



Improving New Graduate APRN Transition to Practice Outcomes: Workflow, Retention, and Readiness to Practice

Jessica Grimm, DNP, APRN, ACNP-BC, Associate Professor; Alyssa Sturm, MSN, APRN, NP-C, FNP-BC, DNP student at Touro University Nevada; Denise Zabriskie, DNP, RN, CWO-CN, WCC, Assistant Professor
TOURO UNIVERSITY NEVADA



BACKGROUND

The Institute of Medicine (IOM) has recommended the implementation of advanced practice registered nurse (APRN) transition to practice (TTP) programs to further develop competencies of new graduates (IOM, 2010). There is limited data regarding the relationship between these new graduate APRN TTP programs and intent to stay, as well as readiness to practice. This project examines these relationships as the evidence that is in place reveals TTP programs are valuable for organizations.

As a newly implemented concept, the project site TTP program is integral to the site of this project as it aims to recruit, train, and retain new graduate APRNs. The project site TTP program is comprised of a series of learning modules and lessons focused on various aspects of competencies essential for the APRN role.

PURPOSE AND HYPOTHESIS

The purpose of this project was to improve and evaluate new graduate APRN readiness to practice, and intent to stay with the project site organization after participation in the TTP program. The aim of the project was to test the hypothesis that new graduate APRN TTP programs will increase readiness to practice and intent to stay.

Furthermore, it was identified that there was a gap in the current TTP curriculum regarding workflow. Therefore, a workflow improvement learning module was integrated into the program to integrate workflow improvement skills into clinical practice.

METHODS

The aim of this Quality Improvement (QI) project was to evaluate the relationships between the APRN TTP program and readiness to practice, as well as intent to stay. With permission, this was completed using modified Casey-Fink APRN Experience and modified Casey-Fink APRN Retention surveys. The modified Casey-Fink APRN Experience Survey was completed by APRN TTP participants pre- and post-program. The modified Casey-Fink APRN Retention survey was completed at the program's conclusion. At a midpoint of the APRN TTP program curriculum, the workflow improvement module was integrated into the course to aid in participant knowledge of workflow improvement practices. The initial APRN TTP cohort consisted of 4 participants. Given the small sample size, data outputs were evaluated utilizing qualitative analysis. No identifiers were used to keep survey responses anonymous.

RESULTS

Modified Casey-Fink APRN Experience Survey

Section I. Open-ended responses regarding skills/topics that participants felt least comfortable completing.

- Pre-implementation responses: post-traumatic stress disorder (PTSD), dermatology, gastroenterology, ear, nose and throat disorders, neuropathy, arthritis, back pain, atrial fibrillation, asthma, and migraines.
- Post-implementation responses: electrocardiogram (ECG) interpretation, atrial fibrillation, spirometry interpretation, PTSD, prostate exams, asthma, migraines, and substance abuse.
- One topic that did not change over the course was PTSD. Others that remained unchanged were asthma, migraines, and atrial fibrillation.

Section II. Section II utilizes a Likert scale for questions 1-22 relating to work environment and role transition (1=strongly disagree and 4=strongly agree).

- Overall improvement in most questions, or neutral responses, to questions 1-22.
- Questions 4, 5, 12, 14, and 15 revealed a negative shift in responses. This revealed that participants felt less at ease asking for help from other providers, experienced more difficulty prioritizing patient care needs, less comfortable communicating with patients and their families, less prepared to complete job responsibilities, and a decrease in comfortability changing treatment plans.
- Section II as a whole reflects net positive improvements.

Section III. Section III, comprised of 6 questions, focuses on satisfaction with the position.

- Overall, there was no change, or a positive shift in each question, except for question 6. Question 6 asks about the level of participant satisfaction with the amount of responsibility they are given in their new role. In the post-implementation survey, one response changed from satisfied to very dissatisfied.

Section IV. Section IV consists of a 5-question survey regarding the role transition.

- Overall positive improvement when comparing pre- and post-implementation data.
- There was a net negative change in relation to decreased satisfaction with system issues within the working environment.
- Question 5 was open-ended, with an overarching theme of more time and training to allow for increased comfort within the new role.

RESULTS CONTINUED

Modified Casey-Fink APRN Retention Survey

Section I. 26 questions using a Likert scale (1=strongly disagree and 4=strongly agree).

- Several areas of positivity or neutrality.
- Questions 9, 10, 11, 12, 13, 16, 21, 23, and 25 had negative responses. Review of these responses reveals a participant desire to focus on job responsibilities and expectations, support, praise, team-environment, reward system, and scheduling.

Section II. 7 questions focusing on aspects of job satisfaction.

- 5 of the 7 responses were neutral or positive.
- Questions 1 and 6 had negative responses showing opportunity for advancement within the field, and quality of care are factors negatively contributing to retention.

Section III. 6 questions focusing on professional development.

- Participants had similar goals and participation in professional development. However, lack of opportunity for advancement, schedule inflexibility, shift/hours change, and leadership were listed as negative factors influencing retention.
- Participants also reported that more staff, institutional support, respect, and increased APRN TTP program length would most likely improve retention.

CONCLUSIONS

The outcomes of this QI project suggest that overall, the APRN TTP program has produced improved outcomes in regard to readiness to practice and intent to stay with the project site. Further investigation of the questions that yielded a net negative response are needed to modify the curriculum for future cohorts. The findings of this project support the hypothesis that APRN TTP programs produce positive outcomes.

Limitations of this project were the size of the cohort, and short timeframe of the project. Future studies should focus on trends and outcomes over several cohorts, with implementation at a broader scope to obtain statistically significant data for review.

BIBLIOGRAPHY

Casey, K. & Fink, R. (2015). Casey-Fink graduate nurse experience survey reliability and validity. Retrieved from <https://www.uhealth.org/wp-content/uploads/2016/10/PROF-CF-reliability-and-validity-2014.pdf>

Hagan, J. & Curtis D.L. (2018). Predictors of nurse practitioner retention. *Journal of the American Association of Nurse Practitioners*, 30(5), 280-284. doi:10.1097/JXX.0000000000000049

Han, R. M., Carter, P., & Champion, J. D. (2018). Relationships among factors affecting advanced practice registered nurses' job satisfaction and intent to leave: A systematic review. *Journal of the American Association of Nurse Practitioners*, 30(2), 101-113. doi:10.1097/JXX.0000000000000006

Harper, D. C., McGuinness, T. M., & Johnson, J. (2017). Clinical residency training: Is it essential to the Doctor of Nursing practice for nurse practitioner preparation? *Nursing Outlook*, 65(1), 50. doi:<https://doi.org/10.1016/j.outlook.2016.08.004>

Institute of Medicine. (2010). *The future of nursing report*. Washington, DC: National Academy Press.

Kopf, R. S., Watts, P. I., Meyer, E. S., & Moss, J. A. (2018). A competency-based curriculum for critical care nurse practitioners' transition to practice. *American Journal of Critical Care: An Official Publication, American Association of Critical-Care Nurses*, 27(5), 398-406. doi:10.4037/ajcc2018101

Poghosyan, L., Liu, J., Shang, J., & D'Annunzio, T. (2017). Practice environments and job satisfaction and turnover intentions of nurse practitioners: Implications for primary care workforce capacity. *Health Care Management Review*, 42(2), 162-171. doi:10.1097/HMR.0000000000000094



 Touro University Nevada

School of Nursing

874 American Pacific Drive · Henderson, NV·89014

702.777.1746 Website: <http://tun.touro.edu>