

FAMILY NURSE PRACTITIONER PROGRAMS: BRIDING THE ROLE TRANSITION
FROM REGISTERED NURSE TO FAMILY NURSE PRACTITIONER

A Research Grant Proposal

Presented to the faculty of the School of Nursing

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Submitted in partial satisfaction of
the requirements for the degree of

MASTER OF SCIENCE

in

Nursing

Family Nurse Practitioner

by

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OF THE REQUIREMENTS FOR THE DEGREE

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Abstract

of

FAMILY NURSE PRACTITIONER PROGRAMS: BRIDING THE ROLE TRANSITION

FROM REGISTERED NURSE TO FAMILY NURSE PRACTITIONER

by

Thao T. H. Nguyen

Problem: The need for nurse practitioners (NPs) in the primary care setting is increasing with the Affordable Care Act (ACA) in 2010 due to the shortage of primary care providers. However, the role transition from registered nurse (RN) to NP has been described as overwhelming and stressful. NP residency programs are needed to help new NPs smoothly and successfully transition into confident and competent NPs to appropriately provide the quality and safe care of the complex and diverse patient populations. However, there is limited research on NP residency programs. Thus, there is a need for further research on NP residency programs.

Purpose: The purpose of this study is to explore the perspectives of near-graduating and newly graduated NPs on the values of NP residency programs in helping them transition into the NP role.


Patricia Hinchberger, Committee Chair
Patricia Hinchberger, Ed.D., RN, CNS

Date 5/3/16

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CHAPTER ONE: INTRODUCTION

Background and Significance

New graduate registered nurses (RNs) experience the transition process from new graduate RNs to competent RNs. The transition process has been described as challenging, overwhelming and stressful (Bratt, 2009; Ulrich et al., 2010). However, with development and implementation of new graduate RN programs where the programs provide the help and guidance the new graduate RNs need, the transition process is less stressful and terrifying. The new graduate RNs become more comfortable taking on their new role and successfully transition into the RN role with the help of RN residency programs. Because new graduate RNs were able to smoothly and successfully transition from student to new RN, they also reported better job satisfaction and health care organizations experience a decrease in turnover rates (Bratt, 2009; Hillman & Foster, 2011).

As new graduate RNs become competent and experienced RNs, many choose to return to school and pursue a higher level of education in nursing. Many decide that they want to pursue a master's degree in nursing (MSN) to provide more advanced care to special populations (Robert Wood Johnson Foundation [RWJF], 2014). Many RNs pursue their advanced degree with the nurse practitioner (NP) specialty. The now experienced RNs prepare themselves to undergo another stressful yet exciting transitional process from the RN role to a new role, the NP role (Poronsky, 2013).

The United States is facing a greater primary care provider shortage, especially with the enactment of the Affordable Care Act (ACA) in 2010 where an additional thirty two million Americans will have access to health insurance. The United States has a shortage of primary care physicians because less medical students are interested in going into internal and family

medicine. Instead, they are choosing to practice in subspecialties such as cardiology, neurology and gastroenterology. By 2020, the United States will be experiencing a shortage of more than 45,000 primary care providers (Kirk, 2012; Poghosyan et al., 2012).

For approximately five decades, NPs have been providing primary care, mostly in underserved areas. Therefore, to fill in the gap in the shortage of primary care providers, the demand for NPs is increasing. In addition, having NPs is more cost-effective as their education and training is substantially less than that of a medical physician. Furthermore, NPs have been providing quality care and positive patient outcomes in the primary care setting (Poghosyan et al., 2012). However, the growing complex needs of the patient population and transitioning into the new NP role may be stressful. Thus, NP residency programs are needed nationwide in order to adequately train and educate future NPs so that they can provide high quality care and meet the needs of the complex patient populations (Flinter, 2011).

The Problem

NPs are RNs with additional education, training and an advanced degree. RNs will have to transition into and assume their new role as an NP. Transitioning into a new role can be both exciting and stressful. The RN's role expands as he or she is now the primary care provider (Heitz et al., 2004; Steiner et al., 2008). The new role as an NP is more complex and demanding as it includes increased autonomy, collaboration, prescriptive authority and advanced critical thinking skills (Sullivan-Bentz et al., 2010). The transition process may produce a great amount of anxiety and stress due to its increased responsibilities as primary care provider. NP students and new NPs may feel nervous and incompetent as they experience the transition to experienced NPs. Transitioning into a new role coupled with the responsibility of caring for the complex needs of a diverse patient population can make the transition process even more intimidating and

stressful. Successful transition from the RN role to the NP role takes time and much support (Poronsky, 2013; Steiner et al., 2008).

