

**TRANSITIONING INTO ADVANCED PRACTICE: POSITIVE FORCES AND
OBSTACLES EXPERIENCED BY ADVANCED PRACTICE REGISTERED NURSES**

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Abstract

With the increased need for providers within family practice, many registered nurses (RNs) are making the transition to advanced practice registered nurses (APRNs). The purpose of this study was to identify positive forces and obstacles experienced by current APRNs during their transition into practice. There is limited research available on this topic and some suggested a relationship between a departure from advanced practice and the obstacles encountered during transition. It is critical to address these positive forces and obstacles, as it may contribute to the already limited availability of primary care providers.

In this non-experimental, cross-sectional study, positive forces and obstacles experienced by current APRNs during their transition into practice were investigated. The goal of this investigation was to rank identified positive forces and obstacles encountered during transition into advanced practice. This study was supported by previous research about the topic of transition, APRN practice, and obstacles experienced when transitioning from the role of RN to APRN. Benner's novice to expert theory provided the theoretical framework and foundation for this study.

The findings revealed positive forces as more influential in the RN to APRN transition as opposed to obstacles encountered. Having a support system and getting hands-on experience were found to be the most important positive forces according to respondents. Lack of mentoring and personal sacrifices were rated as the top obstacles encountered.

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Chapter 1

Introduction

One of the best ways to help people through a period of change or turmoil is to normalize what they are experiencing by comparing it to what others have experienced (Banks et al., 2011). Newly licensed advanced practice registered nurses face stress and anxiety transitioning from the role of a registered nurse to an APRN. The paradigm shift in this role has been depicted as the nurse moves from the side of the bed to the head of the bed (Cusson & Viggiano, 2002, p. 21). Just like the transition from student nurse to registered nurse, new APRNs experience difficulty transitioning into new advanced practice nursing roles (Kunic & Jackson, 2013). The purpose of this first chapter is to identify the underlying problem and reinforce the need for this study. This chapter will also review the inherent assumptions of the study, the definition of terms used within the study, and the research question.

The Underlying Problem

There is limited information available on the subject of transition from the RN to APRN role. It has been noted that there are positive forces and obstacles associated with the transition. According to Kunic and Jackson (2013), by not addressing obstacles to transition, the new nurse practitioner will encounter difficulties when attempting to provide patient-centered care. According to Kunic and Jackson (2013), a successful progression occurs when new graduates are aware of positive forces and receive support for obstacles encountered during the transition from academia to actual advanced nursing practice (p. 238).

Many registered nurses are preparing to transition into their new role as advanced practice registered nurses every day; however, RN to APRN challenges are

not a new occurrence in this field. In fact, according to a qualitative study by Heitz, Steiner, and Burman (2004), self-doubt and disillusion create internal barriers within transitioning APRNs. Although these findings are over ten years old, these basic principles apply still today. The self-doubt can be related to the nervousness and uncertainty felt with the increased responsibility in the new role. Heitz, Steiner, and Burman (2004) noted that for each participant in a study of 9 women recently transitioned to nurse practitioners, all novices experienced self-doubt. The virtual safety net of the student role disappeared in the career role resulting in fear and apprehension. This sometimes caused the APRNs to leave their role thus increasing gaps in the already taxed primary care setting. In a more recent study, the novice job opportunities for APRNs were found to be not as supportive as the student expected causing fear of failure (Banks et al., 2011). Unfortunately, transition obstacles are still being experienced by these APRNs supporting the need for further research. Steiner et. al (2008) also uncovered positive forces which occurred during transition and lead to feelings of self-empowerment and success. If APRN students are educated about positive forces and obstacles, they will be able to identify them during the transition phases and use strategies to convert the obstacles into positive forces for successful transitions. The theoretical framework for this study is Benner's novice to expert theory chosen on the basis that acquisition, development of skills, and knowledge aided novices in moving toward successful practice in their new role.

Statement of Problem

Although there has been research conducted on the topic of transitions experienced by APRNs, little research has been done on what obstacles and positive forces occur during that transition. It is essential to determine what positive forces

and obstacles current APRNs experienced as they transitioned from expert role as a RN to the novice role as an APRN. By addressing this issue, the study will help to ease transition obstacles and reduce turnover in the role of the APRN.

Purpose

The goal of this study was to identify positive forces and obstacles as identified by Steiner et al. (2008) to determine if they remained the same for current APRNs. It also provided further research in regards to the transitioning process and shared some of the successful strategies. In order to diminish anxiety, stress, and turnover during this process, a reassessment of Heitz and Steiner's (2004) positive forces and obstacles experienced by new APRNs is needed. Performing a survey of current APRNs will complete this assessment. The results of the survey will help stratify identified positive forces and obstacles. Successful transitions will acknowledge the strategies that foster long-term, sustainable growth by future APRNs.

Research Questions

This study was defined by the following research questions:

1. What do current APRNs rank as the highest positive forces experienced as they transitioned from RNs to APRNs?
2. What do current APRNs rank as the obstacles experienced as they transitioned from RNs to APRNs?

Definition of Terms:

The following terms were used in this research study and are defined as follows:

1. Obstacles: “something that blocks your path or makes it difficult to accomplish your goal” (“Obstacles”, 2015).
2. Transition: “passage from one state, stage, subject, or place to another” (“Transition”, 2015).
3. Expectation: “a belief that something will happen or is likely to happen, a feeling about how successful or good someone or something will be” (“Expectation”, 2015).
4. Perception: “the way you think about or understand someone or something” (“Perception”, 2015).
5. Registered nurse: “a nurse who is trained and has graduated from a licensed college or university authorized by their state and passes the licensure examination – called also RN” (“Registered Nurse”, 2015).
6. Advanced practice registered nurse: “a registered nurse having education beyond the basic nursing education and certified by a nationally recognized professional organization in a nursing specialty, or meeting other criteria established by a Board of Nursing”. (“Advanced practice registered nurse”, 2015).

Need for the Study

The transition from a RN into an advanced practice role can be tumultuous and overwhelming. Recently, researchers discovered the confusion experienced by nurses due to role overlap and the modifications from the nurse role to APRN role due to increased responsibility and liability. Due to these concerns, there is a need for awareness of the APRN role by student APRNs, RNs, and other members of the healthcare team (Kilpatrick, Lavoie-Tremblay, Ritchie, & Lamothe, 2014, p. 292).

Without the awareness of the transitional phase's positive influences and obstacles, those entering the advanced practice role who experience obstacles without awareness of positive forces may decide to leave. According to Scholtz, King, and Kolb (2014), the new direction of health care, due to the initiation of the Affordable Care Act (ACA) is a shift towards increased autonomy for APRNs. This shifted autonomy and responsibility can lead to increased obstacles among these new APRNs. Scholtz et al. (2014) recommended support beyond the orientation phase by providing an agenda for practice that follows a fellowship layout to help prevent turnover during the early stages of transition. Hill and Sawatzky (2011) also noted the stress of the transition into the APRN role and they further narrowed it down to internal and external sources. These internal and external sources of obstacles one experienced consisted of feelings of inadequacy due to organizational expectations being too great and too fast. Hill and Sawatzky's (2011) recommended to deal with these feelings of inadequacy and lack of confidence that universities begin to provide additional leadership to transform the novice APRN into an expert clinical practitioner.

