

New Nurse Practitioners' Perceptions of Preparedness for and Transition Into Practice

Ann Marie Hart, PhD, FNP-BC, and Anne Bowen, PhD

ABSTRACT

Preparedness for clinical practice is a critical issue for new nurse practitioners (NPs). We assessed new NPs' perceptions of their preparation for and transition into clinical practice. A national sample of 698 licensed NPs who graduated between 2006 and 2011 and were practicing as NPs in the United States completed a survey related to clinical preparation and practice transition. The majority reported feeling generally or somewhat prepared for practice after their NP education. They also expressed interest in receiving assistance as they transition into practice through residencies and mentoring. Specific findings regarding preparedness and transition into practice are described, and recommendations are offered.

Keywords: nurse practitioner education, nurse practitioner mentoring, nurse practitioner preparedness, nurse practitioner residency, nurse practitioner transition

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Nurse practitioners (NPs) are committed to providing quality health care, and United States consumers are receptive to receiving care from NPs.¹ Research supports that patients are satisfied with NP-delivered care^{2,3} and that outcomes for patients receiving care from NPs are comparable with physician-delivered care.^{3,4} NPs are integrated into the US health care system and play a substantial role in health care delivery.^{1,5,6} The number of Medicare beneficiaries receiving primary care from advanced practice registered nurses (APRNs) increased 15-fold between 1998 and 2010.⁷ Furthermore, with the 2010 Patient Protection and Affordable Care Act, more NPs are being sought to provide primary care services for newly insured Americans.^{8,9}

Despite the success of the NP role, the path from novice to competent NP is often challenging and difficult.¹⁰⁻¹² Preparedness for practice is a critical issue for new NPs, many of whom report feeling overwhelmed, frustrated, and inadequate.¹³ However, research on NP preparedness is limited, and, to date, there are only 2 published studies on this topic.^{14,15} The first study was conducted in 1988; a survey of 136 APRNs (including 39 NPs) educated in the southeastern US found that NPs

were less satisfied with their education than clinical nurse specialists or certified registered anesthetists, specifically regarding clinical pathology, differential diagnosis, laboratory diagnostics, and pharmacology.¹⁴

The second study, a national retrospective survey of NPs' perceptions of preparedness for practice, was conducted in 2004.¹⁵ The respondents (N = 562) were primarily master's-prepared (77%) family nurse practitioners (FNPs, 61%), with an average age of 49. In response to the question "Upon completion of your initial NP educational program, how prepared were you to practice as an NP?" 9.8% of the respondents described feeling "very well prepared," 38.4% "generally well prepared," 38.2% "somewhat prepared," 11.7% "minimally prepared," and 1.9% "very unprepared." Respondents indicated feeling most prepared for "health assessment," "differential diagnosis," "pathophysiology," "pharmacology," "health teaching," and "management of acute illnesses." They reported being least prepared for "billing and coding," "simple office procedures," "electrocardiogram (EKG) and radiology interpretation," "microscopy," and "mental illness management." Responses to open-ended items revealed 4 main themes related to NP education:

1) the need for increased rigor, 2) the need for more clinically relevant content and experiences, 3) the need for more clinically experienced faculty, and 4) NP education has come a long way. Finally, 87% expressed that they would have been “definitely” or “possibly” interested in a postgraduate residency program if one had been available.

A major limitation of the 2004 study¹⁵ was that many of the respondents had completed their formal NP education 10 to 30 years before completing the survey. The evolution of NP education in the last 15 to 35 years increases the need to understand new NPs’ preparedness for practice. Feedback from new NPs can guide curriculum and policy decisions that will advance the next generation of NP leaders; thus, the purpose of this study was to assess NPs’ perceptions of preparation for clinical practice and transition into practice, specifically from NPs who graduated between 2006 and 2011.

METHODS

The study involved an electronic, Web-based survey delivered through Key Survey (<http://www.keysurvey.com/>). The 2004¹⁵ survey was updated by the authors and several graduate students from the University of Wyoming. The questions were further refined after piloting the survey with a group of NPs in Wyoming. The final survey consisted of 81 multiple-choice items, 27 demographic items, and 6 open-ended items.

Eligibility was determined using 3 items: 1) graduating from an initial NP program between 2006 and 2011, 2) being licensed to practice as an NP in the US, and 3) having practiced as a licensed NP in the US. Respondents who did not meet all 3 eligibility items were sent to a thank you page, and participation was terminated. The final survey and its administration received approval by the University of Wyoming’s Human Subjects Committee.

On April 25, 2012, an invitation and an electronic survey link were distributed to approximately 51,000 electronic newsletter subscribers by Fitzgerald Health Education Associates, Inc, a leading, national organization dedicated to NP education. One month later, representatives of NP programs and organizations with few or no responses to the electronic invitation were e-mailed directly asking them to

distribute the survey to their NP alumni or constituents.

Data Analysis

Data were analyzed using SPSS Statistics 20 (SPSS Inc, Chicago, IL). Frequency data were compared using chi-square and other nonparametric analyses. Scale scores were compared using univariate analysis of variance. Given the large sample size and number of analyses, $P < .01$ was considered significant.

We subjected the 9 general “preparedness and support” questions regarding the respondents’ first year of practice to principal components factor analysis with varimax rotation. Two meaningful factors emerged. The first factor (satisfaction with support) included 6 items with a Cronbach alpha of 0.91 and accounted for 42.5% of the variance. The second factor (feelings of preparedness) included 3 items with a Cronbach alpha of 0.80 and accounted for 29.3% of the variance.

The survey included 2 sets of 21 parallel items. In set 1 (importance of preparation), the participants rated the “importance of preparation” for specific practice-related skills, and in set 2 (feeling prepared), they rated the same items based on “how prepared they felt” at the beginning of practicing. Set 1 was subjected to a principal components factor analysis with varimax rotation. Five meaningful factors emerged with eigenvalues greater than 1. The first factor, “managing health concerns,” included 5 items, accounted for 19.58% of the variance, and had a Cronbach alpha of 0.92. The second factor, “basics of health assessment and diagnosis,” included 4 items, accounted for 17.73% of the variance, and had a Cronbach alpha of 0.97. The third factor, “diversity and teaching,” included 4 items, accounted for 13.26% of the variance, and had a Cronbach alpha of 0.78. The fourth factor, “procedures,” included 4 items, accounted for 12.26% of the variance, and had a Cronbach alpha of 0.83. The final factor “evidence-based practice and collaboration” included 4 items, accounted for 10.76% of the variance, and had a Cronbach alpha of 0.76. Note, the factor analysis only included participants who responded to all of the preparedness items.

We then examined the NPs’ feelings of preparedness by taking the set 2 questions and

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