

The Transition from Registered Nurse to Nurse Practitioner

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Abstract

Objectives: The meta-synthesis provides a collective qualitative understanding of the transition experience from a registered nurse (RN) to a nurse practitioner (NP). This understanding assists the NP student in the transition, offers recommendations for graduate programs, and addresses a mentorship relationship that offers benefits to the student and mentor. **Design:** Published qualitative studies about the transition from RN to NP were selected in order to integrate their findings in a meta-synthesis. **Data Sources:** Databases were searched including CINAHL, MEDLINE, Google Scholar, and Psych Info. **Review Methods:** The following search terms were used: Nurse Practitioner OR Advanced Nursing AND role transition, primary health care, and transition models. Findings along with direct quotes were extracted from the studies and thematic analysis was used within an interpretative framework. **Results:** Three studies were included in the meta-synthesis. The central theme was a shift from an insecure NP to a confident, autonomous practitioner which involved a progression through the following four phases throughout the first year of practice: 'laying the foundation'; 'launching'; 'meeting the challenge'; and 'broadening the perspective' (Brown & Olshansky, 1997). **Conclusion:** New NPs felt overwhelmed and uncertain in the initial phases of transition. These challenges are related in part to the difficulty of letting go of previous nursing expertise and immersion into an entirely different clinical role. The transition requires an identity shift which can take one year or more. Novice NPs need academic guidance, supportive clinical settings, and a sense of connection with one another throughout the transition to continue with the success of the NP role.

The Transition from Registered Nurse to Nurse Practitioner

The transition from a registered nurse (RN) to nurse practitioner (NP) can often be a time of difficulty; with role confusion and feelings of social isolation (Brown & Olshansky, 1997; Heitz, Steiner & Burman, 2004; Kelly & Matthews, 2001). A level of confidence once known within the RN role is lost and the sense of belonging blurs as the cohort support diminishes. Milt, Fitzpatrick, and McNulty (2009) conclude that 27% of NPs have intent to leave their current positions and 5.5% have intent to leave the nursing profession as a whole, as well as the NP role due to an unsuccessful role transition. Understandably, the transition from RN to NP is regarded as an imperative stage of learning in one's career for success in the NP role. Neal (2008) discusses the importance of NPs beginning the transition in graduate studies and demonstrates how those who fail to make the transition are unsuccessful in their careers and often return to the RN role. The purpose of this article is to describe and understand the process of transition from RN to NP to develop strong recommendations for future practice and smooth transition to the new role of the NP.

The importance of exploring the transitional process is relevant for NP practice in the primary healthcare setting and also for educational institutions. With only 100 registered NPs in the predominantly rural province of New Brunswick, Canada, it is imperative that the transitional process is understood for the successful implementation of the NP role in primary health care (V. Guitard, NANB; personal communication, February 17, 2015). It is clear that the process is often stressful and frustrating for the new NP, with loss of role identity, a sense of imposter syndrome, and social isolation, appearing to be the most resounding themes among researchers (Brown & Olshansky, 1997; Heitz et al., 2004; Kelly & Matthews, 2001). Literature was initially reviewed from multiple transitions including RNs, NPs, and new physicians; although other roles did not

adequately portray the unique transition of the NP as they proceed from expert to novice. Nurse practitioners leave a comfort zone of confidence as RNs to an unfamiliar territory with an entirely different scope of practice. After a thorough literature review, only three models of transition were identified that were specifically developed for the novice NP. All three studies were qualitative and developed with grounded theory methodology. The findings synthesized into themes can best be explained through the model of transitions by Brown and Olshansky's (1997) four stages of transition: laying the foundation, launching, meeting the challenge, and broadening the perspective. Brown and Olshansky's model of transition "laid the groundwork for research about the NP role transition" (Poronsky, 2013, p. 352). The authors focused on novice NPs in the primary healthcare setting during their first year of practice.

The term 'transition' has been moulded and defined in multiple ways by various disciplines throughout the years. As registered nurses, Schumacher and Meleis (1994) define transition as passages or movements from one state, condition, or place to another "which can produce profound alterations in the lives of individuals and their significant others and have important implications for well-being and health" (p. 119). Pioneering authors on transition in nursing, Chick and Meleis (1986) define transition as "passage from one life phase, condition, or status to another, is a multiple concept embracing the elements of process, time span, and perception" (p.239). They also explain how the transitional process needs to also include the person's personal reaction to the transition; their experience understood from within, adds value to the transitional process. Despite the perception of the individual who experiences transition, Chick and Meleis (1986) explain that transition is "essentially positive [as it] implies that the person has reached a period of greater stability" (p. 240). Barton (2006) describes the social transition as a universal process but that each transition remains unique in its own way. With the

added responsibility, accountability, and autonomy of the novice NP, the experience of the transition process has to be explored for the novice NP to understand their perceptions are similar to other NPs. The novice NP can be comforted with the knowledge that their feelings are a part of the transition and that their confidence will build.