Because the transition process from RN to NP may be overwhelming and stressful, NP resident programs are needed to help new NPs transition into the NP role and adequately prepare them to provide comprehensive and quality care to the patient population. Establishment of NP residency programs have been newly introduced. In fact, the first NP residency program in the United States started in the year 2007 in Connecticut (Flinter, 2011). Unfortunately, there are only several NP residency programs available in the United States (GraduateNursingEDU, n.d.). Studies have explored the role transition from RN to NP to better understand the transition process and to develop strategies to help RNs smoothly and successfully transition into the NP role. However, there is a limited amount of research in the area of role transition from RN to NP. Furthermore, there is even more limited amount of research on NP residency programs (Poronsky, 2013).

Purpose of the Research

This paper reviews the literature on the role transition from RN to NP and proposes a research study on the need for NP residency programs. Because research has already supported that newly graduated NPs do not feel entirely prepared and competent to enter into the NP role (Heitz et al., 2004; Steiner et al., 2008; Sullivan-Bentz et al., 2010), the proposed research aims to explore the perspectives of near-graduating and newly graduated NPs on the values of NP residency programs in helping them transition into the NP role. Thus, the research question is: Do near-graduating and newly graduated NPs feel that an NP residency program will help them better transition into the NP role?

Implications for Nursing

The ACA 2010 includes a section (Section 5316 of HR 3590) which supports funding for new family NPs in federally qualified health centers (FQHCs). Millions of new people will have access to healthcare and many will turn to FQHCs for care where family NPs are the major source of primary care providers. New family NPs will fill the gap of primary care providers as physicians prefer to practice in sub-specialties (Flinter, 2010). However, the patient population is very diverse. Patients have multiple chronic diseases and comorbidities that require delivery of complex care (Poronsky, 2013; Steiner et al., 2008).

New family NPs are expected to provide quality and efficient care to patients while they are acclimating to the NP role and environment. The transition process from the RN to NP role has been described as stressful and overwhelming because of lack of support, inadequate training and insufficient clinical experience (Sullivan-Bentz et al., 2010). NP residency programs have started to emerge in order to provide a formal structured program to fulfill the needs and provide the support of new NPs smoothly and successfully transition into the NP role. However, there is limited research in NP residency programs as they are fairly new. Therefore, more research is needed on NP residency programs and components that will help new NPs successfully transition into the NP role (Wallace, 2012).

CHAPTER TWO: LITERATURE REVIEW

Introduction

Literature search was conducted through the California State University San Marcos and VA San Diego Healthcare System online libraries. The databases used to search for articles were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed and Google Scholar. Search terms included role transition, registered nurse, nurse practitioner, mentorship, theory, residency and combinations of these terms. Literature search was then also narrowed down to articles published in the English language. Literature search was also narrowed by published date. Initially, the time frame criteria were that the articles had to be within the last five years (between the years 2010 and 2016). However, because of the limited amount of full text availability and research articles on role transition from RN to NP and NP residency programs, the published date criteria was expanded to fifteen years to include articles between the years 2000 and 2016. Selection of the articles had to be available online in full text without requiring a fee to download and view.

Studies done on role transition from RN to NP were qualitative and descriptive studies. Heitz et al. (2004) obtained their data from in-depth telephone interviews of nine NPs who recently graduated from their NP educational program. All nine NPs were females. Steiner et al. (2008), on the other hand, utilized a questionnaire to obtain their information and data. Their sample size was 208 NPs (182 females and 26 males). Barton (2007) observed a small group of student NPs during their two-year NP educational program. Sullivan-Bentz et al. (2010) interviewed 23 NPs. Sullivan-Bentz and colleagues (2010) also interviewed 21 co-participants including physicians, other NPs and managers to explore their perceptions on the participants and the NP practice. The remaining articles discussed literature on role transition from RN to

NP, the stages of transition, theories in transition or strategies to help NPs successfully transition into the competent NP.

Themes

According to Heitz et al. (2004), role transition from RN to NP occurs in two phases. The first phase involves the educational process, and the second phase involves the transition from newly graduated NP to competent NP. The first phase begins when the RN has been accepted into the NP educational program and lasts until he or she completes the program. The second phase begins when the RN graduates from the NP program and enters the work force as an NP. The length of phase two varies from individual to individual, and it ranges from half a year to two years. Heitz and colleagues (2004) note that the transition process is a continual process of growth and development to become a competent NP.

Different from the Heitz et al.'s (2004) two-phased role transition, Barton (2007) supported a three-phased role transition. The first phase is the separation phase. The second phase is the transition phase, and the third and final phase is the incorporation phase. In the separation phase, the student NP experiences identity loss when the student becomes aware that he or she has a dual role. The student NP must take on the new role as student NP and have a mindset of an NP while still having the experienced role as an RN. During the transition phase, the student NP learns the new NP practices and sort out his or her identities. In the final or incorporation phase, the student NP is more comfortable in assuming the student NP role and the NP practice (Barton, 2007).

Unlike the studies done by Heitz et al. (2004) and Barton (2007) who described the role transition in phases, Steiner et al. (2008) and Sullivan-Bentz et al. (2010) looked at the factors that helped the RN transition into the NP role and the challenges student and new NPs faced.

