

Postgraduate Nurse Practitioner Education: Impact on Job Satisfaction

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ABSTRACT

Programs to facilitate nurse practitioner (NP) transition-to-practice have been developed at public and private institutions across the United States, yet there is no published evidence of their influence on NP job satisfaction. The Misener Nurse Practitioner Job Satisfaction Scale was administered to a convenience sample of two groups of NPs: one group with a formal postgraduate education and another group without formal postgraduate education. Postgraduate education has a statistically significant positive impact on NP job satisfaction. Knowledge of factors that influence job satisfaction is advantageous to employers, policymakers, and NPs considering postgraduate education opportunities.

Keywords: nurse practitioner fellowship, nurse practitioner residency, nurse practitioner transition-to-practice, postgraduate nurse practitioner education

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In collaboration with the Robert Wood Johnson Foundation, the Institute of Medicine supports novel approaches for the redesign of nursing education and practice to help satisfy the demand for health care services in the United States.¹ Recommendation number 3 of the report suggests “State boards of nursing, accrediting bodies, the federal government, and healthcare organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.”¹(pS9) Before the Institute of Medicine’s recommendations, postgraduate nurse practitioner (NP) education programs, that is, residencies and fellowships, began to emerge as employer-based programs in federally qualified health centers, academic health systems, and the Veterans Health Administration (VA).

Postgraduate NP education programs are frequently referenced as fellowships or residencies. Inconsistency among program titles may obscure choices made by NPs who pursue additional clinical education after completion of an accredited graduate nursing program, national certification, and state approval to practice. There is also potential confusion when the term residency is used to describe clinical capstone courses that provide practical experience in

formal graduate and undergraduate nursing degree programs. In medicine and some other professional disciplines, residency education is required for licensure and fulfills a clinically focused requirement to practice. Postgraduate education is not required for NP licensure or to begin practice. In an effort to reduce confusion regarding the optional nature of postgraduate NP education, a national collaborative of NP organizations has recommended the term “fellowship” be adopted.² Others recommend “transition-to-practice” as a term that avoids regulatory implications, mandatory requirements, or the suggestion that NPs are not prepared to enter the workforce upon completion of formal graduate nursing education.³

LITERATURE REVIEW

A systematic review of English-language literature using PubMed, CINAHL, and Google Scholar was performed for analysis of programs designed to provide support for new graduate NPs entering the workforce through formal institutional assistance. No limits were set regarding date of publication. Search terms included: nurse practitioner fellowship; nurse practitioner residency; and nurse practitioner transition-to-practice. Inclusion criteria were limited to articles addressing development and implementation of postgraduate NP education programs. Exclusion criteria eliminated articles proposing NP postgraduate

education initiatives without program implementation. A total of 8 articles met review criteria.

An additional internet search using the same terms revealed employer-based programs that were not discovered in the academic literature. Numerous employer-sponsored programs were identified and include postgraduate education in a variety of primary care and specialty settings. Programs are associated with schools of nursing, schools of medicine, academic health systems, and community health centers.

The first postgraduate NP education program was designed specifically for family NPs preparing to deliver primary care to underserved populations at a multisite federally qualified health center in Connecticut.⁴ The program grew from observing the challenges encountered by new NPs during the transition to expert clinician and the “stress that the transition places on the new NP, the practice team, and the organization.”⁴(¶9)

Much of the literature regarding postgraduate NP education comes from the VA through the development of Centers of Excellence in Primary Care Education (CoEPCE), with 24 postgraduate NP trainees at VA centers in 5 states. Each CoEPCE consists of NP and physician residents with other health disciplines optionally involved based on need and availability.⁵ In 2011, the VA Connecticut Healthcare System CoEPCE launched the first interprofessional fellowship program to address clinical experience among NPs. The 1-year postgraduate program provides additional clinical education for NPs and was designed to promote interprofessional practice partnerships with physician trainees to establish a collaborative team-based primary care model.⁶

In September 2013, the VA Puget Sound Health Care System CoEPCE convened an information forum to explore postgraduate NP education models.⁷ The goals of the conference were to define unique needs of NP trainees, develop an appreciation of fundamental components for support of postgraduate NP education, and to examine best practices for the viability of postgraduate NP education models. During the forum, a current postgraduate NP trainee shared that postgraduate education improves clinical skills and enhances retention through increased job satisfaction.⁷ In addition, conference attendees developed

recommendations for the development of postgraduate NP education programs. Among the key components was the need for reliable funding and valid evaluation measures to determine the impact of postgraduate NP education.⁷

The VA also offers scholarship opportunities to current staff in exchange for a commitment to service.⁸ To support the transition from staff nurse to new NP, a postgraduate residency education program was developed at the Portland, Oregon VA. The effort to ensure that the NP resident was successful with a supportive educational environment had an impact on NP satisfaction and retention: “Both are key to the nurse administrator in a time of difficult transitions and costly recruitments.”⁶(p387)

A growing number of NPs have begun working in acute and critical care settings over the past decade.⁹ Postgraduate acute care nurse practitioner education programs have grown to meet the workforce needs of quality nurse leaders with specialized skills in clinical practice. “Not only are the postgraduate residency programs very popular among NP graduates looking for additional mentorship and specialty training, but are also a relatively inexpensive way to recruit and retain new hires.”⁹(p333)

In recognition of the increasing role NPs and physician’s assistants play in clinical, academic, research, and administrative settings, the Carolinas HealthCare System developed a Center for Advanced Practice (CAP) to aid in the progression from a volume-based service to a value-driven health care delivery system.¹⁰ CHS committed to optimizing the role of NPs and physician’s assistants through education, collaboration, and professional support by developing the CAP along with 16 postgraduate fellowship training tracks and an acute care NP program in partnership with the University of North Carolina at Charlotte. The CAP developed specific strategies for recruitment and retention of a skilled workforce with goals focused on provider satisfaction and clinical outcomes.¹⁰

COST AND COMMITMENT

Most NP employers have limited orientation programs and expect new NP graduates to perform at an advanced level with little support when they begin work.¹¹ Costs associated with creating and supporting

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