Background

Nurse practitioners began to practice in Canada in the 1970s in an effort to improve healthcare in the primary healthcare setting due to a lack of physicians and to “improve timely access to individualized, high-quality, cost-effective care through a broad range of models of health care” (Canadian Nurses Association, 2009). An organized, advocacy group, The Nurse Practitioners of New Brunswick (NPNB) (2014) define NPs as:

...registered nurses who have additional education and nursing experience. They are health-care professionals who treat the whole person: addressing needs relating to their physical and mental health, gathering their medical history, focusing on how illness affects their lives and their family, and offering ways for people to lead a healthy life and teaching them how to manage chronic illness. Nurse Practitioners are educators and researchers who can be consulted by other health-care team members.

Nurse practitioners were introduced as independent practitioners with the skills and knowledge to provide care for people without access to a primary healthcare provider. Primary health care NPs care for all populations across generations, as well as manage acute and chronic conditions (NPNB, 2014). Today, in the rural and relatively small province of New Brunswick, the NP role is gradually becoming more recognized. There are currently 100 registered NPs in the province of New Brunswick for a population of 750,000 (V. Guitard, personal communication, February 17, 2015). The unique aspect of the NP role is that they are fully competent to practice autonomously. Nurse practitioners can diagnose and treat illness, order tests, prescribe medications, and refer to specialists (NPNB, 2014). From the definition alone, one might begin

to understand the difficulty of transitioning from a RN to a NP with the increased level of responsibility. Despite being implemented in New Brunswick since 2002, NPs continue to face many barriers within the healthcare system provincially and nationally. Lack of support at a government level, administrative level, and within the primary healthcare settings themselves all add to the intensity of the transition process from RN to NP (DiCenso et al., 2010; Yeager, 2010). There are currently 12 NPs without access to employment in New Brunswick, despite approximately 55,000 people without access to a primary healthcare provider (NANB, 2015; New Brunswick Medical Society, 2015)

Method

Using the key words nurse practitioner, role transition, primary healthcare, advanced nursing, and transition models, the following electronic databases were searched: CINAHL, Medline, Google Scholar, and Psych Info. The review of the literature included reviewed articles, books, theses, and dissertations to incorporate a wide array of academic research literature. Limitations within the search included the English language, the time frame of 1970-2015, and primary health care settings throughout North America. The searched time frame had to be broadened due to the limited research for NP transitions. To supplement these searches, reference lists were also examined for literature suitable for inclusion, which yielded new studies, although all were concentrated on NPs focused on acute care rather than those working within a primary health care setting. The role of the NP in acute care requires extensive specialty training with a target population versus primary or family health care which requires a broad based knowledge on various populations of all ages (College of Registered Nurses of British Columbia, 2010).

Findings

In the first article, a longitudinal study by Brown and Olshansky (1997), 35 novice NP participants were interviewed throughout their first year of practice at one month, six months, and 12 months following graduation. The authors concluded that the transition process can be divided into stages: laying the foundation, launching, meeting the challenge, and broadening the perspective. *Laying the foundation* is the time between graduation from the NP program and beginning the first position as a NP. The subcategories of this stage include: recuperating from school, negotiating the bureaucracy, looking for a job, and worrying. Upon graduating, most want to enjoy the relief and gratification of completing their degree and the satisfaction of being able to engage in routine activities such as reading for leisure and spending time with family and friends. While some newly graduated NPs begin to work as soon as possible after licensure, others struggle with role identity and lack of confidence. Those who begin their first positions as NPs experience confusion as to where they socially belong within their primary health care organization, whether it be with the nurses or physicians. Professional isolation, if not managed well, can lead to feelings of inadequacy and a decrease in one's confidence to perform their role to their highest ability. For novice NPs, this is also a time in which the inevitable anxiety about employment and the associated stressors that accompany trying to find a job in a new field of practice will increase.

The NP enters Brown and Olshansky's *launching* phase once the first job as a NP is secured. *Launching* is the most stressful for many new NPs as feelings of inadequacy are the hallmark sentiments for this stage. Brown and Olshansky (1997) sub-divide this stage into the following categories: feeling like an imposter, confronting anxiety, getting through the day, and battling time. The struggle to develop a professional identity only adds to the anxiety

experienced by a new NP. When the NP begins independent practice, the necessary skills and required confidence are often lacking. Feelings of being an imposter can be overwhelming as many feel a lack of significant knowledge to quickly and effectively form a diagnosis for a patient. Some NPs become very anxious and wonder if they will ever be a "real NP." Brown and Olshansky (1997) effectively capture the uncertainty of a new NP in the *launching* stage who is struggling with self-confidence "pulling the chart off the door, looking at what their chief complaint is, and going, I don't know what this is, I've got to go look this up before I even go in the room..." (p. 8). Time constraints on the new NP are added stress factors, especially in New Brunswick where statistics are gathered on all clients to prove the effectiveness of the NPs newly emerging role. Nurse practitioners strive to feel equal to their coworkers but are frequently reminded of their novice inadequacies when they are the only ones "left in the office past closing time on a Friday afternoon" (Brown & Olshansky, 1997, p. 9).