Steiner et al. (2008) further explored the first phase of the role transition process that was described by Heitz et al. (2004) and looked at the issues and challenges that NPs had during their education. Sullivan-Bentz et al. (2010) explored the elements that supported or hindered the successful transition to the NP role.

Common broad themes found were positive forces, mainly support, where forces that helped and support the student NP or new NP transition into the NP role. Obstacles and sacrifices, on the other hand, hinder and complicate the transition process (Heitz et al., 2004; Poronsky, 2013).

Heitz et al. (2004) categorized positive forces as extrinsic or intrinsic positive forces. Extrinsic positive factors included people, events and situations that aided the student NP's role transition from RN to NP. People included nurturing faculty, preceptors, coworkers, family and friends. Events and situations included clinical or hands-on experiences. Positive intrinsic factors included life experiences, optimistic self-talk, role separation and acceptance. Prior life experiences helped the student NP cope with the changes in the role transition process. Optimistic self-talk is when the student NP reminds his or herself that the feelings experienced during the transition process is normal. Optimistic self-talk is a form of psychological coaching as a way to cope with the changes. Role separation is required for the RNs to successfully transition into the NP role. The student NP needed to let go of their RN role that they have been in for so many years in order to begin their new role as NP. More experienced RNs have a more difficult time with the role separation than those RNs with less experience. Acceptance is when the student NP recognizes and accepts the responsibilities of the new NP role (Heitz et al., 2004).

Steiner et al. (2008) found similar results as Heitz et al. (2004). Prior life experiences, preceptor guidance, multiple support systems, optimistic self-talk and clinical experiences helped

the student NP cope with the stress and anxiety related to role transition, better helping the student transition from the RN role into the NP role. There were a few differences that Steiner et al. (2008) found however. Steiner et al. (2008) found that faculty guidance did not play a significant role in the support system as Heitz et al. (2004). In addition, Steiner and colleagues (2008) did not find that role separation was difficult task for the experienced RNs. The authors noted, however, that the majority of the sample size were experienced RNs. Therefore, the finding that role separation was not difficult for experienced RNs may not be as meaningful.

Sullivan-Bentz et al. (2010) found that support from colleagues and employers were important in the successful transition to the NP role. Colleagues and employers who do not fully understand the NP role and responsibilities complicated the NP's successful transition by adding more stress and responsibilities for the NP. Sullivan-Bentz et al. (2010), Hill and Sawatzky (2011) and Yeager (2010) all agreed that mentorship tremendously helped the RN transition into the NP role as mentorship provided great support for the RN. Mentorship is a long-term and close relationship between a novice and expert to help the novice NP smoothly transition into the NP role. The expert passes his or her knowledge and skills to the novice while creating a supporting environment and promoting healthy growth and development (Hill & Sawatzky, 2011).

Obstacles were the forces that made the role transition from RN to NP more difficult (Heitz et al., 2004). They add stress, anxiety and uncertainty for the student and new NPs (Barton, 2007), causing turbulence during the transition process (Heitz et al., 2004). Turbulence was what the student or novice NPs perceive during the role transition, describing the period as challenging, overwhelming, vulnerable, stressful and chaotic (Heitz et al., 2004; Steiner et al., 2008).

Heitz et al. (2004) categorized obstacles into extrinsic and intrinsic obstacles. Extrinsic obstacles included environmental concerns, colleague negativity and defensive experiences. New NPs would be required to see many patients and feel overwhelmed and incompetent. Others work environments bring in a low amount of patients. These new NPs, who saw fewer patients, felt like they were not practicing and growing as a new NP. Colleague negativity involves negative perceptions and actions toward the new NP (Heitz et al., 2004). Colleagues would have great expectations from new NPs, believing that they should be able to take on the NP role without any problems (Barton, 2007; Heitz et al., 2004; Hillman & Sawatzky, 2011). This adds stress to the new NP as he or she may be reluctant to ask for help. Defensive encounters involve situations where the new NPs had to frequently explain their roles and responsibilities to other colleagues and coworkers (Heitz et al., 2004; Sullivan-Bentz et al., 2010), further adding frustration.

Intrinsic obstacles were self-doubt and disillusion. Because the student NPs or novice NPs feels stress, anxiety and fear, they question their abilities. Disillusion occurred when they could not find an NP position after graduation. Therefore, they questioned why they spent the time and effort to go through the NP program and thought about settling with an RN position again (Heitz et al., 2004). Although student and new NPs experience obstacles, Steiner et al. (2008) noted that positive factors such as support are more important than eliminating obstacles in helping them transition into their new role.

Flinter (2010) conducted a multiple case study with four new family NPs in the first cohort of the family NP residency program at the University of Connecticut. Data was collected from the participant's application essays, journals, interviews, evaluations and logs of procedures and diagnostics. The study founded that improvement needs to be made in providing preceptors

with clear expectations, providing residents with their own panel of patients and having adequate clinical support staff and resources. Factors that helped participants transition into the NP role include clinical sessions, didactic courses, being on-call and rotating into specialty areas (Flinter, 2010).

