareness of lack of exposure they felt needed before becoming integrated into a hospital system in a new role for them and sometimes for the system. Learning how to function effectively as a NP while simultaneously working to re-establish themselves as proficient clinicians with a newly expanded scope of practice and building on prior experience was not as much as challenge.

Another assumption was that NPs would build upon their competency level as experience builds and could describe the changes in competency. The correlation between the amount of prior RN experience and NP role transition did not reveal itself to be a significant factor but did highlight the amount of RN experience in a specific specialty was easier for the NP to build on prior competency when the NP worked in the same specialty. The similarities or differences between the practice settings of an individual's RN role and subsequent NP role seemed may have some impact on how some of participants transitioned

The major factor that seem to influence NP role transition was more additional preparation and clinical exposure to the role. Within the nursing model, nursing students are required to complete approximately 700 clinical hours at the undergraduate level. In addition, many NP schools require the RN to have at one to year's prior experience equally somewhere between 2,000 to 4,000 hr. of nursing experience prior to entering an NP program. Most programs require NP

student's to complete a minimum of 500 clinical hours in order to sit for the certification examination. Although some NP students come with more experience than others it still did not equal advanced practice experience since RNs cannot diagnose and treat chronic and acute diseases with the same level of expertise and accountability that is expected of the NP. In contrast our physician assistant programs typically involve 1,000 classroom hours and 2,000 or more hours in a clinical setting. There is a greater emphasis on disease pathology, approaching patient care by looking primarily at the anatomy and physiological systems that comprise the human body. The NP preparation focuses more holistically on patients and their outcomes, giving attention to a patient's mental and emotional needs as much as their physical problems.

A significant assumption the researcher had prior to the study was, there are situational factors that influence NP role transition and understanding those factors would provide knowledge to improve training programs. Situational factors are influences that do not occur from within the individual but from elsewhere like the situation and others around you. For example one factor revealed that may have had an impact on the transition experience was the type of structure graduate program the participants attended. Several of the participants did not attend a traditional designed NP program. Meaning in person class meetings with structure preplan clinical preceptorships. Many of the participants regardless of the type of the program attended indicated they were

required to identify their own preceptor. The quality of their instruction and expertise of the clinical rotation were not always evaluated, only the hours were completed to meet a university expectation.

The National Task Force on Quality Nurse Practitioner Education, (2016), published guidelines that NP programs must ensure that NP candidates receive at least 500 hours of supervised direct patient care in their training. It was an expectation they have adequate faculty, clinical sites, and preceptors available to support the NP clinical, educational experiences and ensure quality clinical experiences with documentation of adequate supervision and ongoing evaluation. It is was common practice for universities to have a database of preceptors that had agreed to take students and who had been vetted by the program leaders. These universities would take an active role in assigning the students. Due to the rise of more students enrolled in advance practice programs, there is a trend allowing students to identify their own preceptor. The challenge is students don't always know what opportunities they need to seek out or what will better prepare for entry into practice. There is also not always a true evaluation process to determine are the preceptors indeed qualified to prepare the student for entry into practice.

The participants that attended online programs mostly out of state, which only had required attending class once a semester. Their faculty was not required to visit clinical sites. When asked why you chose one program over the

other, the participants revealed the main reason for this decision was they could earn their graduate degree quicker in a more convenient manner. Many did not take into account the amount preparation needed for their new role and if this type of education would hinder or support their ability to retain new concepts. There was an assumption that as long as they were able to find preceptors in their home state, the training and preparation into practice would be the same. The NP participants described inconsistent experiences regarding their clinical experience. The structure of an organized training in their internship was more ideal to build on their foundation. The majority of these participants had hospital based clinical rotations as a student but some felt it difficult to get a robust clinical exposure. Partly due to lack of available NP preceptors and or providers with the right expertise.

As demand for NPs continues to grow in many parts of the country and due to the projected shortage of physicians it is critical we prepare new NPs to manage more complex patients with increase autonomy and decision making skills. There is a rising nursing faculty shortage and available preceptorships limiting the ability of U.S. nursing schools to provide these students with quality clinical training.