Meeting the challenge is the third stage and can be described easiest as a time when the NP begins to feel comfortable in their role. The NP gains confidence and slowly departs from the insecure neophyte. Some begin this stage after six months of practice but for most, it occurs after 12 months. The subcategories of this stage include: increasing competence, gaining confidence, and acknowledging system problems. Patients and diagnoses are now more familiar for the NP. Not every symptom and diagnosis is thoroughly researched prior to opening up the door to meet the patient. A solid foundation of acquired skills has been built and the NP actually feels a part of the advanced, independent role. (Brown & Olshansky, 1997)

During the final stage, *broadening the perspective*, the NP feels significantly more comfortable in their role, in their workplace, and are more confidently providing patient care (Brown & Olshansky, 1997). Self-confidence has reached a level where the NP is prepared to

attempt new challenges. At this stage, when patients express their gratitude for the NPs care the new NP can see that they played a part in the patients journey toward meeting their health goals. The NP has formed a true sense of professional identity and is ready to take on new challenges as the ins and outs of the workplace are better understood. Nurse practitioners also become actively involved in the political aspect of their careers through professional development. Although this is clearly not the end of the learning curve for new NPs, this is a stage where they feel fully capable and committed to embracing their new career. Kelly and Matthews (2001) discuss how previous nursing experience provides a “strong foundation of confidence, composure, and ability to integrate knowledge and make good decisions” (p. 158), but it is an aspect that requires further research to fully understand the transition to NP.

In a more recent qualitative study on the NP transition, Heitz, Steiner, and Burman (2004) interviewed nine participants who graduated within the last five years. Instead of stages, the authors divided the transition process into two phases: phase one occurs during graduate school and phase two beginning with the start of the NP employment. Similar to Brown and Olshansky (1997), the study concludes that full transition to the NP role does not happen in graduate studies but occurs progressively throughout the NP program and into independent practice. Both phases include central categories: extrinsic obstacles, intrinsic obstacles, turbulence, positive extrinsic forces, positive intrinsic forces, and role development. The extrinsic and intrinsic factors are those stressors that are either internal or external. Heitz et al. (2004) describe these stressors as ones that can be “overcome but not necessarily controlled” (p. 417). The clinical learning environment is explored as an important aspect of the transition as an extrinsic obstacle with negative components that hinder the learning experience including: lack of mentoring, staff resistance, and an unhelpful preceptor style. Brown and Olshansky (1997)

briefly discuss the effects of a negative learning environment but focus more on the feelings within each progressive stage. Intrinsic obstacles included the personal sacrifices that are essentially unavoidable throughout the NP program. Family and friend commitments and special occasions are regrettably missed due to academic constraints which leads to feelings of isolation. Heitz et al. (2004) also discussed the “rollercoaster” of emotions that surfaced throughout the obstacles and referred to this process as “turbulence” (p. 417). The findings in both phases are similar to Brown and Olshansky's (1997) model of transition and acknowledge similar feelings of anxiety, confusion of role identity, fear of the unknown, and challenges in the work setting. The changes in professional identity are addressed equally throughout each article. Heitz et al. (2004) add to previous research by recognizing the difficulties of added stressors of "personal commitments and sacrifices" (p. 419).

In the third study, Kelly and Matthews (2001) focus on NP transition from a more personal experience. The study included 21 participants who graduated within the past one to seven years. The study did not conclude any specific phases or stages of transition but recognized the following themes during an NP's first position: loss of personal control of time and privacy, changes and losses in relationships, feelings of isolation, and uncertainty in establishing the NP role. An imperative theme worthy of further discussion is the loss of privacy discussed by the participants within this study. The authors address how many NPs work in small, rural communities and quickly realize a trip to the grocery store is also an opportunity for a patient to discuss health concerns. A protective barrier between the new NPs and the general public is a necessity to maintain some form of privacy and normalcy.