Theoretical Framework

There were two main theories mentioned and discussed in the reviewed articles to explain the role transition process. The theories were Benner's novice to expert and Meleis' role transition theory.

The first model was Benner's novice to expert. The once novice RN must experience again the novice role. This time, however, he or she must experience the new role as an NP. The role of the novice NP begins when he or she graduates from the NP educational program and formally starts working as an NP and a primary care provider. The novice NP is a beginner with little experience and provides inflexible care. The novice NP is more task-oriented and has a pattern when providing care. Although novice NPs are inflexible when providing care, they are able to learn new practices as an NP. An expert NP, on the other hand, has a vast amount of knowledge and experiences as an NP. This allows expert NPs to draw from their experiences to provide flexible and exceedingly proficient care. There are five stages that the novice NP experiences: novice, advanced beginner, competent, proficient and expert. Novice to expert NP can take up to five or more years of practice (Yeager, 2010).

Meleis' role transition theory identifies a situational transition to describe professional and educational nursing role transitions. Meleis recognizes that the transition process is unique, multidimensional, complex and that it occurs over time. The transition process causes changes in identities, roles, relationships, attitudes, abilities and behaviors (Poronsky, 2013). There are five

properties in Meleis' transition experience: awareness, engagement, change and difference, time span and critical points and events. Awareness is when the student NP or NP recognize the transition experience. He or she understands that a change in roles is needed from RN to NP. Engagement occurs when the student NP or NP is involved in the transition experience and seek out productive ways to help them transition through the process (Meleis et al., 2000; Poronsky, 2013). The level of engagement depends on the level of awareness. Changes and differences occur during the transition process. Changes in roles, relationships, abilities, attitudes and behaviors indicate forward movement in the transition process. Time span refers to the transition process as a process that occurs over time. Critical points and events are those experiences that increase awareness and engagement in the transition process (Meleis et al., 2000).



Figure 1. Benner's Novice to Expert Theory. (Coble, 2016).

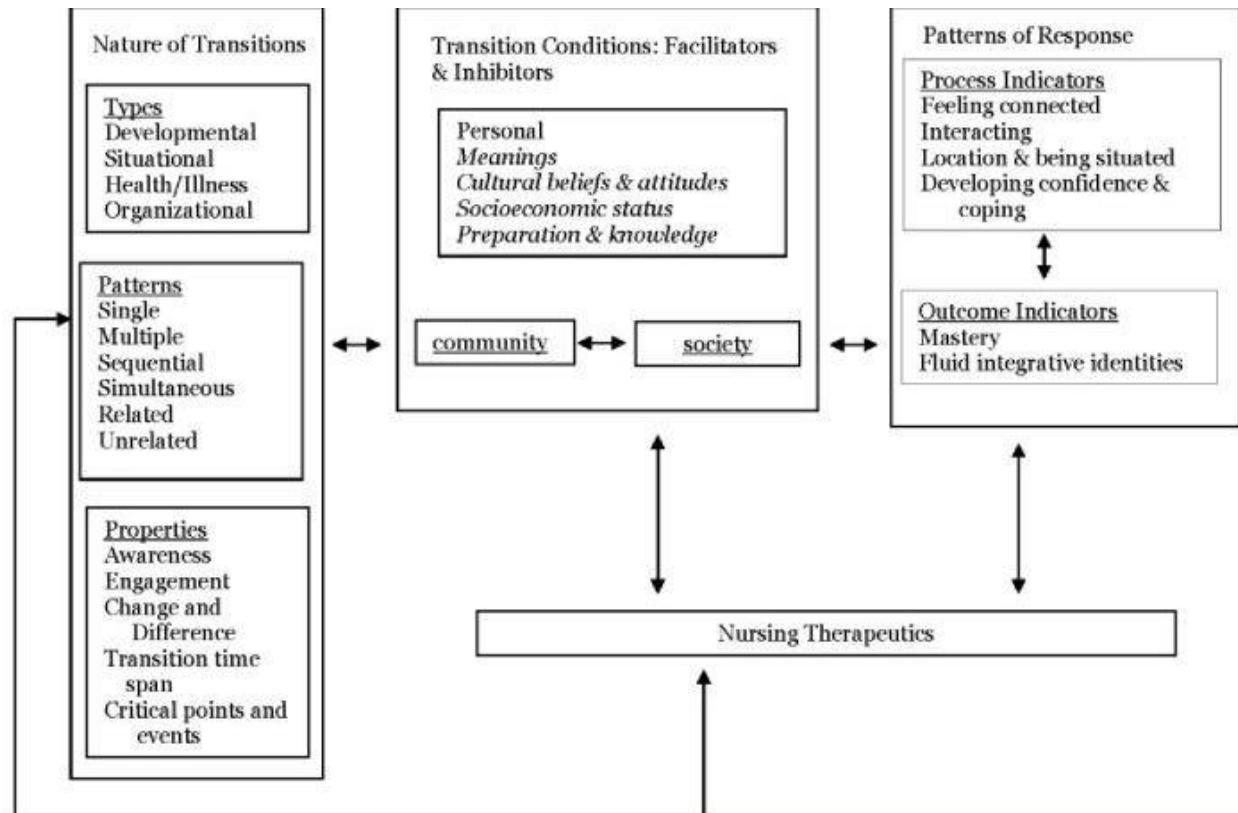


Figure 2. Meleis' Role Transition Theory. (Flinter, 2011).