The possibility of turnover by transitioning APRNs leads to the risk of a larger gap in the healthcare system. According to Barnes (2015), the recent initiation of the Affordable Care Act, provided insurance for the first time to millions of people. This has brought increased attention to APRNs to meet this overwhelming need. There is a shortage of primary care physicians in the US, which is expected to increase thus putting the spotlight on APRNs, who are viewed as one viable answer to the shortages (Barnes, 2015). Unfortunately, while shortages exist among current primary care physicians, the turnover rate for APRNs has been twice that of primary care

physicians according to Kunic and Jackson (2013). Barnes (2015) notes that, regardless of the education received, the absence of an agenda during the transitional years has a profound negative effect on long-term practice for APRNs.

The gaps in healthcare experienced by these turnovers can lead to decreased primary prevention leading to more chronic disease and higher healthcare costs. According to McMorrow, Kenney, and Goin (2014), one of the goals of the legislation of the ACA was to increase access to primary prevention, a goal that can only be met by having access to more primary care providers. In fact, McMorrow et al. (2014) noted the increasing frequency of chronic diseases and evidence that the lack of primary prevention leads to higher mortality rates for these chronic diseases. Therefore, the goal of the ACA has been emphasis on the promotion of health and prevention in order to decrease the need for treatment of those chronic diseases. Their study represented findings that the ACA will enable access to primary prevention services via providers and will decrease the prevalence of chronic diseases.

Significance of the Problem

Current and newly graduated APRNs can benefit from this study by identifying obstacles and positive influences, which can impact their role transition. The study findings are applicable to APRN education and initial practice and ideally aid in alleviating some of the emotional stress of the RN to APRN transition by normalizing what those in transition are experiencing. As identified in the previous section, obstacles experienced during transition are leading to turnovers of APRNs which then lead to gaps in healthcare access and further pressure on the already strained healthcare system. Pressure in this case is identified by the fact that by 2025 there would be a shortage of 35,000 to 44,000 primary care physicians. These

shortages were projected before the ACA law that now adds millions of previously uninsured Americans to the overwhelming caseloads (Hariharan, 2015). Sadly, before the ACA law came to fruition, according to Almgren and Lindhorst (2011), thousands of Americans were dying annually because of their lack of healthcare access for treatable conditions.

Assumptions

The assumptions for this study were:

1. Those who respond to the survey were honest with their answers.
2. Obstacles during transition from RN to APRN existed.

Summary of the Chapter

The purpose of this quantitative study was to identify positive forces and obstacles experienced during the RN to APRN transition into practice. This research stratified positive forces and obstacles experienced by APRNs when transitioning into practice and by sharing this information aid new APRN graduates as they enter their new role. A review of current literature on the transition process, obstacles experienced, and practice realities will be explored in Chapter 2.

Chapter 2

Review of Related Literature

This chapter reviewed the literature on the transition from RN to APRN currently available as well as Benner's novice to expert theory. This review was conducted using CINAHL full text, Medline, Health Source: Nursing/Academic Education and Education source. The broad category of "role transition" returned 681 results, which were narrowed by using terms "role change" and "nurse practitioner" to yield thirty-seven articles, twenty supported this topic. A pattern of themes developed when reviewing the current articles. Many agree further research is needed. Some studies agreed transition occurs in phases but differ on exactly what the phases are and when they occur. Mentoring is also a discussion that emerged frequently including the implementation of nurse residencies. Finally, many authors spoke about the psychological impact of the transition from RN to APRN, specifically in terms of the overall struggle of going from expert in one area to novice in another. This study's goal was to take positive forces and obstacles already identified in the literature and ask current APRNs to rank how these positive forces and obstacles affected their transition to practice.

Transition Phases

As identified in Chapter 1, transitional phases of the RN to APRN are not a new concept. Studies over the last two decades have examined the phases and processes of the transition; these studies are reviewed here to provide a foundation of transitions.

Brown and Olshansky's 1998 study identified a four-phase transition captioned as "limbo to legitimacy" from RN to APRN. This nonlinear process

involved four broad stages: (a) laying the foundation, (b) launching, (c) meeting the challenge and (d) broadening perspective. Derived from a qualitative study of 35 new APRNs, it described an evolution to a practitioner who has competence, confidence and looks to improve processes and create positive change in the organization. This theory created by Brown and Olshansky (1998) also involved sub stages. Phase one of laying the foundation included stages of: recovering from school, negotiating the bureaucracy, looking for a job, and worrying. Phase two as launching and consisted of: feeling real, getting through the day, battling time and confronting anxiety. Phase three reviewed the stages of increasing competence, gaining confidence, and acknowledging system problems. Phase four consisted of developing system savvy, affirming oneself, and upping the ante. This model is a good representation of the RN to APRN transition. Importance of mentoring overlap is seen within Brown and Olshansky's (1998) comment about seasoned APRNs providing "verbal support to the novice APRNs about the normal evolution of learning and sharing strategies for performing the daily tasks of primary care" (Brown & Olshansky, 1998, p.55). These phases and sub stages remain applicable to today's new graduate APRN as many still identify with these results. This study detailed the challenges of being an advanced beginner thoroughly and remains applicable despite being over a decade old.

Cusson and Viggiano (2002) performed a literature review of the transition from RN to APRN in the neonatal setting. They referenced Benner's novice to expert model, Harrigan and Perez's non-researched based model, Hamric and Taylor's clinical nurse specialist (CNS) model and Brown and Olshansky's model of transitions described above. In Benner's model, as cited in Cusson and Viggiano

(2002), the process was one of moving from relying on technical aspects for functioning in the new role of a CNS to relying on clinical expertise for competency. Harrigan and Perez's model, as cited in Cusson and Viggiano (2002) aligned with Benner's theory and included a task-oriented beginner who moves into a clinically competent bedside nurse to preceptor and may move beyond to a competent clinician who drives changes in care. Hamric and Taylor's model, as cited in Cusson and Viggiano (2002), is based on clinical nurse specialist transitions but can apply to the RN to APRN transition as well. Their steps of the model are: orientation which included mastery of skills, frustration including feelings of being overwhelmed, implementation which mentioned role adjustment and accommodation to change and integration or attainment of clinical expertise. A valid point made by Harrigan and Perez and Hamric and Taylor is role strain as the impetus for change. In this instance the stress of transition was viewed as a positive because it promoted growth in the new APRN role. The findings of Cusson and Viggiano (2002) normalized what most experience in their role change from RN to APRN. Cusson and Viggiano (2002) also emphasized the importance of mentoring. Straddling the line between medicine and nursing is also discussed as a challenge in negotiating the bureaucracy of both areas for new APRNs. Although this article reviewed stages of transition, the main goal was to define what the neonatal nurse practitioner does and how he or she impacts care of high-risk infants in the NICU. The authors also included a resource table of tips for the new neonatal nurse practitioner which can apply to all new APRNs. The information on transition phases remained relevant to this study as the stages and definitions are still what

APRNs experience today during their role change according to more recent studies by Poronsky (2013) and Banks et al. (2011).