A refreshing aspect of the NP transition not previously discussed is the sense of personal satisfaction with the choice and process towards becoming an NP. Kelly and Matthews discuss

the essence of the advanced role as the “increased self-confidence and changes within themselves; the autonomy and being able to expand their role; but most of all the special bond of trust with their patients” (p. 160). Although the other articles discuss personal growth, the admiration for the NP role itself was not as evident and palpable. Unlike the other articles, the authors concluded that the feelings of disequilibrium continued even years after graduation. Similar to Brown and Olshansky's (1997) and Heitz et al. (2004) models on transition, themes depicted throughout the study include: anxiety, distress, isolation, and a sense of disconnection (Kelly & Matthews, 2001).

Recommendations

The transition from RN to NP can be very overwhelming and stressful. Barnes (2014) sums the importance of helping the NP transition as it "will create highly qualified NPs who are more satisfied with their career choice and more efficient in providing safe patient care" (p. 9). It is imperative that the transition become recognized so students and neophyte NPs can remain optimistic in their new career. Neal (2008) discusses the importance of beginning the transition during graduate studies otherwise, the "likelihood of pursuing the transition to practitioner following graduation is minimal" (p. 6). Spoelstra and Robbins (2010) discuss the importance of NP teaching faculty to build core competencies of the NP role into the curriculum from the first semester of the graduate program. They further discuss how students can compare and contrast various allied health care professionals competencies for complete clarification of their role, as well as others. Students in Spoelstra and Robbins' (2010) study explored different competencies each week from the beginning of the graduate program and related clinical experiences to each competency throughout the program. In New Brunswick, NANB (2010) enforces a set of competencies that “describe the integrated knowledge, skills, judgements and attributes that

guide nurse practitioner practice” (p.4). Knowing the competencies of the role enhances learning and full understanding of the complex role as the student begins the transition into their first clinical placement.

Hill and Sawatzky (2011) and Szanton et al. (2010) discuss the benefits of a mentoring relationship for new NPs to transition into practice. The mentor should be prepared to support the student and promote a healthy learning environment for the student. The choice of the mentor should be the decision of the student as it encourages an increase in self-efficacy and self-confidence. A mentoring relationship between a new NP and expert NP is "fundamental to a novice NP's learning and growth in the NP role" (Szanton et al, 2010, p. 163). The mentor not only helps with the clinical aspect of care, but also helps with the socialization into the role and learning about the organization itself (Harrington, 2011). According to Hill and Sawatzky (2011) "creating a supportive environment, offering constructive feedback, taking advantage of teachable moments, and allowing the novice NP the time necessary with patients are strategies that mentors can use to promote the growth and development of novice NPs" (p. 166). Although graduate studies prepare novice NPs with the most amount of knowledge possible throughout the program, the reality is that despite where an education is obtained, duration of program, or clinical setting, one simply cannot learn it all. The first year of practice requires a steep learning curve and having a mentor can significantly impact the neophyte's practice (Griffith, 2004). Mentorship is recognized as one of the most influential factors on a successful transition of the novice NP, but due to low numbers of practicing NPs in the province of New Brunswick, it can be difficult for new NPs to have access to a mentor.

Hill and Sawatzky (2011) discuss the benefits of a mentoring program on the student and also on the mentor themselves. Mentors find the experience rewarding and it reminds them of

how they felt the first year of practice. Mentors enjoy the opportunity to learn, teach, and remain up to date on the current practices and recommendations. By the mentor offering their wisdom and promoting a positive learning environment, it also reflects positively on the health organization. Receiving recognition as a teaching facility with supportive mentors, improves recruitment and retention of new graduates (Hill & Sawatzky, 2011).

Novice NPs need to maintain a sense of connectedness with colleagues outside of the work setting (Brown & Olshansky, 1997; Heitz, et al., 2004; Kelly & Matthews, 2001). Due to the rural nature of New Brunswick, novice NPs can use various forms of social media to maintain and promote a sense of belonging. Nurse practitioners can join groups on social networking sites at a national level, but also have their own groups with their fellow classmates. Novice NPs can use these networking sites as platforms to voice and share their frustrations, challenges, and accomplishments throughout their experiences.

Conclusion

Overall, the "NP role transition is a process consisting of multiple mixed emotions that occurs over time, and is a period of great personal development and learning as the NP takes on new autonomy and responsibility for patients" (Barnes, 2014, p. 6). The literature suggests the importance of beginning the transition from the first semester of graduate school, or the attainment of a successful transition is limited. Positive clinical practice and work environments are imperative for students and novice NPs. Support has to be provided as NPs journey through the feelings of inadequacy, professional isolation, and confusion with role identity. A mentorship program can help students and novice NPs make the transition smoothly and can offer a great source of encouragement. As discussed, the mentor and the employer also benefit from mentoring programs as they become recognized as positive teaching facilities which attract and

retain new NPs. As the role of the NP develops, adequate transitioning is imperative for the success of the NP role.

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