The researcher asked two experts to review the findings of the study for accuracy. These were NPs that transitioned into practice who participated in the internship but did not meet the inclusion criteria. These experts agreed with

identified themes and they attributed their experience to a structure clinical

process. One expert believed having to look for preceptors to train her to work in

the intensive care unit was difficult. Knowing there was a structure training

opportunity available through internship allowed to her to focus on becoming an

NP.

The experts also revealed although the internship gave them more clinical

exposure they didn't feel the program provided them with enough continuity with

patients. They would normally work one or two 12 hours shifts per week in their

internship in addition to required didactic course and clinical time to meet

graduate requirements. Each week they returned they felt they were starting over

with new set of patients or responsibilities instead of building on skills each day.

However they did feel being exposed to different rotations a month at a time was

paramount in understanding the role and utilization of the NP in different patient

care settings. Both experts recommended a structured year-long training for NP

students either in pre-graduate or post-graduate model would be ideal. The study

findings revealed more information that can provided insight into developing new

educational programs for nurse practitioners that will hopefully improve

assimilation into practice.

Limitations to the Study

This study used a purposeful sample of participants that participated in pre-graduate internship program developed by the investigator. Although participants included in the study were not employed by the investigator. The NP role transition was measured at one time point time for each NP and measuring multiples samples of NPs with the same experience at various times during the transition may revealed different results. Participants in this study had varying years of RN experience. Having a larger sample of NPs that chose positions in their same RN specialty to NPs who worked in a different specialty may have yielded different transition experience.

Conclusions and Implications

Implications for NP Educators

Implications from the study suggest an opportunity exists to consider NP curriculum in the final semesters that focuses on unique training. Nursing educators for these online programs could tailor clinical requirements and placements in preparing NPs for practice were job growth is expected to be the greatest. The review of literature revealed PA students are required to complete at least 1 year of full-time clinical practice that translates to 2,000 hr. of clinical preparation before the graduation. The participants in this study completed an additional 1000-1250 clinical hours participating in this program. There are opportunities to change or develop new NP curriculum that will supplement

current program structures by revaluating didactic for hands on clinical exposure. Findings in the study suggested participants had difficulty locating a preceptor for their clinical experience. Creating a structured training program that can partner with institutions may provide financial or other incentives in an attempt to elicit more NP preceptors, thus alleviating this as a challenge for NP student.

Implications for Hospital Leadership

For hospital administrators, understanding the lived experience and meaning of the transition experiences of newly graduated NPs to hospital-based practice is significant for the following reasons. Development of integration strategies for the new NP staff member needs to be role specific. NP role transition may encourage administrators to explore hiring and orientation policies that could provide the necessary support relationship between a formal orientation and NP role transition may encourage. Implementation of more structured orientation programs could lead to the establishment of environments that are best suited to support NPs during role transition and may drive highly-qualified candidates to specific institutions and positions (Hain & Fleck, 2014). Whether these environments include hospitals, private practices, or community-based health clinics, helping NPs transition into practice more smoothly and effectively could improve NP satisfaction with the role, as well as increase the retention of highly-qualified NPs.

Conclusion

An increasing number of NPs are being prepared to provide care for our aging population. The shortage of physicians, changing medical practice patterns away from the traditional mix of office and hospital practice, and changing work-hour standards for resident physicians are have created increased opportunities for NPs in rural settings and hospitals based practices. More research should be conducted with the goal of identifying more information that can provide insight into developing effective educational programs for nurses. One future research interest would be to look at the impact of online training programs in comparison to traditional class room programs have on the NP transition experience. As the NP role continues to emerge we need to identify strategies on education opportunities to help new providers enter into independent practice.