Heitz et al. (2004) interviewed nine new nurse practitioner graduates for a qualitative study about the RN to APRN role change. They described a two-phase transition with six self-explanatory influences at each phase. The study described phase one which occurred during the education process while phase two occurred throughout the transition from student to independent APRN during the first six months to two years after graduation. The six influences identified were: extrinsic obstacles, intrinsic obstacles, turbulence, positive extrinsic forces, positive intrinsic forces and role development. These six influences played different roles in phase one and phase two, though they are categorized the same according to Heitz et al.'s (2004) work. For example, in phase one, an extrinsic obstacle was having a child or getting married while a student and in phase two extrinsic obstacles were lack of mentoring or organizational discord at the new employer. The authors also discussed the positive extrinsic forces as support from faculty and preceptors who encouraged and guided students through the transition with affirmative words and skilled teaching. Heitz et al.'s (2004) study, like Cusson and Viggiano (2002) found common threads in the new APRNs' challenge in giving up the comfort of the expert role. One participant relayed the difficulty of going from a position where those around her valued her opinion and expertise as an RN to the insecurities of a new APRN. This study applies today as new APRNs encounter similar influences that can impact their transition. This was a small study, however, it built on and validated previous study findings and uncovered some new areas. Heitz et al. (2004)

also agreed more research needs to be done with findings integrated into APRN education.

Poronsky (2013) reviewed literature on the transition from RN to APRN during graduate school. She examined the work done previously from many disciplines on transition. Agreement was found that transition comes with a sense of loss and discomfort even when the change is a positive circumstance. Poronsky (2013) found a consensus on periods of letting go, turbulence and readjusting within research reviewed though each study defined these areas differently. She discussed Goodman et al.'s process of moving in, moving through and moving out as a theory of transition. This applies to new APRNs where moving in is the beginning phases of learning new rules, becoming familiar with staff and adjusting to the new setting, or learning the ropes. Moving through comes after the initial adjustment period and involves establishing a new balance within the role. Moving out involves letting go of former colleagues and friends and mourning the previous role while looking ahead to what comes next in the new role. Poronsky (2013) also mentioned the 4S tool which is a self-assessment to identify areas of weakness and then implement changes for a more successful role change.

Mentoring and Orientation Periods

Most authors agree mentoring of new APRNs provided for better transitions and resulted in higher job satisfaction, increased loyalty to employers and increased confidence for the new practitioner. Banks et al. (2011) reported a high return on investment with focus on training for new APRNs in their first year. Consensus about optimal mentoring was found in allowing adequate time for training and mentors and mentees to select each other versus being assigned. Sometimes the

terms preceptor and mentor are used interchangeably but it is important to note the act of being a preceptor implied obtaining a basic skill set and working knowledge. Mentoring is a longer process that promoted individual growth and is best achieved when the new APRN chooses a mentor (Harrington, 2011).

Barnes (2015) completed a cross-sectional, descriptive study surveying three hundred fifty-two APRNs at a national conference. Barnes (2015) found a positive connection between formal mentoring and ease of transition; however, these results only accounted for the nine percent of respondents who reported a successful role change, so other factors are at work. The author noted continuation of employment and commitment to a profession can be affected when one's role is undermined or questioned. The ease of transition should include enough support and guidance that APRNs become efficient and effective in their new role. Studies are still needed to demonstrate an impact on patient care through effective mentoring. Barnes (2015) findings reinforced the importance of mentoring but also show other factors are at play which encourages more research in this area.

Banks and colleagues (2011) surveyed five hundred forty-seven new practitioners who took part in a mentoring program that included online learning modules and assignment of a mentor. This program was found to be beneficial when the participants had protected time to complete the modules and interact with their mentor. Banks et al. (2011) also found formal training of mentors increased their effectiveness. The main issue was participants and mentors not having enough time to complete the modules or work together to evaluate progress. This study is beneficial; it was a large sample and recommended an official program for new APRNs. It took place in Scotland but the model would transfer well to the United

States. It also stressed the importance of allowing new APRNs time in their schedule to work on clinical improvement and to interact with their mentor. As with all the studies, these authors encouraged more research in this area.

Harrington (2011) identified four key areas of mentoring. The areas were: definition of mentoring, barriers to effective mentoring, program models and desired characteristics of good mentors (Harrington, 2011, p.168). For mentoring models, informal selection of a mentor worked better than being assigned a mentor. This allowed both participants to find a better fit for personality and common goals. The work done exploring this idea has been in other disciplines and more research could be done for new APRNs. Harrington (2011) looked at a study done by Gibson and Heartfield in 2005 of 565 new nurse practitioners who characterized a good mentor as: “being an authority in the field, an educator, a counselor, a sponsor and having personal commitment” (Harrington 2011, p. 169). The point is also made that seasoned professionals do not always equate to good mentors and education and evaluation of mentors should be promoted. Harrington (2011) cited barriers to mentoring included time limitations, lack of mentor recognition and the mentor’s identity being tied to the success of his or her mentee. Benefits to mentoring have been studied more in other career disciplines but the results have consistently shown positive outcomes related to job satisfaction, advancement and commitment to employer. Goals of mentoring for new NPs were examined in 2006 by the American Academy of Nurse Practitioners. According to Harrington (2011) the recommendations included “...time management and productivity, managing caseloads of patients, developing clinical skills, overcoming fear and anxiety, dealing with isolation, grasping the business aspect of practice, and balancing

clinical practice with personal responsibilities” (Harrington 2011, p. 171). This literature review provided a comprehensive look at mentoring and its benefits. Harrington’s (2011) recommendations encourage more studies to look at mentoring’s affect on patient outcomes, job satisfaction and new NP productivity in the future.

Scholtz, King and Kolb (2014) described the development of an APRN fellowship program at their healthcare system that employed over 400 advanced practices nurses. They surveyed a group of newly hired APRNs and discovered despite an orientation and onboarding program, opportunities existed to bridge gaps in knowledge and create more networking among NPs. They developed a yearlong fellowship program that included five didactic course days. The goals of the program included three areas: “(a) developing an infrastructure to support the new APRNs as they transitioned into their new role; (b) creating a clearing house for common themes, challenges, issues and best practices; and (c) providing opportunities for networking, mentorship, peer leadership and support in an ongoing manner” (Sholtz, King & Kolb 2014, p. 277). Advanced practice nurses from all disciplines and all levels of experience participated in the program. The course days included comprehensive information about the healthcare system and also simulation practice opportunities for skill development. The program has been well received with a portion newly hired NPs citing it as a reason for choosing employment at this institution. The measurements of success are ongoing.

As in nursing, evidenced based practice remained the best teaching philosophy for APRN students beginning transition (Cragg & Andrusyszyn, 2005). There has also been discussion of nurse practitioner residency programs, especially

with more states adopting full practice authority for APRNs, but there are only a few official programs offered at this time. The challenges of such residency programs are determining if there is truly a need, how to fund them and avoidance of preceptor fatigue.

Transition Overview

To aid in the realism of the transition, Spoelstra and Robbins (2010) suggest a course on the transition to the role of the APRN be added in the first semester of graduate programs. The results of their study of 34 first year students found that all participants valued the opportunity to reflect on the transitional process of becoming an APRN. The course was designed around Hamric's model of advanced practice nursing (2010) and included discussion boards and an interview of a practicing APRN. The overarching theme was the essence of nursing and incorporation of this into the student role as APRNs. The students defined the essence of nursing as a continuation of their commitment to nursing core values of advocacy, empathy, education, research, ethics and research and carrying these into their advanced practice (Spoelstra & Robbins, 2010). Evaluation of the effectiveness of the course was seen in papers written by the students, which showed an understanding of their new role. This study could and should be replicated in other graduate programs to improve generalizability and because little work has been done in this area.