CHAPTER THREE: METHODOLOGY

Introduction

As NP residency programs have been fairly new with the first formal program starting in 2007 (Flinter, 2011), there is limited amount of research on NP residency programs. Therefore, this paper proposes a research study to explore the perspectives of near-graduating NP students on the values of NP residency programs in helping them transition from the RN role to the NP role.

Research Question

The research question is: Do near-graduating NP students feel that particular items of an NP residency program will help them better transition into the NP role?

Hypothesis

The hypothesis is that a few items will be extremely important in helping NP students transition from the RN to NP role. The null hypothesis is that none of the items will be extremely important in helping NP students transition from the RN to NP role.

Identification of Setting

The research will be taking place at a state school in San Diego, California. The surveys will be distributed to near-graduating NP students at this particular school.

Research Design

The research design will be descriptive statistics. Frequencies of each category (age, gender, ethnicity, years of RN experience) will be provided. This type of design was chosen to explore NP students perceptions on items that may help them transition from the RN to NP role. Participants will rate the importance of the items based on a five-point Likert scale where “1” is “not all important” and “5” is “extremely important”.

Limitations to the study include a nonrandom sample, which generalizability cannot be made to the study population of NP students and newly graduated NP students. Furthermore, the sample was small and obtained from one school in San Diego, California.

Population Sample

The population of interest is NP students. The sample will be NP students who are currently attending the NP program at the particular school in San Diego, California. Inclusion criteria include NP students at the school and fluent in the English language as surveys will be in English. Therefore, exclusion criteria include non NP students at the school and no fluency of the English language. Minimum age is 18 years. Convenience sampling will be utilized to collect data. Limitations of the sample's generalizability include nonrandomization of the sample, sample selection and different NP educational curriculum. Because the sample will be selected through convenience sampling, the sample will not be random. Also, because the sample only includes NP students at one school, the results cannot be generalized to the NP student population as there are many different NP educational curriculums throughout the United States. There are also different NP specialties such as family, psychiatric, adult and gerontology.

Measurement Methods

Data collection will be self-reported as participants will complete a written survey and return them or an online survey with Survey Monkey. Each of the ten items will be rated based on a Likert scale. Each of the four demographic items will have each of their own categories to choose from.

Data Collection Process

A brief email about the study will be sent out to all NP students the school. The survey will be available to be completed on paper and electronically. Informed consent will be

explained on the first page of the survey prior to filling out the survey. If participants choose to complete the survey on paper, they will sign a consent form. The consent form will be detached from the survey and placed in different folders. By completing and submitting the survey online, participants are giving assumed consent.

Surveys will be available to the NP students for a month, June 1 to June 30, 2016. Approval from classroom instructors will be obtained before distributing surveys. Written surveys will be distributed to the participants during classroom hours. Researchers will explain the study prior handing out the surveys. Researchers will also inform participants that there is also an online version of the survey to be filled out at their convenience. Participants will be given ample amount of time to complete the written survey. The survey will include a few demographic data, but it will not include personal identifying information as they are not needed for this study. Surveys will be collected and safely and confidentially secured on the school campus.

Data Analysis

Data analysis will be completed using Microsoft Excel 2010 to calculate the mean, median and mode of each of the items. Descriptive statistics will be provided for the biographical data. Demographic data may be used in future studies to investigate if the variables affect NP students' perceptions on NP residency programs.

Bias

Potential sources of bias include sample bias, election bias, investigator bias, the Hawthorne effect, and instrumentation issues. There is sampling bias because the sample is nonrandom and convenient. Selection bias exists also because of the convenience sampling of NP students at one school in San Diego, California. There is investigator bias because the author

is supporting the implementation of NP residency programs. Furthermore, the author's relationship with the participants may also influence their answers as the author and participants are peers and classmates. The Hawthorne effect may be observed as the participants may modify their behaviors and answers in response to the aim of the research study. Instrumentation issues may also create bias.

Ethical Considerations

Ethical concerns regarding the proposed research are informed consent, safety, and confidentiality. Research participants will be informed prior participating in the study. Assent and informed consent will be obtained before the study. If participants choose to complete the survey on paper, the survey and the informed consent pages will be detached and separated into different folders. In addition, personal identifying information will not be need for the proposed research study and will not be collected. Therefore, responses to the survey will not be able to be traced back to participant and confidentiality will be met. There is no anticipated or expected direct harm toward the participants.