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APPENDIX   A

Institutional Review Board Approval Letter

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research
6700 Fannin, Houston, TX 77030
713-794-2480
irb-houston@twu.edu
http://www.twu.edu/irb.html

DATE: November 11, 2016

TO: Ms. Nicole Twine
             Nursing - Houston

FROM: Institutional Review Board - Houston

Re: *Notification of Approval for Modification for Nurse Practitioner Transition Experience into
      Independent Practice after a Student NP Internship (Protocol #: 19174)*

The following modification(s) have been approved by the IRB:

added to the protocol and consent that a transcription service will transcribe the audio recordings.
This is the verbiage:
The information you provide will be identified by a code, not by your name. No one but the
researcher will know your real name. The demographic data sheets, audio-recordings, and the written
interview will be stored in a locked cabinet in the researcher's office when not in use. Only the
researcher, her advisor, the person who writes down the interview and the secured transcription
service will hear the tapes. The transcriptions will not have identifying information.

cc. Dr. Lene Symes, Nursing - Houston

APPENDIX B

Recruitment Flyer

PARTICIPANTS WANTED FOR RESEARCH STUDY:

Nurse Practitioner Transition Experience into Independent Practice after a
Student NP Internship

Research Question:

What is the experience of new NPs during transition to independent practice after participating in a NP student internship?

To Participate:

- Must have completed the pre-graduate NP internship (LEAP) program.
- Participants must completed the internship program and must have at least 3 months of NP experience and up to a year of experience.
- Must be board certified and actively working in an NP role.

Purpose:

- The purpose of this study is to explore and describe new NPs' transition after participating in a student NP internship, to obtain a better understanding of the transition time a new NP needs, and to provide educators with new information to apply to improve internship programs and further develop internship or residency programs for advance practice nurses.

Details:

- Each participant will be interviewed on their transition experience
- The expected time commitment for the interview will be one hour
- The interview will be conducted at Houston Methodist.
- The time will be negotiated between participants and study staff
- That participation in the study is voluntary and that the participant can withdraw at any time
- That the participant will receive a voucher for parking.

If you are eligible and interested, please contact:

Nicole Twine
281-xxx-xxxx
Nltwine2@houstonmethodist.org

Please contact us ASAP!

Confidentiality Statement: There is a potential risk of loss of confidentiality. The information you provide will be identified by a code, not by your name. Confidentiality will be protected to the extent that is allowed by law. This study is voluntary and you may discontinue at any time

APPENDIX C

Interview Guide

Interview Schedule

Title: Nurse Practitioner Transition Experience into Independent Practice after a
Student NP Internship

Date:_____   **Participant ID #**

Interview Questions:

10. Tell me about an experience that stands out as an example of your
    transition into NP practice.
    a. What was helpful in your transition?
    b. What made your transition difficult?
    c. Describe an experience that was different. What made it different?
11. Describe the first time you had to take care of a critical patient.
    e. What do you think went well?
    f. What didn't go well?
    g. What prepared you to manage the situation?
    h. What affected your difficulty managing the situation?
12. How did the internship program affect your transition into NP practice?
    a. How did the internship program help?
    b.   How did the internship program make it more difficult?
13. How did the simulation training affect your transition into NP practice?
14. Tell me about your experience with other professionals?
    a. How have other professionals influenced your transition to
        practice?
15. Describe how the internship supported your prior Nursing experience.
16. What advice do you have for modifying the internship program?
17. What advice do you have for student or newly graduated NPs?

Notes:

Post interview comments:

APPENDIX D

Demographic Questionnaire

Demographic Questionnaire:

Title: Nurse Practitioner Transition Experience into Independent Practice after a Student NP Internship

Demographic Form   **Participant ID # _____**

1. Credentials_____

2. Years of Nursing Experience_____

3. Current RN Specialty _____

4. Prior Specialty RN work experience

    _____

5. Prior Professional education_____

6. Age _____

7. Gender: Male_____Female _____

8. Ethnicity _____

9. Current NP Clinical Area of Practice _____

10. NP education completion date _____

11. Charge nurse experience _____

12. Prior leadership experience _____

APPENDIX E

Consent to Participate

CONSENT TO PARTICIPATE IN RESEARCH

Title: Nurse Practitioner Transition Experience into Independent Practice after a Student NP

Internship

Investigator: Nicole Twine, MSN .... ntwine@twu.edu
Advisor: Sandra Cesario, PhD... SCesario@twu.edu
Explanation and Purpose of the Research

You are being asked to participate in a research study conducted by Ms. Twine for her dissertation at Texas Woman's University. The purpose of this research is to explore and describe new NPs transition after participating in a student NP internship. You have been asked to participate in this study because you are a NP who has participated in the student internship, Leading Education and Advancing Professionals (LEAP), and you have been in practice as an NP at least 3 months and no more than one year.