Steiner et al. (2008) built upon Hetiz et al.'s (2004) qualitative study detailed earlier in this review. They surveyed advanced practice nurses in midwestern states focusing on phase one of Heitz's (2004) model which was the transformation occurring during graduate school. Two hundred eight surveys ($n=208$) consisting of twelve statements developed from Heitz's research were completed. Each statement

was ranked on a Likert Scale. The findings showed more agreement for the positive factors defined by Heitz (2004) than the negative. Steiner et al. (2008) also collected additional data by asking participants open-ended questions about their negative factors and their years of experience as an RN. Replication of this study could include other disciplines of advanced practice and a wider geographic region. The recommendations could be used by graduate NP programs to integrate coursework and strategies to help new APRNs transition into practice. Future research could also examine phase two of Heitz's work.

Cragg and Andryszyn (2005) performed a qualitative, descriptive study. Twenty-two recent APRN graduates were asked to evaluate themselves based on Mezirow's eleven stages of perspective transformation. Mezirow's stages focused on changing mindset and expanding views more than the actual transition. As discussed in Cragg and Andryszyn (2005), all participants reported a shift in their views of nursing, a deeper clinical understanding and stated when re-entering the workforce with their advanced degree it felt like a completely new world. All involved in the survey also reported the process was not easy and they frequently encountered self-doubt and other difficulties. This research uncovered other areas, which need further investigation such as differences in full-time versus part-time students, those who worked while in school and those who did not, and even thesis required versus non-thesis programs.

Theoretical Framework

The theory utilized for this study was Benner's novice to expert: excellence and power in clinical nursing practice (2001). Benner's theory notes the acquisition

and development of skills learned from one transitional phase to another, both educationally and clinically.

According to Benner (2001), the novice transitioned to the expert through experience within five stages. The first stage of novice refers to one who has no experience in a current situation, is an analytical decision-maker, and has a detached commitment from the practice. The advanced beginner is regarded as having marginal experience in the current situation and views components as both contextual and situational. The competent individual is both efficient and organized in practice but still possessed qualities of the novice and advanced beginner. The proficient skilled individual has a holistic understanding of the complete clinical picture. Finally, according to Benner (2001) the expert has a complete background of experience in the subject and can be intuitive in decision making while being completely involved in the skill acquisition. The transition process from novice to expert of Benner's (1982) theory was derived from the Dreyfus model of skill acquisition and applies to not only the nursing profession but to any position wherein someone learns by acquired experienced; hence the relevance of this theoretical framework to the transition from RN to APRN.

Summary of Review of Literature

A broad review of the literature illustrates that there is more research required on the topic of transition phases of RN to APRNs. Challenges of transitioning from RN to APRN are present and can affect retention of APRNs in their new role. The final point about transition to an APRN from an expert RN seems to be the most difficult for new nurse practitioners; thus the review and

importance of Benner's from novice to expert theory. The methodology used in this study including the research design, instrumentation, and data analysis will be presented in Chapter 3.

Chapter 3

Methodology

This study examined the positive forces and obstacles current APRNs experienced as they transitioned from RNs to APRNs. The purpose of this chapter is to describe the research design and methodology used within the research study. In conclusion this chapter will review research design, setting, sample, instrumentation, data collection and data analysis used within this study.

Research Design

This was a non-experimental, cross-sectional study to determine positive forces and obstacles current APRNs experienced as they transitioned from RN to APRN.

Setting

The survey was administered via the website Survey Monkey (2015). The survey was completed at the participant's own pace in a place of his or her choice where Internet access was available.

Sample

The sample for this study was practicing advanced practice nurse practitioners. The participants included current Pennsylvania Coalition of Nurse Practitioners members and those in practice who have access to the Clarion/Edinboro Universities MSN listserv.

Ethical Considerations

Researchers of this study completed the mandatory Collaborative Institutional Training Initiative (CITI) curriculum on human subject research and responsible conduct (see Appendix B for CITI). This study was reviewed by the Institutional

Review Board (IRB) of Edinboro University of Pennsylvania and was determined to be exempt. Participants were current APRNs who volunteered for the survey. The only demographics requested of the participants were years of education, years of experience as an RN, and degree earned (see Appendix C for approval).

Survey Monkey (2015) was utilized for the survey. While the site may obtain the identity of the participant per the website guidelines, that information was not made available to these researchers. Participant's received a consent form that explained this study, confidentiality, what to expect during the study, possible risks/benefits, and how to contact the researchers with questions and concerns (see Appendix D for consent).

Instrumentation

The survey tool (see Appendix E) used in this study contained questions regarding generalized demographic data, experience levels, transition periods, and overall perceived positive forces and obstacles. The researchers developed a survey tool based on the work done by Dr. Susan Steiner and her colleagues (2008).

The survey began with questions about experience as an RN. The next set of questions then pertained to current licensure, experience and current practicing specialty. Finally, the survey asked about the participant's view and ranking of positive forces and obstacles identified by Steiner (2008).

Survey Validity. The questions in the survey correlated with Steiner's (2008) ranking of positive forces and obstacles in RN to APRN transition, therefore validation was achieved. The survey reviewed the perceptions of each participant regarding positive forces and obstacles encountered during APRN transition.

Data Collection

Data collection was completed with an online survey using Survey Monkey. The demographics included years of experience as an APRN, state of licensure, years of RN experience, degree currently held, and area(s) of practice. Participants had 3 weeks to complete the survey from the date of the initial request and a reminder email was sent after 2 weeks. The goal of this study was to obtain 100 viable surveys.

Data Analysis

Demographic data were collected and placed into a table for comparison to Steiner's findings. The demographics analyzed and compared were state of licensure, years of RN and APRN experience, degree currently held, and area of practice.

Research Question

What do current APRNs rank as the highest positive forces and obstacles experienced as they transitioned from RNs to APRNs?

The ordinal level of measurement was used related to the research assessing obstacles among APRNs in practice. A Likert-scale of measurements ranked each individual's answers into categories that are ordered identifying which positive forces and obstacles were encountered most by participants. The results of the Likert questions were ranked in an ordinal fashion according to the positive forces and obstacles encountered by most to least frequent according to the participants.

Summary of the Methodology

This chapter provided a summary and overview of a non-experimental, cross-sectional design to identify what positive forces and obstacles current APRNs experienced as they transitioned from RNs to APRNs. The setting included APRNs in Pennsylvania and surrounding states. This chapter also included a description of research tools used within this study, including data collection methods, data analysis of the collected research. Chapter 4 examines and discusses the results of the data collection.

Chapter 4

Results and Discussion

Introduction

This chapter includes results from the data analysis on what current APRNs identified as positive forces or obstacles experienced as they transitioned from RNs to APRNs. It includes information on demographics, ranking and discussion of the results, as well as the application of theoretical framework within the research survey. Finally, this chapter will review the limitations encountered during the research study.

Demographic Results

Surveys were distributed to current APRNs whom had access to the MSN listserv email service through the Clarion and Edinboro Universities graduate program and also the Pennsylvania Coalition of Nurse Practitioners email list with a total of 26 responses (14 from MSN listserv; 12 from PCNP). Of the surveys returned, all were able to be utilized for this review. Actual number survey recipients unavailable, therefore response rate was unable to be calculated.

Demographic data were collected to determine years of practice as an RN prior to transition into the APRN role as well as years of practice as an APRN. This analysis showed that 46% of the sample worked as RNs for less than 10 years (see Table 4.1) while the majority (50%) has been practicing as APRNs for less than 5 years (see Table 4.2).