CHAPTE FOUR: GRANT ELEMENTS

Potential Grants

Grant A

NIH Small Research Grant Program (Parent R03)

Funding Opportunity Number: PA-13-304

The feasibility of this grant is likely successful. The grant is for small research studies in categories of education, environment, health and income security and social services. The award ceiling is \$50,000, which is slightly more than the approximate cost of the proposed research study. This grant supports small research projects that are anticipated to be completed in a short period of time and with limited resources. It supports pilot and feasibility studies.

Grant B

NIH Exploratory/Developmental Research Grant Program (Parent R21)

Funding Opportunity Number: PA-13-303

This grant covers categories in education, environment, health and income security and social services. It also specifically covers nursing research in education. The award ceiling is \$200,000, which is more than enough to cover the estimated costs of the proposed research study. This grant supports development of new research activities. It encourages exploratory research studies in their early stages. These exploratory research studies may lead to breakthrough techniques, agents, methodologies, models or applications. Thus, the feasibility of this selected grant suggests that the proposed research study is very likely to be successful. The proposed research study is at its exploratory phase in hopes to further research in NP residency programs.

Grant C

Academic Research Enhancement Award (Parent R15)

Funding Opportunity Number: PA-13-313

Similar to the two potential grants above, this grant funds activities in education, environment, food and nutrition, health and income security and social services. Similar to Grant B, this grant also funds nursing research in the educational category. The award ceiling is \$300,000. This grant helps stimulate research in educational institutions that provide advanced degrees that have not been major recipients of the NIH. The feasibility of this grant is somewhat likely for the proposed research study.

Selected Grant

The selected grant is Grant B because the proposed research study more closely fits under the grant's description. The total budget for proposed research study is estimated to be about \$37,000, and the grant's award ceiling is much more.

Budget

Personnel

Primary Investigator: Thao Nguyen, BSN, RN will be the primary investigator for the short research project. Ms. Nguyen has been an RN for four years and is in her final semester of her NP educational program. She has an IRB certificate. She will be responsible for distributing and collecting the surveys. She will be compensated at the rate of \$50 per hour for 8 hours a week for 4 months.

$$\$50 \times 8 \text{ hours per week} \times 4 \text{ months} = \$6,400$$

Faculty Research Consultants: Dr. Patricia Hinchberger is the committee chair. She is doctorally prepared in nursing education. She has had CITI training and has an IRB certificate. She is also a member of CSUSM's IRB. Dr. Susan Andera is the committee member. She is a doctorally prepared family nurse practitioner with 27 years of nurse practitioner experience and a total of 34 years of experience in nursing. She also has had CITI training and an IRB certificate. Dr. Hinchberger and Dr. Andera will assist with interpretation of the data collected. Both will be compensated at the rate of \$100 per hour for 8 hours a week for 4 months.

$$\$100 \times 8 \text{ hours per week} \times 6 \text{ month} = \$12,800 \times 2 = \$25,600$$

Estimated total: \$32,000

Materials and Supplies

Computer and printer. A computer and printer are needed to generate reports, correspondence, flyers, and store and analyze data. The total cost is estimated is \$1,500 and \$300, respectively, for a total of \$1,800.

Microsoft Office Excel 2010. For data analysis; computing mean, median and mode. Free of charge.

Thumb drive. A thumb drive will be used to back up data. Estimated cost is \$20.

Printer Paper. Copy paper will be needed for the survey. One case of standard letter size printer paper with 5000 sheets for an estimated cost of \$30.

Copier ink. A 4-pack Canon printer ink for an estimated cost of \$90.

Online survey. Free of charge.

Postage. Postage stamps will be needed for submission of reports and correspondence with consultants. Total estimated cost is \$150.

Media graphics services. A poster for dissemination of findings. Total estimated expense for posters is \$50. A 500-count handout for an estimated \$100.

Estimated total: \$2,240

Dissemination

Dissemination of findings. The American Association of Nurse Practitioners (AANP) National Conference from June 21-26, 2016, in San Antonio, Texas. Student registration fee of \$145 and NP member fee of \$570 for estimated total \$715. Hotel accommodation of \$200 per night for 5 nights for \$1,000. Two roundtrip airline tickets to San Antonio, Texas are at estimated \$720. Car rental for 6 days is estimated at \$240.

Estimated total: \$2,675

Total Estimated Budget: \$36,915

Timeline

The estimated time required for the proposed research study is four months. After approval from CSUSM IRB, surveys will be available for participants to complete. The surveys will be available in June 2016 for an entire month. Data analysis will then start after the survey closes. The primary investigator and faculty advisors will work on the data analysis once a week and compile the data within a month to a month. Once that is done, the primary investigator will then write up the report and findings for dissemination at the school campus, work and conferences.

CHAPTER FIVE: REFERENCES

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Appendix A

Instrument Survey

How important are the following items in helping you transition from the RN to FNP role?