Description of Procedures
As a participant in this study you will be asked to spend up to one hour of your time in a face-to-face interview with the researcher. The researcher will ask you questions about your experience transitioning to the NP role and about what made transitioning easier or more difficult for you. The interview will take place in the office of the researcher. The interview will be audio-recorded and then written down so that the researcher can be accurate when studying what you have said. Your name will not be included in the transcription of the interview. The demographic data sheet, the audio recording, and the interview transcription will be identified with a code number, not your name.
Potential Risks

The interview is not expected to be distressing however you may also stop answering questions at any time and end the interview without any repercussions.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held in the researcher's office. The information you provide will be identified by a code, not by your name. No one but the researcher will know your real name. The demographic data sheets, audio-recordings, and the written interview will be stored in a locked cabinet in the researcher's office when not in use. Only the researcher, her advisor, the person who writes down the interview and the secured transcription service will hear the tapes. The transcriptions will not have identifying information. Any documents with identifying information, including the audio-recordings, will be shredded within 5 years after the study is finished. The results of the study will be reported in scientific magazines or journals but your name or any other identifying information will not be included.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there *is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.*_____

                                                                                                    Initials
                                                                                              _____

                                                                                              Page 1 of 2

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<u>Participation and Benefits</u>

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive parking validation for your participation. If you would like to know the results of this study we will mail them to you.*

<u>Questions Regarding the Study</u>

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2480 or via e-mail at <u>IRB@twu.edu</u>.

_____

Signature of Participant   Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email:_____
or
Address:

_____

_____

_____

APPENDIX F

Publication Release Letter

Dear Ms. Mercier

I would like to deposit the full text of the following article in my dissertation to meet the graduate requirements at Texas Woman's University, Denton, Texas.

CHAPTER 2 SUBMITTED FOR PUBLICATION

The first year as a nurse practitioner: an integrative literature

Journal of Nursing Education and Practice. Vol 8, No 5 pp 54-62

Nicole Twine

I am contacting you in order to seek your permission to include this article as a chapter in my dissertation. The requested permission extends to any future revisions and editions of my dissertation and to the prospective publication of my dissertation by ProQuest through its UMI® Dissertation Publishing business.

I would be grateful if you could return the attached letter to me with your stamp of approval or a release of publication to use the aforementioned article.

Yours Sincerely
Nicole Twine
PhD Candidate
Texas Woman's University

Twine, Nicole L.

From:	jnep <jnep@sciedupress.com>
Sent:	Monday, September 10, 2018 7:58 PM
To:	Twine, Nicole L.
Subject:	Re: Release of Publication

Dear Dr. Nicole Twine,

Thank you for your email. You've got the right. Copyrights for articles published in our journals are retained by the authors, with first publication rights granted to the journal. Thank you.

Sincerely,

Jacque Mercier

APPENDIX G

Publication for Review

Subject: FW: Fwd: Manuscript # 5 - Experience of Nurse Practitioners Transitioning into Independent Practice: A Qualitative Study

Dear Dr. Nicole Twine,

Thank you for submitting your manuscript , entitled "Experience of Nurse Practitioners Transitioning into Independent Practice: A Qualitative Study", for review in the Journal of Nursing Education and Practice. Your paper will be evaluated by members of our Editorial Review Board, and we will advise you as soon as possible of its publication possibilities, as well as any editorial revisions that may be necessary.

Should you have any questions regarding your submission, please feel free to contact me at jnep@sciedupress.com. Please be advised that the review process takes approximately 3-8 weeks. Thank you for your interest in our Journal.

Sincerely,

Jacque Mercier

Active Submissions

ACTIVE   ARCHIVE

ID	MM-DD SUBMIT	SEC	AUTHORS	TITLE	STATUS
14295	10-12	OR	Twine	EXPERIENCE OF NURSE PRACTITIONERS TRANSITIONING INTO...	IN REVIEW

1 - 1 of 1 Items

Start a New Submission

APPENDIX H

Sample Curriculum Vitae for Doctoral Students

3603 Naples Point Lane, Houston, TX • 281.691.2454 • Nicole.Twine@gmail.com

PROFESSIONAL SUMMARY

Effective, self-motivated leader with demonstrated skills and proven success in developing and implementing strategies; planning, organizing, directing and managing current operations. Responsible for development and implementation of key strategic initiaves while assisting other healthcare leaders. Experienced in hospital operations and nursing leadership. Provides a hands on management style with the ability to partner, build relationships, lead and motivate others. Twenty one years of experience in nursing, twelve years as an advanced practice nurse specializing in critical care and eight years as a nursing leader.