Table 4.1

Years as RN Prior to APRN Certification

Years	(n)	Percent
0-10	12	46.0
11-20	5	19.0
21-30	7	27.0
31 +	2	8.0
Totals	26	

Table 4.2

Years Practicing as APRN

Years	(n)	Percent
0-5	13	50.0
6-10	3	12.0
11-20	8	30.0
20 +	2	8.0
Totals	26	

When asked in which state the sample currently practices, 100% ($n=26$) practiced within the state of Pennsylvania, When asked what degree they held as a nurse practitioner, the majority ($n=21$) held a MSN (see Table 4.3). The majority of the sample (65%) specialized in family practice (see Table 4.4).

Table 4.3

Current Degree Held as Nurse Practitioner

Degree	(n)	Percent
MSN	21	81.0
DNP	3	11.0
Other	2	8.0
Totals	26	

Table 4.4

<i>Area/Specialty of Current Practice</i>		
<i>Area/Specialty</i>	<i>(n)</i>	<i>Percent</i>
Family Practice	17	65.0
Acute Care	3	12.0
Gerontology	6	6.0
Totals	26	

Research Questions

The research question for this study was “What do current APRNs rank as the highest positive forces and obstacles which they experienced as they transitioned from RNs to APRNs?”. Using Likert-style and open-ended questions to survey the APRNs, data were gathered to help answer the research question. These data are summarized in the following sections.

Research Question 1: Ranking of Positive Forces. Participants ranked personal support systems and hands-on experience as the most important factors influencing their transition from RN to APRN (see Table 4.5). Steiner et al.’s (2008) respondents reported prior life experience and preceptor guidance as the highest ranking positive forces. Brown and Olshansky (1998) emphasize the importance of affirming oneself while the results. In table 4.5 participants ranked positive self talk as important but not as high as other factors. Mentoring is cited as important by almost all research on RN to APRN transition and holds true with the results found in this study. Spoelstra and Robbins (2010) highlight how faculty guidance via coursework involving RN to APRN transition can increase the success of new APRNs. However, this study ranked faculty guidance as the least influential for positive forces. Overall results were similar to Steiner et al. (2008) with regards to

positive forces being rated as more influential than obstacles encountered during RN to APRN transition.

Table 4.5

Participant Ranking of Positive Forces During RN to APRN Transition

Positive Forces	(n)	Percent
Personal Support System	22	84.6
Hands-on Experience	22	84.6
Previous RN experience	21	80.7
Preceptor Role Modeling	19	73.1
Case Studies	19	73.1
Standardized Patients	19	73.1
Positive Self Talk	18	69.2
Mentoring (n=9)	6	66.7
Acceptance of beginner APRN role	15	57.7
Faculty Role Modeling	13	50.0
Faculty Guidance	11	42.3

Research Question 2: Ranking of Obstacles. When ranking of obstacles (Table 4.6) were reviewed agreement was found with Steiner et al.'s results regarding the top two which were personal sacrifices and lack of mentoring. Role adjustment ranked third in this study as a barrier to successful RN to APRN transition. This is consistent with the findings of Cusson and Viggiano (2002), Poronsky (2013) and Cragg and Andrsyszyn (2005) who all cite confusion of new APRNs about the role as problematic. Barnes (2015) discussed lack of staff support as undermining to new APRNs. This study showed staff resistance ranked low for obstacles during the RN to APRN transition.

Table 4.6

Participant Ranking of Obstacles During RN to APRN Transition

Obstacle	(n)	Percent
Lack of Mentor (n=17)	12	70.6
Personal Sacrifices	15	57.7
Role Confusion	10	38.4
Negative Self Talk	7	26.9
Staff Resistance	6	23.1
Lack of Understanding about New Role	3	11.5
Negative Preceptor Styles	2	7.7

Open-ended question: The survey included one open-ended question which asked participants for their feedback about the survey, the questions, or anything additional they would like to add to the results. The responses were grouped in similarities, however, due to the openness of the question, a variety of responses were gathered from each participant. One common theme was that the availability of resources helped or would have helped the transition phase, especially if those resources were other APRNs. Perception of the participants was that the transition phase was tough because of moving from the prior expert status of an RN to the novice status as an APRN and if they had access to a mentor, this may have been eased or avoided. One participant suggested an internship program for the transition phase into practice where an APRN would be paired with a new graduate for a certain amount of time to encourage a more successful transitions. Other participants noted the stress of each day, a wax and wane of emotions between having the knowledge to help the patient and feeling defeated by not having enough knowledge. This thought was echoed by other participants as well placing blame on inexperienced faculty, the

self-learning concept of online learning, and transition into a completely new advanced role.

Application of Theoretical Framework

The goal of this research was to identify positive forces and obstacles which current APRNs experienced as they transitioned from RNs to APRNs. The theoretical framework utilized for this study was Benner's novice to expert theory (2001). Benner's theory notes the acquisition and development of skills learned from one transitional phase to another, both educationally and clinically, can differ. In line with the studies reviewed in Chapter 2, researchers agree that transition occurs in phases but differ on exactly what the phases are and when they occur. Each of the five stages of the novice to expert theory was expressed throughout both the questions posed and the participant's response to the open-ended question. As seen in the answers by those surveyed, the psychological impact of the transition from RN to APRN, specifically in terms of the overall struggle of going from expert in one area to novice in another, plays a significant role. The first stage of a novice refers to one who has no experience in the current situation and is an analytical decision-maker. This stage would be reached during initial transition from practicing and expert RN to the novice APRN. The next stage of the advanced beginner includes having marginal experience that enables one to view components as both contextual and situational; this was experienced through mentoring by preceptors and viewed as a positive force in transition by over 70% of participants. Unfortunately, not all of the sample experienced the mentor role and felt this was an obstacle that prevented or slowed the start into this early stage of independence. The next stage encountered is that of the competent individual where efficiency and organization are present but the qualities

of a novice and advanced beginner are still well balanced. Some of the participants noted that even though they have been APRNs for several years, they feel far from expert as they have “good and bad days” where they feel effective in treatment and yet still have days where a mentor to reach out to would be beneficial. The fourth stage is one of proficiency where the skilled individual has a holistic understanding of the patient and disease. Again, a wax and wane of emotions between having the knowledge to help the patient and feeling defeated by not having enough knowledge hampered feelings of confidence even into the participants who have been APRNs for several years. This observation was drawn from the open ended question responses. This lack of confidence proved that reaching a theoretical stage in proficiency does not guarantee possession of all the knowledge necessary to treat patients as seen in perceived obstacles to transition. Finally, in line with the theoretical framework of Benner (2001), the expert is the fifth and final stage. This study was not specifically designed for determining expert level; however, for the purpose of the theoretical framework, the expert level is defined as one in which the individual has a complete background of experience in the subject and is intuitive in decision making while being completely involved in the skill acquisition. As mentioned in the review of literature, many researchers agree further research is needed.

Limitations

The following limitations were identified at the end of the survey and research. First, the completed survey sample was small. This was most likely due to the limited access to current practicing APRNs. Second, the sample included family nurse practitioners located only in Pennsylvania who had access to the Clarion and Edinboro University MSN listserv and the PCNP mailing list, therefore generalization

of results cannot occur. Third, due to the small sample size there is a possibility that not all perceived positive forces and obstacles were acknowledged.