	Not At All Important	Not Very Important	Neutral	Very important	Extremely Important
1. Clinical hours / hands-on experience	1	2	3	4	5
2. Technical skills/procedures	1	2	3	4	5
3. Support network at work	1	2	3	4	5
4. Leadership skills as the provider	1	2	3	4	5
5. Diagnostic Knowledge	1	2	3	4	5
6. Exposure to divers patient populations	1	2	3	4	5
7. Understanding patients with multiple comorbidities	1	2	3	4	5
8. Experienced mentor(s)	1	2	3	4	5
9. Clinical applications with medications	1	2	3	4	5
10. Health Insurance Knowledge	1	2	3	4	5

Appendix B**Demographic Survey**

Gender (select one):

- Male
- Female
- Other
- Decline to answer

Age:

_____ years

- Decline to answer

Ethnicity (select one):

- Caucasian
- African American
- Hispanic / Latino
- Asian
- Native American
- Other
- Decline to answer

Years of RN experience:

_____ years

- Decline to answer

Appendix C



**California State University
SAN MARCOS**

Consent to Participate in Research

Introduction: The role transition from registered nurse (RN) to nurse practitioner (NP) has been described as overwhelming and stressful due to increased responsibilities as primary care providers. However, there is limited research on interventions to help with the transition.

Purpose: This research project will identify items that NP students feel will help them transition into the NP role and expand research on interventions needed to help with the transition.

Procedure: You will be filling out a short survey, either written or online. Please only complete one; do not retake the survey. By completing and submitting the survey, you are giving consent to participate in the study. Participation is voluntary. Personal information will not be collected. Surveys will be available from June 1 to June 30, 2016 (4 weeks). This study has been approved by the California State University San Marcos (CSUSM) Institutional Review Board (IRB).

Risks: There are very minimal risks in participating in the study. There will be no negative consequences in participating in the study. Personal identifying data that will not be collected.

Safeguards: Confidentiality will be protected as personal identifying data will be collected. Participation is voluntary and participants may pull out of the study at any time. Written surveys will be detached from the consent page, placed in separate envelopes and secured in the faculty advisor's office. Surveys will only be available to the investigator and faculty advisors.

Benefits: There is no direct benefit for the participants for completing the survey and taking part in the study. The benefits outweigh the risks. The study will add to the research on the transition from RN to NP role and possible interventions needed to help the transition.

Questions: For questions or concerns about this research project, please feel free to contact:

Primary Investigator: Thao Nguyen
Telephone: (714) 548-4863
E-mail: nguye199@csusm.edu

Faculty Advisor: Dr. Susan Andera
Telephone: (760) 750-7582
E-mail: sandera@csusm.edu

Faculty Advisor: Dr. Patricia Hinchberger
Telephone: (760) 750-7557
E-mail: phinche@csusm.edu

Questions or concerns about your rights as a research participant can be directed to the Institutional Review Board (IRB) at (760) 750-4029 or irb@csusm.edu.

By checking the box, I agree to participate in this research study.

Name

Signature

Date

Appendix D



**California State University
SAN MARCOS**

Student Assent

Hello, my name is Thao Nguyen, and I am a student at California State University, San Marcos.

I am conducting a short research study on the role transition from registered nurse (RN) to nurse practitioner (NP). I am interested in exploring NP students' views on items that may assist them in better transitioning into the NP role.

You will be asked to complete a short survey, either on paper or online. Responses are voluntary and have no effect on your class grades. Responses are also confidential as no personal identifying information will be collected. The informed consent and survey will be separated after completion and placed in separate folders to maintain confidentiality. There are no negative consequences for taking or not completing the survey.

If you decide to participate in the study, please go ahead and continue by completing the survey. If you do not wish to participate, simply do not fill out the survey.

This study has been approved by the California State University San Marcos (CSUSM) Institutional Review Board (IRB).

If you have any questions or concerns, please do not hesitate in contacting the primary investigator or faculty advisors listed below:

Primary Investigator: Thao Nguyen
Telephone: (714) 548-4863
E-mail: nguye199@csusm.edu

Faculty Advisor: Dr. Susan Andera
Telephone: (760) 750-7582
E-mail: sandera@csusm.edu

Faculty Advisor: Dr. Patricia Hinchberger
Telephone: (760) 750-7557
E-mail: phinche@csusm.edu

Questions or concerns about your rights as a research participant can be directed to the Institutional Review Board (IRB) at (760) 750-4029 or irb@csusm.edu.

Thank you for your time.

By checking the box, I agree to participate in this research study.

