

Introduction

- Over the past year, in a pediatric, tertiary care setting, APRN turnover rates and retention related issues have been evaluated.
- Loss of APRN provider support at patient care levels can increase institutional costs above budgeted parameters.
- Without the needed APRNs at the bedside, there can be a domino effect causing staffing shortages, safety concerns, and lowered patient satisfaction.
- Transition Theory was used as the theoretical basis for this study.
- A DNP led quantitative research study was designed to capture perceptions of preparedness to practice as APRNs transitioned to their first clinical position. Data were gathered through a survey designed as a Needs Assessment.

Collaboration

- A multi-department collaboration effort was led by the DNP student.
- It included members from Patient Services leadership, Human Resources staff and the Center for Professional Excellence team.
- The goal was to better understand the need for improving the transition to competency.

Objectives

- The following research questions were evaluated in this study:
- What are the APRNs' perceptions of preparedness to practice as they transition to a clinical role?
 - What are the perception of preparedness to practice among APRNs with less than two years of experience and those APRNs who have greater than two years of experience?
 - What are the APRNs' perceptions of preparedness to practice in specific clinical areas?

Methods

- A replicated survey on preparedness to practice was used as the base for this study from Hart and Macnee (2007). Additional questions were added by the PI specific to theory and practice.
- Survey consisted of 42 questions in a Likert Scale format; 2 questions contained 21 sub-items, 1 question was open ended.
- Survey was sent to all APRNs at the study site via email access to survey monkey.

Demographic Data

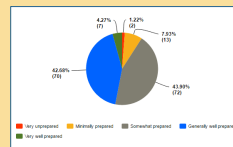
- 189 APRN participants completed the study who were employed in the pediatric hospital.
- 41 APRNs had less than two years practice experience, while 148 APRNs had more than two years of practice experience
- 88 of the participants were PNP prepared, 42 were FNP prepared, 20 were Acute Care PNP prepared, 16 were NNP prepared, 9 were psych mental health prepared and 9 were CNS prepared

Demographic Data (Continued)

- 60.7% of the APRNs worked at least 33 hours per week, while 39.2% worked 32 hours or less per week in clinical care practice
- Average age of participants was 43 years, age range of participants was 26 years to 62 years

Results

- Upon completion of your initial NP education, how prepared were you to practice as an NP?
 - Only 4.27% of the APRNs perceived that they were very well prepared to practice in their first clinical position
 - 53% of the APRNs perceived that they were only somewhat prepared, minimally prepared or very unprepared to practice in their first position.

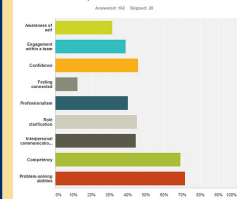


Overall theme for open ended question: "Is there anything else I need to know?"

- Inability to obtain student NP experiences in sub-specialty practices leads to difficulty in the overall transition to practice.

Top Characteristics for Successful Transition to Practice

Please check what you believe are the top four practice characteristics that are needed for an APRN's successful transition from RN to new NP in practice? Pick top four practice characteristics.



- Problem solving abilities
- Competency
- Confidence
- Role Clarification
- Interpersonal Communication

Results (Continued)

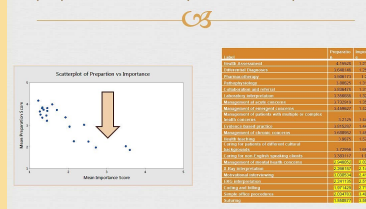
- Two Proportion T-test was used to evaluate the question of how well prepared APRNs with less than two years of experience perceived they were in their first clinical role as compared to the APRNs who had greater than two years of clinical experience.
- Between 5% and 38% of APRNs with less than 2 years of experience perceived that they were very unprepared to practice, minimally prepared to practice or somewhat prepared to practice (CI 95%; p=0.010).
- A scatterplot graph was organized to show the comparison of Preparation verses the Importance:

Test and CI for Two Proportions: Q1a, Group

Event	Z	Value
Group	X	N
1	39	44
2	55	118

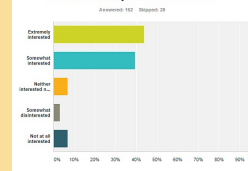
Difference = p (1) - p (2)
Estimate for difference: 0.24225
95% CI for difference: (0.051925, 0.432575)
Test for difference = 0 (H0 vs H1): Z = 3.52
P-Value = 0.0007
Fisher's exact test: P-Value = 0.0011

Scatter Graph Details from Two sample proportion tests. Preparation vs Importance



Regarding The Need for a Fellowship Program for APRNs

If a formal NP Fellowship Program had been available to you after you completed your initial NP educational program, how interested would you have been in this?

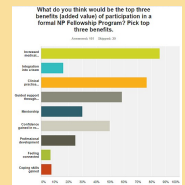


Regarding the Need for an APRN Fellowship

- 108 (67.5%) of APRN participants reported that they would be extremely likely or very likely to apply for a NP Fellowship if it was available.

Top 4 benefits of attending an APRN Fellowship Program included:

- Increased medical knowledge of a sub specialty practice
- Clinical practice experience
- Guided support through transition to practice



Conclusions

- Transition** - Study results offered added knowledge of APRN pediatric sub-specialty transition to practice. A healthy transition, as described by Meleis and Trangenstein (1994), with Transitions Theory has process and outcome indicators that are connected to preparedness to practice.
- Results** - Results have indicated that greater than 50% of the 189 APRNs who responded to the survey perceived that they were less prepared to practice in their first clinical role.
- Post Graduate Education** - If the gap in post graduate APRN fellowship education and support is not met, there will be continued deficiencies across the continuum in healthcare practices (Hart & Macnee, 2007).
- APRN Fellowship** - APRNs who participated in the survey reported that an APRN Fellowship Program that would offer the ability to gain clinical experiences and increased sub specialty knowledge for a successful practice transition.
- Inter/Intra Collaboration** - This study has offered collaboration with IRB, Human Resources Department, nursing leaders in Patient Services / Center for Professional Excellence, and communication with the DNP student's Research Committee members.
- Future educational improvements** - Educational improvements are needed to build a structure of support for APRNs as they transition to a new role.
- Organizational Strategic Plan** - Results of the study have been used to inform organizational leadership at Cincinnati Children's Hospital on the need for a fellowship program.
- Following the 2020 institutional goals** - We must seek to improve APRN educational support during their transition to first position in pediatric, sub-specialty practice.

Acknowledgements

The authors acknowledge the Doctorate of Nursing Practice Program and the Burkhardt Research Center at Northern Kentucky University for supporting this research. A special thanks to Cincinnati Children's Hospital APRN Director Nancy Roberts, APRN Clinical Manager Teresa Schleiher, Audrey Kaplan APRN Informatics and Mary Belman, RN, Human Resources for help with this project.