Summary

In this chapter, the results of the data collection were reviewed and analyzed. The positive forces cited by participants as most influential were; personal support system, hands-on experience, previous RN experience and preceptor role modeling. The sample revealed some obstacles experienced during the transition from RN to APRN including the lack of mentors available to them during the transition phase, struggles with separating themselves from their prior RN roles, transitioning from expert RN to novice APRN, and having applicable and available resources during the transition phase. In Chapter 5, a summary of findings, implications for nursing and healthcare professionals, and recommendations will be discussed.

Chapter 5

Summary, Implications, and Recommendations

Summary of Findings

The purpose of this study was to determine if Steiner et al.'s (2008) ranking of obstacles and positive forces encountered during the RN to APRN transitions still apply today. Similarities were found with Steiner et al.'s (2008) in regard to positive forces ranking as having more influence than obstacles. Respondents indicated mentoring was beneficial. Findings saw struggles with role adjustment and staff support, though these were not ranked as high as Steiner et al.'s (2008) findings. If these findings hold true, the new APRNs can be made aware of challenges they will likely encounter and what coping strategies can be used for successful transitions. This research can also be used to guide graduate faculty in preparing students for the RN to APRN transition.

Implications for Nursing and Healthcare Professionals

Positive forces play a larger role in successful RN to APRN transitions than obstacles. These positive forces can be highlighted to new APRNs and incorporated into graduate curricula. For example, respondents ranked role modeling by preceptor as a higher priority for positive forces. This finding combined with Harrington's (2011) finding of informal mentor selection producing favorable results enforces the ideal situation of APRN students choosing their own preceptors. In this study, the overall importance of mentoring is highlighted. This is further emphasized by the work of Banks et al. (2011) and Barnes (2015) who also showed mentoring with favorable outcomes in regard to transition and commitment to the profession and

employer. Personal sacrifices ranked high as an obstacle and personal support ranked high as a positive force. This finding can be applied to graduate programs to impress upon students the importance of a support system and of self-care. This can be a cultural observation too, in current western society constantly working and being connected 24 hours a day is equated with success but can actually be detrimental. Incorporation throughout graduate APRN programs of reminders and tools for balancing work and life would be beneficial. One interesting finding was faculty guidance was ranked the lowest for positive forces. This could correlate with over half of the respondents being graduates from an online program. Suggestions could be made to incorporate more collaborative time through scheduled web meetings in graduate APRN programs. This would allow students to become more familiar with their faculty and also increase their support system through increased interaction with their classmates. This is further supported by hands-on experience as ranking high for positive forces. More opportunity to practice makes for easier transition. This should encourage APRN graduate programs to offer simulation experiences and open lab time for students. Although generalizability is lacking at this time due to small number of respondents themes still emerge which agree with the previous work done on this topic.

Recommendations for Further Research

Recommendations for further research are encouraged in regards to evaluation of positive forces and their influence in RN to APRN transition. More studies could be focus on high ranking positive forces such as mentoring and hands-on experience. Also observations could be made solely on responses to positive versus negatively worded questions. The impact of enacting changes in online graduate APRN

programs to increase student and faculty interaction could be measured. The addition of short self-care modules in graduate APRN programs would also be another area of study. Also a voluntary team of experienced APRNs being paired up with new APRNs for informal mentoring would be another avenue to explore. Though larger numbers of APRNs in more geographic regions need to be surveyed for this study it still supports many of the findings in previous research. This should further demonstrate a need for continued research because even a small number in a defined geographic region still correlates with larger studies.

Summary

This work shows connections with previous with some minor differences. Overall there is much more that can be done in this area and it is important for the success of the APRN profession, especially in light of recent changes in healthcare. Looking at and understanding the importance of successful RN to APRN transitions is one more area where nursing as a profession stands out when compared with other disciplines. Nurses strive to understand the whole picture and optimize each component for a good outcome. There is an understanding that every aspect plays a role and this same approach is important for healthy development of new APRNs.

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**Appendix A:
Permission to Use Benner's Novice to Expert Theory**

Permission to use From Novice to Expert Theory for Edinboro / Clarion Universities
MSN-FNP Students

Dear Ms. Benner,

I am a student at Clarion University of Pennsylvania in the Master of Science in Nursing degree with a concentration in Family Nurse Practitioner. I am currently part of a group of three MSN students working on our thesis project. Our research is concentrating on transitioning into advanced practice: positive forces and obstacles experienced by APRNs. Upon research and review of your From Novice to Expert Theory, we believe this would provide the best theoretical framework for our study. We would like to obtain permission from you to use this theory for our project. I understand you are extremely busy, so I appreciate you taking the time to consider this request. If you approve this request, please feel free to email me here or at m.shaw@eagle.clarion.edu.

Best Regards,

Mandie Shaw, BSN, RN

Dear Mandie,

You have my permission to use From Novice to Expert theory for your project. Actually, you don't really need it. You need only to cite the source in you papers.

Good Luck with your project!!

Patricia Benner

**Appendix B:
Citi Certs (Gillette, Karl, Shaw)**

- Name: Elizabeth Gillette (ID: 3714569)
- Email: em082244@edinboro.edu
- Institution Affiliation: Edinboro University of Pennsylvania (ID: 2228)
- Institution Unit: Nursing
- Curriculum Group: Human Subject Research
Course Learner Group: Student researcher

• Stage: Stage 1 - Student researchers

• Report ID: 11177219

• Report Date:

• Current Score**: 100

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Students in Research (ID: 1321)	11/03/15	10/10 (100%)
Edinboro University of Pennsylvania (ID: 14589)	09/09/13	No Quiz
History and Ethical Principles - SBE (ID: 490)	11/03/15	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	11/03/15	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	11/03/15	3/3 (100%)
Informed Consent - SBE (ID: 504)	11/03/15	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	11/03/15	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Kaitlyn karl (ID: 4794366)
- **Email:** kk142449@scots.edinboro.edu
- **Institution Affiliation:** Edinboro University of Pennsylvania (ID: 2228)
- **Institution Unit:** Nursing

- **Curriculum Group:** RCR Course
- **Course Learner Group:** RCR FOR SOCIAL & BEHAVIORAL for Students
- **Stage:** Stage 1 - SB for Students

- **Report ID:** 15836329
- **Completion Date:** 04/20/2015
- **Expiration Date:** N/A
- **Minimum Passing:** 80
- **Reported Score*:** 94

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Plagiarism (RCR-Basic) (ID:15156)	04/20/15	4/5 (80%)
Responsible Conduct of Research (RCR) Course Introduction (ID:1522)	04/20/15	No Quiz
Research Misconduct (RCR-Basic) (ID:16604)	04/20/15	5/5 (100%)
Data Management (RCR-Basic) (ID:16600)	04/20/15	5/5 (100%)
Authorship (RCR-Basic) (ID:16597)	04/20/15	5/5 (100%)
Peer Review (RCR-Basic) (ID:16603)	04/20/15	5/5 (100%)
Mentoring (RCR-Basic) (ID:16602)	04/20/15	5/5 (100%)
Using Animal Subjects in Research (RCR-Basic) (ID:13301)	04/20/15	5/5 (100%)
Conflicts of Interest (RCR-Basic) (ID:16599)	04/20/15	4/5 (80%)
Collaborative Research (RCR-Basic) (ID:16598)	04/20/15	4/5 (80%)
Research Involving Human Subjects (RCR-Basic) (ID:13566)	04/20/15	5/5 (100%)
Responsible Conduct of Research (RCR) Course Conclusion (ID:1043)	04/20/15	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Kaitlyn karl (ID: 4794366)
- **Email:** kk142449@scots.edinboro.edu
- **Institution Affiliation:** Edinboro University of Pennsylvania (ID: 2228)
- **Institution Unit:** Nursing