Name

Signature

Date

Appendix E

IRB Application

Application for Approval for Research Involving Human Subjects

Proposal Start Date: June 1, 2016

Project Title: Exploring the views of family student nurse practitioners on nurse practitioner residency programs

Faculty Investigators: Dr. Patricia Hinchberger
Dr. Susan Andera

Purpose of Project and Project Background

The need for nurse practitioners (NPs) in the primary care setting is increasing with the Affordable Care Act (ACA) and because of the shortage of primary care providers. However, the role transition from registered nurse (RN) to NP has been described as overwhelming and stressful due to increased responsibilities as primary care providers (Bratt, 2009; Sullivan-Bentz et al., 2010; Ulrich et al., 2010). NP residency programs are needed to help new NPs smoothly and successfully transition into a confident and competent NP to appropriately and safely provide care to the complex and diverse patient populations (Flinter, 2011). However, there is limited research on NP residency programs (Poronsky, 2013).

This research project will expand research on the need of NP residency programs to help RNs transition to their NP role. Because research has already supported that newly graduated NPs do not feel entirely prepared and competent to enter into the NP role, the aim of the study is to explore NP students' views on NP residency programs. Therefore, the research question is: Do near-graduating and newly graduated NPs feel that an NP residency program will help them better transition into the NP role? Participants will be asked the following question: How important are the following items in helping you transition from the RN to FNP role? The participants will rate the 10 items listed on the survey. Answers will be rated on a Likert scale: 1 = not at all important; 2 = not very important; 3 = neutral; 4 = very important; 5 = extremely important.

The results will be incorporated into a grant proposal for NP residency programs.

Recruitment Procedures and Participant Population

Expected number of participants: (current CSUSM NP students)

Participants will be current California State University San Marcos (CSUSM) NP students who are fluent in the English language. Emails will be sent out to briefly inform them of the project and the dates of when and where written and electronic short surveys will be available. Convenience sampling will be utilized to obtain participants. Participation will be

voluntary. NP students are the target population because NP students are the future NPs and their views on their education and training needs are important to enhance their learning experience.

No incentive will be offered to participants who have filled out the survey.

Informed Consent Process

A brief email on the study will be sent out to all NP students.

The short survey will be available to be filled out on paper and electronically. The elements of the informed consent process will be explained on the first page of the written survey and first screen of the electronic survey. By filling out and submitting the survey, participants are also giving assumed consent. If participants choose to fill out the survey on paper, they will give consent by signing the document. The consent page and the survey will be detached from each other and placed in separate folders to maintain confidentiality. Personal identifying information will not be collected as they are not needed for this study.

No participants under the age of 18 years.

An information sheet will be provided on the first page of the survey and an introduction screen will be provided on the first screen of the electronic survey. No personal identifying information will be collected, so participants cannot be paired to the answers.

Because participants are all NP students at CSUSM, they are all assumed to be proficient in English.

Procedures and Methodology

Approval from class instructors will be obtained prior to establishing dates for written survey availability.

An email will be sent out to all NP students at CSUSM. The email will include a brief summary of the study and the availability of the survey for completion. Dates and times of the written survey and the link to the online version of the survey will be provided. The written survey will be available once a week for one month for NP students to fill out and submit. Participation is voluntary. No personal identifying information will be collected.

The researcher will briefly explain the study to the participants during class then hand out the survey for the student NPs to complete. The researcher will also inform participants that an online version of the survey is available should they decide not to fill out a written survey. The first page will be the information sheet. Participants who fill out the survey and submit it automatically give consent to participate in the study. No biographical data will be collected. Ample time will be given for the participants to complete the short survey. The online survey is available for participants to fill out at their convenience.

Surveys will be available for completion from June 1 to June 30, 2016 (4 weeks). The location of the survey will either be in class or online using Survey Monkey.

Participant Debriefing or Feedback

After the participants complete the survey and submit it to the researcher, they will be debriefed about the study. They will be informed about the purpose of the study and the contact information of the investigator and her faculty advisor. Participants are able to contact the investigator for a summary of the study results.

Risks

There are very minimal risks in participating in the study.

Confidentiality	→	Voluntary. No collection of biographical data.
Time	→	Voluntary. Can pull out of study at any time.
Emotional reaction	→	Voluntary. No consequences if refuse to participate.

No vulnerable subjects. No personal identifying data will be needed or collected.

Safeguard Procedures to Minimize Risks

Confidentiality will be protected as no personal identifying data will be collected. Participation is voluntary and participants may pull out of the study at any time. There will be no negative consequences by not participating in the study.

Written surveys will be collected, separated from the informed consent form, placed in a separate envelope and secured in the faculty advisor's office. Online surveys will only be available for viewing to the investigator and faculty advisors.

Benefits

There is no direct benefit for the participants for completing the survey and taking part in the study. However, the short study has potential to be beneficial to research as the study explores NP students' views on nurse practitioner residency programs.

The benefits outweigh the risks. There are very minimal risks in this study as the study is short and brief and there are no personal identifying data that will be collected. The study will add to the research on nurse practitioner residency programs.

Researcher(s) qualifications and experience

The investigator has an IRB certificate. The faculty sponsors have CITI training and IRB certificates. Dr. Hinchberger is also a member of CSUSM's IRB. No research assistances will be used.