SKILLS

- Data management
- Project management
- Self-motivated
- Team leadership
- Interpersonal and written communication
- Budgeting and finance

- Data analysis
- Staff development
- Public speaking
- Strong verbal communication
- Extremely organized
- Conflict resolution

PROFESSIONAL EXPEREINCE

ASSOCIATE CHIEF NURSING OFFICER
Houston Methodist Hospital Medical Center
Houston, Texas   11/2018 – Current

Not-for-profit, faith-based 924 operating bed hospital with over 7420 employees

Nationally ranked in eight specialties and achieved a perfect score in nine common procedures and condition, Number 1 in Texas. Holds the distinction for nursing excellence and quality patient care by the magnet recognition program of the American Nurses Credentialing Center

DIRECTOR OF NURSE PRACTITIONER SERVICE
Houston Methodist Hospital Medical Center
Houston, Texas   2/2014 - 11/2018

Partners with Executive Leadership, Physician and Nursing leaders for 15 service lines
Managed 16 direct reports / 60 indirect reports

- Developed the first nationwide NP internship named Leading Education Advancing Professionals (LEAP)
- Designed a NP Professional Development Model resulting increase dissemination of knowledge in documentation of quality outcome initiatives
- Developed a system –wide Advance practice orientation for all new employers
- Administrative Director of Physician Organization ICU MODEL- Expanded role to oversee Hospital based staff and Physician organization staff. Combined three ICU teams under one leadership structure
- Increased employee engagement per Press ganey from tier 2 department to Tier 1 four straight years. Engagement Score 4.62 Retention Rate: 98.3% for 2017
- Developed a partnership with Pharmacy to offer bi-monthly case reviews to staff
- As Co-Chair of code Blue committee develop House wide Code blue response plan
- Managed operating Budget of $8.0 million remained under budget
- Chair, Failure Rescue Work Group appointed 1/ 2018 – evaluated and managed

 Rapid response trends across the organization, Led Pera Trends initiative in emergency room and partner with Nursing Educations to improve assement and clinical thinking skill for nursing staff

MANAGER OF THE NURSE PRACTITIONER
Houston Methodist Hospital Medical Center
Houston, Texas   4/2012 - 2/2014

- Responsible for administration of multiple service line and department operations
- Staffing
- Payroll
- Orientation and Credentialing

ACUTE CARE NURSE PRACTITIONER
University of Texas Health Science Center School of Medicine
Houston, Texas   4/2010 - 4/2012
- ACNP a part of a Level 1 Neurotrauma Intensivist team at Memorial Hermann Hospital

ACUTE CARE NURSE PRACTITIONER
Memorial Hermann Hospital, The Medical Center
Houston, Texas   3/2007 - 3/2010
- ACNP a part of a CVICU Pulmonary Critical care Intensivist team

RELIEF CHARGE NURSE, REGISTERED NURSE II and III
Memorial Hermann Southwest Hospital Cardiovascular Recovery Surgical and Medical
Intensive Care
Houston, TX   6/2001 - 3/2006

LICENSED VOCATIONAL NURSE
Memorial Hermann Southwest Hospital, Medical and Surgical, Orthopedics
Houston, TX   2/1997 - 5/2001

EDUCATION

Doctor of Philosophy (Ph.D.) in Nursing Science
Successfully defended dissertation Oct 2018
Texas Woman's University
Houston, Texas   12/2018

TMC Nursing Leadership Institute Certificate
Univerusty of Texas School of Public Health
Houston Texas   5/2016

Master of Science in Nursing - **Acute Care Nurse Practitioner**
University Of Texas Medical Branch at Galveston School Of Nursing
Galveston, Texas   12 /2005