- **Curriculum Group:** Human Subject Research
- **Course Learner Group:** Student researchers
- **Stage:** Stage 1 - Student researchers

- **Report ID:** 15836328
- **Completion Date:** 04/20/2015
- **Expiration Date:** 04/19/2018
- **Minimum Passing:** 80
- **Reported Score*:** 91

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID:1127)	04/20/15	3/3 (100%)
Students in Research (ID:1321)	04/20/15	9/10 (90%)
History and Ethical Principles - SBE (ID:490)	04/20/15	5/5 (100%)
Defining Research with Human Subjects - SBE (ID:491)	04/20/15	4/5 (80%)
Privacy and Confidentiality - SBE (ID:505)	04/20/15	5/5 (100%)
Informed Consent - SBE (ID:504)	04/20/15	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Mandie Shaw (ID: 4631002)
- **Email:** m.shaw@eagle.clarion.edu
- **Institution Affiliation:** Edinboro University of Pennsylvania (ID: 2228)
- **Institution Unit:** Student Research
- **Phone:** 8145534880

- **Curriculum Group:** RCR Course
- **Course Learner Group:** RCR FOR SOCIAL & BEHAVIORAL for Students
- **Stage:** Stage 1 - SB for Students

- **Report ID:** 15114506
- **Completion Date:** 03/17/2015
- **Expiration Date:** N/A
- **Minimum Passing:** 80
- **Reported Score*:** 88

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Plagiarism (RCR-Basic) (ID: 15156)	03/17/15	5/5 (100%)
Responsible Conduct of Research (RCR) Course Introduction (ID: 1522)	03/17/15	No Quiz
Research Misconduct (RCR-Basic) (ID: 16604)	03/17/15	5/5 (100%)
Data Management (RCR-Basic) (ID: 16600)	03/17/15	4/5 (80%)
Authorship (RCR-Basic) (ID: 16597)	03/17/15	5/5 (100%)
Peer Review (RCR-Basic) (ID: 16603)	03/17/15	4/5 (80%)
Mentoring (RCR-Basic) (ID: 16602)	03/17/15	4/5 (80%)
Using Animal Subjects in Research (RCR-Basic) (ID: 13301)	03/17/15	4/5 (80%)
Conflicts of Interest (RCR-Basic) (ID: 16599)	03/17/15	5/5 (100%)
Collaborative Research (RCR-Basic) (ID: 16598)	03/17/15	4/5 (80%)
Research Involving Human Subjects (RCR-Basic) (ID: 13566)	03/17/15	4/5 (80%)
Responsible Conduct of Research (RCR) Course Conclusion (ID: 1043)	03/17/15	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Mandie Shaw (ID: 4631002)
- **Email:** m.shaw@eagle.clarion.edu
- **Institution Affiliation:** Edinboro University of Pennsylvania (ID: 2228)
- **Institution Unit:** Student Research
- **Phone:** 8145534880

- **Curriculum Group:** Human Subject Research
- **Course Learner Group:** Student researchers
- **Stage:** Stage 1 - Student researchers

- **Report ID:** 15114505
- **Completion Date:** 03/12/2015
- **Expiration Date:** 03/11/2018
- **Minimum Passing:** 80
- **Reported Score*:** 91

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	01/26/15	3/3 (100%)
Students in Research (ID: 1321)	01/26/15	10/10 (100%)
History and Ethical Principles - SBE (ID: 490)	01/27/15	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	03/12/15	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	03/12/15	5/5 (100%)
Informed Consent - SBE (ID: 504)	03/12/15	3/5 (60%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
 Email: citisupport@miami.edu
 Phone: 305-243-7970
 Web: <https://www.citiprogram.org>

Collaborative Institutional
 Training Initiative
 at the University of Miami

**Appendix C:
Permission from Edinboro University's Institutional Review Board**

This memo provides the notification concerning EUP's Institutional Review Board (IRB) determination of the human subject's protocol:

To: Dr. McClune

From: Dr. Colleen Barrett, EUP Nursing IRB Exempt Screening Committee Chair

Protocol # NURS2016-004

Date Approved 2.23.16

Title: Transitioning into Advanced Practice: Positive Forces and Obstacles Experienced by Advanced Practice Registered Nurses

The EU IRB Chair has designated this committee as reviewer of the application listed above for exempt status. It has been determined that your protocol is categorized as **Exempt** under federal regulations 45 CFR 46.101(b), since the research design involves one or more of the following criteria:

___ Research conducted in established or commonly accepted educational settings, involving

normal educational practices.

XX Research using educational tests, surveys or interviews where respondents are not identified or are public officials.

___ Research involving observation of public behavior.

_ Research involving collection, study, and use of existing data where subjects are not identified.

Exempt protocol means that as long as you continue your research as described in your protocol application, the research does not require any further review or oversight by the IRB. Should you change any procedure within your research, you are required to resubmit the protocol to the IRB for reconsideration and determination before you implement any change. All data must be retained and accessible for three (3) years after the completion of the project.

Designation as exempt signifies only that the proposal adequately qualifies under 45 CFR 46.101(b) for such status. It does not imply, directly or indirectly, any institutional support or permission to conduct the study.

Should you have any questions or concerns, please feel free to contact me at 814-732-1643

Dr. Colleen Barrett, DNP, CRNP, FNP-BC

Cc: Dr. Lisa Joyce, Chair EUP IRB

**Appendix D:
Consent Form for Survey**

**Consent to Participate in a Research Study/Survey
Edinboro University of Pennsylvania
Edinboro, Pennsylvania
CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Title of Study: TRANSITIONING INTO ADVANCED PRACTICE: POSITIVE FORCES AND OBSTACLES EXPERIENCED BY ADVANCED PRACTICE REGISTERED NURSES

Principal Investigator: Amy McClune, PhD, RN, Associate Professor,
Edinboro University

Co Investigators: Elizabeth Gillette, BSN, RN, MSN student
Kaitlyn Karl, BSN, RN, MSN student
Mandie Shaw, BSN, RN, MSN student

Dear APRN,

Introduction:

As a practicing APRN, you are invited to participate in a short online survey. This survey will gather data about the positive forces and obstacles experienced by APRNs as they transition into practice. This is a consent letter that will describe your participation.

We (Elizabeth Gillette, BSN, RN; Kaitlyn Karl, BSN, RN; and Mandie Shaw, BSN, RN) are currently enrolled in the Clarion/Edinboro University's MSN Family Nurse Practitioner Consortium program. This study is part of our thesis requirement for graduation and degree conferment.

Purpose of this Study:

The purpose of the quantitative, cross-sectional study is to rank identified positive forces and obstacles current APRNs experienced as they transitioned from RNs to APRNs.

Ethical Considerations/Confidentiality:

You are being asked to complete an on-line survey that will include questions on your personal experience in the transition process from RN to APRN. Please note that your responses are kept confidential.