Bachelor of Science in Nursing
The University Of Texas Medical Branch
Galveston, TX   4/2004

Associate of Science in Nursing
North Harris College School of Nursing
Houston, TX   5/2001

Licensed Vocational Nursing Certificate
Houston Community College School of Nursing
Houston, TX   12/1996

LICENSE & CERTIFICATIONS

Registered Nurse, Texas

Advance Practice Registered Nurse, Texas

Acute Care Nurse Practitioner Board Certification- # 2006000319-28

Nurse Executive Board Certification

BLS, ACLS, PALS, FCCS Instructor

Prescriptive Authority in Texas

DEA

NIHSS Certification

PROFESSIONAL AFFILIATIONS

Texas Nurse Practitioners, 2015 to Present

Heart Failure Society of America, 2013-Present

Houston Society of Critical Care Medicine, 2012 to Present

Houston Area Nurse Practitioners, 2005-present

Sigma Theta Tau International, 2005

PUBLICATIONS AND PRESENTATIONS

Twine N. (2017) the first year as a nurse practitioner: an integrative literature Journal of Nursing Education and Practice vol.8 No.5, pp 54-62

Twine N., Fontenot N. & Sam M. (2017) Nurse practitioners: developing the next generation of health care leaders through an internship program. Journal of Nursing Education and Practice vol.8 No.5, pp 13-21

Twine N. (2012) Delayed Onset of Malignant Hyperthermia in the Intensive Care Unit a Rare but Life-threatening Disorder. Critical Care Nursing Quarterly. vol. 36, No. 2, pp. 214-218

Twine. N. (2017). Presenter: Creating a Professional Practice Model for Hospital Based NPs. APPex leadership Summit in Houston, Texas. September 12-16th

Twine. N. (2017). Presenter: Proactive Rounding Approach to Preventing Clinical Deterioration. Annual PeraHealth RoundTable in Houston Texas

Twine. N. (2015). Presenter: Nurse Practitioners: Developing the Next Generation of Health Care Leaders Sustaining Excellence" Presentation at Nursing Symposium, held in Riyadh Saudi Arabia

Twine. N. & Fontenot N (2017). Advancing the Advance Practice Nurse: Creating a Professional Development Model for Hospital-Based ACNPs.
Poster presentation at the AANP 2017 National Conference in Philadelphia.

Twine, N, Cowan M. Walsh K. & Smith K. (2016) Clinical Adoption of an Early Warning System in 24 Acute Care Units of A Tertiary Care Facility.
Poster at the Evidence-Based Practice Symposium: Redefining Practice with Evidence in Houston, Texas

Twine. N. & Fontenot N. (2015). Nurse Practitioners: Developing the Next Generation of Health Care Leaders Sustaining Excellence.
Poster at Action Stat Boot Camp

Twine. N. & Fontenot N (2015).Nurse Practitioners: Developing the Next Generation of Health Care Leaders Sustaining Excellence.
Poster presentation at NP Symposium in Keystone Colorado International:

HONORS & AWARDS

2016 Nominated HMH Nursing Leadership Award 2015

Good Samaritan Excellence in Nursing Award, Bronze Level, 2005

Who's Who among Students in American Universities & Colleges, 2005

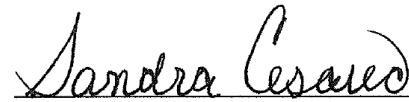UTMB Galveston School of Nursing Award

APPENDIX I

Signature Page

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

October 29, 2018
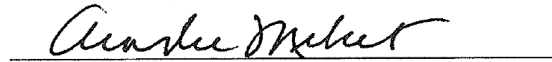
To the Dean of the Graduate School:

     I am submitting herewith a dissertation written by Nicole Twine entitled "Nurse Practitioner Transition Experience into Independent Practice after a Student Nurse Internship." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing Science.

_____
Sandra Cesario, PhD, Major Professor

We have read this dissertation and recommend its acceptance:

_____
Rachelle Nurse, PhD

_____
Paula Clutter, PhD

_____
Nibert, Ainslie, PhD
Associate Dean, College of Nursing

Accepted:

_____
Carolyn Kapinus, PhD

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