The data in this survey will be used for this study. Our data and findings will be shared and presented by poster or oral presentation to other healthcare professionals and submitted for publication if opportunity exists.

What will happen if you decide not to be in the study?

Your participation in the survey is strictly voluntary. Also, you may decide

not to participate at any time without any penalty, retribution, or repercussion.

What will happen during the study?

After reviewing this consent you will be given the opportunity to choose to participate. If you choose to participate, you will click on the link provided and begin the survey. If you choose not to participate, you can exit the survey at any time. The time to complete the 25 question survey is estimated to be approximately 10-15 minutes with no follow up. The questions are designed to help us gather your personal perceptions, experiences, and/or expectations.

What are the possible risks or discomforts?

Risks of this study are minimal and may include some in-depth consideration of the answers to the questions resulting in a longer survey time than 15 minutes. If this occurs you may terminate your involvement in the survey at any time. There is no known risk of any physical, social, or financial effects when completing the survey.

What are the possible benefits of being in this study?

Although you will not gain any personal or educational value in completing this survey, your participation will add to the understanding of the transition from RN to APRN and the obstacles experienced during this time.

What happens if I have more questions?

Your questions about any potential or acquired research-related injury or the research study will be answered via email by Elizabeth Gillette: e.a.gillette@eagle.clarion.edu, Kaitlyn Karl: k.karl@eagle.clarion.edu, and Mandie Shaw: m.shaw@eagle.clarion.edu. If you have questions about your rights as a research participant that you need to discuss with someone, you can call the Edinboro University Institutional Review Board at (814) 732-1052.

Thank You!

You have been invited to be a participant for this study due to your experience as an APRN. This valuable insight can provide us with awareness of positive forces and obstacles experienced by APRNs during the transition phase from RN. We appreciate your efforts and thank you for taking the time to assist us. You can access our survey by clicking on this link <https://www.surveymonkey.com/r/transitioningintoadvancedpractice>.

Sincerely,

Elizabeth Gillette, Kaitlyn Karl, and Mandie Shaw

Appendix E: Survey

1. How many years were you a Registered Nurse before becoming an APRN?
2. What degree do you currently hold as a nurse practitioner?
 - a) MSN
 - b) Doctoral
 - c) Other
3. In what state do you currently practice?
4. How long have you been practicing as a nurse practitioner?
5. In what area/specialty do you currently practice?
 - a) Family Practice
 - b) Women's Health
 - c) Pediatrics
 - d) Acute Care
 - e) Gerontology
 - f) Other:

Please think about your first nurse practitioner position when answering the following:

6. I feel my previous experience made the RN to APRN transition easier.
 - a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
7. Did you have a mentor in your first job as an APRN?
 - a) Yes
 - b) No
8. If yes—My mentor's guidance benefitted my role change to an APRN.
 - a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
9. If no—Lack of mentoring hindered my transition to my new APRN role.

- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
10. My personal support system (family, friends and peers) was a positive influence in my transition from an RN to APRN.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
11. I used positive self-talk as a way to ease the transition to my new APRN role.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
12. Role modeling by my preceptors during school made it easier for me to assume the role of an APRN.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
13. Role modeling by faculty during school made it easier for me to assume the role of an APRN.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
14. Hands-on experiences in graduate school were key to my success as a new APRN.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
15. Case Studies were important in helping me prepare for being an APRN.
- a) Strongly Disagree

- b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
16. Faculty guidance and support during graduate school made the transition after graduation into my first position easier.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
17. Viewing myself as a beginner in the APRN and allowing myself time to grow in my new role made my transition less stressful.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
18. Seeing patients with similar problems when I first started in practice allowed me to develop into my new role with less stress.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
19. I struggled with separating myself from the RN role I previously occupied.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
20. Personal sacrifices such as giving up time spent with family and friends were challenging during my role change to an APRN.
- a) Strongly Disagree
 - b) Disagree
 - c) Neutral
 - d) Agree
 - e) Strongly Agree
21. Negative preceptor styles such as harsh criticism or negative comments in front of patients or staff, inhibited my development as a beginning APRN.
- a) Strongly Disagree

- b) Disagree
- c) Neutral
- d) Agree
- e) Strongly Agree

22. Staff resistance from my first position as an APRN was an obstacle I encountered when beginning my career as an APRN.

- a) Strongly Disagree
- b) Disagree
- c) Neutral
- d) Agree
- e) Strongly Agree

23. Negative self-talk, such as telling myself I was incapable or a poor practitioner, was a struggle for me in my new APRN role.

- a) Strongly Disagree
- b) Disagree
- c) Neutral
- d) Agree
- e) Strongly Agree

24. I had a difficult time understanding my new role as an APRN.

- a) Strongly Disagree
- b) Disagree
- c) Neutral
- d) Agree
- e) Strongly Agree

25. Are there any comments you would like to add?

**Appendix F:
Consent to use Clarion/Edinboro University MSN-Listserv**

Master of Science in Nursing Programs

CLARION UNIVERSITY OF PENNSYLVANIA

Graduate Office
Phone: 814-393-2337
Fax: 814-393-2722

EDINBORO UNIVERSITY OF PENNSYLVANIA

Graduate Office
Phone: 814-732-2856
Fax: 814-732-2611

November 11, 2015

Dear IRB Committee Members:

I have granted permission for Elizabeth Gillette, Kaitlyn Karl, and Mandie Shaw to use the MSN-L listserv to disseminate invitations to subscribers of the listserv to participate in their survey study, "Transitioning into Advanced Practice: Stressors Experienced by APRNs." They understand that subscribers to the listserv are mostly current students rather than graduates of the joint Clarion and Edinboro Universities' Master of Science in Nursing Program. They plan to also recruit study participants through the Pennsylvania Coalition of Nurse Practitioners.

Sincerely,



Debbie Ciesielka, DEd, ANP-BC
Associate Professor of Nursing, Clarion University
Program Coordinator, Clarion and Edinboro Universities' MSN Program
Clarion University-Pittsburgh Site
4900 Friendship Avenue
Pittsburgh, PA 15224
Ph: 412-578-7277
Email: dciesielka@clarion.edu

State System of Higher Education Institutions

**Appendix G:
Consent for use of PCNP email listing**

From: Peggy Pearl <pcnp@pacnp.org>
Date: Wednesday, March 30, 2016 at 10:02 AM
To: Beth Gillette <E.A.Gillette@eagle.clarion.edu>
Subject: RE: Request for research survey distribution

Good morning Elizabeth,

Congratulations, the committee has approved your proposal and would like to move forward. Could you please provide a link to the survey? There is also a small fee of \$100 for the administrative services provided. Do you know how your group would be paying for that?

Regards,

Ed Philipps
Pennsylvania Coalition of Nurse Practitioners (PCNP)
2400 Ardmore Boulevard, Suite 302
Pittsburgh, PA 15221
Phone: 412-243-6149 x109 | Fax: 412-243-5160
Email: pcnp@pacnp.org
www.pacnp.org



**Appendix H:
Reminder Email**

You had been selected to participate in a survey. You received an email from *Survey Monkey* two weeks ago containing a link to the survey. If you have not yet completed the survey, we are asking that you take ten to fifteen minutes in the next week to complete it. Your participation will assist in understanding obstacles experienced by APRNs during the transition phase from RN. We appreciate your time and thoughts.

Sincerely,
Elizabeth Gillette, Kaitlyn Karl, and Mandie Shaw